College of Micronesia-FSM
Human Resources Manual

College of Micronesia-FSM
PO Box 159, Pohnpei, FM 96941

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Contents

Overview

This manual will help you find your way through human resources procedures and forms. Remember a few things about this manual. First, it contains mostly procedures and guidelines. It cannot address *all* the possible applications of, or exceptions to, the general policies and procedures at the college. For that reason, if you have questions about any policy or procedure beyond this handbook, address those questions to your supervisor or to the responsible office.

Note: Specific COM-FSM HR policies quoted in this *Manual* are in italics.

Please note that this *Manual* or other college documents cited within do not confer any contractual rights, either expressed or implied; nor does this Manual guarantee any fixed terms or conditions of your employment. The procedures, practices, policies and benefits described in this handbook may be modified or discontinued from time to time. We will inform you of any changes as they occur.

The table below shows the correlation between the 19 Manual chapters and those policies.

Table 1.1. Existing COM-FSM Policies and Their Coverage by Chapter in the HR Manual

COM-FSM HR Policies	Chapters in HR Manual
Board Policy No. 6001 Purpose and Scope	Chapter 1: Positions and Recruitment
Board Policy No. 6002 Academic Freedom	Chapter 16: Report Violation of Code of Ethics, Policies or Procedures
Board Policy No. 6003 Governance	Chapter 1: Positions and Recruitment
Board Policy No. 6004 Administration	Chapter 1: Positions and Recruitment
Board Policy No. 6005 Positions or Classes of Positions	Chapter 1: Positions and Recruitment
Board Policy No. 6006 Kinds of Positions and Appointments	Chapter 1: Positions and Recruitment
Board Policy No. 6007 Employment	Chapter 1: Positions and Recruitment
Board Policy No. 6008 Employment Contract	Chapter 1: Positions and Recruitment
Board Policy No. 6009 Compensation Policies	Chapter 7: Compensation Chapter 9: Reclassification and Other Changes to Existing Positions
Board Policy No. 6010 Leave Policies	Chapter 6: The Leave Program
Board Policy No. 6011 Optional Benefits	Chapter 2: Employee Benefits
Board Policy No. 6012 Social Security	Chapter 2: Employee Benefits
Board Policy No. 6013 Holidays	Chapter 2: Employee Benefits
Board Policy No. 6014 Institutional Benefits	Chapter 1: Positions and Recruitment

COM-FSM HR Policies	**Chapters in HR Manual**
Board Policy No. 6015 Professional Development	Chapter 4: Professional Development Program
Board Policy No. 6016 Incentive Program	Chapter 5: Employee Recognition
Board Policy No. 6017 Performance Evaluation	Chapter 8: Performance Evaluation
Board Policy No. 6018 Termination	Chapter 13: Termination and Disciplinary Action Chapter 18: Departure
Board Policy No. 6019 Employee Discipline and Protection	Chapter 15: Employee Discipline and Protection
Board Policy No 6020 Sexual Harassment Policy	Chapter 15: Sexual Harassment
Board Policy No. 6021 Grievance Policy	Chapter 17: Grievance
Board Policy No. 6022 Employee Organization	Chapter 11: Employee Organization
Board Policy No. 6023 Outside Employment and Activities	Chapter 12: Outside Employment and Activities
Board Policy No. 6024 Nepotism	Chapter 1: Positions and Recruitment
Board Policy No. 6025 Classification Policy	Chapter 9: Reclassification and Other Changes to Existing Positions
Board Policy No. 6026 Faculty Workload Policy	Chapter 7: Compensation
Board Policy No. 6027 Tuition Wavier and Reduction	Chapter 2: Employee Benefits
Board Policy No. 6028 Extended Employee Benefits	Chapter 1: Positions and Recruitment
Board Policy No. 6029 Code of Ethics	Chapter 17: Report Violation of Code of Ethics, Policies or Procedures
Board Policy No. 6030 Emeritus Professor	Chapter 18: Departure
Board Policy No. 6031 Human Resources Records	Chapter 15: Termination and Employee Discipline
Board Policy No. 6032 CSAFWCP Policy	Chapter 1: Positions and Recruitment Chapter 16: Report Violation of Code of Ethics, Policies or Procedures
Board Policy No. 6009 Compensation	Chapter 10: Working Hours
Board Policy No. 6018 Termination	Chapter 18: Departure

Chapter 1: Positions and Recruitment

Key Terms You Need to Know for Chapter 1

- **Personnel Classification System-** a list of established positions in the college approved by the president and or the Board of Regents and maintained by the Human Resources Office.
- **Office Head**- a managerial position that is recognized in the organizational chart of the college as having executive authority in program direction and development and is head of an office unit.
- **Limited Term Appointment** – temporary employment without the normal benefits; will not exceed one year.
- **Educational Institutional Master Plan** – the five-year integrated master plan of the college.
- **Accreditation Standards** – requirements of the accreditation commission that all accredited colleges must meet or exceed.
- **College-Wide Strategic Plans** – five-year plans of the college.
- **Annual College-Wide Priorities** – goals the college determines as priorities for each year for funding allocation and activities.
- **Major Functional Duties** – important responsibilities of a position where the majority of time and effort will focus.
- **Personnel Position Requisition Form (PPR)** – this form initiates the request by an office head for an additional position.
- **Request for Establishment of New Position Form** – this form initiates the request by an office head to establish a position in the personnel classification system.
- **Work Standards** – required level of work output and performance in one given area.

Frequently Asked Questions	
✓ **What forms do I need to use to request a new position?**	✓ If this position is not in the personnel classification system yet, you will need the Request for Establishment of a New Position Form. ✓ If the position already exists in the personnel classification system, you will need a Personnel Position Requisition Form. ✓ You can retrieve a copy of either of the above forms from the college website, from a hard copy of this manual or from an HR staff member.
✓ **Where do I find out if the position I want is already established in the classification system?**	✓ You can check with the Human Resources Office by telephone, email or in person.
✓ **What forms must I use to request a Personal Services Contract Position?**	✓ You will need to use the Request for Use of Personal Services Contract. You can also retrieve a copy from the college website, from a hard copy of this manual and from an HR staff member.
✓ **Who needs to approve my request for a new position?**	✓ The request for establishment of a new position that is not yet in the personnel classification system must first be endorsed by your vice president, then reviewed by the HR director and, finally, approved by the president.

Frequently Asked Questions	
	✓ The request for a new additional position that already exists in the personnel classification system is endorsed by your vice president and approved by president's Cabinet.
✓ **Who should initiate the request for a new position?**	✓ An office head is responsible for initiating the request for a new position by filling out the appropriate request form.
✓ **Who should create the position description for a new position?**	✓ The supervisor for that position.
✓ **Who will inform me if my request for new position is approved?**	✓ Your vice president will inform you when a decision is made on your request.
✓ **What forms must I use to request a personal services contract position?**	✓ You must use the Request for Use of Personal Services Contract. You can also retrieve a copy from the college website, from a hard copy of the this manual, or from an HR staff member.
✓ **Where do I send my request for approval of a limited term position?**	✓ You need to send your completed Request for Use of Personal Services Contract to your vice president.
✓ **What is the most common reason why requests for new and additional personnel are denied?**	✓ Denial usually has something to do with insufficient budget, failure to directly address current priorities, and failure to link the request to assessment results.

A Caution Before You Proceed in this Chapter

All requests to create a new position or to add an existing position are subject to whatever budget restrictions may currently be in place (such as a hiring freeze).

Be sure to consult your own vice president about such restrictions ***before*** *you begin working through the procedures described below.*

How to Create a New Position

An office head may propose the establishment of a position that *does not currently exist* in the personnel classification system. Office heads may also wish to use an existing position in the personnel system to add a new **position into their budget for future fiscal years. For each**

request follow the three steps below to ensure consistency of the review process and correct placement of individual positions.

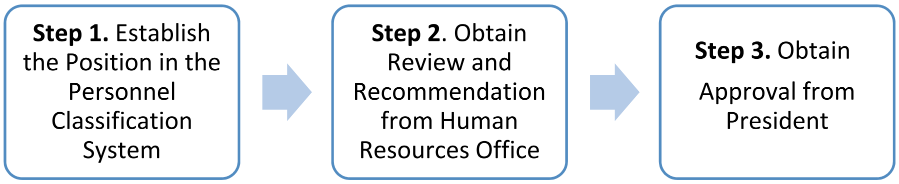

Figure 1.1. The Three Basic Steps to Create a New Non-Faculty Position

Step 1. Establish the Position in the Personnel Classification System

When an office head identifies a needed non-teaching position in the office and when such a position does not currently exist in the personnel classification system, the office head will follow these steps to establish such a position.

Complete a Request for Establishment of New Position Form

The office head will obtain and complete a Request for Establishment of New Position Form. The form can also be obtained from a staff member at the Human Resources Office or its representatives at the state campuses (administrative and secretaries to the campus deans/director). Once your form is completed, attach the organizational chart and endorsed memorandum and submit them to the Office of Human Resources for review and recommendation.

Step 2. Obtain Review and Recommendation from Human Resources Office

When the Human Resources Office receives the packet, the staff will date and initial it. The review will include a review of the following standards.

Standards of Review

- ✓ Is the packet complete?
- ✓ Does the purpose of the position meet any required accreditation standards, established work standards, relevant college-wide strategic plans, section of the IEMP, or annual college-wide established priorities?
- ✓ Are the major functional duties currently present in an existing position?
- ✓ Is the title appropriate per the functional duties and office/college?

- ✓ Do the recommended minimum requirements sufficiently/accurately address the functional duties and purpose of the position?
- ✓ Is there a plan for a budget stream to support this position?

Based on the review of the packet, the HR director will take one of the following four actions:

- ✓ Determine that a request meets all the standards above and will recommend to the president that the position be placed in the personnel classification system and note an initial salary or salary range for advertisement and recruitment purposes. The HR director will attach the packet to a memo that details the review process and analysis and ends with a recommendation.
- ✓ If necessary, contact the person making the request to obtain additional information or clarifications.
- ✓ Determine that a request does have merit, but some parts are not relevant or appropriate as recommended by an office head. The director will communicate with the office head to share the initial findings and gain consensus on a different position identified to fulfill needs. Such consensus shall be noted in writing and attached to the packet along with a memorandum from the HR director to the president.
- ✓ Determine that a request does *not* meet all the standards above. Such a request shall be forwarded to the president with a memorandum from the HR director that details the review process and analysis that led to the conclusion.

Step 3. Gain Approval from President

Upon receipt of packet and memorandum from HR director, the president will review and make a final determination. The hard copies of the request stamped with the president's decision will be included on the HR director memorandum and returned to HRO for implementation.

How to Request an Additional Position

When a teaching or non-teaching position already exists in the personnel classification system, follow these steps to build that additional position into the office budget.

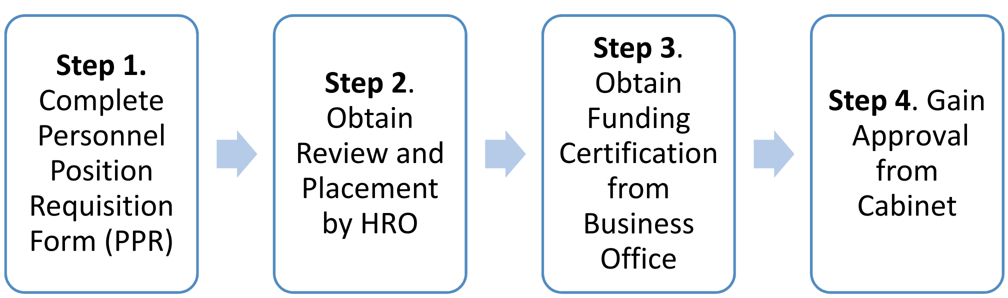

Figure 1.2. Basic Steps to Add an Existing Position

Step 1. Complete a Personnel Position Requisition Form (PPR)

The office head will obtain and complete a Personnel Position Requisition Form. The form can also be obtained from the staff from the Human Resources Office or its representatives at the state campuses (administrative/secretaries to the campus deans/director). Once your PPR Form is signed, send it to the Human Resources Office for salary placement. A sample of a completed form appears in Table 1.2.

Step 2. Obtain Review and Placement by HRO

When the Human Resources Office receives the complete PPR Form, the HR director will review the position description and requirements against existing similar positions and determine the appropriate salary placement for advertisement.

On the PPR Form, the HR director will indicate the salary placement and extended employment benefit eligibility before signing the form and transmitting it to the Business Office for funding certification.

Table 1.2. Example of Completed Personnel Position Requisition Form

INSTRUCTIONS: The first part of this form should be completed by the supervisor. Advertisements will follow once the Cabinet authorizes the position.

COLLEGE OF MICRONESIA-FSM

Sample Personnel Position Requisition Form (PPR)

<table>
<tr><td>JOB TITLE: HRM Specialist I</td><td colspan="2">DEPARTMENT:
Administrative Services</td><td>SUPERVISOR/REQUESTOR
Director of HR</td></tr>
<tr><td>OFFICE: Human Resources</td><td>CAMPUS (if applicable)</td><td colspan="2">CO-SUPERVISOR (if applicable)</td></tr>
<tr><td colspan="2">WORK STATUS ☒ Regular full-time
❑ Other (specify)</td><td>CATEGORY ❑ Classified
☒ Professional ❑ Faculty
❑ Managerial ❑ Exempt</td><td>ACCOUNT NUMBER(S) TO BE CHARGED

153-8001</td></tr>
<tr><td colspan="2">❑ New Position
☒ Replacement [Write the name of departed employee below]
Jan Jan</td><td></td><td>POSITION NEEDED BY

As soon as can be arranged</td></tr>
<tr><td colspan="4">❑ Housing is budgeted for this position in the division for FY___________
❑Transportation and shipping allowance are budgeted for this position in the division/program [CRE and Sponsored Programs]
☒No extended benefits for this position.</td></tr>
<tr><td colspan="4">POSITION DUTIES AND RESPONSIBILITIES (List what is expected of the position)
Examples of work include but are not limited to the following:
1. Notify supervisors when evaluations are due and/or past due on a quarterly basis;
2. Prepare information for step increases and contract renewals to be typed;
3. Prepare Personnel Actions and contracts for backup purposes only;
4. Distribute evaluations, Personnel Actions for signature and tracks documents;
5. Write regret letters to unsuccessful applicants who applied for positions at the college;
6. Answer inquiries from people who are interested in working at the college;
7. Review special contracts to ensure compliance and correct information;
8. Maintain updating list of part-time instructors on education and experience;
9. Maintain and track PT instructors' evaluations</td></tr>
</table>

10. Update personnel listings on a weekly basis;
11. Maintain accurate information in an employee's files,
12. Assist in the recruitment/repatriation of employees including TA's, reservations, coordination of shipping etc.;
13. Provide support to HRC policy research;
14. Update and maintain a procedure manual for the HR Office with the assistance of the HR director.
15. Proofread personnel requisition forms for accuracy and completeness;
16. Draft employment verification for employees and maintain electronic data
17. Assist with organization of professional development activities
18. Assist in hiring process including reference checks; and perform other duties as assigned.

QUALIFICATIONS	REQUIRED(minimum)	PREFERRED
EDUCATION [specific field]	Bachelor's degree in human resources or related field from a US accredited institution and	
SUBJECTS REQUIRED TO TEACH [instructor]	NA	
YEARS OF WORK EXPERIENCE	Two years of progressively responsible professional experiences in Human Resources or related field.	
MANAGEMENT EXPERIENCE/SKILLS	One year of supervisory responsibility that included a program, personnel, finance and/or information.	
SOFTWARE PROGRAMS	Word, Excel, PowerPoint, Google	
SPECIAL SKILLS, ABILITIES AND KNOWLEGE	✓ Knowledge of: principles and practices of modern office management. ✓ Ability to understand and follow complex instructions, communicate effectively, analyze, interpret, and use sound logic and judgment in application of a variety of administrative rules and regulations; ✓ Ability to work with diverse faculty, staff and students; work as part of a team in accomplishing tasks and functions. ✓ OR, any equivalent combination of education and/or experience which provides for the above.	

APPROVING AUTHORITIES	
OFFICE DIRECTOR/CAMPUS DIRECTOR	DATE RECIEVIED/SIGNED
VICE PRESIDENT(VPA/VPSSA/VPCRE/VPIA)	DATE RECEIVED/SIGNED
COMPTROLLER	DATE RECEIVED/SIGNED

FOR HUMAN RESOUCES USE ONLY

JOB CLASSIFICATION	GRADE/STEP/SUB-STEP	SALARY RANGE
Professional	L/4/B-L/7/B	**$12,677-$14,285.00**

EO NUMBER	OPENING DATE	CLOSING DATE
❑POSITION IS ELIGIBLE FOR EXTENDED EMPLOYMENT BENEFITS. ☒POSITION **IS NOT** ELIGIBLE FOR EXTENDED EMPLOYMENT BENEFITS.		
HUMAN RESOURCES DIRECTOR	DATE RECEIVED/SIGNED	

Tips for Completing the PPR Form

- ✓ It is important to complete the form fully and with correct information. When determining the major functional duties of the position, align those duties with the expected goals of the office this position will support. Use action verbs to describe the work to be done. Doing so is useful to the HR director who evaluates the position, the potential candidates who need to understand the work, and the supervisor who will manage and evaluate the performance of the successful candidate.
- ✓ The minimum requirements must match the duties and field of work. The field of study required must be spelled out and—if there is more than one acceptable field of study—they must all be listed. The same will apply to software programs, special skills and knowledge that are mission critical to the achievement of the functional duties.
- ✓ Because of the nature of responsibilities and position in the organizational chart, some positions require individuals to lead teams or serve on standing committees. These are important responsibilities that come with the position and *must be listed clearly* in the duties section.
- ✓ If the position will require routinely working with others outside the office where it will be based, you need to list the titles of those other positions.
- ✓ If there are preferred degrees, skills, or experience beyond the minimum requirements, those too must be listed. If there are none, it is okay to leave that section empty.
- ✓ For faculty positions, one additional area of importance is the list of courses that the position faculty member in this position is responsible for teaching. This list provides the potential candidates with a clear understanding of the job, allows the ad hoc committee to easily evaluate candidates' qualifications against this section easily, and provides a useful guide for answering questions from applicants who are not selected.

Step 3. Obtain Funding Certification by Business Office

When the Business Office receives the completed PPR Form from HRO, the comptroller indicates if there is sufficient funding in the budget for the fiscal year the position is requested.

If there is sufficient funding…
If there is sufficient funding available for the position, the comptroller will sign the form and return it to HRO.

If there is NOT sufficient funding…
If the position is not budgeted or funding is not sufficient in the fiscal year, the comptroller will return the form to HRO without signature and with a clear written statement on the same form explaining the action.

What to Do if the Comptroller Does NOT Certify the PPR Form.

- ✓ When the comptroller returns the PPR Form to HRO because funding is not available, HRO will notify the office head to locate funding or clarify a funding source with the Business Office. At the same time HRO will return the PPR form to the office head.
- ✓ The office head will work directly with Business Office to resolve the insufficient funding issue.

Step 4. Gain Approval from Cabinet

The office head will provide to vice president a certified PPR Form to take to president's Cabinet to review and endorse for recruitment.

This Office Head	Transmits the PPR	To This VP
Business Office Human Resources Maintenance Office Book Store Dining Hall	➔➔➔	Vice president for administrative services (VPAS)
Learning Resources Center Media Information Technology Center Instructional Coordinator Dean of Academic Program Cooperative and Research Extension Office Academic Divisions State Campus Administration	➔➔➔	Vice president for instructional affairs (VPIA)

This Office Head	Transmits the PPR	To This VP
Residential Halls Admissions, Records, and Recruitment Office Financial Aid Office Student Life Dispensary Sports and Recreation Counseling Office Security Office	➔➔➔	Vice president for enrollment management and student services (VPEMSS)
Institutional Effectiveness Office Information Technology Dean of Assessment	➔➔➔	Vice president for institutional effectiveness and quality assurance (VPIEQA)

The relevant vice president will review the completed PPR Form and use it to complete the Cabinet Review Form and take both forms to Cabinet in their next meeting to review and make determination on the position requested. The form can also be obtained from a vice president, the chief of staff, or HRO.

For PPRs for positions under the Office of President and his/her direct reports, the president will share the completed forms with his cabinet and/or the Board of Regents for approval.

How to Communicate Cabinet's Decision

A vice president will transmit the PPR Form, the Cabinet Review Form, and the Cabinet meeting minutes (draft minutes are acceptable) to the Human Resources Office for recruitment.

The relevant vice president will also inform the office head of the outcome of cabinet's review on the request by email, phone, or in person within one week of Cabinet's decision.

How to Request a Personal Services Contract

Three situations exist in which an office head may request a new personal services contract position. These situations are described in the table on the next page.

Table 1.3. Three Situations in Which an Office Head May Request a Personal Services Contract

First Situation	Second Situation	Third Situation
When you identify a current vacant full-time regular position on the current budget and while a PPR Form is being developed or routed for review and endorsement for recruitment of a full time regular position. *If you require the work to commence immediately, such a request can be made to hire on a Personal Services Contract not to exceed six (6) months.*	When you receive an assignment of a new large task that is outside of normal services or programs offered by the unit office. If such an assignment is of limited nature, or not longer than one (1) year, and if the office does not have the needed staffing to carry out such task, then you can complete a request for a new Request for Personal Services Contract form.	When you need a course or additional section(s) of a course to be taught and current full-time faculty numbers are not sufficient to cover the need in normal load. This type of contract is referred to as overload for current full-time faculty and personal services contract for the individual who is not a full-time faculty member. The instructional department maintains procedures for certification. Routing of a personal services contract resulting from this situation will follow the approval processes for other PT contracts, though some steps will be skipped such as Step 1.

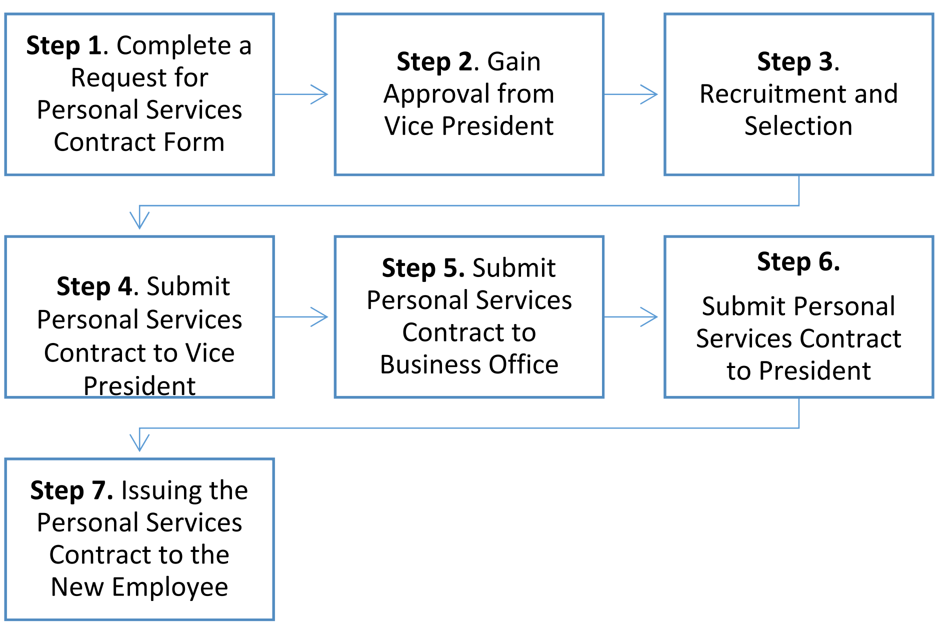

Figure 1.3. Steps to Request a Personal Services Contract

Step 1. Complete a Request for Personal Services Contract Form

Obtain and complete the [Request for Personal Services Contract Form.]
The form can also be obtained from a the staff from the Human Resources office or its representatives at the state campuses (administrative staff and secretaries to the campus deans or director). Once you successfully complete this form successfully, sign and transmit it to your vice president.

A sample of a filled-out Request for Personal Services Contract Form appears in Table 1.4.

Table 1.4. Sample Filled-Out Request for Personal Services Contract

REQUEST FOR PERSONAL SERVICES CONTRACT

Instructions: Form must be completed fully incomplete form will be returned to sender. Attach the most current office/campus organizational chart showing the placement of this position and its relationship to other functional areas. Include a summary of functional responsibilities for all position on your organizational chart(s) including any part-time positions.

Position budgeted under FY: _2014__ Position **Title:** ___HRM Specialist (1) position)

1. Why do you need this short-term contract?

☒ **Full-time position vacated due to resignation/termination [Provide name and date]**
☐ **Additional major duties recently added to the office [Provide details below]**
☐ **Nature of the grant/ program to employ part personnel.**

"Employee name" resigned as HRM Specialist to accept the Director position at the Residential Halls July 2013. The position remains vacant until now. This is because the directive issued in September put a freeze on all vacant full time positions while the VPs carried out an assessment.
While we wait for a final decision, we need support to carry out the responsibilities of the office. Thus, the need for a special contract for a clerk for a 6 months' period.

2. List major responsibilities of this position and indicate areas of direct impact? [List them by natural groupings]

1. [DAILY] Logging documents coming in and out on a daily basis.
2. [DAILY] Deliver documents on campus daily, multiple trips to the administration office are required.
3. [DAILY] Answer telephones and taking messages and answering inquiries.
4. [DAILY] Make copies of PAs, Contracts, Evaluations, Files for office, supervisors, and supervisees and others.
5. [DAILY] Scan PAs, Contracts, Evaluations, Forms, Employment Verifications, etc.
6. [DAILY]Email state campus reps and employees to dissimilate information, forms, answer questions, follow up on
Required documents, issues, etc.
7. [DAILY] Assist visitors to the office.
8. [WEEKLY] Run other errands and assist the Director and Admin specialist with other tasks as needed.

3. What is the impact on the office/campus/department if the position is not filled now?

Services will be very slow and/or rushed with less quality. The two staff will spend more time on clerical duties listed above than on major and high level responsibilities. This will lead to delay of other critical projects, excessive overtime and in the long run it may lead to poor health, stress and burn out of the two staff.

4. How long has the position been vacant? How were the responsibilities handled?

July 2013, "Employee Name" accepted the Director position at Residential Halls. This request is specifically for 6 months [January to June] to carry out critical duties under section 2 and avoid potential problems in section 3 above.

5. What is the basis of the budget of this position?

The HRM Specialist position is budgeted under FY2014 at $21,269.00, it is more than sufficient to fund this 6-month special contract with a total sum of $3,360.00. This calculation is based on an hourly rate of $3.50 at 40+ hours per week for 4 weeks.

6. Does the office have a space, office, desk, computer, supplies, etc., to support this position?

Yes

7. [For instructional positions] Do you have the student enrollment to support this position? What is your current faculty/student ratio based on the established institutional effectiveness indicator?

NA

8. [For all others] What is the established enrollment indicator for this type of position in this office, campus and/or college-wide?

To support 380 personnel [full time only], there must be 7 HR staff. This calculation is based on the HR norm of 1 HR staff per 50-60 employees ratio. In fact, HRO is way understaffed compared to sister institutions in the region and GCC.

When you consider the number of part time personnel, the HR staff personnel should be more than 7 but is currently only at 4(including state campus reps).

9. [For all others] What is the established enrollment indicator for this type of position in this office, campus and/or college-wide? How are you doing in meeting this indicator?

One HR staff per 50-60 employees. We are understaffed. We work long hours and on weekends, in the long run neither is healthy and advisable.

10. Aside from the salary, what are other expected costs to the college and your office? Are these budgeted/provided by your office/campus? If not, who provides for these?

None

REQUESTED & SUBMITTED BY:

Dean/Director: __Rencelly Nelson ________________________ Date: ____November 25,2013___________

Comments: The hiring of a clerk to support the work of the unit and the two staff members at this office is essential to the Outcomes expected and level of performance desired for such an office with college-wide responsibilities.

REVIEWED & FORWARDED BY:

☐ Recommended
☐ Not Recommended
☐ Others: ______________________________________
[Specify decision below]

Vice president: ______________________________ ____________________
Signature Date

Tips for Completing this Form

- ✓ To speed up the review and processing of the request, fill this form out fully and correctly the first time around. You will be doing your vice president a favor if you capture all the facts and required information on this form, making the request clear.
- ✓ Consider grouping the duties or combining duties that are related into one idea. Begin with the major duties first and break them down into daily, weekly and monthly schedules. This process will be useful for your VP and for the employee to be hired.
- ✓ The key indicator is required. Find out the key indicator for your area from your vice president if you are not sure. Specify the actual budget available for the position in your budget and calculate the budget needed for the entire duration of the months on the contract. Your VP needs assurance that there is money available for the contract and approval of the position will not have added a financial burden.

Step 2. Gain Approval from Vice President

Upon receipt of the Request for Personal Services Contract Form, the vice president will review the form and make a decision. During the review period, the vice president may require the office head to submit additional information or data to help make a final decision.

The vice president will return the form to the office head when a final decision is made. The vice president has these options for this level of review:

- Determines the request is within the budget and the work requested will help the college meet its mission. The request will be returned to the office head to implement the contract.
- Determines in writing on the same form that the request is not within available budget and is better resolved in some other way. The request will be returned with specific reasons or directions for the office head to follow to meet the need identified.

Step 3. Recruitment and Selection

Upon receipt of the approved request, the office head will determine the best options to implement from the following:

- Prepare a short advertisement to run for fifteen days using the established format for Personal Services Contract by Human Resources. Post it locally at the community bulletin boards, share it with a local radio station, and distribute it to college staff to share with others and students.
- Proceed with procurement of a contract without advertisement if the need is urgent and a vice president or the office head has identified a suitable qualified individual. The office head will prepare the contract (six months to one-year maximum).

If an advertisement will be used, the advertisement will include the required supporting documents below to be submitted to the office unit before or by the deadline.

- ✓ Employment Application Form
- ✓ Resume
- ✓ Copy of passport or state ID or driver's license
- ✓ Copy of college transcripts or HS Diploma (depends on MQs)
- ✓ Copy of social security card (FSM)
- ✓ Police clearance
- ✓ Health clearance (if applicable)
- ✓ FSM Permit (if candidate is in the FSM on permit)
- ✓ Foreign Investment License (if applicable)
- ✓ Three (3) reference letters (under 6 months old)

Upon closing of the advertisement period, the supervisor and two other staff members will screen the applications for suitability and qualifications based on the advertisement. The successful candidate identified from this initial process will be moved to the next step: reference checks and employment history verification. The supervisor will complete the following steps to identify the best and ablest candidate for the position.

Call current and previous employers to verify employment history, work experience, etc.
Interview the candidate in person (or via telephone/other media if not available).

Step 4. Submit Personal Services Contract to Vice President

When the supervisor identifies the successful candidate from the pool of applications, a personal services contract will be prepared. These documents must also be attached to the contract when transmitted to Office of the Vice President. If the documents are found to be complete and the information is sufficient, the vice president signs off on the contract and transmits it to the Business Office for a funding certificate.

- ✓ Approved Request for Limited Term Position Form
- ✓ Copy of the advertisement used
- ✓ Contract form (fully completed and signed by supervisor)
- ✓ Employment Application form
- ✓ Copy social security card (FSM)
- ✓ Copy of passport or state ID or driver's license
- ✓ Police clearance
- ✓ Health clearance (if applicable)
- ✓ FSM Permit (if applicable)
- ✓ Foreign Investment License (if applicable)
- ✓ Three (3) reference letters (under 6 months old)
- ✓ Checklist that details the process leading up to the request

to the screening and to the selection of the individual

- ✓ Copy of transcripts
- ✓ Results of the reference checks

Step 5. Submit Personal Services Contract to Business Office

The comptroller will sign the personal services contract to certify funding availability and accountability and forward the contract packet to the president.

Step 6. Submit Personal Services Contract to President

The president will sign the contract to indicate final approval and return it to the vice president who will forward contract to the requesting supervisor.

Step 7. Issuing Contract to the New Employee

The supervisor will call the new employee for a meeting and issue the approved contract for employee signature. The new employee will be given a copy of the position duties, expectations and other relevant forms required for signature and use.

- For **off-isla**nd offices, the supervisor will email a scanned copy of the contract to the supervisor at the state campus.
- For **on-island** offices, the supervisor will issue hard copies of contract to the supervisor for office use and for distribution to the employee.

The supervisor will provide to the Business Office a copy of the signed personal services contract for payroll and HRO a copy for personnel file.

Nepotism is prohibited

If you are a manager, be sure to read the Board Policy No. 6024 and section extracted below.

How to Adhere to COM-FSM's Nepotism Policy

The hiring of a family member in a supervision- subordinate relationship is prohibited; therefore, if you are a supervisor of a vacant position being approved to fill by personal services contract, you will not recommend hiring of your family members listed in Board Policy No. 6024:

- *Husband*
- *Wife*
- *Child*
- *Stepchild*
- *Parent*
- *Grandparent*
- *Brother*
- *Sister*
- *Grandchild*
- *Stepbrother*
- *Stepsister*
- *Stepparent*
- *Parent-in-law*
- *Brother-in-law*
- *Sister-in-law*
- *Son-in-law*
- *Daughter-in-law*
- ***OR, if related by blood:***
  - *Uncle*
  - *Aunt*
  - *Nephew or Niece*

If you will select an individual who appears on the list above, you must disclose the relationship. Such hires may be considered if you provide evidence of the following:

- ✓ Campus and island-wide vacancy announcement run for at least 15 days;
- ✓ Evidence of careful review of a committee that does not include you that arrived at the recommendation for your family member;
- ✓ Evidence that your family member exceeded credentials and job requirements on the vacancy announcements compared to all applicants in the pool; and
- ✓ No evidence is found of any coercion of any kind exercised on any of the committee members.

The above information will be provided to the president for review and approval. If the president supports the recommendation, he/she will request board of regents for approval. If the president does NOT support the recommendation, he will return the recommendation to the supervisor to continue the search.

If the board of regents approves the recommendation, the president will return to the supervisor the recommendation with clear approval stamped on the memorandum and a copy of the board directive.

If the board of regents disapproves the recommendation, the president will return to the supervisor the recommendation with a cover memorandum explain the decision and instruction and a copy of the board directive.

How to Fill Vacant and New Positions

Frequently Asked Questions (FAQ)	
✓ **How do I know how many positions are available in my office?**	✓ Review your current budget; all positions that are budgeted for each unit filled and unfilled are listed. If you don't have access to your current budget, ask your VP or the comptroller.
✓ **How long does my committee have after the interview to submit our recommendation?**	✓ Your ad hoc committee has two weeks (including weekends) after the last interview conducted to submit your findings and recommendation to the Human Resources Office.
✓ **When should I advertise my vacant position?**	✓ As soon as a position becomes vacant, or upon the president's approval of a resignation, you should advertise the vacant position.
✓ **How do I go about advertising my position?**	✓ Fill out the PPR Form and send it to your VP for endorsement.
✓ **How long is the period of announcement?**	✓ First time advertisement is for 30 days while re-advertisement begins at 15 days.
✓ **How do I know if there are candidates who responded to my advertised position?**	✓ HR will inform you when your position is closed. Likewise, you will be informed if no one applies.
✓ **How many people should serve on the ad hoc committee?**	✓ A minimum of five members should staff the ad hoc committee, and the supervisor should chair the committee unless there is a conflict of interest (for example, an immediate family member of the supervisor of the position for which the candidate applies or of a member of the search committee).
✓ **How are ad hoc committees appointed?**	✓ The office head will make a recommendation to the director of human resources, and the two will finalize the five-member committee.
✓ **Where should I send my committee's hire recommendation?**	✓ The committee's recommendation is to be provided to the Human Resources Office with the entire packet for a closed position.
✓ **How do I know if my committee's hire recommendation is approved?**	✓ If you are an office head, director of human resources informs you and your vice president when a recommendation for hire has been approved.
✓ **Who will make the job offer?**	✓ The director of human resources is the only staff member authorized to make job offers.
✓ **How do I know when my new employee will begin work?**	✓ The director of human resources notifies office head and respective vice president for the starting date of new hires in their office and department.

How to Prepare a Job Announcement

The Human Resources Office prepares job announcements and posts them in relevant media locally and beyond (college website, local radio station, local television, local newspaper, HigherEdJobs.com, *Chronicle of Higher Education Newsletter*). HR staff types up the vacancy announcement based on the completed Personnel Position Requisition Form and in consultation with HR established standards for vacancy announcements. For each job announcement, office heads and HR staff will follow the steps below to ensure proper and consistent review and input into the final announcement. *A sample of a position announcement appears on the following pages.*

Table 1.5. Example of COM-FSM Employment Advertisement

Employment Opportunity

EO No: 2017-012

College of Micronesia–FSM
Human Resources Office
P.O. Box 159
Kolonia, Pohnpei, FSM 96941
Phone: 691-320-2480 Fax: 691-320-2479

Opening Date: November 22, 2016	**Closing Date: December 21, 2016**
Position and Salary:	**Director of Cooperative Research and Extension** **N/16/D $27,334.00 PA**

"Position is eligible for housing and transportation benefit"

Location:	National Campus/CRE P.O. Box 159 Kolonia, Pohnpei FM 96941

Mission Statement
The College of Micronesia-FSM is a learner-centered institution of higher education that is committed to the success of the Federated States of Micronesia by providing academic, career and technical educational programs characterized by continuous improvement and best practices.

Values

College of Micronesia-FSM core values and principles of best practices

We value the higher education community in which we work and those diverse island communities we serve. As members of these communities, we strive to embody these core values and to demonstrate them through the following best practices

Excellence

- Complete all duties and assignments.
- Hold yourself accountable to high performance standards
- Aim to meet or exceed standards of best practices.
- Set goals and endeavor to exceed them.
- Be positive and encouraging.

Learner-Centeredness

- Dedicate time for learning.
- Use every assignment as a learning opportunity.
- Explore your curiosity.
- Continuously assess your knowledge, skills, and abilities.
- Collaboratively share information and skills.
- Be transformative, think outside the box.
- Learn from failures to continuously improve.

Commitment

- Be dependable by being present and on time.
- Dedicate your time, energy, and enthusiasm.
- Contribute your best and inspire others to do the same.
- Give back when you can.
- Connect, participate, and be involved.
- Work to make a difference.
- Anticipate what is needed and do that work without being asked.

Professionalism

- Be honest and transparent.
- Accept responsibility for your actions.
- Maintain confidentiality.
- Do no harm, be ethical.
- Develop logical plans and foresee consequences.
- Act in the best interest of the college and the communities you serve.

Teamwork

- Respect yourself and others.
- Engage and contribute wholly to all team activities.
- Offer your assistance and guidance when necessary.
- Actively listen.
- Pursue an understanding of diverse points of view and ideas.
- Respond respectfully when others disagree with your views.
- Recognize the needs of others.
- Actively build working and learning relationships.
- Appreciate your colleagues.
- Share and use resources responsibly.

*Adapted from Dartmouth's Core Values Model http://www.dartmouth.edu/~rpd/corevalues/list.html

Area of Responsibility and Reporting Authority: The director of cooperative research and extension (CRE) is responsible for directing the planning of one major division and serves as an advisor to the Vice President for Instructional Affairs on matters relating to cooperative research and extension. The Director will report directly to the VPIA and the Executive Director of COM Land Grant Program. The Director will share oversight of CRE staff with each campus dean/director. The Director will directly supervise the staff in the CRE National Campus Office and co-supervise the CRE Coordinators at the state campuses.

Duties: The Director is responsible for the development, implementation, direction and evaluation of the land grant program and cooperative extension programs, including the agricultural experiment station, resident instruction programs, and various land grant programs. Other responsibilities include:

- Provide leadership and direction in the development of cooperative research and extension responsibilities of the college;
- Coordinate, develop and represent the college in land grant issues both at the national and state campuses;
- Assist the vice president in formulating and administering college policies and in developing long- and short-range goals and objectives;
- Supervise and coordinate the activities of the college relating to development, modification, expansion and implementation of the cooperative extension services, agricultural experiment station, and resident instruction programs to the meet the current and projected needs of the college;
- Review analysis of activities, costs, operations and forecast date to determine college progress toward stated goals and objectives;
- Work with other administrators in analyzing and discussing required changes in goals and objectives to meet land grant and extension program identified needs;
- Participate in the selection of subordinate staff; supervise and evaluate the work performance of subordinates including the CRE Coordinators;
- Be responsible for administrative activities such as maintaining accountability program funds, developing AES and CES work plans in collaboration with sites, annual reports and program updates with input from the community, land grant personnel and college faculty and administrators;
- Formulate policies and procedures for the development of programs assigned, putting in place a system of evaluating program accomplishments and impacts compared with targets, and proposing amendments and/or improvements therein to meet changing needs;
- Represent the college with community, national government, students and other officials. Additional administrative management duties could include some teaching and/or research responsibilities.
- Serve on committees as needed.

Minimum Qualifications: Master's degree from a US accredited college in education, agriculture, home economics, or related field and demonstrated successful responsibilities in progressively more responsible educational management positions at an institution of higher learning; preferably at the community college, or equivalent combination of training and work experience in management, administrative or related professional work which indicate possession of knowledge and skills required to be successful in the position. Propose, submit and implement projects relating to his/her expertise. **Knowledge of**: management and organizational principles and practices; standards and practices of the Accreditation Commission for Community and Junior Colleges, WASC; principles and practices of academic and organization planning; issues, trends and practices of institutions of higher education; performance appraisal principles, practices and techniques including development of improvement plans; budgeting and management planning; Micronesian people and cultures; adult and community college students' interests and problems; and program panning/development principles and practices. **Ability to**: communicate effectively in English both orally and in writing; establish and maintain effective working relationships with faculty, staff, administrators, community members, and governmental officials; exercise mature and sound judgement and discretion; work with individuals to develop group consensus and collaborative problem solving; establish and identify problems and priorities in order to motivate staff or accomplish goals and objectives; supervise, direct and evaluate the work of others; work with pubic, students and others in a positive, professional, courteous and tactful manner in resolving complex or difficult problems. PhD degree preferred.

Foreign credentials must be equated to meet US standards in the field of assignment using **World Education Services at** http://www.wes.org.

Contact: Applications are available at the College of Micronesia–FSM Human Resources Office, state campus sites or at the college's website at www.comfsm.fm.

Application Procedure

Interested candidates **must** submit the following documents:

1. A letter of interest addressing how the candidate's professional qualification and experience match the minimum essential requirements of the position (not to exceed 3 pages);
2. COM-FSM application form (http://www.comfsm.fm/jobs/HRdocs/employment08.pdf);
3. A current resume which includes personal email address and cellular phone number;
4. Copies of college transcripts for all degrees earned;
5. A minimum of three professional reference letters;
6. Police clearance.

Documents are to be submitted electronically to hro@comfsm.fm (preferably as PDF attachments) or mailed to:

Human Resources Office
College of Micronesia-FSM
P. O. Box 159
Pohnpei FM 96941

(U.S Postal Service domestic rates apply in the Federated States of Micronesia.)

Applications will be accepted until **December 21, 2016** followed by screening by the committee. Official and hard copies of college transcripts are required to be mailed directly from schools to HRO when a candidate is being considered.

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The College reserves the right to request or require from any applicant additional documentation or certification in addition to the minimum requirements stated in this advertisement in order to be considered for this position. All persons applying must meet or exceed any additional qualifications required in the COM-FSM Personnel Policy and Procedure Manual.

The College of Micronesia FSM is an equal opportunity employer.
FSM Citizens are encouraged to apply.

Figure 1.4. Process for Filling New and Vacant Positions

Follow these five steps for filling new and vacant positions.

Step 1. Return Certified PPR Form to Human Resources Office

Comptroller certifies the PPR Form and returns it to Human Resources Office. This form initiates the preparation of the vacancy announcement.

Step 2. HRO Types and Formats Vacancy Announcement

HRO staff takes the information on the PPR Form and formats it to follow the normal vacancy announcements.

HRO maintains a listing of vacancy announcements each fiscal year. The first Employment Opportunity Announcement will be assigned a number starting with the fiscal year and then chronologically.

Example: EO No. 2016-01
EO No. 2016-02

HRO staff will add an open date and closing date on each announcement. All open dates will be limited to only working days. All initial announcements will be advertised for a minimum of thirty (30) days while re-advertisements are opened for at least fifteen (15) days.

Step 3. HRO Sends Vacancy Announcement to Office Head for Review

HRO staff will email the draft job announcement to the office head for review within three (3) working days.

Step 4. Office Head Returns Vacancy Announcement to HRO for Advertisement

The office head will email the final draft of the vacancy announcement to HRO for posting. If there will be changes, the office head will indicate such by color coding and the use of "track changes" to enable HR staff to understand and identify where changes are made.

HRO staff will send an email or telephone follow up when the review period is about to expire and a response has not been received. If HRO does not receive any feedback after the three-day review ends, and after the email and telephone follow up, the vacancy announcement will be posted regardless. HRO staff will post the final announcement in relevant media (college website, local radio station, local television, local new paper, HigherEdJobs.com, *Chronicle of Higher Education Newsletter*) while copies will be given to following:

- Office Head
- HR Representatives at all campuses
- Information Technology Office (ITO)
- File

Once the advertisement is posted, the next task is to form the screening committee.

Step 5. Forming the Screening Committee

HRO staff will contact the office head to coordinate the formation of a screening committee at a requirement of at least five (5) current full time employees who are familiar with the function of the position and the unit office. Normally, the office head will chair the committee unless there is a reasonable conflict with applicants of the position (for example, an immediate family of the supervisor of the position of which the candidate applies or of a member of the search committee). In this case, the office head must recommend a senior staff member from the same office, a member who is as familiar with the essential duties of the position and screening procedures to chair the committee. the director of human resources will endorse all committee member appointments.

If you are related to any candidate in the pool of applicants who is listed in Board Policy No. 6024 Nepotism, you need to inform the chair of the committee or the HRO director right away. In this instance, you may be excused from serving in the screening committee.

At the National Campus…
A transmittal memorandum is addressed to the ad hoc committee from the HR director and through the relevant the vice president. The individual committee member is to sign off on the memorandum next to his/her name to indicate completion of the review of the packet before giving the it to the next name on the memo.

At the State Campuses …
A transmittal memorandum is addressed to the campus dean or director with attention to the office head and through the relevant vice president. The campus dean/director with endorsement from HR director will appoint an ad hoc committee. The individual committee member is to sign off on the memorandum next to his/her name to indicate completion of the review of the packet before giving the it to the next name on the memo.

The role of the ad hoc committee is to screen applications for employment eligibility, interview qualified candidates, and identify the best qualified and suitable candidates to the president. Evaluations of candidates must be job-related and designed to demonstrate the ability of the candidate to successfully perform the duties of the position and fit into the organization.

In the actual transmittal memorandum, HRO will indicate open and closing date, title of the position and names of all candidates that applied by the time the transmittal was prepared.
These forms and documents will also enclose with the memorandum for the committee to use in the screening process.

- ✓ Copy of the vacancy announcement
- ✓ Copy of Board Policy No. 6007 Employment
- ✓ Copy of Administrative Procedures No. 6007 Employment
- ✓ Guiding memorandum from HR director to the ad hoc committee
- ✓ List of Do's and Don'ts
- ✓ Sample recommendation letter
- ✓ Sample rubric
- ✓ Sample questions
- ✓ All applications and copies of email communications with applicants

The packet will be provided to the relevant vice president for signature. When the signature is obtained, the packet will be provided first to the chair of the committee.

Confidentiality

The entire screening process is confidential, beginning with the appointment of the committee and ending with the decision by the president. Search committee members will not share documents and findings with others outside of this committee during and after the process is completed. Individuals who violate this policy may be subjected to discipline.

Nepotism

The hiring of a family member in a supervisor/subordinate relationship is prohibited. If you are a supervisor in a vacant position being screened for hire, and you are made aware of a family member who is applying or is being considered in the vacant position, you must disclose that information in writing (email or memorandum) to the director of human resources and your immediate supervisor right away.

Limitation

Regular full-time employees may apply for vacancies after completing their initial probationary period in their current positions. Only the president may waive the probationary period requirement if such action is deemed necessary to accomplish the mission of the college.

HRO will maintain application documents for unsuccessful candidates for one (1) calendar year, after which the application documents will be destroyed, except for official transcripts.

Interview Process

The chair of the ad hoc committee will inform HRO and its representatives at the state campuses when the committee is ready to interview qualified candidates. The chair will return the packet to the HRO or its representative with a list of candidates to be invited for an interview.

HRO staff will review the packet to make sure contents are not missing and contact the candidates for an interview. HRO staff will inform the committee chair of date, venue, time and order of candidates for the interview through email and/in writing.

HRO staff will sit in the interview session to assist the committee and ensure confidentiality of the process. Interviews will be contacted conducted face-to-face for candidates on island and through telephone, and Skype, or Face Time with off-island candidates. If members of the committee are not able to join the interview, HR staff or committee and/chair may record the interview after informing the candidates and securing their agreement to the recording. The recording will be listened to in the HR Office or a secure location chosen by an HR staff member. The recording will be disposed of by the HR staff immediately after the committee member listened to it.

The actual interview *must* follow these guidelines.

- Committee members (majority) must be present and arrive at the venue before the candidates.
- Questions must be organized and given to all committee members prior the interview.

- Committee chair or HR representative will welcome the candidate and explain the process and expectations.
- Questions may be asked by the chair or divided among committee members.
- Follow up questions to clarify a response are allowed.
- Email to HRO any questions for which the committee did not receive answers during the interview.
- When all questions have been covered, the chair/HR representative will thank the candidate and indicate to him/her the estimated time line to hear from the college after the interview. The committee should work as necessary to adhere to that time line.

Recommendation Process

The ad hoc committee will meet after the interview process is completed to discuss its findings and recommendation. A recommendation is to be given to Human Resources Office within one (1) week of completion of the interview process. The ad hoc committee will accomplish this task consistent with established requirements of the job as advertised and any established goals for the office or/of job in subsequent years.

The ad hoc committee chair will write up the findings of the committee on college letterhead addressed to the president through the director of human resources and the relevant vice president. The letter must detail the screening process leading up the final recommendation, including these:

- ✓ Names of all candidates who applied
- ✓ Names and reasons for candidates who interviewed
- ✓ Names and reasons for candidates who were not interviewed
- ✓ Clearly stated recommendation
- ✓ Rationale for the recommendation

Job Offer

The director of human resources will make job offers for successful candidates approved by president. The director will carry out this task based on the approved packet by the president, the director of human resources, or a designated staff member will email job offers to the successful candidate initially. The director of human resources or designee will draft the official job offer letter for the president's signature. A formal offer letter will be issued later bearing the signature of the president. HRO maintains a copy of the offer letter and all communications following the job offer in the file of the successful candidate.

If a candidate **accepts** the job offer, HRO will prepare the internal paperwork. relevant	If a candidate **declines** the job offer, HRO will notify office head and the vice president, deans or directors and will follow other options or instructions approved also by the president.

Notices to Other Candidates and Office Heads

HRO staff will email the office head and relevant vice presidents and deans or directors the outcome of the president's review and approval.

HRO staff will issue email or hard copies of "thank you" letters to all unsuccessful candidates. Copies of such communications will be attached to the candidate's application packet and placed in the candidate's file.

What is the Personnel Action Process for New Hires?

Frequently Asked Questions (FAQ)	
Who initiates the personnel action?	✓ HRO prepares the personnel action when president approves an individual for hire.
Who approves personnel action?	✓ The signatories on a Personnel Action include the immediate supervisor, director of human resources, comptroller, and vice president of the department of new hire.
Who should sign the personnel action first?	✓ The supervisor of the new hire.
When do I get copies of my own personnel action?	✓ Personnel actions are signed by the vice president. HR receives and provides copies to the employee, employee's supervisor and Business Office.
Who is responsible for payment of permit?	✓ The first permit is paid by the college under Human Resources Office for new hires and dependents who are eligible for extended benefits per Board Policy No. 6028. Subsequent extensions are paid by the employee. For personnel who are not given extended benefits, their department or office will cover payment of the first permit while the employee will cover payment of any extensions.
Where do I get permit application?	✓ HRO staff will provide electronic copies of the permit application form to personnel who require a work permit.
Do I get a copy of contracts for my direct reports?	✓ Yes, supervisors are issued copies employment contracts for their direct reports after the employees signed the document.
What uses do I have for copies of Personnel Actions and Contracts HR gives me?	✓ As a supervisor, you need them to help you guide your schedule for

Frequently Asked Questions (FAQ)	
	performance evaluation and budget development. ✓ As an employee, you need your copies to remind you about the expiration date of employment with the college, date of annual performance evaluation, obtaining a college ID, and for other personal purposes.
What should I know about my direct reports' permit?	✓ As a supervisor, you need to be aware of the expiration date of permit to schedule performance review timely to avoid incompliance with permit processing timelines and avoidable charges to the college.
Do I sign the TA for my direct report?	✓ No. The director of human resources signs, as the TA is covered under HR's budget.
How would I know when my new staff member is arriving on island?	✓ HRO staff will provide you copies of e-ticket for new hires once travel itinerary is final.
Who should pick up my new staff from the airport?	✓ You, if you are a supervisor, or you may designate one of your staff to do so.
Who is responsible for arranging housing for my new staff member?	✓ HRO staff will secure the one month initial housing arrangement. The employee will take care of subsequent arrangements.
Who pays for the rental fees for my housing?	✓ If you were offered housing benefit from HRO when hired, your office covers your rental fee. If you don't have a housing benefit from the college, then you will take care of your own rental fees.
What forms do I use for the first payment of my new staff member's apartment?	✓ If the first payment is issued as a receipt only, you will prepare a purchase order to process the payment. ✓ If a landlord issues a lease agreement, you need to provide that document to HRO to transmit it to Business Office for payment processing.

Preparing the Personnel Action and Contract

Human Resources Office prepares Personnel Actions (PAs) and contracts for all personnel at all the six campus sites.

For the National Campus…
HR staff will prepare and print a personnel action form and send to the immediate supervisor for signature.

For the state campuses…
HR staff will prepare and email a soft copy of personal action to the HR representative at the state campus to print for signature.

Common Various Personnel Actions

HRO prepares Personnel Actions for various purposes to document decisions that affect an individual employee's personnel files and status at the college. The table below displays the flow of information in the most common Personnel Actions normally processed.

Information Flow for Common Personnel Actions

Common Personnel Actions	Documents Forming the Basis for Personnel Action	Signatories
Personnel Action for Initial New Hire	Approved Hire Recommendation packet	Supervisor, HR director, comptroller, campus dean/ or director, vice president
Personnel Action for Salary Increment	Completed Performance evaluation Forms	Supervisor, HR director, comptroller, campus dean/ or director, vice president
Personnel Action for Contract Renewal	Completed Performance Evaluation Form	Supervisor, HR director, comptroller, campus dean/ or director, vice president
Personnel Action for Administrative Leave	President-approved memorandum	Supervisor, HR director, comptroller, campus dean or director, vice president
Personnel Action for Educational Leave	Cabinet approved Educational Leave Application Form	Supervisor, HR director, comptroller, campus dean/ or director, vice president
Personnel Action for Acting Compensation	Copy of official acting designation memorandum	Supervisor, HR director, comptroller, campus dean/ or director, vice president
Personnel Action for Relocation or Transfer	President-approved memorandum	Supervisor, HR director, comptroller, campus dean or director, vice president
Personnel Action for Change of Account	Written documentation from initiating officer	Supervisor, HR director, comptroller, campus dean or director, vice president
Personnel Action for Lay Off	Copy of layoff notice	Supervisor, HR director, comptroller, campus dean or director, vice president
Personnel Acton for Disciplinary	Copy of approved disciplinary memorandum	Supervisor, HR director, comptroller, campus dean or director, vice president

Employment Contract

HRO will prepare employment contracts for full time regular employees at initial hire and when they are renewed as a result of a performance evaluation. Employment contracts are prepared to accompany a personnel action in such instances as described below.

Types of Employment Contracts	Required Documents to Initiate a Contract	Signatories
Initial Employment Contracts – 3 years	Approved hire packet and PA	Employee and president
Contract Renewal – 4 years	Completed performance evaluation with satisfactory ratings and PA	Employee and president
Contract Renewal – less than 4 years	Completed performance evaluation with less than satisfactory ratings and PA	Employee and president
Contract Renewal – less than 4 years	Written confirmation from grant director and comptroller indicating the end date of the grant cycle and PA	Employee and president

HRO staff will type the employment contract based on the required document from the list above. The employment contract will be attached to the certified PA and sent to president in a sealed manila envelope marked "Confidential" for the first signature. HRO uses these steps to obtain signatures from individual employees.

If the employee is filling a new position at the National Campus, HRO staff will contact the employee to come into the office to sign the contract.

If employee is residing and filling a position on a state campus, HRO staff will email the contract to the HR representative to have the employee sign at the campus and return a signed copy to HRO.

For first time hire of individuals residing beyond the FSM, HRO staff will email the contract to the individual; signed copy will be returned to HRO.

Distribution of Personnel Action and Employment Contract

HRO staff will provide copies of the signed the PA and employment contract to the employee, supervisor, Business Office, and a copy for the personnel file at HRO. Copies of required documents that supported or initiated the preparation of contracts may also be included with the copies of PA and contracts to all intended recipients.

Completing a Work Permit Application

HRO will provide to new hires and current employees who require a work permit an application for permit and renewal each time a contract is issued. The employees who are not required to apply for a work permit are:

- FSM Citizens
- US Citizens

- Citizens of Republic of the Marshall Islands and Palau may enter and remain in the FSM without a permit for a period not to exceed one year. If they will remain in the FSM beyond the one year, they are required to apply for a permit and will pay applicable fees. Citizens of both countries are allowed to marry local citizens or enter into employment without paying the change of status fees. These citizens will pay for the processing fee for the work permit and spouse permit.

All foreign citizens of other countries must apply for and hold a valid permit while employed at the college. Personnel who are required to obtain permits must follow the process illustrated below.

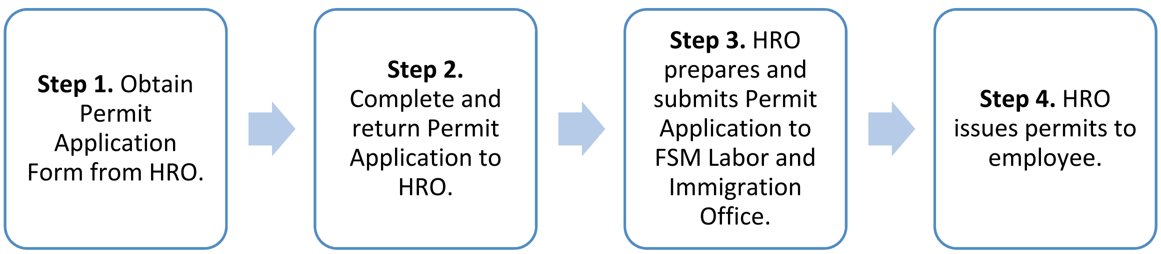

Figure 1.5. Four Steps to Complete the Work Permit Application

Step 1. Obtain Permit Application Form from HRO

HR staff will email or print a copy of the permit application and provide it to the employee. At the State campuses, the HR representatives will provide the forms to employees.

Step 2. Complete and Return Permit Application to HRO

Employees will complete the application fully and provide the supporting documents necessary as listed on the application form and return everything to HRO. If an employee has dependents, the form must be filled out for each individual dependent.

The college pays for the first permits issued for a new employee who is offered extended benefits. The first payment is paid under the Human Resources Office budget line item "Recruitment and Repatriation." The employee will pay for the processing fees of subsequent permit extensions.

For employees who are not offered extended benefits, their department or office of will cover the first permit issued to a new employee. The employee will pay for the permit processing fees for subsequent extensions.

Step 3. HRO Prepares and Submits Permit Application to the FSM Immigration and Labor Department of the FSM National Government.

HRO staff will prepare a formal cover letter addressed to the Chief of Immigration and Labor explaining the permit application enclosed. A checklist for preparing the application follows.

[DATE]

CHECKLIST FOR PERMIT APPLICATION

Name of Employee: **Date of Travel:**

Directions: Review the list below. Check off the box for each item when they it is received at HRO and on the blank line provide after each item, record the date and initial next to it. Upon completion, transmit to FSM Immigration with the required fees.

[ ] Permit application form
[ ] Copy of passport
[ ] One passport size photograph
[ ] Police Clearance
[ ] Medical clearance
[ ] Copy of marriage certificate
[ ] Birth certificate (for children dependent)
[ ] Notarized Affidavit of support/dependency (required for dependents]
[ ] Signed copy of employment contract
[ ] Payment in cash

Note:

1. Application for renewal permit must be received at Immigration Office 45 days prior to expiration date of current permit.
2. Permit application must have mailing and residential address of employee not the college's own address. This will enable the immigration offices to issue them notices/reminders directly and timely.
3. Attach a cover letter to all permits submitted to any immigration office, to be issued by the campus dean of each campus while director of human resources will issue those submitted at the National Campus.
4. Copies of permit applications received and submitted at the state campuses must be sent to HRO at the same time they are submitted locally.
   [May 4, 2015]

Figure 1.7. Permit Application Checklist

Step 4. HRO Issues Permits to Employee

HRO staff will pick up the permits once issued from the FSM Immigration and Labor Department in Pohnpei. HRO staff will issue permits directly to employees at the National Campus and HR representatives will issue the permits to staff at the respective campus. HRO staff will also issue a copy of the permit to the supervisor of the employee. HRO staff will maintain a copy of all permits for employees and their dependents in their personnel files.

How to Prepare Travel Authorization

HRO staff will prepare a travel authorization (TA) for personnel newly hired and personnel eligible for this benefit and who will be required to travel to the duty station of the position.

HRO will initiate this process and cover the payment under the *recruitment and repatriation* line item under the office. Board Policy No. 6028 Extended Benefits requires HRO to inform employee of the extended benefit and obtain from employee necessary information to prepare the TA. Specifically, HRO staff will follow these steps to process a TA.

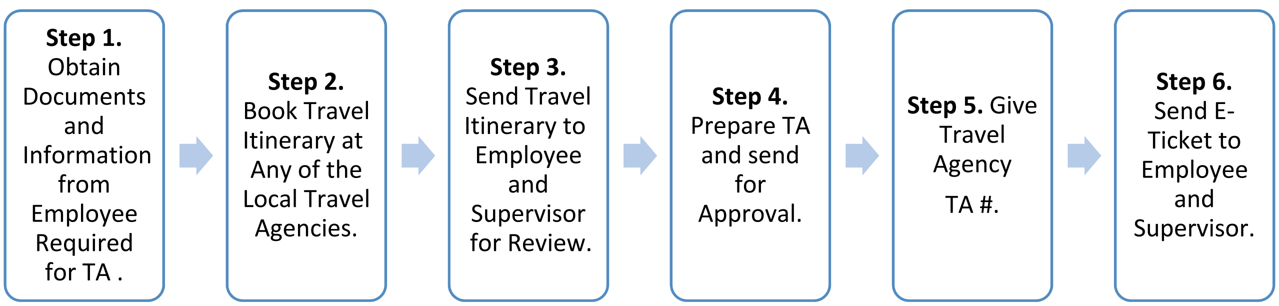

Figure 1.8. Steps in Preparing the Travel Authorization

Step 1. Obtain Documents and Information from Employee Required for TA

HR staff will obtain necessary information and copies of official documents from the employee in order to arrange the travel itinerary and to determine eligibility of dependents. The employee will email to HRO the following documents and information:

- ✓ Copy of passport for employee and traveling family members;
- ✓ Copy of marriage certificate (if employee is bringing a spouse);
- ✓ Copy of birth certificate (if employee is bringing children);
- ✓ Name of departure city and airport;
- ✓ Date of departure.

Step 2. Book Travel Itinerary at Any of the Local Travel Agencies

HR staff contacts three of the local travel agencies on island and requests a draft itinerary to meet Business Office requirements. The itineraries will be compared and one agency will be selected to use for the employee travel.

Step 3. Send Itinerary to Employee and Supervisor

HR staff will receive the itinerary from the selected travel agency and send it to the employee and supervisor to review and verify information. The employee and the supervisor will confirm with HR that the itinerary is satisfactory, or will request any necessary changes.

Step 4. Prepare TA and Send for Approval

HR staff will prepare the TA, using the current form and applicable per diem and shipping allowance calculation per Board Policy No. 6028.

The HR director will sign the TA first and send it to the comptroller for fund certification, then forward it to VPAS for endorsement, and then send it to the president for final approval. An approved TA will be returned to HRO.

Step 5. Give TA Number to Travel Agency

HR staff will call the travel agency and give them the Business Office assigned TA # to secure the ticket. The agency will issue the ticket and send a copy to HRO.

Step 6. Send E-Ticket to Employee and Supervisor

HR staff will email the E-ticket to employee and supervisor to prepare for departure and arrival.

Allowable Changes to TA

Employee may request HR director for changes to departure and arrival dates on island when employee can provide evidence of an emergency or one that is outside of employee's control. The director of human resources will review request and consult supervisor of new employee and/or relevant VP and convey a decision in writing (email or formal memorandum) to employee.

Employees may also request changes to TA for personal reasons and convenience that may be granted. *However additional fees, charges, or per diem resulting from such changes will be the responsibility of the employee.*

Initial Housing Arrangement

HR staff makes housing arrangement for the initial first month on island within the monthly rate of $600.00 payable directly to a landlord. HR staff will inspect the residence to make sure that necessities are available and all is in working condition. HR staff will negotiate the initial lease agreement while the employee will negotiate subsequent agreements.

Orientation

HR staff will schedule an orientation within the first two weeks on the job for HR orientation. Normally, an orientation takes an hour and half to two hours. Orientation will be conducted during working hours and be cleared with the supervisor to make sure the work schedule is not interrupted more than necessary. HR will provide employee these:

- ✓ Copy of the current updated personnel policy manual and procedures.
- ✓ Copy of Personnel Action and contract.
- ✓ Position description.
- ✓ Handout and information and enrollment application for health insurance, life insurance, and other applicable benefit programs.

Supervisor Orientation

In order to help an employee succeed, during the first six months of employment the immediate supervisor will provide daily close supervision, as well as ongoing orientation and mentoring.

Email Introduction

HRO staff introduces new hires through an email that include a picture and short summary of qualification and experience. HR staff takes picture of the employee before or during orientation week.

HR staff will prepare the email to be sent as bcc following IT email guidelines. A copy will be kept in the personnel file of the employee. HRO will send the email introduction not more than four weeks from date of hire.

College Email Address

HRO notifies IT through email when a new employee is hired to create a college email address for that employee and to include the employee in the college alias for the campus for which employee is based and for the college wide alias. Refer to Chapter on Departure Process for procedures on how to handle emails when people leave.

- ✓ HR staff will provide IT with full name, job title, office, and effective date in the job. IT staff will email HR to advise when an email address is given so that HR can use the email in the new hire email introduction of the employee.
- ✓ Supervisors of new hires will coordinate with IT staff to set up a computer at a work station. IT staff will follow its procedures for advising the employee regarding email protocol, policies and password management.

College Identification Card

The college provides free college identification card at each respective campus under IT mainly and MITC at Chuuk and National Campuses. A new employee will need to take a copy of his or her employment contract to IT or MITC in order for them to process an ID.

The ID is used for many purposes at the college including the use of resources in the Learning Resources, Gymnasium and other facilities. The college will require verification of an employee for access. An ID can be issued any time the employee brings the employment contract to IT or MITC staff during working hours.

If an employee loses an ID, he or she will request another using the same process above; however, the employee must pay the applicable fee at that time.

Access to College Facilities

Supervisors of new hires will provide them with an access key to their building and office before or on their first day on the job. *Employees shall not duplicate the keys or give them to non-college personnel or anyone who is not authorized to have access to the building and office.*

- Employees may access college facilities and their offices outside of working hours for work reasons, and their access will be monitored by security officers and supervisor.
- Employees must report lost or stolen key immediately to the supervisor and security personnel.
- Misuse of college property will be handled based upon relevant college policies.

Chapter 2: Employee Benefits

Key Terms You Need to Know for Chapter 2

Employee Contribution - The total biweekly payment deducted from employee's check to match the employer's share into an elected benefit program.

Employer Contribution - The total biweekly payment made by the college to an employee's elected benefit program.

Beneficiaries - The individual(s) that an employee named in their benefit programs to receive their benefits if they die while eligible for the benefit programs.

Dependents -Individual(s) an employee named as their defined eligible family members to receive benefits available for elected benefit programs offered under the college.

Dependent Coverage - The biweekly payment deducted from both the college and employee toward benefit program elected for an employee's defined dependents. (There are some programs for which the college does not cover contribution toward dependent coverage.)

Frequently Asked Questions	
When do I become eligible to enroll in MiCare?	✓ Within 30 days from your start date in a full time regular position at the college and during annual July open season.
Does the college contribute to my premiums for MiCare and how much?	✓ Yes. The college pays for 52% of your biweekly premium for you and your eligible dependents. Refer to the latest MiCare Plan for updates on dependents.
Do I need to fill out leave form for holidays in order to get paid?	✓ No.
How do I know if I get paid for any holidays?	✓ For holidays the college lists in Board Policy No. 6013, you will not need to fill out any paperwork. Review your check stub for the period where there is a holiday and verify with Business Office if you feel there is a discrepancy.
Can I enroll my parents in my life insurance plan?	✓ No. Only your spouse and children under your care up to age 18 or 24 if they are in school.
If I get hurt on the job, who is responsible for filling out the workers compensation report?	✓ The reports are initiated by you and your supervisor.
How many classes can I enroll for per semester under the tuition wavier policy?	✓ A maximum of two courses per semester; one must be outside of working hours. You will pay for any excess courses beyond the two.
Do I need to fill out the Appendix H Dependents Eligibility Form each semester for my dependent?	✓ Yes

When can I enroll in the Retirement Plan?	✓ After you completed your one year probationary period and during subsequent open seasons.
Do I need to fill out the Life Insurance Enrollment Form even when I choose not to enroll?	✓ Yes. This is how you document your decision either to enroll or not to enroll. You check the appropriate boxes to indicate your decision.

Institutional Benefits

The college provides a menu of basic benefits for full time regular employees as required by law and as deemed necessary for recruitment and retention purposes. These benefits include the following:

Institutional Benefits

- Social Security
- Holidays
- Workers' Compensation
- Reduced tuition for employees and dependents

Optional Benefits
(Requiring Employee Cost Share)

- Health Insurance
- Life Insurance
- Retirement Plan

Social Security

HRO collects a copy of the FSM Social Security Number from each new employee. The social security number is used for every personnel action and contract prepared for each employee. HRO provides copies of Personnel Actions, contracts, and social security cards to payroll to deduct from both employee and employer their share of the social security fees when the biweekly payroll is processed.

Holidays

The College of Micronesia-FSM observes all FSM and host state holidays. Generally, holidays that fall on Saturday are observed on the proceeding Friday. Holidays that fall on Sunday are observed on the following Monday.

When the college closes on approved holidays and any administrative designated holidays, regular full-time employees will be paid their normal hours for those days. See Chapter on Compensation for details. The president authorizes administrative designated holidays and notifies the college through a presidential update on the college websites, an internal memorandum, and emails to staff.

List of Holidays

All campuses will close on the following holidays regardless of location.

- ✓ *New Year's Day* — *January 1*
- ✓ *FSM Constitution Day* — *May 10*
- ✓ *United Nations Day* — *October 24*
- ✓ *FSM Independence Day* — *November 3*
- ✓ *Veterans Day* — *November 11*

- ✓ *Christmas Day* *December 25*

Each campus in addition to the common holidays above will observe selected approved holidays as follows.

Table 2.1. Holidays at Specific COM-FSM Campuses

Pohnpei Campus National Campus	✓ *Good Friday* ✓ *Pohnpei Cultural Day* *March 31* ✓ *Pohnpei Liberation Day* *September 11* ✓ *Pohnpei Constitution Day* *November 8*
Kosrae Campus	✓ *Good Friday* ✓ *Kosrae Constitution* *January 11* ✓ *Kosrae Liberation Day* *September 8* ✓ *Gospel Day* *August 21* ✓ *Thanksgiving Day* *November [fourth Thursday]*
Yap Campus FMI Campus	✓ *Good Friday* ✓ *Yap Day* *March 1 (plus 1 floating day)* ✓ *Yap State Constitution Day* *December 2*
Chuuk Campus	✓ Good Friday ✓ *Chuuk State Constitution Day October 1* ✓ *Thanksgiving Day* *November (fourth Thursday)* ✓ *Cultural Day* *March 31*

Worker's Compensation

The College of Micronesia-FSM provides worker's compensation for full time regular employees. Line of duty injury is defined as incapacitation for duty as a result of on-the-job injury and related medical treatment of the injury or death as the result of an on-the-job injury.

i. *Pay-Status: An employee who suffers on-the-job injury will be carried on the payroll with full pay status without charge to sick leave or any other leave until the employee's personal physician certifies that the employee is fit to return to duty.*

ii. *<u>Treatment:</u> An employee who is absent from duty for medical treatment of an on-the-job injury will be granted leave with pay and without charge to sick leave or any other leave.*

iii. *<u>Part-Time Duty</u>: An employee who is able only to work part-time or light duty during recuperation from on-the-job injury shall receive full pay without charge to sick or any other leave for hours not worked during the recuperation period. The employee must present a statement of incapacitation for full-time duty from his personal physician in order to be eligible for pay for hours not worked.*

iv. *<u>Right to Refusal:</u> Employees shall not be obliged to accept duties they deem hazardous.*

Source: COM-FSM Board Policy 6014

The supervisor makes a report when an employee suffers an on-the-job injury and provides it to HRO. Attachments to the report include:

1. Medical authorization for employee to be treated by a physician
2. Medical report from the physician in charge
3. Receipt of any payment of the medical services

HRO will review the reports with its attachments, complete the additional forms and provide them to the carrier of the program. Currently, Actoka Insurance Company is the carrier and will receive the report and forms to assess for eligibility. If the carrier determines that the injury as documented by the college meets the criteria under the insurance policy, they will then issue a check to the college for salary of the employee during the period the employee is recuperating from the injury and may also cover the medical services received. If the college has advanced the salary of the period covered, the college will treat the check as a reimbursement.

Reduced Tuition for Employee and Dependents

The College of Micronesia-FSM allows waiver of tuition and auditing fee up to six (6) COM-FSM credit hours each academic semester for full-time regular employees. Employees planning to take courses must receive administrative approval before registering and are limited to one course during working hours per term. An additional course may be taken outside of working hours each term.

Dependents of regular employees of the college are eligible for a 50% tuition reduction for COM-FSM courses. Children dependents must be age twenty-two or younger at the time of registration for any courses to be taken pursuant to this policy.

The health, activity and technology fees are waived for the employee but will not be waived for the employee's dependents. Full time regular employees and their dependents will be required to pay the registration fee.
Source: COM-FSM BP 6027.

Employees Taking Classes

A full-time regular employee is an employee with a position established by the board, with a regular employment contract, and whose salary is assigned per annum rates. Employees who wish to take courses must follow these steps prior to registration. Employee will provide HRO a copy of Appendix I if the request is approved.

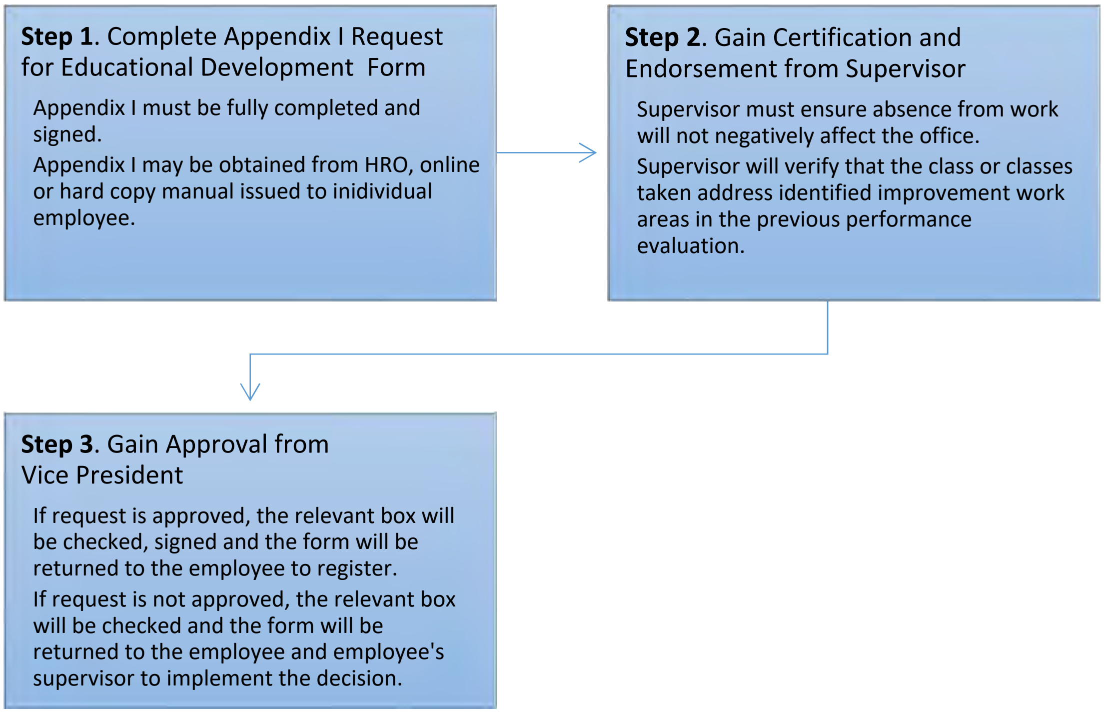

Figure 2.1. The Process for Employees to Take Classes

Dependents Taking Classes

Employee's Dependent: An employee dependent is defined as the spouse and biological or legally adopted children of employee and/or spouse who are living in the employee's household and are financially dependent on the parents. For child dependents for the application of this particular policy, the child dependent must be age twenty-two or younger at the time of registration for any courses to be taken pursuant to this policy.
Source: COM-FSM BP 6027.

Dependents who wish to take classes will present a completed Appendix H Form and any required additional evidence to HRO for certification to receive reduced tuition. The steps are shown in Figure 2.2.

Step 1. Complete Appendix H Dependents Eligibility Form

Appendix H must be fully completed and signed by employee.

Appendix H may be obtained from HRO, online or hard copy manual issued to individual employee.

Step 2. Gain Certification from HRO

A spouse of an employee must present a marriage certificate or affidavit with Appendix H to HRO.

A child dependent of an emplyee must present a copy of birth certificate that named the employee as the natural parent and Appendix H.

A child dependent who is adopted must present a completed Appendix H, a copy of birth certificate, and court adoption papers, to HRO for certification.

The natural child of a spouse of an employee must present completed Appendix H, a copy of the birth certificate, and a marriage certificate for the step parent who is an employee.

Step 3. Distribution of Certified Appendix H

HRO will review, sign and distribute copies to the requesting employee, the Business Office, and file.

Figure 2.2. The Process for Dependents to Apply for Reduced Tuition

Optional Benefits

The college offers several optional benefits for full-time, regular employees for which the college cost-shares the premiums with the employee. Each employee makes the decision when to obtain such benefits.

Health Insurance

The college maintains group health insurance with one agency at a time and pays for the share of the employer's contribution for the individual employees while they are employed.

Currently, FSM MiCare is the health insurance provider and requires the college to pay 52% of the employer's share of the total premium while employee pays the remaining 48%. The table below indicates periods where employees have the options to either enroll or make changes to their plans.

Timelines	Enrollment Dates	Effective Date
Annual Open Season	July 1st -31st	October 1st
New Hire	Within 30 days from date of hire	As soon as MiCare processes enrollment forms
Other changes – Marriage, Adoption, Divorce, Deceased, New Birth.	Within 60 days from the date of event the necessitated the change	As soon as MiCare processes enrollment forms

Annual Open Season

HRO issued a notice memorandum with relevant forms through email to the college alias notifying personnel of the open season, effective date, submission deadline to HRO and expected level of completion of the form and its quality. Within the open season, HRO will issue multiple reminders until the deadline date. Figure 2.3 shows the four steps for obtaining health insurance.

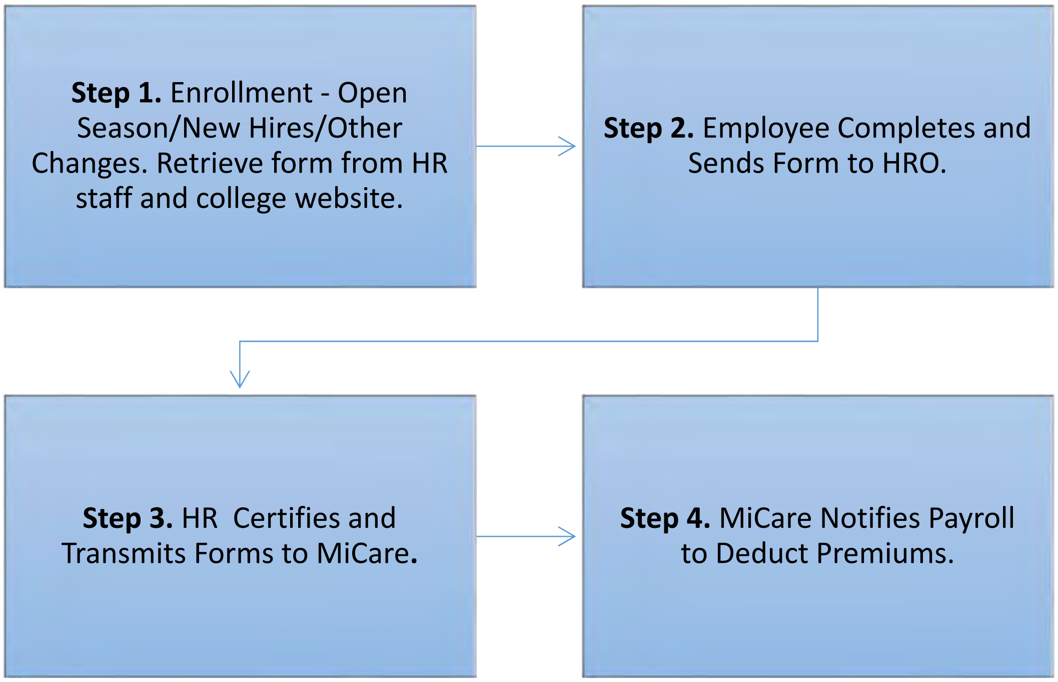

Figure 2.3. The Process for Enrolling in MiCare

HRO staff will review forms, certify completeness and accuracy then prepare a cover letter to MiCare and provide MiCare with original copies of forms. HRO will maintain copies of the forms and cover letter. MiCare will implement the changes and enrollment requested during the open season on October 1 of the year and employees will see the changes in their paycheck that included the October 1.

To make other changes outside the open season period, follow the same process above. MiCare will issue a notice to the Business Office to deduct premiums from payroll, normally within two weeks from the date form is received…..and pay a processing fee of $3.00 per member. When you see the deductions on your check stub, your coverage has commenced. MiCare requires participants to have their photos on their cards; thus, members in the plan must visit MiCare Offices in any of the states to have pictures taken and pay the card processing fee of $3.00 per. Members are encouraged to call MiCare directly during office hours to discuss individual issues and health care referral options and procedures.

MiCare Local Offices			
Pohnpei MiCare Central office Tel. No: 320-5693 Fax No: 320-5693 Email: info@micareplan.fm	Kosrae Kosrae State Hospital Tel/Fax No. 370-2935 Email:Sjackson@fsmhealth.fm	Chuuk Chuuk State Hosptial Tel. No:330-2217/5891 Email: bfred@fsmhealth.fm	Yap Yap State Hosptial Tel No: 350-2115 Email: ERutnag@fsmhealth.com

Figure 2.4. Locations for MiCare Offices

Life Insurance

The college maintains group life insurance with one agency at a time and pays for the share of the employer's contribution for the individual employees while employed. The current carrier is IAC and the college covers 64% of the premium of the basic life coverage while employee takes full responsibility for the premium toward the dependent live coverage. *This contribution will be made on a discretionary basis when funds are available.*

Employees have the options to enroll and make changes to their plans during these periods

Timelines	Enrollment Dates	Effective Date
New Hire	Within 60 days from date of hire.	As soon as payment is received by IAC.
Late Enrollments	Late enrollment after the first 60 days of employment is allowed.	When IAC approved the late enrollment application and when payment commences.
Beginning of a new contract with Insurance Carrier	Selected date, normally months prior to a new contract.	As defined in the new contract and when payment commences.

Retirement Plan

College of Micronesia-FSM offers its employees a Nonqualified Deferred Compensation Plan. Employees eligible to participate in this plan are regular employees who are at least 18 years old and have completed one year of employment with the college. Upon completing a year of service, the eligible employee will be allowed to enter the plan on either January 1 or July 1. A participant can contribute up to 100% of their pay, but must contribute at least 3% in order to participate in the plan.

The college will contribute $.50 for every $1.00 the employee contributes every pay period. The maximum employer contribution is 3% of gross pay. This contribution will be made on a discretionary basis when funds are available.
Source: COM-FSM BP 6011.

HRO issues a notice for the open season twice a year; January and July. The notice is made through a memorandum from the director of human resources, with forms, and is issued through the college email alias.

so that each employee receives a copy. The memo defines who is eligible, explains the changes allowed, and indicates the covered period and the submission deadline to HRO. HRO staff will resend the email with attachments repeatedly during the open season period until the deadline. HRO staff will compile forms and send them to be approved by one of the three plan administrators (president, vice president for administrative services, and comptroller). HRO staff will provide hard copies to Payroll and the ASC Office in Pohnpei. Payroll will implement the changes to contributions and HRO will maintain the original forms.

How Do I Apply for Loan from My Retirement Funds?

A participating employee may apply for a loan from his/her retirement funds by completing a *Loan Application Form.* The form may be obtained from HRO, Payroll, Online or the employee's copy of this manual. The form is to be fully completed, signed by one of the plan administrators (president, VPAS, and comptroller) and provided to Payroll to process it with ASC.

A loan is allowed when at least $1,000.00 is available in the plan of an individual at the time of request. An employee may request a loan of up to 50% of available funds in his/her individual plan. If the employee has an account at the Bank of Guam, that name and account number are written on the distribution form. In that case, ASC will deposit the funds into the employee's personal account. If the employee does not have an account with the Bank of Guam, ASC will issue the funds to the college and Payroll will reissue the check to the employee.

How Do I Get My Retirement Funds When I Leave the College?

When an employee departs from the college, the employee may withdraw their funds from the plan and vested portion of the college contribution based on the formula below.

Vesting Schedule Applied to a Participants' Employer Match Account

Years of Service	Vesting%
4	25
5	50
6	75
7	100

An employee must complete the *Distribution Form* from HRO, online, or from this procedure manual. Send the completed form to HRO for certification. Then follows approval by a plan administrator and transmittal to a ASC local office. The distribution request will be processed after the effective date of employee's last date in employment.

Early Processing of Employee Funds

If an employee can demonstrate compelling reasons, he or she may request a plan administrator to endorse to the ASC local office such a request for early processing. The employee will need to write a brief internal memorandum to the plan administrator for the request. The plan administrator will forward to ASC in writing an endorsement for an early processing of the employee's funds.

If the employee has an account at the Bank of Guam, that name and account number are written on the distribution form. ASC will deposit the funds into the employee's personal account.

If the employee does not have an account with the Bank of Guam, ASC will issue the funds to the college and payroll will reissue the check to the employee.

Chapter 3: Extended Employee Benefits

Key Terms You Need to Know for Chapter 3.

- **Housing benefit –** housing allowance or rental fees at $600 per month is granted to eligible employees and their monthly rent is paid by the college.
- **Shipping allowance –** a minimum of $2,500 to maximum of $4,000 is given to new employees who are eligible and who are required to travel by plane or ship to assume the position. When the same employees depart the college at the end of their first contract or thereafter, they are given the same level of allowance to ship personal effects and the shipper used for the service will send the college the billing statement for payment. Shipping allowance in check or cash is not issued to departing employees unless it is a reimbursement for items shipped which the employee paid for upfront.
- **House Lease Agreement-** a contract between employee and a landlord that documents the agreement and use of the residence.
- **Travel authorization** – business office form that is used to implement approved college travel including recruitment and repatriation of employees and their dependents.
- **Per diem** – daily allowance for expenses given to employee on approved college travel to cover the cost of daily living including room and board.

Frequently Asked Questions	
✓ **What positions are eligible for extended benefits?**	Management positions, faculty positions and professional positions at the 450-499 job evaluation point range.
✓ **How do I know if I am eligible for extended benefits?**	Number 7 on your current employment contract the contract will indicate what specific extended benefits are offered to you. If you have any questions, ask your supervisor or an HR staff member.
✓ **How are housing benefits determined?**	HRO follows the eligible criteria established in Board Policy No. 6028 and uses a number of additional documents to further verify eligibility.
✓ **Who approves my housing lease agreement?**	You do. You will negotiate your own lease agreements and make sure you can agree to the terms and that the terms are to your satisfaction.
✓ **Where do I send my housing agreement for payment?**	Once you signed your lease agreement, you will make yourself a copy and send the original to HRO. The director of human resources will certify eligibility and forward the agreement to the Business Office to make payments.

Frequently Asked Questions	
✓ **Who notifies my landlord when I want to move out?**	You do. You need to notify your landlord when you want to terminate the lease early and make the necessary arrangements for moving. You will need also to provide the written notice to HRO and the Business Office that shows signature of the landlord agreeing to the early termination. At this time, you should also send to HRO your new lease agreement.
✓ **How much is the college obligated to pay for my house?**	$600 per month paid directly to your landlord.
✓ **If my rent is $500 monthly, do I get the $100?**	No, the remaining of the budgeted funds toward the housing benefit will remain in your division's budget and the supervisor will determine relevant uses for it.
✓ **What is the difference between the old and the new policy for extended benefits?**	In the old policy, shipping of personal affects is given in lb. This change affects only the current employees who were hired under the old policy and prior to 2003.
✓ **How do I know which policy I am covered under?**	It is stated on your employment contract, under item # 7 for employees who receive extended benefits.
✓ **I am a new hire at a remote campus. How do I get my shipping allowance?**	You will need to give the accountant or HR representative your bank information. They will provide it to Business Office, and BO staff will use the account information to deposit your funds.
✓ **Do I need to pick up the monthly rental check for my landlord?**	No. Your landlord will pick the check from Business Office, or if they provide their bank account information to Business Office, BO staff will deposit the rental fees monthly.

Recruitment Benefits

The college provides recruitment benefits to support successful recruitment and retention of personnel. Each benefit program is defined separately and with specific criteria for eligibility and requirements for certification.

Transportation

The college provides travel support for new employees according to Board Policy No. 6028:

> *The college will provide transportation for eligible employees from the point of hire to the work location by the simplest, most economical, and most direct route for the employee, spouse, and up to three additional dependents who are 18 years or younger, intellectually/developmentally delayed, or still in high school as of the contract signing.*

Off island Hire is defined as anyone recruited from outside the FSM, who by accepting the job would be required to relocate to the FSM, or any person recruited from inside the FSM, who resided beyond the normal commuting distance from their prospective work location.

Home Island is defined as the island birth of the person or as customarily accepted as their island of origin.

Regular Employee an employee with an established position by the board with a regular employment contract and whose salary is assigned per annum rates.

Employee eligible for the extended benefit(s) are:

1. *Off island hires. This may include FSM citizens returning to their home island, if they meet the other criteria for eligibility. However, the only benefit extended is one-way transportation and shipping allowance.*
2. *For COM-FSM students who came to the island to attend school, and who are hired within 90 days of completion of their schooling, their time in school does not count as normally living on the island, and their home island prior to attending COM-FSM will be used as their place of hire.*
3. *Those employees hired from local agencies that hired the employee from off island and provided extended benefits.*
4. *Employees who are hired while holding a visitor's permit and have been on island for a month or less, and who prior to that time did not reside on the island of hire.*
5. *An employee whose spouse loses the extended benefits regardless of where the spouse is employed.*
6. *An employee who separates from a spouse who is receiving extended benefits, and subsequently lives in a separate residence from the spouse regardless of where the spouse is employed.*
7. *An employee who is an offspring of an employee receiving the extended benefits and the offspring subsequently lives in a separate residence from the parents.*
8. *An existing employee with a current contract up for renewal that provides extended benefits.*
9. *Employees hired under categories 2, 3, 4, 5, 6, 7 and 8 above, are eligible for the extended benefits with the exception of transportation from the point of hire to the work location. However, if they meet the other conditions for extended benefits they may be eligible for transportation from the work location to a location designated as their point of hire, at the conclusion of their employment contract.*
   --April, 30, 2015

The HRO director determines individual employee eligibility at the initial contract signing by reviewing these documents against Board Policy No.6028 excerpted above.

- ✓ Vacancy announcement
- ✓ Job Application Form
- ✓ Questionnaire
- ✓ Voting ID
- ✓ Copy of contract with current employer
- ✓ Land Deeds
- ✓ Certificate letter from personnel office of current employer

When HRO determines an employee ***is eligible*** for the transportation benefits, it will issue a letter advising the employee of the findings.

When HRO determines an employee *is not* eligible for the transportation benefit, it will issue a letter advising the employee of the findings. That letter will include this specific language:

"You have a right to grieve this matter within 30 days from issuance of this letter, if you disagree with this determination. Failure to file a written grievance within this 30-day period will act as a total bar to the grievance and the acts complained of."

Transfer Allowance

The college will provide to eligible employees a transfer allowance to cover costs associated with shipping/sending household effects and for settling in according to the following formula:

Single Employee:	*$2,500*
Employee with one dependent:	*$3,000*
Employee with two or more dependents:	*$4,000*

When a new hire is determined to be eligible for transportation benefits, they are eligible for shipping allowance too based on the formula provided in Board Policy No. 6028 above. Eligible employees will be issued the transfer allowance through a check prepared and given to them after arrival on island. The transfer allowance and applicable per diem are listed on the travel authorization (TA) prepared for new arrivals. HRO will verify through memorandum to the Business Office the arrival of employee and dependents and will request the issuance of the applicable shipping allowance and per diem. The calculation of per diem rate follows current college approved per diem rate.

TO: Comptroller

FROM: Director of Human Resources

DATE: mm/dd/year

SUBJECT: Processing of Shipping Allowance and Per Diem for (name of employee)

This memo serves as an internal notice for check processing for the shipping allowance and per diem for (name of employee) who is scheduled to arrive in Pohnpei August 3, 2015. Copy of his approved TA is attached.

Please call us when the check is ready so we pick it up for [name of employee].

Thank you.

Figure 3.1. Sample Memo Requesting Processing of Shipping Allowance and Per Diem

If the employee travels first by himself, the college is obligated to issue $2,500 only. The remaining will be issued when co-responding dependents are certified to have arrived on island by HRO.

Hires at Remote Campuses

For employees who are hired to work at the remote campuses, those employees must open a bank account and provide the account number and name to the Business Office. The college will issue a check and deposit those funds into the corresponding employee's account at the local bank. The remote campus accountant will provide the account number and information to the Business Office at the National Campus.

The accountant at the remote campus will notify employee when the funds are deposited into their bank account.

Housing

The college will provide a housing benefit to eligible employees holding management and faculty positions and employees holding professional positions with a 450-499 job evaluation point range who qualify.

If at any time during the term of the contract or at the execution of the contract, the employee is living by himself or with the employee's parent, spouse, spouse's parent or child, and that parent, spouse, spouse's parent, employee or child owns the residence which is within "normal commuting distance" of the work location, the employee is not eligible to receive housing.

If more than one employee comes from the same household and is eligible for housing, housing will be extended to the household and the benefit not multiplied.

Eligible employees will receive up to $600 per month with the following conditions:

If two or more persons from the same household are eligible for housing, COM-FSM is the provider of last resort, and other housing policies apply first. Additionally, COM-FSM is not responsible for greater than $600.00 in housing when counting housing benefits from all sources.

If the rent exceeds the allowed amount, the employee is responsible for the excess.
For eligible employees, the college will pay the housing benefit directly to the landlord, and solely in the amount specified in the written rental agreement, not to exceed the maximum amount for that eligible employee.

If the monthly rental is less than the maximum amount of the benefit to the eligible employee, the amount of benefit in excess of the monthly rental is waived by the employee.

Furnishings, appliances, utilities and telephone not included in the lease agreement(s) are the sole responsibility of the employee.
Source: COM-FSM BP6028

The director of human resources will determine eligibility of employee based on the policy above and the following documents:

- ✓ Vacancy announcement
- ✓ Job Application Form
- ✓ Questionnaire
- ✓ Voting ID
- ✓ Copy of contract with current employer
- ✓ Land Deeds
- ✓ Certificate letter from personnel office of current employer

When HRO determines that an employee is deemed eligible for the housing benefits, it will issue in writing a letter advising the employee of the findings.

When HRO determines that an employee is deemed not eligible for the housing benefit, the office will issue writing a letter advising the employee of the findings including this specific language:

"You have a right to grieve this matter within 30 days from issuance of this letter, if you disagree with this determination. Failure to file a written grievance within this 30-day period will act as a total bar to the grievance and the acts complained of."

Chapter 4: Professional Development Program

Key Terms You Need to Know for this Chapter

- **Annual Professional Development Day –**one day of the year when a campus decides to hold training events for faculty and staff.
- **Trip Report –** a short report is prepared by the employee whose travel was funded under the professional development program, noting expected outcomes met and recommendations for improvements.
- **Activity Assessment Report –** a summary of assessment of individual and annual professional development events organized under and/or funded under the professional development program. Report prepared by HR staff, representative or chair of the committee that coordinates such events at respective campus.
- **Educational Leave** – paid or unpaid leave from work to study for an approved degree program.
- **Sabbatical Leave** – paid or unpaid leave from work for approved professional endeavors.
- **Cabinet** – the president's management team made up of vice presidents, a representative from the SBA, and the president of Staff Senate.
- **Travel Authorization (TA)** – business office form that is used to implement approved college travel including recruitment, repatriation, and professional development.
- **Estimated Cost of Program –** Total sum and detailed breakdown cost of a requested professional development program.

Frequently Asked Questions	
✓ **Who is eligible for professional development funds?**	✓ An employee with a Cabinet-approved professional development plan.
✓ **What is a professional development contract?**	✓ It is a legal contract that details the obligation of the college for the duration of the program and the requirements and expectations the approved employee is to follow during and after the contract is completed.
✓ **Will I continue to accrue sick or annual leave when I am on professional development leave?**	✓ No. Sick and annual leave will not be accrued while you are away from actual duties and work site. When you return to duty, applicable leave accrual will resume.
✓ **Where do I send my application for professional development form?**	✓ Your Appendix I form shall be sent to your relevant vice president through your immediate supervisor (s).
✓ **How will I know if my request for professional development is approved?**	✓ Your supervisor will notify you after the vice president communicates Cabinet's decision to that supervisor.
✓ **Will my salary change if I complete an approved professional degree program?**	✓ If you are a faculty, yes. Currently, only faculty salaries are affected by an advanced degree.

Opportunities for Professional Development

The College of Micronesia-FSM provides opportunities for professional and personal growth by:

1. *Allowing participation in professional activities which not only serve to develop or revitalize the employee but also provide benefits to the college;*
2. *Providing opportunities for staff to remain current in their fields, improve their technique/skill, and maintain intellectual vigor;*
3. *Encouraging individual personal growth. Such activities focus on improving the individual personally with the assumption that a better person makes a better employee;*
4. *Fostering organizational development. Such activities focus on increasing management effectiveness, developing better understanding of the college's mission and goals among all staff, and increasing effectiveness in the day-to-day operation of the college; and*
5. *Continuing training of indigenous staff/faculty towards an advanced degree.*

Restrictions
Since professional development may be taken in many forms, depending on the job of the applicant, restrictions as to use may be flexible. They should include but not be limited to conferences, workshops, short courses, licensing activities, and degree programs. See procedures for application and details.

If the employee has received full funding for the requested activity from other sources, then the employee is not eligible for professional development funds.

Source: COM-FSM BP6015

Committee Appointment and Responsibilities

At the beginning of each fiscal year, an ad hoc committee is formed to serve as the Professional Development Committee to organize and implement professional initiatives for each campus. Term of appointment is limited to one year. However, members who wish to serve consecutively may be allowed to do so.

At the National Campus, the director of human resources is responsible for appointing members to serve on the ad hoc committee. Members of this committee will assist the office in coordinating and implementing professional initiatives for campus wide events. The director of human resources will serve as chair and lead all related functions.

At the state campus level, the dean/director is responsible for appointing members to serve on the ad hoc committee. Members of this committee will assist the HR representative in coordinating and implementing professional initiatives for campus wide events. The HR specialist or HR representative will serve as chair and lead all related campus functions.

Membership

The committee membership may vary from campus to campus to fit campus need and to represent, as much as possible, the different departments and employee groups. Membership number of each committee is based on campus need.

At the end of each term, appointing authorities will confirm membership of the current committee before appointing any new members. If current members wish to remain and, if the number is deemed sufficient to the campus, no additional members will be appointed.

For each term, the appointing authority will issue a memorandum addressed to all members to certify their reappointment or new term. A copy of the memo will be added to personnel file of each member at HRO.

At the beginning of each term after members have been confirmed and appointed, the appointing officer will issue a certificate of appreciation to each continuing member and provide a copy to HRO for the personnel file.

Assessments

All activities coordinated by the committee or HRO Office will be assessed and a summary report will be prepared. At the National Campus, the director of human resources will prepare/oversee the process and provide VPAS and Cabinet a report following each campus and college-wide activity. At the state campuses, the HR specialist/HR representative will prepare/oversee the process and provide campus dean/director and the director of human resources a report of campus-wide activity.

Report & Commitment

The chair of the committee will provide event and annual reports of the professional initiatives held during the fiscal year to the campus dean/director and the director of human resources. The report will include the following information:

- ✓ List and date of activity held
- ✓ List of participants
- ✓ Name of presenter
- ✓ Associated costs
- ✓ Assessment summary of each individual activity by participants
- ✓ Summary report of event by committee chair/HR representative (2-3 paragraphs)

Employees who travel under this program and spend funds as part of the program will provide a report of the trip to the chair of the committee within two weeks after returning to work. The same employee will provide a presentation or share information to a relevant audience within the year trip was taken or within six months from date of travel. The supervisor of the employee who traveled will inform the committee chair when the commitment is met.

An employee who received support for an approved degree program will provide official college transcripts to HRO when they complete that degree program. The same employee will comply with the reporting responsibility included in their staff development agreement.

How to Apply for Funding for an Individual Initiative

Individual employees who wish to apply for financial assistance from the campus budget for professional initiatives will provide their request to appropriate offices following these steps.

Step 1
Employee completes Appendix I (from policy manual, HR staff or college website)

Submit form to immediate supervisor.

Step 2
Supervisor reviews, approves, then forwards to vice president,

OR

Supervisor reviews, disapproves, then returns to employee.

Step 3
Vice president reviews, approves, then takes it to Cabinet,

OR

Vice president reviews, disapproves, then returns it to supervisor.

Step 4
Cabinet reviews, approves, then provides approved request to vice president.

Vice president forwards approved request to supervisor,

OR

Cabinet reviews and disapproves, returns request to vice president, who will return it to supervisor.

Step 5
Supervisor informs employee of the decision and provides the request packet.

If request is approved, employee will forward approved request to HR representative at state campus and HRO at the National Campus.

If request is disapproved, the employee has the option to grieve the decision and follow Board Policy No. 6021.

Figure 4.1. The Process for Applying for Professional Development Funding

How to Apply for Funding for a Group Initiative

Group initiative refers to office or department planned professional activities to support common priorities in their IEMP or Tracdat or continuous improvement. The supervisor will complete and forward the form (Appendix I) to the cabinet for approval.

At the state campus, the supervisor will complete the form and forward it to the campus dean for endorsement.

- If the campus dean supports the request, it will be signed to indicate endorsement and forwarded to VPIA for approval.
- If VPIA approves, the form will be signed to indicate approval and returned to the campus dean for implementation. To implement, the approved request will be provided to the campus committee through the chair to coordinate.

At the National Campus, the supervisor will complete the form and forward it to the vice president for endorsement.

- If endorsing the request, the vice president will sign the form to indicate endorsement and take it to the Cabinet for approval.

- If Cabinet approves, vice president will inform supervisor who will provide the approved packet to the supervisor to coordinate the event. The supervisor will provide HRO a copy of approved packet to use to support signatures on the budget used for the event.

Paper Processing for Approved Requests

At the State Campus, the committee or HRO staff will prepare internal documents to implement the approved initiatives. The use of approved funds to purchase food and gifts will require a purchase order (PO). The usual college approval process for purchase orders will be used. For payment of presenters, a written MOU, memorandum, PO, TA, or Special Contract will be used. For finance-related matters, the Business Office will advise on the appropriate form to use for payment or purchase of service or goods.

At the National Campus, a supervisor will prepare the internal documents to implement the approved initiatives and will follow current college-approved process for payment of services and goods. The supervisor or designee will provide to the director of human resources the prepared forms for account signature. HRO will receive all copies of forms the director signs after the rest of the signatures are obtained on the form.

If additional personnel assistance is needed to carry out tasks for larger events, members of the ad hoc committee may be assigned to help. Such a request from the supervisor is to be made to the director of human resources in writing or verbally.

For payment of presenters, written MOU, memorandum, PO, TA, or Special Contract will be used. For finance-related matters, the person preparing the documents will seek advice from the Business Office for the appropriate form to use for payment or purchase of services or goods.

How to Apply for Funding for Degree Program

When possible, the college provides funding support to individuals approved to gain an additional degree, to meet new job requirements or to meet current job requirements. The college will not fund programs at schools that are not US accredited as defined in Board Policy No. 6009 *Compensation.* The college may consider foreign schools whose programs completed by previous or current staff have been equated to meet US accreditation requirements. However, at the completion of the degree requirements, the employee is required at their own expense to have the credential equated through college-approved evaluating agency within three months from the date degree is awarded.

Online Degree While Working

Employees may take online courses to achieve a required degree while working full time in their current job. After completing the probationary period, employees approved to take courses online while on the job will follow these steps to initiate the process. *An employee who is approved to seek an additional degree to meet new job requirement will follow the same steps below.*

The employee will apply at least one semester (fall or spring) prior to commencement of the degree program to allow preparation of work functions, careful review of request, and paperwork processing.

1. Complete Appendix I from HRO, policy manual, or college website.
2. Provide the completed Appendix I to the immediate supervisor for review and endorsement.
3. If endorsing the request, the supervisor will forward the form to the appropriate vice president. At the state campus, a supervisor will send the form through the campus dean to the vice president. At the National Campus, if the vice president endorses the request, he or she will take the form to Cabinet
4. Cabinet will review and, if endorsing, will return form to the vice president to communicate the decision to the supervisor/dean.
5. The vice president will communicate via email/skype/telephone/face to face meeting with the supervisor/dean to inform of the cabinet's decision. If the request was approved, the VP will forward the form to HRO and supervisor/dean. Then, HRO will develop staff development agreement and gain signatures from both employee and president and monitor payment responsibility and employee's obligation. HRO will give a copy of agreement to employee, supervisor and Business Office and maintain the original copy.

Appeal Process for Disapproved Request

If an employee finds his/her request to be *a violation, misinterpretation or inequitable application of policies of the board of regents, or existing laws, or administrative directives and procedures, or of the right to fair treatment,* he/she may proceed to Board Policy No.6021 *Grievance* to file a complaint and initiate the grievance process.

Educational Leave

Employees may take educational leave away from work to achieve a required degree.

Reimbursement for Employees on Education Leave

- ✓ If an employee receives full funding from another source outside of the college, the employee is not eligible for funding of the same activity from the college.
- ✓ If an employee receives partial funding from another source outside of the college, the employee will receive from the college the calculated unmet needs from the outside source and college funds will be the last resort. The external funding source will apply first to the degree program (approved items to finance) and the college's funds after.

After completing the probationary period, employees approved to take educational leave from work will follow these steps to initiate the process. An employee approved to seek additional degree to meet new job requirements will follow the same steps below

The employee will apply at least one semester (fall or spring) prior to commencement of degree program to allow preparation of work functions, careful review of request, and paperwork processing.

1. Complete Appendix I from HRO, policy manual, or college website.

2. Provide the completed Appendix I to the immediate supervisor for review and endorsement.
3. If endorsing the request, the supervisor will forward the form to the appropriate vice president. At the state campus, a supervisor will send the form through the campus dean to the vice president. At the National Campus, if the vice president endorses the request, he or she will take the form to Cabinet
4. Cabinet will review and, if endorsing, will return form to the vice president to communicate the decision to the supervisor/dean.
5. The vice president will communicate via email/skype/telephone/face to face meeting with the supervisor/dean to inform of the cabinet's decision. If the request was approved, the VP will forward the form to HRO and supervisor/dean. Then, HRO will develop staff development agreement and gain signatures from both employee and president and monitor payment responsibility and employee's obligation. HRO will give a copy of agreement to employee, supervisor and Business Office and maintain the original copy.

Hybrid Degree Programs

There will be instances where a degree program is a combination of both online and educational leave from work for a period of time in the course of the program. In this instance, employee will follow either of the processes described above.

In such cases the employee will explain clearly the nature of the program and define the specific periods covered under online and educational leave from work.

HRO will include all applicable terms and conditions on the staff development agreement.

Sabbatical Leave

The college provides for leave to management and faculty members to carry out programs that contribute to the improvements necessary at the college, including benefits to students and the requesting individual that may also consider future responsibilities of the individual.

How to Apply for Sabbatical

To apply for sabbatical leave, an employee must follow these steps.

Step 1

Retrieve Appendix I from website, HRO staff or Policy manual.

Complete Appendix I and forward to supervisor and vice president

Step 2

If both supervisor and vice president endorse the request, they will take it to cabinet for review and action.

If cabinet approves request, the request will be transmitted to the board of regents.

Step 3

When a request is approved, the relevant VP will send HRO a copy of Appendix I and other relevant documents

When a request is disapproved, relevant VP will return request to employee and supervisor.

Figure 4.2. The Process for Applying for a Sabbatical

HRO staff will prepare a contract between employee and the college. This contract stipulates starting and ending dates of the program, obligations of the college, benefits to the employee, funding, conditions and expectations. The contract will be signed by president and the employee, and a copy will be given to employee to take with them. Another copy goes to the employee's supervisor, and the original copy will be maintained in the employee's personnel file. HRO staff will also process associated personnel action and related others.

Budgeting and Funding

Funding for the professional development program is planned into the budget one year in advance following the college budget process. At the National Campus, the line item is under HRO and is managed by the director of human resources. While at the state campuses, the line item is under the campus and managed by the HR Representative.

Account number **8651** is the line item budget for professional programs.

Each department or office unit may plan additional development activities under their own budget for travel, subscriptions to professional journals and membership in organizations, degree programs and such. During the fiscal year when these funds are available in department or office budgets, the department or unit will not seek funding assistance from the campus/HRO line item budget.

Restrictions

Educational Leave

There are restrictions that apply to Educational Leave and travel off island for professional development. Educational Leave away from work with pay will not exceed a maximum of four years for a bachelor's degree program for colleges that provide a four-year bachelor's degree as part of program offerings. If additional time is needed to complete a degree program, the employee will do so without a salary from the college. An employee who needs additional time to complete a degree program beyond the maximum of four-year period must gain approval from the president one semester before current approved leave ends. Failure to gain approval of extended leave, paid or unpaid, will be considered a cause for disciplinary action including termination.

Employees requesting additional time to complete a degree program beyond the initial approved period must proceed as follows.

1. Forward the request to the supervisor.
2. The supervisor will forward the request to the vice president for endorsement.
3. If endorsing the request, the vice president forwards it to the president for approval.
4. The president will return the request to vice president to communicate a decision to supervisor/employee. The vice president will provide a copy of approved or disapproved request to HRO to implement necessary paperwork processing.

Processing of an approved request will follow the same steps under previous sections in this chapter. Processing of disciplinary action will follow established policies and procedures.

Appeal for Disapproved Educational Leave Request

If an employee finds a disapproved educational leave request to be *a violation, misinterpretation or inequitable application of policies of the board of regents, or existing laws, or administrative directives and procedures, or of the right to fair treatment,* he/she may proceed to Board Policy No.6021 Grievance to file a complaint and initiate the grievance process.

Travel off Island for Professional Development

Funding for travel will be limited to approved specific items and to regular full-time employees. Processing of TA and associated forms will follow current college established policies and procedures. Funding will not cover programs employee completed or started prior to approval.

Chapter 5: Employee Recognition

Key Terms You Need to Know for this Chapter

- **Innovative Idea Award** – award given for an outstanding idea that was implemented and has resulted in cost saving or improved performance in any area of the college.
- **Service Award –** award given to recognize continuous years of service to the college starting from five years onward and issued every five years.
- **Award of Recognition –** award given for an employee who goes above and beyond the call of duty for the good of the college.
- **Faculty of the Year –** award given to one full-time faculty per year for outstanding teaching.
- **Community Service** – award is given to recognize an employee who promoted the college or performed outstanding community service
- **Professional Recognition –** award given to recognize degree completion, published books or articles, or promotion to leadership at the college or in external work related professional organizations.
- **Employee retirement** – award is given to recognize 20 years of continuous service to the college for an employee departing after completion of the 20 years.
- **Good Health Award** – award is given to recognize a non-faculty employee who has not applied for sick leave for the whole year.
- **Student's Choice Award** – award is given to recognize one staff member who *"supports, assists, encourages, advises, and serves as a role model for the students."*
- **Staff of the Year** –award is given to one non-teaching full-time staff member per year who has completed the year of service to the college, and who shows the following qualifies or criteria for selection: outstanding work performance; active participation on committees and teams; contribution of time and effort to extra-curricular activities, special projects etc.; demonstrated dedication to the college; and is recognized for outstanding service to students and others.

Frequently Asked Questions	
✓ **Who is eligible to receive an award?**	✓ A full time regular employee who has completed the first year probationary period prior to the ceremony.
✓ **When do I become eligible for the years of service award?**	✓ After completing the first five years of employment and every five years thereafter.
✓ **How are the awards determined?**	✓ College community and students make nominations initially for most awards, while others are determined based on employment contracts and verifiable documents. Some awards allow for self-nomination.
✓ **Why are some of the awards given in cash and others are not?**	✓ That's how the college policy provides for the awards
✓ **Am I required to attend the ceremony?**	✓ Yes

Employee Recognition

The College of Micronesia-FSM recognizes regular full time staff and faculty for their outstanding performance and achievements once a year through the "Incentive Award Day" held in May of each year after the final exams and before the graduation day at each respective campus.

HRO coordinates the annual employee recognition given at each campus during the month of May, in the 10 categories published in Board Policy No. 6016. However, it is allowed for the campuses located on the same island to combine their events if they so desire. They will work out their own arrangement of shared responsibilities and cost sharing. HR and HR Representatives utilize these steps to implement the event.

Step 1

Nomination Forms are issued to all employees.

Nomination forms for Student Choice and Faculty of the Year are issued to students.

Step 2

HR/Ad hoc committee collects forms by the deadline.

Nominations are tabulated and presented to the cabinet at the National Campus and Management Team at the State Campuses.

Step 3

HR/Adhoc committee recieves final award receipients from Cabinets/Management Team.

Certificates and monetary awards are prepared.

Figure 5.1. The Process for Organizing the Employee Recognition Event.

HRO staff will prepare the certificates based on the 10 categories of awards and send them to these authorities for signatures.

Categories	Signatories	Awards
1. Service Award	President, Chair of BOR	Certificate
2. Award of Recognition	President, VPAS	Certificate, $250.00
3. Innovative Idea Award	President, VPIEQA	Certificate, $100.00 per person
4. Good Health Award	President, VPAS	Certificate, coupon for an extra vacation day.
5. Faculty of the Year	President, VPIA	Certificate, $250.00
6. Professional Recognition	President, VPIA	Certificate
7. Student's Choice Award	President, VPEMSS	Certificate, $50.00
8. Community Services Award	President, VPEMSS	Certificate, gift
9. Staff of the Year Award	President, VPIEQA	Certificate, $250.00
10. Employee Retirement	President, relevant VP	Certificate, gold watch, college luncheon or dinner

Certificates

The certificates will be prepared on certificate papers purchased at an office supplies store or prepared internally on similar printed certificate type papers.

The Program

HRO or its representative at each campus will prepare a brief program for the event that maintains these:

- ✓ List of awards and full description of each.
- ✓ Presenter of each award.
- ✓ Assessment/feedback forms.
- ✓ Opening remarks by the top administrator available

The MC

Master/mistress of award ceremony is selected by HR director at the National Campus and HR representative at the State Campus.

Food

If the event is held at lunch or dinner period, the program will fund the menu. Procurement of food supplies and associated items will follow established procurement policies and procedures. Preparation of forms and procurement documents will be done by HR staff and the HR representative at each campus.

Assessments

HR staff and representatives will summarize the assessments within one week after the event and share the summary report with the director of human resources and the management at each campus. These assessments will be used in the planning and preparation of the next event. Adjustment to current procedures of the program may be changed if recommendations are approved by the Cabinet or the president following the assessment results review. When there will be changes, Cabinet will communicate to the director of human resources in writing (through official Cabinet meeting minutes or memorandum) of the nature of changes and effective date. The director of human resources will inform staff and HR representatives and ensure compliance.

Chapter 6: Leave Program

Key Terms You Need to Know for this Chapter

- **Annual Leave –** paid or unpaid time off work granted by supervisor (s) to employees to be used for vacation and other purposes.
- **Sick Leave –** time off from work paid or unpaid because of an employee's temporary inability to perform duties because of sickness or disability.
- **Licensed Physician –** a medical doctor licensed by the local medical board to practice medicine in a hospital or private clinic where medical treatment is received.
- **Donated Sick Leave –** paid time off from work because of an employee's inability to perform duties, as certified by a licensed physician certified.
- **Maternity Leave-** paid time off from work because of a female employee's inability to perform duties due to childbirth.
- **Paternity Leave** - paid time off from work for a male employee certified to have a new birth to him as a father.
- **Administrative Leaves** – paid time off from work authorized by the president.

Frequently Asked Questions	
✓ **Who approves my annual leave request?**	✓ Your immediate supervisor has the authority to approve this leave up to 320 hours.
✓ **Who approves my sick leave request?**	✓ Your immediate supervisor has the authority to approve this leave up to 320 hours.
✓ **Where do I get a leave request form?**	✓ You may retrieve the form from the college website under Business Office. It is advisable to make extra copies accessible for future use.
✓ **How do I know if my leave request is approved?**	✓ Your supervisor will inform you. You may on your own, follow up on it prior to taking the leave.
✓ **Where do I get the application form for donated sick leave?**	✓ You may retrieve the form (Appendix J: Application for Donated Sick Leave Form) from the college website, your copy of the policy manual or from HR staff.
✓ **Who approves my request for donated sick leave?**	✓ The president.
✓ **Who will notify me of the decision on my donated sick leave request?**	✓ HRO staff or representative will send you an email or letter to inform you on the outcome of your request and copy to your supervisor.
✓ **When do I submit a medical certificate to support my sick leave application?**	✓ Submit a medical certificate after taking three consecutive sick days.
✓ **Is a medical clearance necessary after I have been out sick for two weeks?**	✓ Yes. You need to ask your physician to provide you with a certificate that clears you from the illness you suffered, verifying that you are able to resume your duties and the illness will not infect others around you.
✓ **What is a medical clearance?**	✓ An official physician's report about a patient that explains the illness, duration of sick bed, expected date of return to duty and ability of

Frequently Asked Questions	
	employee to resume all usual duties. If applicable, the form must clarify if there are limitations on the ability of the employee for performing certain tasks.
✓ **Will the college pay me for my unused sick leave upon my departure?**	✓ Yes, up to a maximum of 240 hours.
✓ **Can I transfer my unused leave to my next employer?**	✓ You may, if the new employer will accept your leave earned at the college. Find out from your employer and advise HRO.

Leave Benefits

The college provides various types of leave to eligible full time regular employees. Leave requests must be submitted in writing using existing forms; retrievable from the college websites, Business Office or a staff member from the Business Office.

Leave Application Process

An employee will complete the leave application form and route it through the process below. There is leave that requires approval of only the immediate supervisor; while other situations require additional approval of a vice president or the president. An employee must submit the leave request prior to taking the leave, as well as any supporting information that will explain and justify the extended leave from work.

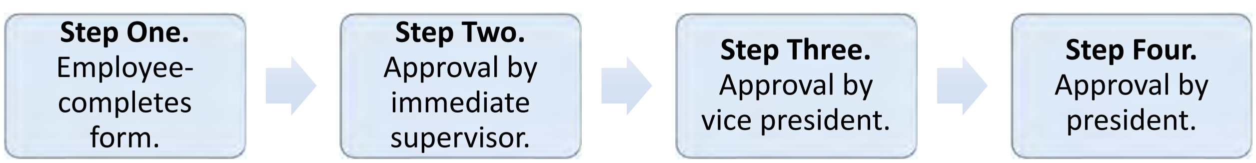

Figure 6.1. The Path for Approving Employee Leave

Annual Leave

Annual leave is granted by immediate supervisor upon request to allow employee to conduct personal business including vacation. This authority is limited to the first 320 hours of leave; the president will approve subsequent and extended leave. Unused leave hours are carried from year to year. Upon departure from the college, the college will pay out a maximum of 240 hours accrued at that time.

Sick Leave

Sick leave is granted by immediate supervisor upon request because of an employee's inability to perform duties due to temporary illness or injury of the individual employee or employee dependents. This authority is limited to the first 320 hours of leave; the president must approve subsequent and extended leave. Unused leave hours are carried from year to year. Employees will be paid during approved sick leave. Upon separation from the college, an employee loses unused leave. An employee must submit a medical clearance to attach to the leave application form when on sick leave for more than three days in a row.

Donated Sick Leave

Donated sick leave is granted by the president on account of an employee's inability to perform duties due to catastrophic prolonged personal illness or injury verified by a licensed physician's report. This leave benefit is limited to six months within the fiscal year.

Maternity Leave

Maternity leave is granted by the immediate and relevant campus dean or vice president because of an employee's inability to perform duties due to childbirth. This leave benefit is limited to ten working days, counting from the date of birth.

Paternity Leave

This leave is granted by the immediate and relevant campus dean or vice president because of an employee's inability to perform duties due to childbirth of the spouse. This leave benefit is limited to ten working days, counting from the date of birth.

Administrative Leave

Administrative leave is granted by president for multiple reasons, including those on the list below. Some types of leave require the employee to submit the request to the president, and some do not. Refer to Board Policy No. 6010 for details.

Table 6.1. Types of Administrative Leave and Required Documents.

Administrative Leaves	Documents Employee Must Provide to President
✓ Judicial Duty	Completed leave form endorsed by immediate supervisor and vice president and with subpoena/court documents.
✓ Bereavement	Completed leave form endorsed by both the immediate supervisor and vice president and with copy of death certificate and/or signed statement by employee and supervisor verifying the death in the family.
✓ Inclement Weather	None. A college-wide memorandum or message is issued by the president or his designee for this leave.
✓ Personal Leave	Completed leave form endorsed by the immediate supervisor.
✓ Worker's Compensation	Completed leave form endorsed by immediate supervisor and vice president and with physician's medical report, written report by

Administrative Leaves	Documents Employee Must Provide to President
	employee and supervisor about the accident/injury, and completed insurance forms.
✓ Voting	None. A college-wide memorandum or message is issued by president or his designee for this leave.
✓ Community Service	Completed leave form endorsed by immediate supervisor and vice president and written invitation or request from the external program requesting the employee's service. The written request must include the nature of the service requested of the employee, specific dates employee is needed and (if applicable) financial commitment of any kind for the employee.
✓ Investigation and other purposes	None. The president or his designee will issue a written notice to the concerned individual employee.

Chapter 7: Compensation

Key Terms You Need to Know for this Chapter

- **10-month Faculty –** Full-time faculty members on this placement are required to work fall and spring semesters, while summer is optional. If they work during the summer, they will receive additional compensation.
- **12-month Faculty –** Full-time faculty members and others on this placement are required to work 12 months of the year and are eligible for annual leaves.
- **Salary Scale –** Appendix A is the current master pay scale implemented in 2011 and will remain in effect until the Board of Regents approve a new salary scale.
- **Part-time Faculty Salary Scale –** Appendix B and Appendix C list the established compensation scales for part-time faculty. These scales are used to calculate compensation of part-time faculty whenever they teach.
- **Salary Increment-** Step increases granted to individual employees per year on their anniversary date and based on annual performance evaluation.
- **Salary Conversion –** This happens when a new salary scale is put in place causing salary placement of current personnel to be converted or carried onto the new salary scale.

Frequently Asked Questions	
✓ **When do I receive a salary increment?**	✓ You receive a salary increment when you have completed a full 12 months and when HRO has received your annual performance evaluation with satisfactory ratings that meet the criteria.
✓ **What is my anniversary date?**	✓ It is the month and day you begin in your position.
✓ **When my annual evaluation is late, is my salary increment retroactive?**	✓ Yes
✓ **What is an overload?**	✓ An overload refers to compensation of full time faculty members when they work beyond the established full load based on contact hours. When this happens, faculty members are issued a temporary contract to pay them for the overload during a specific semester.
✓ **Who is a part-time faculty member?**	✓ A faculty member who is not a regular, full-time teaching faculty and who is recruited to teach when needed and usually on a semester basis.
✓ **When do I get paid for teaching part-time?**	✓ When the president approved the contract and when the terms of payment on the contract indicate. Some opt to receive pay biweekly, two times a semester or at the end of the contract.
✓ **How is my teaching experience determined?**	✓ Teaching experience is referred to full-time college teaching experience. Teaching of four college courses is equivalent to one semester and two semesters are equated to one full year

Frequently Asked Questions	
	of college teaching experience. And, high school teaching experience of two full years is equated to one full year of college teaching.

Salary Schedules

There is just one master pay scale for all full-time employees: Appendix A. All positions established are placed on a grade on the pay scale. Each position has an established initial salary placement or advertisement range at the beginning of the scale. There are 20 steps on each grade from A to U.

Another salary scale is established for compensation of summer teaching and faculty overload; Appendix B and C.

Acting Compensation & Designation

When the manager of a unit office is off duty or when the position becomes vacant, the position may be filled temporarily by current full-time staff for a limited period of no more than one year. Appointed acting staff after serving in acting capacity for a period of 30 days including weekends and holidays will be required to be compensated for at least 10% above his/her own regular salary at the time of acting appointment.

Appointment to an Acting Position

A vacant manager position may be filled by an acting during the absence of the manager or when the position becomes vacant.

The supervisor for the vacant management position will appoint the second in command to the manager. That individual must also possess the established minimum qualification for the position to serve as acting. If the second in command is not available, then the third in command will be appointed. If there are no suitable staff available in the same office unit or department, another manager may be be appointed from outside the office or department, a manager who is familiar with the services of the unit and possesses the minimum qualifications for the position.

The appointment will be made on a formal memorandum and addressed to all personnel and issued to relevant parties at the college and externally. An appointment to an acting position is limited to full-time regular employees.

Compensation for Acting Appointments

HR staff will prepare the personnel action for compensation when the acting manager has served in acting capacity for at least 30 days, using the acting appointment memorandum for documentation. Routing and distribution of the personnel action will follow established process for the same form. Compensation will be retroactive to the first day in acting capacity.

Faculty Overload/Summer Teaching

Full-time faculty members may be given additional courses to teach during fall and spring semester to meet needs resulting from student enrollment. When regular full-time faculty may be on vacation or on leave, the college may recruit part-time faculty during the summer to teach to meet student enrollment needs. Compensation for this type of work is provided through the use of Appendix B and C for part time faculty. Compensation of full time regular faculty members are compensation using the formulas provided in Board Policy No. 6009 Section (6) (b) & (c).

b) *This plan is based on the current (adopted May 2013) referred to Appendix B and C.*

1) *For temporary faculty, the rate per contact hour is: for instructors with less than two years of relevant teaching experience (see Appendix B) and for instructors with two or more years of relevant teaching experience (see Appendix C). The rate is then multiplied by the number of contact hours taught*

2) *The amount is then divided by the number of pay periods for that term of employment and paid according to the normal bi-weekly schedule or, for State Campuses, divided into two equal payments to be paid at mid-term and after grades are submitted.*

The resulting rate is then multiplied by the number of contact hours taught

c). For full time regular faculty, the calculation of compensation is based on the following formula:

$21,743 (Annual Salary) ÷ 20.5 (Pay Periods) = $1,060.60 ÷ 80 (biweekly hours) = $13.26 hourly rate

$13.26 (hourly rate) x 2 (1 teaching hour and preparation hour) = $26.52 x 16 (weeks) =$424.32 (per contact hour) x 1.2% (incentive) =$509.19 per contact hour.

Procurement of Contract

Employees who have questions about these formulas should contact HRO or the campus HR representative. The compensation is determined when the contract is prepared for each term a full-time regular faculty is teaching over load during spring and fall semester and during the summer. Likewise, compensation is made for part-time faculty members who are not full-time regular faculty members, but are recruited to teach when a contract is prepared.

At the National Campus, a contract for overload and part-time teaching is prepared by the VPIA's office.

At the State Campus, a contract for overload and part-time teaching is prepared by the instructional coordinator.

Routing Process for Overload or Part-Time Teaching Contracts

The instructional coordinator from the campus will send through email or in hard copy the contract for the overload or part-time instructors for the campus directly to the VPIA as the first point of review and endorsement. Figure 7.1 provides an overview of the routing process.

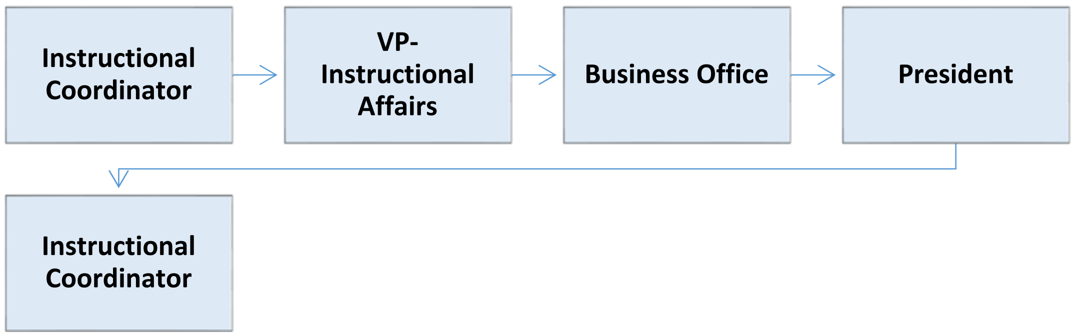

Figure 7.1. The Routing Process for Part-Time Teaching Contracts

The instructional coordinator transmits complete and accurate contracts with relevant required supporting documents and assures accreditation of schools attended by part-time instructors.

The vice president reviews to verify and assure correct work load, contact hours, certification of faculty to teach specific courses, satisfactory performance that support the contract, correct compensation level that match credentials, complete workload documents, and employability of part-time instructors. Documents for this level of review include:

- ✓ Contract Form
- ✓ Copy of FSM social security card (for initial contracts)
- ✓ Classroom Observation Form (for all part-time instructors who are not full-time faculty for each semester they teach)
- ✓ Work load report forms (for all regular full-time faculty for spring and fall they teach overload)
- ✓ Copy of transcripts (first time part-time instructors)
- ✓ Copy of passport (first time part-time instructors)
- ✓ Copy of employment permit (for individuals on permit)
- ✓ Authorized/release letter from employer of part-time instructors who are working with another employer at the time of the part-time contract with the college.

The **Business Office** reviews to verify funding availability to support the contracts.

The **president makes the final decision** after individual offices above have completed their part in the review process and confirm the contract to be valid and necessary.

The instructional coordinator, as the initiator of the contracts and supervisor of the faculty teaching, will be provided copies of all approved/disapproved contracts. The President's Office will forward the contracts to the office of the president of instructional affairs, and VPIA staff will email copies within one to three working days from receipt date to the remote campuses (Chuuk, Yap, FMI, and Kosrae), while hard copies are provided (High Quality of Scanned copies are acceptable):

- ✓ Instructional coordinators at the Pohnpei and National Campus.
- ✓ Business Office for payroll
- ✓ Human Resources for personnel file.

The instructional coordinators will provide approved contracts to individual part-time faculty for signature and distribution while maintaining their own files on these appointments.

Overtime Compensation

The positions identified as classified positions are eligible for the overtime compensation as defined in Board Policy No 6009 *Compensation Policies and Practices.* The president must approve the work plan and request first, then actual work may commence. Supervisors who will need overtime from a support staff member in a classified position will complete the Overtime Request Form. Retrieve this form from the website, Business Office staff, or President's Office staff. Supervisors must then forward the completed form to the relevant vice president for endorsement.

When the vice president endorses the Overtime Request Form, he/she will indicate the endorsement on the form in writing and with signature and forward the form to the president. When the form is also acted on by the president, it will be returned to the vice president who will then return it to the requesting supervisor.

When the vice president does not endorse Overtime Request Form, he/she will indicate in writing and with signature on the form and return it to the requesting supervisor. Details of instruction or requested information will be provided on the form for the supervisor to provide and understand.

Holiday Compensation

The college and campuses follow the approved list of holidays provided in Board Policy No. 6013 *Holidays*. When the campus is closed on those designated holidays, compensation for regular full-time employees will not be interrupted and no form is necessary. Payroll automatically calculates into the two-week pay period the hours for the designated holidays.

The president, in his/her capacity as the CEO, may extend holiday pay to part-time staff from time to time, especially around the Christmas holiday. Such an extension is provided in an internal memorandum to all personnel and it may also be posted on the college website. Payroll will use that memorandum to give hours to part-time staff who are covered under the memo and no additional form is needed by individual employee or supervisors.

Shift Differential Compensation

Shift differential compensation is available to only a few programs and units at the college due to the nature of the work they provide and classification of the job held by individual employee. Classified staff in the following units are currently eligible for night differential compensation.

- ✓ Learning Resources Center
- ✓ Dining Hall
- ✓ Residential Halls
- ✓ Sports and Recreation at the National Campus

Because of the nature of their work, these units are required to provide services outside of normal working hours between 8am to 5pm on Monday to Friday.

The individual employee from the units above are identified to payroll by the specific Night Differential Rate reference on their Personnel Actions. HRO staff are informed by the supervisor in writing (email or hard copy memorandum) when the position is filled and again later as relevant for the employees in their units whose schedules fall outside the normal working hours. The same supervisors will also inform HRO when changes with existing schedules occur, and individuals become ineligible for this compensation. HRO staff will make the changes on Personnel Actions, and the routing will follow the established process.

Annual Salary Increment

When the college provides for employee annual step increment, HRO staff implements the salary change based upon Personnel Actions (PAs) that are made effective to the anniversary date of each individual employee. Such PAs follow the established routing process.

HRO will receive from the administration a written advice on the level of annual step increment to apply each year and the effective date, if that date will be different from individual anniversary date.

Not All Employees are Eligible for Annual Step Increments

There are employees who are no longer eligible for step increments because they have reached the ceiling in their current positions and on their grades on the salary scale. You may locate this information on your personal action and from your supervisor.

Salary Changes Due to Completion of an Additional Degree

HRO will prepare a Personnel Action for faculty members and instructional coordinators who have completed an additional degree. The employee will provide to HR official hard copies of transcripts showing degree completion that exceeds the employee's position degree requirement and for a field relevant to the area of assignment. The effective date for Personnel Action will be determined as follows.

Situation	Effective Date
• For transcripts provided to HRO after the employee was hired for his/her current position and when the college offered the employee his/her current position without	The effective date of the Personnel Action to recognize the degree is the date the HR received the official transcripts.

Situation	Effective Date
the condition of transcripts requirement for that specific degree.	
• For transcripts provided to HRO by a current employee who was approved by the college and/or maybe funded fully or partially by the college to enter a study program to meet job requirement with or without a professional development contract.	The effective date of the Personnel Action to recognize the degree is the date of degree completion on the transcripts
• For transcripts provided to HRO at the initial hire and that maybe overlooked or unclear, if employee provides compelling evidence of additional credits toward a degree higher than the degree employee was hired on and if the credits meet the required number of credits on the salary scale for additional changes.	The effective date of the Personnel Action to recognize the credits will be date the employee brought complete compelling evidence supporting the salary change.

Other Salary Changes

There are other salary change that may be made at times when decision is handed down in these specific situations.

Promotion

There is a 10% salary increase applied to the base salary offered to a current full time regular employee who is approved to fill another full-time position that is on a higher salary grade or high caliber position than his/her current position. Whenever an employee is promoted, the employee will establish a new anniversary date for salary purposes based on the first day in paid service in the new position.

On the Personnel Action, the word "Promotion" will be checked and made bold to indicate the action applied.

Demotion

There are two instances when demotion will apply and HRO will prepare personal actions upon receipt of approved memorandum and supporting documents from the president. Personnel Actions in these cases will have the word "Demotion" checked and made bold to indicate the action applied.

1. The appointment of a full time regular employee to a new position which has a low pay level range and grade for non-disciplinary reasons. The employee will maintain his/her salary at the time of the appointment until the next annual step increment in the new position. However, the appointment will not change the anniversary date for salary purposes. An example of this type of appointment is the demotion of a Maintenance Supervisor to Utility worker due to lack of skills and ability to perform at the level required in the position.

2. The appointment of an employee to a lesser position than their current position due to disciplinary reasons to a position determined by the president at his/her sole discretion.

High Tech Premiums

Occasionally, the college identifies critical skills, knowledge, and abilities in the information technology field that college lacks and needs. A high-tech premium at 25% may be considered. when the college is unable to attract any qualified candidate due to the salary of the positions when compared to similar regional organizations normally compared to the college for salary purposes.

The supervisor of the vacant information technology field position will transmit to the relevant vice president the request to advertise the position with a 25% high tech premium to attract candidates with qualifications not currently available. The request must include the following:

- ✓ Completed personnel requisition;
- ✓ Comparable salary analysis of the position against at least *three* similar regional organizations normally compared to the college for salary purposes;
- ✓ Cover memorandum that explains the request, funding sources for the higher salary and the research taken to arrive at the recommendation.

If approving the request, the vice president will endorse and forward the packet to the president. If the president approves, the documents will return to the vice president to provide HRO the original copies of documents while the requesting supervisor is given a copy of the same documents.

If denying the request, the vice president will return it to the requesting supervisor with a rationale and/or instruction.

Occasionally, a current employee may qualify for a high-tech premium. **The supervisor with a filled information technology field position** will transmit to the relevant vice president the current position description of the individual in the position and justifications to the recommendation for a 25% high tech premium. The request will include these:

- ✓ Current position description for the employee with the current salary;
- ✓ Comparable salary analysis of the position against at least *three* similar regional organizations normally compared to the college for salary purposes;
- ✓ Cover memorandum that explains request, funding sources for the higher salary and the research taken to arrive at the recommendation.

If denying the request, the vice president will return it to the requesting supervisor with a rationale and/or instruction.

Chapter 8: Performance Evaluation

Key Terms You Need to Know for this Chapter

- **Performance Review-** A performance review is a formal discussion that is documented about an employee's development and performance. The review also serves as a planning process. It involves setting a plan of action for the next period and reviewing what has been achieved in the last period.
- **Six-Month Performance Review** – A new employee is required to be evaluated at sixth month period from date of hire, and the discussion and performance review is documented.
- **Employment Contract Extension** – The employee evaluation forms are used as basis to support a contract extension after the initial contract.
- **Appendix E: Performance Evaluation Forms** – This form is used to evaluate support staff whether classified or professional.
- **Appendix F: Employee Progress Report** – This report is used to evaluate management staff or administrators.
- **Appendix G Instructional Faculty Evaluation Form** – This appendix is used to evaluate full time faculty members.
- **College-Wide Strategic Plans** – five-year plans of the college.
- **Annual College-Wide Priorities** – goals the college determines as priorities for funding allocation and activities for each year.
- **Major Functional Duties** – important responsibilities of a position where majority of time and effort will focus.
- **Work Standards** – required level of work output and performance in one given area.

Frequently Asked Questions	
✓ **Who will evaluate me?**	✓ Your immediate supervisor.
✓ **Do I sign the forms if I disagree with my ratings?**	✓ No. But you must attach a letter that you will sign that explains your reason for not signing the form and that you will let it process and choose not to grieve the issue. It is suggested that you informally resolve the disagreements on the ratings with your supervisor before the forms are submitted to HRO.
✓ **What process can I use to challenge my ratings?**	✓ Grievance Procedures in Board Policy No. 6021.
✓ **How often will I be evaluated during my employment?**	✓ You will be evaluated two times during your first year and annually thereafter.
✓ **When do I get a copy of my completed performance review forms?**	✓ When all the signatures are on the forms. For performance review forms that resulted in Personnel Actions and contracts; you will get the copies together with the PA and contract after certification and all signatures are received.
✓ **What do I do with my copies of the completed performance review forms?**	✓ You keep them in your own files for reference. You need them to remind you on what goals you set to achieve in the

Frequently Asked Questions	
	coming year and improvements you need to meet. These goals and improvements are also guides for your next evaluation.
✓ **Who gets a copy of my completed performance review forms?**	✓ You, your supervisor, and HRO.
✓ **Where do I see results of the performance review when the ratings result in step increments?**	✓ The results appear on the signature page of your performance evaluation and your Personnel Actions.

Performance Evaluations Forms

Currently three performance evaluation forms exist, and these forms are available as follows: in hard copies of the *Personnel Policy Manual* issued to individual employees, on downloads from the college website, and from HRO staff.

FORM	USE OF FORM
APPENDIX E – PERFORMANCE EVALUATION	**Appendix E** is used to evaluate management staff that include: vice presidents, deans, directors, instructional coordinators, CR coordinators, and student services coordinators.
APPENDIX F – EMPLOYEE PROGRESS REPORT	**Appendix F** is used to evaluate professional and classified staff who are not management staff or faculty.
APPENDIX G – INSTRUCTIONAL FACULTY EVALUATION FORM	**Appendix G** is used to evaluate faculty members who are full time teaching instructors at any of the campuses and regardless of programs or division.

Timelines

All employees will be evaluated annually. Forms must be completed correctly, signed received at HRO on the due dates.

All sections on each form must be filled out. Note that the following items receive special attention: the dates covered on the evaluation, any action requested, and development plans (if any).

Table 8.1. Types of Performance Evaluations.

Type of Evaluation	Deadlines and Description
New Hires	New hires will be evaluated at six months from the date of hire and 60 days prior to the end of their probationary period. *Completed evaluation forms are due at HRO at six months from date of hire and 60 days prior to the end of a new hire's probationary period.* Forms must be completed fully and correctly with all signatures of employee, supervisor, co-supervisor (if any) and relevant vice president.
First Year Evaluation for New Hires	The first-year performance evaluation will be due at HRO 60 days prior to the end of the probationary period. This evaluation form will form the basis for subsequent annual step increments during the 3 year contract period. HRO will use this form to create annual step increments within the contract period. The evaluation form must indicate clearly the specific period covered beginning from the date of hire to the end of the probationary period. For example: Period of evaluation: March 3, 2012 –March 3, 2013. Employee was hired March 3, 2012 and March 3, 2013 marks the end of the probationary period and the effective date of the first personal action for a salary increment.
Contract Renewal	Evaluation for contract renewal is due at HRO six months prior to the end of the current contract. When possible for employees on work permits, forms can be received at HRO earlier than six months to allow for external processing of entry permit and/or US Visa.
Other Evaluations after the probationary period.	Formal performance evaluation maybe completed any time after the completion of the probationary period and throughout the employment period whenever an employee is given a poor performance or unsatisfactory rating. This type of performance evaluation must have specific performance outcomes, date of achievement of results desired and timeline of follow up evaluation to discuss, resolve and update employee and HRO on status of performance, salary increment, and potential probability of continuous employment or termination.

Notice of Reminders to Supervisors

HRO will provide supervisors an annual reminder in a spreadsheet format via email and through vice presidents with these data:

- Employee Name
- Date when current evaluation is due
- Date when current contract will expire

The supervisor will use the spreadsheet to monitor completion of performance evaluation and maintain it for own use.

Supervisor Organizes Meeting to Discuss Employee Performance

The immediate supervisor will initiate the completion of an evaluation by scheduling meeting with direct reports to discuss performance and the forms. The supervisor will contact and communicate with co-supervisors (if any) and give vice presidents prior notice of the meeting with employee and provide the final evaluation forms. The preparation and review process of the performance is led by the immediate supervisor, who ensures that all parties shown in Table 8.2 have completed their part.

Table 8.2. Parties, Roles and Information in Performance Reviews

Parties to the Review and Their Preparation	Description of Roles and Information Use in the Evaluation Process
Employee	✓ The employee will prepare himself/herself for the meeting to contribute to the discussion and development of work goals and plan for themselves. Initial self-evaluation is recommended at this step. If there are available lists of accomplishments for the covered period, include them on the form in relevant sections.
Immediate Supervisor	✓ Review the previous recent performance evaluation to note areas indicated for development and improvement. ✓ Review the level of achievement of assigned functional responsibilities and other related assignments. ✓ Review also any written records and information that affect and/or relate to the performance of the employee during the covered period of the evaluation. ✓ A draft evaluation form should be completed based on the above and the self-evaluation completed by the employee. This draft is sent to the co-supervisor (if any) and the vice president for review and input.
Co-supervisor (if any)	✓ Review major assignments delegated to employee during the covered period and note status of the assignments. ✓ Review written records and others from within the department and the college where the employee serves in ad hoc services or as support system to other related functions. ✓ Review the draft evaluation sent by the supervisor against own sources of assessment described above. ✓ Return draft evaluation with input to immediate supervisor.
Vice President	✓ Review draft evaluation form sent by immediate supervisor and/or co-supervisor against department priorities, IEMP, and TracDat plans for the unit and the individual employee's responsibilities. ✓ Ensure quality of assessment and relevance of development plans to employee area of responsibility.

	✓ Return the final draft of evaluation to the immediate supervisor to consolidate/finalize ratings and use the form in the meeting with the employee.

Supervisor Consolidates Performance Evaluation Forms

After discussing the performance of the employee with all parties above, the immediate supervisor will consolidate the ratings on one form. In the meeting with the employee, the supervisor will issue the final draft evaluation form to the employee and together they will review and sign. The routing process of the evaluation forms will follow these steps.

1. **Step 1**. Immediate supervisor and employee sign the forms. Supervisor sends forms to Co-supervisor. In the absence of a co-supervisor, the forms will be sent directly to the vice president.
2. **Step 2.** Co-supervisor (if any) will sign the forms and forward to the vice president and cc or notify immediate supervisor of the action taken.
3. **Step 3.** Vice president will sign the forms and forward them to HRO.

Figure 8.1 displays the routing path for performance evaluation forms at this stage.

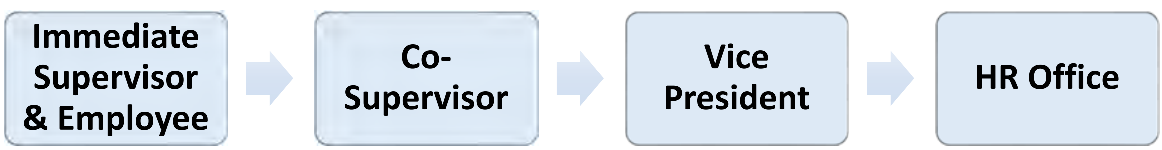

Figure 8.1. Routing Path for the Performance Evaluation Forms

The vice presidents are based on the National Campus and will forward the signed completed evaluation forms to HRO for processing. HRO will prepare any Personnel Action and contract renewal as applicable based on the completed form. Copies of the evaluation forms will be provided to the employee and supervisor when HRO has completed its action on the form. The original copy will be maintained at HRO.

Chapter 9: Reclassification and Other Changes to Existing Positions

Key Terms You Need to Know for this Chapter

- **Reclassify** – to change the salary grade and level of a position.
- **Job Description** – the established duties and requirements of a position.
- **Supervisory Responsibility –** management of subordinate (s) that may include training, hiring, evaluation, coaching, discipline, etc.
- **Organizational Chart** – an established chart of an office unit, department or college structure.
- **Supervisor's Checklist Form** – the form used by supervisor to initiate changes to an existing full-time position.
- **Reorganization** – changes of size, purpose, responsibilities, or other structure of an existing office directly or indirectly as a result of other changes in the organization.
- **Transfer** – appointment of an employee to a different or new position in the department, campus or college-wide.
- **Re-delegation of Duties** – additional duties taken from one position and added to another, or duties taken from one unit and added to another.

Frequently Asked Questions	
✓ **What positions are eligible to be reclassified?**	✓ Management, professional, and classified positions.
✓ **What forms do I complete to reclassify my staff?**	✓ Cover memorandum that summarizes the request and justifications ✓ Copy of current position description ✓ Draft copy of revised position description ✓ Supervisor's checklist form ✓ Office and/or department organizational chart (s).
✓ **Where do I send my completed forms to reclassify my staff?**	✓ Your vice president first, HR Office second.
✓ **Who reviews my request to reclassify my staff?**	✓ Your vice president first, the director of human resources second.
✓ **Who approves my request for reclassification?**	✓ The president.
✓ **When and how do I know if my request is approved or disapproved?**	✓ Your supervisor will notify you and HRO will provide you a copy of the certified PA and revised position description when the processing is completed.
✓ **When I am approved to be reclassified, and when is my new salary placement effective?**	✓ 30 calendar days from the date HRO received the last document that completes the request packet.
✓ **My request to reclassify my staff was not approved, can I appeal the decision?**	✓ Yes, follow Board Policy No. 6021

Frequently Asked Questions	
✓ **Who is responsible for initiating the paper work for reclassification request?**	✓ Your supervisor
✓ **I want to change my job title, what forms do I need?**	✓ A memorandum from your supervisor that explains and justifies the change. ✓ A signature of your vice president who reviews and verifies request to be necessary and accurate.
✓ **My job requirements have changed due to changes in my area of direct responsibility and/or skills required to perform my job. Who needs to know and what documents do I provide to them?**	✓ Your supervisor and vice president both need to know and understand the changes. ✓ In order to determine the next steps to take, the supervisor and vice president who must review the changes must receive from you the relevant documents that support the changes.

Processing Reclassifications

The reclassification process is used by supervisors of non-teaching positions whose duties and responsibilities change over time. Reclassification might be appropriate in response to changes in responsibilities, authorities or resulting from organizational restructuring. Follow the steps below to complete the initial review of changes and forward necessary documents for review and approval.

Table 9.1. Steps to Initiate Reclassification Review.

Steps	Responsible Person	Required Documents
Step 1	immediate supervisor and employee	Review the current PD and develop a revised PD that reflects and highlights changes.
Step 2	campus dean (state campuses only)	Review proposed PD and justifications submitted by supervisor. Forward to VP only if you agree and certify request to be appropriate and sufficiently supported.
Step 3	vice president	Review request submitted, signed and forward to HRO only if you find request appropriate and complete.
Step 4	director of human resources	Review submitted documents for completion, appropriate salary placement, relevant and correct revised PD, assessment of requests and changes to other relevant positions in the system.

Steps	Responsible Person	Required Documents
Step 5	president	Review of all documents, analysis, and approval.

Supervisor's Guidelines for Developing a Position Description

The supervisor shall organize the duties from major to minor and use action verbs only. The job description must be clear, concise, complete, and accurate and it must include the following information.

Position Description

- ✓ The purpose of the position.
- ✓ Major duties at 10% of the time over these specific time periods: annually, monthly, weekly and daily (if possible)). Use action verbs to describe duties (i.e. type, copy), avoid vague terms such as handle, assist etc.
- ✓ Definition of the authority or responsibility to make decisions.
- ✓ Description of the impact of the decisions made by the employee.
- ✓ Description of supervisory responsibilities.
- ✓ Description of assignments received (from whom and in what form) and what kinds of directions are given. Description of work done independently and work to be reviewed by the supervisor.

Supervisor Check List for Reclassification

The immediate supervisor or department head must complete and submit a Supervisor's Checklist Form along with the job description. This checklist allows the supervisor to report significant changes to the position. That information is important for the reviewer in making a recommendation for reclassification. If the supervisor has a copy of the previous job description, he or she should attach it to the new job description.

Organization

The supervisor or department head shall submit an organization chart to reflect the department's structure and the position's relationship in the current organization.

Cover Letter

The supervisor shall submit a cover letter describing the request and referring to all attached documents for easy reference.

Approval Process
Once the Human Resources Office receives the request, the request will be reviewed and determined. A cover memorandum documenting the review and analysis of the request including a final determination and recommendation shall be submitted to the president.

Effective Date
The effective date for an approved reclassification request is one month following receipt of the completed request in the Human Resources Office. Employees reclassified are exempt from the probationary period.

Chapter 10: Working Hours

Key Terms You Need to Know for this Chapter

- **Business Hours** – times and days when the college is open for business.
- **Shift Schedules** – some units at the college are on shift schedules, and employees are normally assigned a monthly schedule that requires them to work on weekends and/or before 8am and after 5:00PM due the nature of their services.
- **Timesheets** – record sheet that maintains hours of work for individual employees in each unit. It is maintained at each unit and submitted to business office on Friday, every other week.
- **Leave Application Form** – form used by an employee to apply for time away from work during business hours. It is retrievable from the college website and business office.

Frequently Asked Questions	
✓ **For how many hours am I paid for each day I am working?**	✓ Eight hours a day, Monday thru Friday including holidays and administrative leaves.
✓ **When does the college open?**	✓ The college is open for business Monday thru Friday 8:00AM to 5:00PM, except for holidays and administrative leave.
✓ **If I come to work after 8:00AM, how will get paid for the time when I was late?**	✓ You will fill out a leave application form that day for the hours you are late and ask approval from your supervisor. If you know you will be late, call ahead to inform your supervisor.
✓ **Who records my absence?**	✓ Your supervisor.
✓ **Which employees are required to be at their duty stations from 8:00AM to 5:00PM daily, Monday to Friday when the college opens?**	✓ All non-teaching positions for operations that provide support to students, staff and faculty, committees, external agencies and stake holders, and units whose nature of work requires answering telephones, general support to other administrators, campus support and any staff who are not on shift schedules.
✓ **Which offices have business hours other than 8:00AM to 5:00PM?**	✓ Security Office, Learning Resources, Dining Hall/Cafeteria, and Residential Halls. They are on shift schedules.
✓ **Will I get paid for hours I worked when my office is closed including weekends?**	✓ If you are a classified staff employee and are authorized by president to carry out the work, then yes, you will be compensated. ✓ If you are not a classified staff and are working by choice, no additional compensation will be given.

Frequently Asked Questions	
✓ **I am a faculty member; do I need to be on campus 8:00AM to 5:00PM daily?**	✓ No. A faculty member teaches a full load of 12-15 contact hours each term, maintains 5 hours office hours per week, and may be assigned to serve on a standing committee and other ad hoc committees from time to time. See Board Policy No. 6026 Faculty Workload for details.
✓ **Who is responsible for authorizing my request to change my work schedule?**	✓ That depends. If you are support staff or a manager whose position requires opening the office and/or providing services between the hours of 8:00AM to 5:00PM, or are working with others who are in units that open between the hours of 8am to 5pm, a change of work schedule may not happen. ✓ If your work is normally done in isolation of others and independently and/from home with quality, your supervisor may ask the president for approval in writing, with justifications for a change.

Standard Work Week and Hours

The standard work week begins on Sunday 12:01AM and ends at midnight the following Saturday. Regular full-time employees are on a 40-hour week consisting of five 8-hour days. The normal hours are 8:00 a.m. to 5:00 p.m., Monday to Friday, with one hour for lunch each day. For part-time employees, hours are based on a schedule determined by the supervisor and employee to meet the needs of the program.

A Note on Overtime

Overtime work should not be a routine occurrence. It should be used only in extreme or unusual conditions and then should be approved in advance.

Time Sheets and Attendance

Each unit records the attendance of employees on a biweekly timesheet. Employees will time in and out daily. The supervisor reviews the timesheet and assures its accuracy by signing the timesheet biweekly on Friday and submitting it to the Business Office.

For those hours an employee is on approved leave with or without pay, the approved leave form will be attached to the co-responding time sheet.

Travel Hours and Compensation

Employees on travel approved by the college away from workstations will be paid normal hours for days and hours away from workstations for the periods covered on the approved Travel Authorization form. In cases when the employee extends the travel for personal business, the employee must apply for applicable leave for that period in order to be paid for the extended days.

For the traveling employee away on college business, the time sheet will be marked "TA" for travel authorized for those days.

Chapter 11: Employee Organizations

Key Terms You Need to Know for this Chapter

- **Employee Organizations** – clubs formed by like-minded personnel who share common cause and who wish to freely communicate with each other for common personal aspirations or goals. Such clubs are free to contribute to college efforts in areas of interest.
- **Outside Activities -** any activity; paid or unpaid, that requires time and energy from the employee which could have an impact on the college or employee's performance.

Frequently Asked Questions	
✓ **Can I participate in an existing college employee organization?**	✓ Yes, you will enroll yourself in the desired organization by connecting with officers of the organization.
✓ **Do I need permission by my supervisor to become member of any employee organizations?**	✓ No.
✓ **Where do I find out about existing college employee organizations?**	✓ Look at the bulletins on or off campus for meeting announcement, newspapers, college website, and ask your supervisor or co-workers.
✓ **Am I required to participate or be a member of an employee organization?**	✓ No.
✓ **Will my participation in employee clubs affect my employment?**	✓ Only if you take time from work during working hours to attend to club activities and your performance and responsibilities are affected as a result.

The Process for Establishing Employee Organizations

A group of individuals may form their organization of choice anytime during their employment with the college. They are free to invite others (employees and non-employees) to join. If and when they feel they need to formally register their club at the college or beyond, they will do so as appropriate. To formally register their club or organization at the college, they will create bylaws using the established procedures for registering student clubs. If members wish to formally and legally apply for non-profit organization status with the FSM government, they will follow the existing laws and regulations.

Communication and Activities for Employee Organizations

The organization will conduct its meetings and activities outside of the college business hours and such meetings and activities shall not interfere or conflict with individual employee performance, duties, and operation of the college or its programs.

Communications for and about the organization and its activities will comply with existing college policies on communication and information technology. College resources will not be used for the organization's purposes.

Chapter 12: Outside Employment

Key Terms You Need to Know for Chapter 12.

- **Outside Employment** – additional employment by a full-time, regular college employee during the contract period for which compensation is received. Such outside employment includes consulting and advisory services for pay. Honoraria for lectures or literary articles, private income from investments, and royalties from books are *not* considered compensation for outside employment.
- **Outside Activities -** include any activity; paid or unpaid, that requires time and energy from the employee that could have an impact on the college or the employee's performance.

Frequently Asked Questions	
✓ **Can I enter into short term employment contract with another employer?**	✓ Yes, so long as the additional contract complies with immigration and labor laws, does not reduce your productivity in your job at the college, and work is not carried out during your normal working hours. Such employment shall not damage the image of the college, and the services provided under the contract shall not complete with college services.
✓ **Whom should I ask for permission if I am considering short term employment with another employer?**	✓ Your immediate supervisor.
✓ **Who is responsible for checking with the Immigration Office for compliance regarding my additional contract with the other employer?**	✓ You are primarily responsible for checking before accepting a contract. ✓ Your supervisor must also verify prior to authorizing your request.
✓ **Do I need to ask permission from my supervisor even if my contract with another employer is outside my working hours at the college?**	✓ Yes. The supervisor must still know to verify any conflict with future work assignment load, to ensure no conflict of interest with the college and to assure compliance with immigration and labor laws.
✓ **Can I ask the college lawyer to review my contract with the other employer?**	✓ No. However, if you will pay for his services yourself, then you may contact him directly and on your own.
✓ **May I use a college car, computer or other devices given to me for use for job with the to conduct my work with the other employer?**	✓ No, normally. The only time you may use the college resources is when the work you are performing is the result of a signed agreement between the college and the employer and when you are

	providing free community services that the president has approved and that advance the positive image of the college.

Process for Gaining Approval for Outside Employment and Activities

An employee considering additional outside employment must inform his or her immediate supervisor prior to accepting a job using the steps below.

Step One. The employee will inform the immediate supervisor of the following in writing by email or through internal memorandum:

- describe the nature of the work, the days and times work will be carried out, and the length of the contract;
- describe how the additional employment benefits the college;
- describe how the employee will handle functions of the job with the college so it is not negatively affected.

Step Two. The supervisor will consider the following:

- the impact of the additional employment commitment on the employee's job, unit's services, immigration and labor laws, potential enhancement of the college positive image and the employee;
- whether services described will be competing with college services.

The supervisor will then give careful and serious consideration to the request and inform employee of the decision in an internal memorandum that clearly indicates "approve" or "disapprove" and give the reasons for the decision (especially if the request is disapproved). The supervisor is encouraged to consult his/her own supervisor and/or vice president/president to ensure decision given is given full consideration.

A Note on Outside Employment

Please note that the supervisor or the college may notify an employee anytime to discontinue the outside employment or outside activity if evidence of poor performance, incompliance with revised immigration and labor laws or image of the college is negatively affected as a result of, or in association with, the outside employment or activity. Such notices may also be issued when the outside employment/activity is found to compete with college services or employee's work assignment.

Grieving Disapproval of Request or Notice to Cease Outside Engagement

An employee has the option to grieve either the disapproval of request or the notice to cease outside employment or activities using Board Policy No. 6021 *Grievance*. Likewise, a supervisor may impose discipline as appropriate using Board Policy No. 6019 *Employee Discipline and Protection*.

Chapter 13: Termination and Disciplinary Action

Key Terms You Need to Know for Chapter 14.

- **Termination Notice** – a formal letter or memorandum signed by the president advising an employee of college's intention to terminate the employment contract.
- **Resignation Notice** – a formal letter or memorandum prepared by an employee who wishes to terminate current contract before the end of the contract.
- **Layoff Notice**- a formal letter or memorandum signed by the president advising the employee of their last day of employment with the college due to a layoff.
- **Physician** – a state recognized medical doctor who is practicing medicine state of county where services are rendered.
- **Medical report** – a summary of medical conditions that also provides for any limitation/ restrictions on the ability of the employee to perform specific duties, advice on suggested duties that match abilities and duration of disability and/or expected return to normal duties.

Frequently Asked Questions	
✓ **How do I resign?**	✓ You will use a formal memorandum or letter addressed to the president and routed through your supervisor and vice president, indicating the effective date and reason for leaving.
✓ **How will I know my resignation is approved?**	✓ Your supervisor will inform you and you may also receive an email notice by HRO staff.
✓ **Who is authorized to terminate my employment?**	✓ The president, upon recommendation from your supervisor.
✓ **When can I grieve my termination?**	✓ Within three days of receipt of the termination letter.
✓ **Who will issue my termination letter to me?**	✓ Your supervisor (and dean/vice president). If for some reason you are terminated while abroad or away from your duty station, you will receive the notice in the mail or through delivery by security personnel.
✓ **Who will tell me if I am being laid off?**	✓ Your supervisor (and dean or vice president)
✓ **If I am laid off from the college, am I eligible for rehire?**	✓ Yes
✓ **If I am terminated by the college, am I eligible for rehire?**	✓ No

The Process for Resignation

An employee may request to resign from employment with the college. To do so the employee shall make the request in a written letter or memorandum addressed to the president a minimum 14 days in advance of the effective resignation date. The employee will follow this process:

1. Submit the letter or memorandum to the immediate supervisor.
2. The supervisor will review the letter or memorandum, sign it for endorsement and forward it to the relevant vice president
3. The vice president will also review the letter or memorandum, sign it for endorsement and forward it to president for approval.
4. The president writes "approve" or "disapprove" on the letter and returns it to the vice president. The vice president will send copy of approved resignation letter to HRO for processing of necessary documents while disapproved letters will be returned to employee with instructions.
5. HRO staff will prepare the corresponding Personnel Action and any other documents to complete the exit process. *See Chapter 18 on Departure.*

The Process for Termination

There are four circumstances in which an employee may be terminated from the college.

Termination for Medical Reasons

An employee may be terminated for medical reason and the recommendation will be initiated by the supervisor (s) to the president. The recommendation will be prepared with supporting documents (if any) to describe and give evidence to the termination and endorsed by the relevant vice president, who will forward the recommendation to the president.

The president will determine the actions to be taken based on the recommendation and will cause for investigation into the matter. It is up to the president how the investigation will be carried and who will be involved. In concluding the investigation, the president will be provided any additional reports and evidence to inform the final decision. Usually, the legal counsel is involved in this process and his involvement is authorized by president only.

When the president approves the recommendation for termination, a copy of the approved recommendation and all supporting documents will be transmitted to HRO for processing of a Personnel Action and other exit documents.

The supervisor and an administrator (dean/vice president) will issue the letter to the affected employee.

Termination during Probationary Period

An employee may be terminated during probationary period and such recommendation will be initiated by the supervisor(s). Such termination recommendation will be endorsed by the relevant vice president who will forward the recommendation to the president. The recommendation will be prepared with supporting documents, including a medical summary report from a duly authorized practicing physician who verifies the employee’s incapacity to carry out job responsibilities.

The president will determine the actions to be taken based on the recommendation and will initiate an investigation into the matter. It is up to the president how the investigation will be carried and who will be involved. In concluding the investigation, the president will be provided any additional reports and evidence that can inform the final decision. Usually, the legal counsel is involved in this process, and the counsel's involvement is authorized only by the president.

When the president approves a recommendation for termination, a copy of that recommendation and all supporting documents will be transmitted to HRO for processing of a Personnel Action and other exit documents. The supervisor and an administrator (dean/vice president) will issue the letter to the affected employee.

Layoff Notices

A supervisor and relevant vice president in an affected area will provide the recommendation and documentation for layoff to president at least 90 days prior to the effective date of the layoff. An employee may be issued a written notice of lay off for a number of reasons including the list below.

1. Grant is not renewed (terminated)
2. Position is abolished
3. Results of reorganization
4. Insufficient funds
5. Work demands cease

A written notice signed by the president will advise the employee of the lay off and the reason, and the notice will be issued to the employee no later than sixty (60) days in advance of the effective date of the layoff. The supervisor and an administrator (dean/vice president) will transmit the notice to the affected employee.

The president will determine the actions to be taken based on the recommendation and will initiate an investigation into the matter. It is up to the president how the investigation will be carried and who will be involved. In concluding the investigation, the president will be provided any additional reports and evidence that can inform the final decision. Usually, the legal counsel is involved in this process, and the counsel's involvement is authorized only by the president.

When president approves the layoff, a copy of the approved recommendation and all supporting documents will be transmitted to HRO for processing of personnel action and other exit documents.

Notice of Contract Non-Renewal

An employee may be issued a written notice of contract non-renewal by the supervisor and a senior administrator within the department at least 60 days prior to the last day of employment per the current employment contract. A supervisor will recommend for non-contract renewal to the president through the relevant vice president at least 90 days prior to the last date of employment of the concerned employee.

The president will determine the actions to be taken based on the recommendation and will initiate an investigation into the matter. It is up to the president how the investigation will be carried and who will be involved. In concluding the investigation, the president will be provided any additional reports and evidence that can inform the final decision. Usually, the legal counsel is involved in this process, and the counsel's involvement is authorized only by the president.

When the president approves the recommendation for non-contract renewal, the supervisor and relevant dean/vice president will issue the notice to the concerned employee at least 60 days prior to the last day of employment. The supervisor/vice president will provide a copy of the approved recommendation and all supporting documents to HRO for processing of a Personnel Action and other exit documents.

Access to Personnel Files at HRO

An employee or his/her supervisor may access the employee's personnel file by completing the Personnel Records Request Form (Appendix K) retrievable from this manual online, in hard copy or from HRO or its representatives at each state campus.

An employee or supervisor who wishes to copy a document or to access the employee's file must provide to HRO the completed Appendix K. The completed form shall be presented to HRO for each request for access to, or to copy documents from the file.

Upon receipt of the completed form and approval by the director of human resources, the HR staff will gain approval from the director to schedule a time when the requested document can be viewed or copied. HRO staff or an HR representative will maintain log in each employee's file to record the type of document, the date when viewed or copied and the name of the person accessing the file. When HRO determines a request to not meet the policy requirement, requesting personnel will be informed and form will be returned with written reasons for the denial.

HRO staff will email requested documents to requesting personnel from the remote campuses; while hard copies will be issued to the on-island personnel by HR staff.

Chapter 14: Employee Discipline and Protection

Key Terms You Need to Know for Chapter 14.

- **Disciplinary Action** – an administrative decision made to correct or punish breaches of policies and procedures.
- **2nd Level Administrator**- refers to the manager to whom your immediate supervisor reports, such as a campus dean or office director/dean.
- **Criminal Activity on College Property** –a harmful act forbidden and punishable by law carried out on college property or campus that is harmful not only to some individual or individuals, but also to the college community, society or the state ("a public wrong").

Frequently Asked Questions	
✓ **Who will initiate a disciplinary action procedure?**	✓ A supervisor will when receiving reports of misconduct or evidence of actions that warrant a disciplinary action for employees under his/her supervision.
✓ **Who approves disciplinary actions?**	✓ The president
✓ **Who will issue me a notice of disciplinary action?**	✓ Your immediate supervisor and an administrator in your department or campus (campus dean/director or vice president).
✓ **Can I grieve a disciplinary action against me?**	✓ Yes, follow Board Policy No. 6021 and its procedures.
✓ **Can I access my office and come to my work station while I am being disciplined?**	✓ Normally no, refer to your notice of discipline for specific limitations.

The Process for Discipline

An employee may be disciplined by a way of leave without pay, demotion, dismissal or reassignment or other appropriate disciplinary actions resulting from the non-exhaustive list below:

1. *Fraud in securing appointment*
2. *Incompetence*
3. *Inefficiency*
4. *Inexcusable neglect of duty*
5. *Insubordination*
6. *Dishonesty*
7. *Use of or being under the influence of alcohol or other banned or illegal substances on duty*
12. *Misuse of College property*
13. *Acts of assaultive behavior, whether or not such acts occur on campus property, and whether or not criminal charges are filed, or conviction obtained.*
14. *Racial, religious, or otherwise discriminatory remarks, defamations, or inferences.*
15. *Theft*

8. *Use and trafficking of illegal substances/drugs*
9. *Unexcused absence without leave*
10. *Conviction of a felony or misdemeanor involving moral turpitude*
11. *Discourteous treatment of the public or other employees*
16. *Failure to properly account for College property in your possession, including money*
17. *Untruthful statements before any College board or committee*
18. *Failure to comply with College policies*
19. *Unsatisfactory performance*
20. *Unsatisfactory attendance or tardiness*

The Process to Initiate Discipline

When the supervisor receives reports of misconduct, inappropriate behavior or noncompliance with policy or procedures, he/she will review the reports, gather necessary additional information, verify the all information and determine the level of discipline that fits the conduct and make the written report following the table below.

Table 14.1. Roles, Responsibilities and Disciplinary Options

Individual Roles and Responsibilities
Supervisor ✓ Review reports and evidence against relevant current policies and procedures. ✓ If relevant, the supervisor will meet with the concerned employee to get the other side of the story. ✓ Verify all information and make a recommendation in a written memorandum to the second level administrator (director or dean) or vice president. Documents used in the recommendation of proposed discipline will be attached to the memorandum. ✓ When an employee has responded to the discipline carried out against them, the supervisor will give careful and serious consideration to the employee's reply.
Administrator ✓ Review memorandum and its supporting documents carefully. ✓ Contact the supervisor who sent the recommendation for any meeting necessary to discuss the proposed action and reports. If the recommendation is endorsed, the administrator will sign off on the proposed discipline memorandum and forward the documents to the relevant vice president(s). It is okay to add a cover memorandum at this level to indicate a careful review and to note additional information added or used at this level.
Vice President ✓ Review memoranda and all attachments. ✓ Contact the administrator or supervisor if discussion and additional information is needed. ✓ If endorsing the recommendation, the vice president will sign off on the proposed discipline memorandum and forward all documents to the president for approval.
President ✓ Review all documents received. ✓ Consult with legal counsel and/or the director of human resources. ✓ Approve the recommended discipline or amend it as may be relevant. ✓ Note clearly in writing the final approved discipline and return to the vice president to implement with the supervisor.
Disciplinary Options
✓ If the acts reported and if such initial acts indicate on-the-job or personal problem affecting the employee's performance, **informal counseling** may be considered as the first remedy. ✓ If the acts reported indicate lack of skills or knowledge of the job or unacceptable habits or practice, **training and/or improvement plans must be developed with the employee to address the issue**. Plan must have specific realistic timelines to allow learning to happen and job performance to improve. ✓ **If the acts reported do not fit under the two items above**, then other specific relevant discipline maybe recommended including reprimand, oral admonitions, leave without pay, dismissal, reassignment, etc.

When Approved Discipline Is Carried Out

When a disciplinary action has been approved, the supervisor and the 2nd level administrator or vice president will schedule a meeting with the employee and issue the notice.

- The notice shall be in a sealed envelope containing necessary attachments.
- Such attachments will include the reports used in the review and relevant policies and procedures.
- If the disciplined employee is not on island or at work station, the notice may be mailed (certified mail), emailed, or hand delivered. When the notice is hand delivered, an extra copy shall be given to the employee to sign and date to indicate receipt. When appropriate, the security office will be asked to deliver such notices.

Limitation on Disciplinary Actions

No employee of the college shall be subjected to disciplinary action that affects continued employment except for such cause as will promote efficiency of service to the college and for reasons given in writing. Except for extenuating circumstances, the disciplinary action shall not take effect until three days after the date of notification.

What Should Be Included in the Notice of Disciplinary Action

The president may approve the legal counsel to review the actual notice to employee. The notice must advice the employee of their individual rights in matters that lead to disciplinary proceedings per Board Policy No. 6019.

- ✓ *The charges preferred against employee;*
- ✓ *A description of the action to be taken;*
- ✓ *Documentation supporting the action contemplated;*
- ✓ *A written statement of all previous steps taken by the supervisor to resolve the problem, if applicable;*
- ✓ *Notification of the employees right to respond within three days notification of receipt of the charges;*
- ✓ *The right of the supervisor to respond within three days and make a final decision unless the supervisor informs the employee that she/he needs additional time to make a final decision; and*
- ✓ *Failure of the employee to respond to the charge within three days will immediately initiate the action described in 2.b.3 of Board Policy No. 6019.*

Documents HRO will Receive for File and Exit Process

When a disciplinary action is carried out against an employee, the supervisor will provide to HRO copies of the notice and all its attachments. When an employee is terminated or placed on leave with or without pay, HRO staff will prepare the relevant Personnel Actions and carry out the normal exit process described in last chapter in this manual.

The Process for Reporting Criminal Activity

When the college finds evidence of—or receives report of —criminal activity on college property or concerning its property, such information will be provided to the president. The president or his designee will make the formal report to the appropriate law enforcement officials at each respective campus. The president may designate the security supervisor or other personnel to maintain contact with law enforcement agencies on matters reported and to lead in the assistance to such agencies.

Chapter 15: Sexual Harassment

Key Terms You Need to Know for Chapter 16.

- **Sexual Harassment** - unwelcomed and repeated sexual advances, requests for sexual favors, physical contact, written or verbal communication of a sexual nature made by someone directed at or to another in the work or educational setting.
- **Non-retaliation** –not to intimidate or take action against an employee who files a complaint or reports sexual harassment.
- **Title IX Coordinator** –appointed individual to carry out duties and responsibilities to meet federal requirements and ensure sexual harassment complaints are addressed in a timely and appropriate manner. Current appointment is Warren Ching. Duties include but not limited to:
  1) Notification and education;
  2) Consultation, investigation, and Disposition;
  3) Institutional monitoring and compliance assurance;
  4) Advising president and other officials
  5) Writing Annual Report to the president and Board of Regents.

Frequently Asked Questions	
✓ **Where do I report when I am a victim of sexual harassment by my supervisor?**	✓ Report it to your supervisor's boss and/or Title IX Coordinator.
✓ **To whom will I report if I am a victim of sexual harassment?**	✓ Report to your supervisor (if he/she is not the harasser and not related to your harasser) and/or the Title IX Coordinator.
✓ **If I observe another employee being harassed, whom do I report it to?**	✓ If the harasser is the employee's supervisor, then report it to the supervisor's boss.
✓ **Is there a form I use to report a harassment?**	✓ No. You are advised to include these in your report: • Date (s) and time(s) of harassment • Person (s) involved (harasser and harassed) • Brief description of the incident (s) observed or experienced. • Indicate if you wish to be named or anonymous
✓ **I don't want to discuss my sexual harassment complaint with my supervisor or the Title IX Coordinator. Can I file my report/complaint with another administrator?**	✓ Yes.

Process for Filing Complaints

An employee may file a complaint formally or informally if he or she feels the victim of a sexual harassment. Likewise, an employee may also file a report if they observed or made aware of a sexual harassment being carried out against another employee or student by another employee.

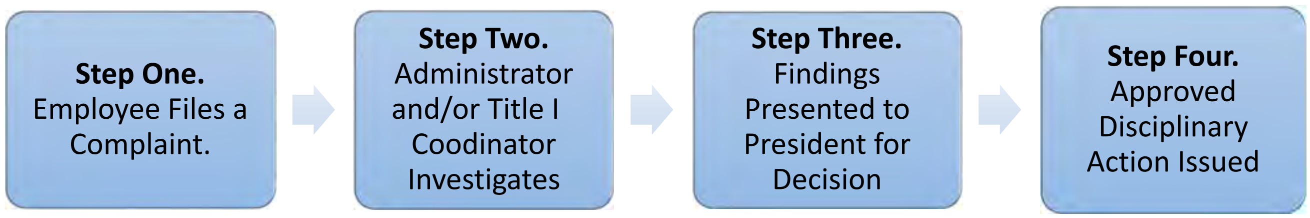

Figure 16.1. The Process for Filing a Sexual Harassment Complaint.

Step One initiates the process when an individual files a complaint or report of sexual harassment. When an individual feels that he or she has been the victim of sexual harassment, a written report shall be filed with the Title IX Coordinator noting the critical information listed below. If one feels more comfortable reporting this matter to the supervisor or other college administrator, it is okay to do so; but one must still provide the information below:

- ✓ Date (s) and time(s) of sexual harassment;
- ✓ Person (s) involved (harasser and harassed);
- ✓ Brief description of the incident(s) observed or experienced;
- ✓ Indicate wish to be named or remain anonymous;
- ✓ Provide any physical evidence of the harassment.

> ***Please note that if you wish to remain anonymous, it may be difficult to apply disciplinary action against an alleged perpetrator. It may also impede the grievance process.***

Step Two is the beginning of the report review and/or investigation into the complaint. The receiver of the complaint or report of sexual harassment will notify the president of the matter right away for awareness and other purposes. The administrator or Title IX Coordinator will request from president authorization for an investigation into the complaint and will also direct the employee filing the complaint to appropriate resources for counseling and related services available on island.

Step Three is the compilation of findings on the reported issue to the president for further action. If the employee who files the complaint indicated he/she wants a formal grievance at the time the file/report is made, the employee will be advised of the grievance policy and procedures (Board Policy No. 6021). From this point, the employee's report/complaint will be given to the president to initiate the formal grievance procedures and will simply follow the established steps and timelines in the policy.

Step Four is carried out when the president determines with sufficient information that the action reported warrants and supports an immediate disciplinary action. Notice and issuance of disciplinary action will follow the same procedures under the Termination and Disciplinary Action section.

When an Allegation of Sexual Harassment Proves False

When a complaint or report of sexual harassment is found to be false or brought for the sole purpose of vexation, the president or designee will impose appropriate discipline. The notice and issuance of disciplinary action will follow the same procedures under Termination and Disciplinary Action section. The disciplined employee has the option to grieve such discipline using Board Policy No. 6021.

Chapter 16: Report Violation of Code of Ethics, Policies, or Procedures

Key Terms You Need to Know for Chapter 17

- **Code of Ethics** – description of ethical and expected behavior and conduct while as an employee at the college expressed in Board Policy No. 6029.
- **Code of Conduct** – expected level of professional behavior of a college employee, including compliance with established policies, procedures, and the Code of Ethics.
- **False Allegation-** a written report of un-truthful statements purposefully accusing another employee of misconduct or violation of the code of ethics policy or other polices or procedures of the college. Such a false report is a violation of college polices and will be addressed as a disciplinary matter.
- **Report Violation**– a written report prepared by an employee reporting another employee of breaching the code of ethics and related college policies or procedures.

Frequently Asked Questions	
✓ **Where do I report a violation of code of ethics, policies, and procedures?**	✓ You may report to one of these individuals: employee's supervisor, department head or the president.
✓ **When can I report a violation of code of ethics, policies, or procedures?**	✓ As soon as you can, preferably the day you witnessed such an act or become aware of an act.
✓ **Will I be punished if I report a violation?**	✓ No. However, if you lie or falsely accuse another employee on purpose, you may be disciplined.
✓ **Can I use the process described in this section to report violation of Board of Policy No. 6002 Academic Freedom?**	✓ Yes
✓ **Can I use the procedures described in this section to report violation of Board Policy No. 6024 Nepotism and Board Policy No. 6022 Employee Organization?**	✓ Yes

Process for Reporting Violations of Policies, Procedures and Acceptable Code of Ethics and Conduct

When an employee observes a violation of the Code of Ethics or college policies and procedures, he or she shall report the violation in writing to one of these individuals as soon as possible:

- ✓ the employee's supervisor;
- ✓ the department head;
- ✓ the president.

When filing such a report, make sure these items are included;

- ✓ Date (s) and time (s) of violation;
- ✓ Name of violator (s);
- ✓ Place violation took place;
- ✓ Brief description of the action carried out (by the violator);
- ✓ Indicate whether the author of the report will be named or remain anonymous.

> ***Please note that if you wish to remain anonymous, it may be difficult to apply disciplinary action against an alleged perpetrator.***

Once the report is received, the review process will follow the chart below. Notice and issuance of disciplinary action will follow the same procedures under Termination and Disciplinary Action section. An employee receiving such discipline has the option to grieve using Board Policy No. 6021.

Step 1

The supervisor determines the appropriate disciplinary action.

Written recommendation of disciplinary action is prepared and forwarded to relevant vice president for further review.

→

Step 2

If the vice president endorses the proposed discipline, he/she will sign the memorandum and forward it to the president.

The vice president may meet the supervisor if needed to discuss the recommendation.

→

Step 3

The president authorizes the discipline recommended and returns the memo to the vice president for implementation.

The president may also modify the discipline as he/she determines fitting to the act.

The president may choose to have the legal counsel review the issue and notice to employee.

Figure 17.1. The Process for Employee Disciplinary Action

When an Allegation of Violation Proves False

When a complaint or report of a Code of Ethics or conduct violation is found to be false or brought for the sole purpose of vexation, the president or designee will impose appropriate discipline. The notice and issuance of disciplinary action will follow the same procedures under Termination and Disciplinary Action section. The disciplined employee has the option to grieve such discipline using Board Policy No. 6021.

Chapter 17: Grievance

Key Terms You Need to Know for Chapter 18

- **Grievance** – any allegation or complaint by an employee or employee organization of a violation, misinterpretation or inequitable application of policies of the Board of Regents, or existing laws, or administrative directives and procedures, or of the right to fair treatment.
- **Grievance hearing** – a formal fact finding administrative procedure used to bring together all the parties involving in a complaint filed against one or more individuals by another individual (s) to resolve an issue internally.
- **Grievance Committee –** a three-member committee appointed to preside over a hearing regarding a formal complaint.
- **Legal Counsel** – lawyer.
- **Aggrieved employee** – the employee who is filing a complaint and is afforded the grievance hearing.
- **Informal Grievance** – discussing an issue or complaint with the supervisor or an administrator with the intension of resolving the issue quickly and informally.

Frequently Asked Questions	
✓ **Am I required to have a lawyer in any grievance hearing?**	✓ No.
✓ **Will the college always have a lawyer in grievance hearing?**	✓ No. If the aggrieved employee does not have a lawyer present, then the college will not have one.
✓ **When can I file for formal grievance?**	✓ Within 5 days of failure to resolve an issue informally.
✓ **Where do I file my formal grievance?**	✓ The President's Office.
✓ **Who will notify me if my request for formal request is approved?**	✓ The president. You will receive a letter from the president advising you on the outcome and the procedures.
✓ **Can I use the informal grievance procedure to resolve my employment termination?**	✓ No. You use only the formal procedure to resolve your complaint on termination.
✓ **Can I bring a family member to my grievance hearing?**	✓ Yes, you may bring mutual support, but they will wait outside the room for you and not sit with you in the grievance hearing because it is a confidential procedure. However, if your family member is also your lawyer who represents you in the case, then he/she may sit with you in the room.

Types of Grievances and Their Procedures

Two types of grievances exist at COM-FSM:

- A formal grievance
- An informal grievance

The process for each is described below.

Filing for Informal Grievance

An employee who alleges or complains about "violation, misinterpretation or inequitable application of policies of the Board of Regents or existing laws or administrative directives and procedures" may file their complaint with their supervisor or administrator to resolve the issue. The supervisor or administrator will maintain a written report and narrative of the incident. When the efforts in this informal process fail to resolve the issue, the aggrieved employee may proceed to the formal process.

Filing for Formal Grievance

An employee shall file a formal grievance in writing with the president within five (5) days of the failure to informally resolve the issue through the informal process. A formal grievance can follow up to three steps, as listed in Figure 17.1.

Figure 17.1. The Three Steps Comprising a Formal Grievance

Step 1: Filing with the president

The aggrieved employee may file a written statement of the grievance with the president within five days of the failure to informally resolve the grievance. However, in no case may the statement of the grievance be presented more than 30 days from the act or acts forming the basis of the grievance. Failure to file a written grievance within this thirty-day period, will act as a total bar to the grievance and the acts complained of therein. The statement of the grievance shall include the following:

- General description of the nature of the grievance;
- Specific description of the act or acts upon which the grievance is based;
- Time, date and place of such act or acts;
- Name of all persons alleged to be involved in the act or acts giving rise to the grievance; and
- Remedy sought by the aggrieved employee to resolve the grievance. Remedies are limited to back pay, reinstatement, or removal or reconsideration of adverse actions.

Receipt of the Statement

The president shall issue a copy of the statement to all persons named in the complaint. Thereafter, the president will make a decision and communicate in writing such decision to the aggrieved employee within ten days from the date of receipt of the complaint. If the aggrieved employee disagrees with the decision of the president on the matter, or if the president failed to make a decision, the employee may file a written statement with the president within ten (10) days of receipt of the decision to initiate Step 2, Appeal to Grievance Committee. This period starts from the later of two dates: either the receipt by the aggrieved employee of the president's findings, or the president's failure to make findings within the ten-day period.

Failure of Aggrieved Employee to Request Initiation of Step 2

Failure to make such a request by the aggrieved employee in the time required will act as a total bar to the grievance and the actions alleged within the grievance.

Step 2: Appeal to Grievance Committee

The aggrieved employee files a written request to initiate Step 2 with the president.

- The president shall promptly appoint the first member to the grievance committee and notify the aggrieved employee in writing.
- The aggrieved employee shall also appoint the second committee member within three days from the appointment of the first member and notify the president in writing.
- The two established committee members will be notified in writing by the director of human resources of the hearing and of their responsibility to meet and elect the third member within three days from the date of appointment of the second member.
- The two committee members will meet, choose a third member and gain agreement to serve on the committee. They will notify the director of human resources in writing of the third and final member of the committee. *Note that if the period for appointment of the third member expires, the president shall forthwith appoint the third member.*

Documents

The director of human resources will compile the documents including documents used in the initial informal step. Normal documents and their transmittal follow these steps.

1. The supervisor/administrator of the aggrieved employee (if the employee used the informal process) will send to the Grievance Committee all reports and documents used in the informal procedure.
2. If the case was investigated or reported to or by the Security Office, the security supervisor will send to the director of human resources all reports filed and compiled on the matter.
3. The president will send to the director of human resources all documents received and issued on the matter.
4. The director of human resources will make copies of all documents received, copies of the grievance policy and procedures and related policies and prepare envelopes marked "Confidential" for these individuals:
    - The three grievance hearing committee members (one for each);
    - The college legal counsel (if participating in the process);
    - The aggrieved employee's legal counsel (if employee is represented);
    - The aggrieved employee (if employee is not represented);
    - The president;
    - Original copies, which shall be kept with the director of human resources.

Within 3 days from the appointment of the third member, the director of human resources shall meet with committee members as a group to directly hand them the documents, explain the hearing procedures and grievance procedures and answer administrative questions about the process. The director of human resources or designee will provide logistic support for the grievance hearing

The Hearing

The committee shall commence hearings within ten days of the appointment of the third member. Minutes of the hearing shall be recorded. The committee shall advise the parties (college and aggrieved employee or representative) to the grievance in writing of its decision within five days of the close of the hearing.

The standard of review for the committee shall be whether the college has abused its discretion in implementing the discipline imposed or interpreting the policies or contract. If the committee finds the college has abused its discretion in implementing the discipline imposed, the committee is to determine the appropriate discipline, if any, that should be implemented, and to make the appropriate findings. If these policies or the contract has been interpreted incorrectly, the committee shall award appropriate relief under the policies or contract.

The grievance shall be resolved by majority vote of the committee.

Step 3: Appeal to the Board of Regents

If the aggrieved employee is not satisfied with the decision of the Grievance Committee, he/she shall file with the president a written request for Board of Regents to review the findings of the committee file within ten (10) days from date of receipt of the committee's finding. The president will inform the Board in writing of the request of the aggrieved employee and will also notify the employee of the Board's response.

If the college is not satisfied with the findings of the grievance committee, the president will file with the Board in writing a request to review the committee's finding within ten (10) days from date of receipt of the committee's finding and notify the aggrieved employee of the request and of the response from the Board.

If Board Decides to Review Committee Findings
If the board chooses to review the findings of the grievance committee, the standard of review for the board will be whether the decision of the grievance committee was an abuse of discretion.

If the Board decides to review the findings of the grievance committee as requested by either party, the following steps shall occur:

1. The president shall notify the director of human resources to prepare for the Board's use the documents used in the hearing and any additional documents submitted to the president thereafter.
2. Copies of all documents used in the hearing including the findings of the committee and media files and recordings of the actual hearing shall be prepared for each individual member of the Board and handed to them by the director of human resources prior to their executive meeting on the matter.
3. Board members will return the documents to the director of human resources after the conclusion of their decision on that matter. They shall issue their decision to the president if he/she requested the Board review. If the aggrieved employee requested the Board review. The president will forward to the aggrieved employee the Board's decision.

Grievance by Executive Personnel

Grievance by the president or by a staff officer in the president's office, other than the president shall proceed in accordance with procedures set forth in this section. The Board of Regents shall resolve a grievance by the president in a manner prescribed by the Board. The decision of the Board is final.

When the Grieved Matter Goes to Court

When the internal grievance procedure is exhausted and the aggrieved employee is still not satisfied, at that time he/she may proceed to court. The president will authorize the legal counsel to represent the college and the director of human resources or a designee will provide administrative support as needed.

Chapter 18: Departure from COM-FSM Employment

Key Terms You Need to Know for Chapter 18

- **Checkout Form** – a form required of all departing employee to complete and submit to HRO.
- **Retirement Plan Distribution Form** – a form retrievable from HRO or ASC website to apply for employee funds to be issued to their Bank of Guam Account or COM-FSM.
- **Life Insurance** – a group life insurance under the college for interested employee, upon departure from the college, the plan will cease.
- **Notice to Landlord** – a letter from an employee informing landlord of termination of the current lease issued to the landlord within the period provided on the lease agreement.
- **Reapplication with MiCare**- a departing employee residing in the FSM must complete the enrollment form again directly with MiCare within 30 days from their last day of employment with the college if they wish to remain in the plan. They will pay for 100% of the premiums.

Frequently Asked Questions	
✓ **Do I need to complete the checkout form?**	✓ Yes
✓ **What does it mean for me when I sign the checkout form?**	✓ It means you are authorizing the college to deduct from your last check any amounts you owe the college for outstanding travel vouchers, petty cash, etc.
✓ **Can I keep my college email address?**	✓ No. You are given that address for college purposes while you are employed only.
✓ **Who will notify my landlord that I am leaving before my agreement ends?**	✓ You are responsible for notifying your landlord and must provide HRO and BO copies of the notice. The landlord must sign the notice and indicate understanding and acceptance of the notice.

The Process of Departure from the College

When an employee leaves the college, there are a series of formal steps to complete. HRO staff will provide to departing employee through email or in hard copies the list of things to do when the office received notice of approved resignation, termination, layoff, or non-contract renewal. Also provided is the checkout form for completion. The following information is provided to help you understand your responsibilities upon departure from the college and plan accordingly. If you still have questions, please contact the Human Resources Office.

Table 18.1. Formal Steps for Departure from COM-FSM

Steps for Departing Employees	Description
Resignation	When an employee decides to resign from the college, he or she must submit such notice formally in writing [hard copy] 14 days before the effective date. The letter should be addressed to the president through the immediate supervisor and vice president. Indicate the effective date. An employee who wishes to withdraw a resignation notice must do so before the effective date.
Personnel Action	When HR receives the approved resignation letter from the president, copies of layoff notices, termination, etc., a personnel action will be prepared and processed.
Check-out form	This form must be completed and submitted to HR with a copy to Payroll. If all is checked out ok, the BO shall prepare the employee's last check and the employee would pick it up before departure. Non-teaching employees, shall be paid out up to 240 hours of accrued annual leave at the time of resignation.
Travel Authorization	If the employee is eligible for transportation, HR will prepare the TA. The employee shall make the reservation at any local travel agency and have them send the itinerary to HR for the TA. Per Diem is provided for only the necessary lay over and only for the employee. Shipping allowance is based on the most current employment contract [see item # 7 on the contract]. The employee makes the arrangement with the shipping company for packing of goods. If the college provided a recruitment benefit [ticket, shipping and per diem] the employee may be eligible for the same benefit when departing unless failing to complete the first 3-year contract. Employees who fail to complete the probationary period of 1 year must reimburse the college for the total sum spent on recruitment.
Landlord notice	An employee receiving housing benefits will need to provide his or her landlord a notice of termination based on the conditions of the lease agreement. HR and BO must receive a copy of this notice.
Immigration	Employees on a permit and their dependents with permits must return the permits to HRO prior to departure. HRO will forward them to FSM Immigration and notify them of the departure.
Health Insurance Plan	Employees enrolled in the health insurance plan will have 15 days' grace period from the date of their last premium deduction. Employees who receive medical assistance during that grace period are still covered. Those whose employment ended with the college but who will remain within the FSM will be able to continue the coverage on their own with MiCare should they want to. Make such arrangements directly with MiCare.
Life Insurance Plan	Coverage will cease on the last date of payment of premiums. Employees may continue coverage by directly contacting IAC (the current carrier).

Steps for Departing Employees	Description
Retirement Plan	Employees enrolled in the retirement plan may take their money upon departure or roll it over to the next employer. Employees may complete the distribution form with HR. Employees wishing to leave their money for a while must have more than $5,000 in account. Otherwise, the employee must take the money out. Money left in is not eligible for further employee contribution.
Social Security	Employees who are non-FSM or US Citizens may take a copy of the last PA at the college and take it to the Social Security office at their state and complete the rest of the documents with them to allow them to take their contribution to Social Security. FSM and US Citizens can bring the last PA to Social Security, too, if they have completed the required number of quarters and meet the age requirement.
Mailing	Employees are expected to inform all companies of the new mailing address so their mail will be forwarded and not sent to the college. Likewise, employees must provide a return mailing address to HR on the check-out form so any last mail received at the college will be forwarded to you including any remaining checks.
Keys	Employees shall return all office keys to their immediate supervisor before departure or last day of work. Return any college property and provide grades and/or any projects assigned to the supervisor.
Computers and Other Equipment	Employees must return to their supervisor any equipment, books, and computers or electronic devices.
Committee Responsibilities	Employees who chair one or more committees inform their supervisors and provide to the vice-chair and secretariat of the governance structure all the information on meetings and tasks.
Last Pay Check	Employees who are located in Pohnpei may pick up their last check from BO the usual way. Employees who are off-island [Yap, Chuuk, Kosrae] may provide a bank account number to Payroll to deposit money if the usual account is still active at the local banks. If the account is not active anymore, provide specific instructions directly to Payroll to handle the last check.
Things to Sell	Employees wishing to sell personal items may use the website to do so. Contact IT Director Gordon Segal or IT staff for direction. Such information may also be sent to employees via personal emails or by posting hard copies around the campus.
Recommendation	Employees who wish to make some recommendations in general or to specific department or offices, are welcome to do so. Likewise, an employee who would like to make notes for the next person in his or her position are welcome to do so. Provide these to the supervisor[s].
Email Address	Employee email addresses with the college will be deactivated effective on the last day of employment with the college. HRO will notify ITO via email to delete the email along with any information in the directory and college email alias.

Exit Interview
To the extent possible, the HRO director and HR representatives will meet with departing employees to discuss their experiences with the college to support improvement strategies. The exit interview also affords the employee an opportunity to reconsider leaving if their separation is the result of resignation or of their own free will. The discussion may expand beyond the questions asked on the checkout form. A summary of the discussion and the check out forms are compiled annually and shared with management.

Emeritus/Emerita Professor
The college recognizes extended meritorious services by full time regular faculty members to the college upon retirement at the rank of professor.

Procedures for Appointing an Emeritus Professor
An instructional coordinator will initiate the recommendation that the title of Emeritus Professor be conferred upon a retiring faculty through the process below.

At the National Campus, the instructional coordinator shall first submit the recommendation memorandum to the dean of academic programs who will review, sign and forward to the vice president for instructional affairs.

At the State Campuses, the instructional coordinator shall submit the recommendation to the campus dean/director first who will review and forward to the dean of academic programs, who will sign for endorsement and forward to the vice president for instructional affairs.

VPIA will receive all recommendations for emeritus professor and she/he will certify that each recommendation meets policy and procedures requirements. Then after signing for endorsement, the VPIA will forward the recommendation to the president for final approval

The president will review and, if convinced the recommendation has merit, will forward it to the Board of Regents who at its discretion may confer the title of Emeritus/Emerita Professor upon the retiring faculty member.

Implementation of BOR's Confirmation
When the BOR acts on the recommendation, their decision will be provided to the president in a form of directive. The president will forward the directive to the VPIA to convey the decision to all parties.

When the BOR approves the recommendation, the decision will be announced and the Emeritus Professor title will be conferred at the graduation ceremony closest to the date of approval and at the campus of residence of the retiring faculty member. A copy of the directive and relevant supporting documentation of the recommendation will be given to HRO for filing in the employee personnel file. A retiring faculty who was denied the emeritus professor title as a result of the review and approval process has the option to grieve using Board Policy No. 6021.

Appendices—HR Forms

Appendix D.1 – Professional Development Application Form-Degree
Appendix D.2 – Professional Development Application Form –Non-Degree Appendix E.1 – Performance Evaluation Form (Professional and Classified) Appendix E.2 – Development Plan (Professional and Classified) Appendix F – Employee Program Report (Management)
Appendix G – Instructional Faculty Evaluation
Appendix H – Dependents Eligibility Form
Appendix I – Educational Development Request Form
Appendix J – Application for Donated Sick Leave
Appendix K – Personnel Records Request Form
Appendix L – Faculty Workload Form
Appendix M – Entry Permit Application Form
Appendix N – Cabinet Review Form
Appendix O – Personal Services Contract
Appendix P – Personnel Requisition Form
Appendix Q – Supervisor's Checklist for Reclassification Requests Form
Appendix R – Request for Establishment of a New Position
Appendix S – Request for Use of Personal Services Contract
Appendix T – Life Insurance Enrollment Form
Appendix U – Life Insurance Disclaimer Form
Appendix V – Employee Checkout Form
Appendix W – Worker's Comp WC Pohnpei Form
Appendix X – Emergency Contact Form
Appendix Y – Retirement Enrollment Change Form
Appendix Z – Retirement Plan Distribution Form 401k
Appendix AA – Retirement Plan Loan Application
Appendix BB – MiCare Enrollment Form
Appendix CC – MiCare Amendment Form
Appendix DD – MiCare Disclaimer Form

APPENDIX D.1
Professional Development Program (SDP)

Degree Program Application Form

Instruction: SDP funding requests must be submitted to the committee with all the required documents to be considered. Application should include; this application form, a brief essay explaining the activity and how it will benefit the College and the individual applying, a letter of recommendation from immediate supervisor, program brochure, letter of acceptance [letter of intent], and an itemized list of expenses. Request must be submitted prior to program's commencement date.

Name:_______________________________________ **Date**:___________________
Last Name First Name

________________________ ______________________________ _______________________
Job Title **Years of Service with the College** **Office/Campus**

Degree Sought: **Name & Address of School**
[ ] Associate Degree ____
[ ] Bachelor's Degree ____
[ ] Master's Degree ____
[ ] Doctorate Degree ____

Starting date of Program: _____________________________
Projected date of Completion: _________________________

Financial Assistance sought from Professional Development Program (provide an itemized cost list)
$__________________

Other funding sources sought and amounts awarded and/or expected:
____ $_________________
Name of Funding Source Amount
____ $_________________
Name of Funding Source Amount
____ $_________________
Name of Funding Source Amount

____ _____________________
Signature of Applicant Date

____ _____________________
Signature of Immediate Supervisor Date

____ _____________________
Signature of Campus Director/Vice President Date

Committee's Action:

Recommend_______ Not Recommended_______

APPENDIX D.1

Professional Development Program (SDP)

Non-Degree Program Application Form

Instruction: SDP funding requests must be submitted to the committee with all the required documents to be considered. Application should include; this application form, a brief essay explaining the activity and how it will benefit the College and the individual applying, a letter of recommendation from immediate supervisor, program brochure, letter of acceptance, and an itemized list of expenses. Submit your request prior to program's commencement date.

Name:____________________________________ **Date**:__________________

Last Name First Name

____________________ ____________________________ _________________________

Job Title **# Years of service with COM-FSM** **Office/Division**

Check Program Type **Program Name & Address**

____

[ ] Conference ____

[ ] Workshop ____

[ ] Other________________________ ____

Specify

Program Starts on: _______________________ **Ends on**: _________________________

Financial Assistance sought from Staff Development Program (provide an itemized cost list)

$_________________

Other funding sources sought and amounts awarded and/or expected:

____ $________________

Name of Funding Source Amount

____ $________________

Name of Funding Source Amount

____ $________________

Name of Funding Source Amount

_______________________________________ ___________________

Signature of Applicant Date

_______________________________________ ____________________

Signature of Immediate Supervisor Date

_______________________________________ ____________________

Signature of Department Head/Vice President Date

Committee Action:

Recommended_________ Not Recommended ________

APPENDIX E.1

COLLEGE OF MICRONESIA-FSM

PERFORMANCE EVALUATION

(FOR CLASSIFIED & PROFESSIONAL STAFF)

Employee	**Position Title**
Activity/Department	**Supervisor**
Reason(s) for Evaluation ☐ Probation ☐ Step Increase ☐ Contract Renewal ☐ Promotion ☐ Annual Review ☐ Other_____________	

Period Covered From To	**Evaluation Date**	**Return Date**

CODE	**PERFORMANCE LEVEL**	**DESCRIPTION**
O	Outstanding	Performance consistently **exceeds** expectations in **all** areas listed.
HE	Highly Effective	Performance consistently **meets** expectations in **all** areas listed AND **exceeds** expectations in **some** areas listed.
E	Effective	Performance **consistently meets** expectations in **all** areas listed.
NI	Needs Improvement	Performance **does not meet** expectations in a **few** areas listed.
U	Unsatisfactory	Performance **does not meet the above criteria**.
NA	Not Applicable	Factor does not apply to the job.

PLEASE NOTE: A rating of NEEDS IMPROVEMENT and/or UNSATISFACTORY requires specific explanation and justification in the space provided, and an action plan for improvement. Should you have any questions on completion of the appraisal, please contact the Human Resources Director.

Rate the employee on:

Performance Level

O	HE	E	NI	U	NA

JOB UNDERSTANDING

1. **Job knowledge.** Consider the extent to which the employee understands objectives, duties, and responsibilities of the job.

O	HE	E	NI	U	NA

2. **System knowledge.** Consider the extent to which the employee understands the laws, rules, regulations, policies, procedures. and guidelines that apply to the job.

O	HE	E	NI	U	NA

3. **Skill base knowledge.** Consider the extent to which the employee has the knowledge, skills, and abilities necessary to carry out all tasks listed in the job description.

O	HE	E	NI	U	NA

PRODUCTIVITY

	O	HE	E	NI	U	NA
4. **Application.** Consider how proficient the employee applies policies, procedures, and guidelines.						
5. **Quality of work.** Consider the extent to which the work output of the employee is complete and accurate.						
6. **Decision making.** Consider how proficient the employee is at arriving at sound decisions.						
7. **Implementation.** Consider how proficient the employee is at carrying out decisions.						
8. **Use of resources.** Consider how proficient and careful the employee is in using necessary machines, equipment, and materials to accomplish work.						
9. **Punctuality.** Consider the extent to which the employee complies with the working hours policy.						
10. **Time management.** Consider the extent to which the employee organizes and manages his/her time in meeting. schedules, work projects, deadlines, priorities, and appointments						
11. **Initiative.** Consider the degree to which the employee is self-starting and assumes responsibilities when specific directions are lacking.						

	O	HE	E	NI	U	NA
12. **Perseverance.** Consider the extent to which the employee follows a task through to completion in spite of setbacks or discouragement.						
13. **Thrift.** Consider the extent to which the employee minimizes waste in using supplies and materials.						

This question is for personnel directly responsible for student learning such as: counselors (counseling office), librarians and library technicians.

14. **Improves Teaching and Learning.** Uses results of assessment of SLOs to improve teaching and learning.						

SELF MANAGEMENT - PEOPLE CENTERED

15. **Attitude.** Consider the extent to which the employee displays enthusiasm, adaptability, and flexibility toward accomplishing tasks.						
16. **Interpersonal relations.** Consider how well the employee demonstrates patience, consideration, courtesy, and respect for others.						
17. **Individual Cooperation.** Consider the extent to which the employee works well with others on an individual basis.						
18. **Team Cooperation.** Consider the extent to which the employee contributes to a group effort.						

	O	HE	E	NI	U	NA

COMMUNICATION

19. **Oral skills.** Consider the extent to which the employee speaks in a clear, concise, logical, and objective manner.

20. **Written skills.** Consider the extent to which the employee writes ideas and information in a clear, concise, logical and objective manner.

21. **Listening skills.** Consider the degree to which the employee listens and understands information communicated to him/her.

THIS PAGE IS FOR EMPLOYEES WITH SUPERVISORY RESPONSIBILITIES

SUPERVISORY ABILITY

	O	HE	E	NI	U	NA
1. **Duty Comprehension.** Consider the extent to which the supervisor understands his/her duties as a supervisor.						
2. **Planning.** Consider the extent to which the supervisor effectively prioritizes, timelines, and delegates tasks to their staff.						
3. **Mentoring.** Consider the extent to which the supervisor works with each member toward improving their job performance throughout the year.						
4. **Leadership.** Consider the extent to which the supervisor inspires and directs staff to achieve department and institution goals.						
5. **Communication.** Consider the extent to which the supervisor keeps staff informed on items that affect their jobs.						
6. **Fairness.** Consider the extent to which the supervisor treats staff equally and consistently over time.						
7. **Conflict Resolution.** Consider how proficient the supervisor is in handling conflict within their department.						
8. **Evaluation.** Consider the extent to which the supervisor conducts the performance evaluation process.						

Indicate employee's achievements and strengths, especially noting outstanding contributions to the division, department, or the college.

Indicate areas that need improvement.

General Comments.

Evaluated by:______________________________________ Title: _____________________ Date: ___________
Name and Signature of Supervisor

EMPLOYEE'S COMMENTS

Record any comments concerning the performance evaluation you wish to share. If you do not agree with this evaluation, submit your reasons to your supervisor within one week.

I have reviewed this document and discussed the contents with my supervisor/co-supervisor. My signature means that I have been advised of my performance status and DOES NOT NECESSARILY IMPLY THAT I AGREE WITH THIS EVALUATION.

Employee's Signature:__________________________ Date: ___________________

REVIEWED BY:

Co-Supervisor[if applicable]: _____________________________ Date: ____________

Vice President/President : __________________________ Date: _____________

HUMAN RESOURCES OFFICE
(for HRO use only)

Received By: ______________________________ Date: _____________ Time:___________
Name and Initial
Salary Increment Increase Effective Date __________ Step:_________ Amount:$_________

Contract Renewal Effective Date: ______________ Step: _________ Amount: $_________

Human Resources Director: ________________________ Processing Date: _____________

Appendix E.2. Performance Objectives and Development Plan

Employee	Position Title	Activity/Department
Period Covered From To	**Anniversary Date**	**Supervisor**

Directions: The employee and the supervisor should identify critical areas that need improvement, and/or areas to enhance, and together set objectives for the immediate future. At least one follow-up session is required to assess the employee's progress.

JOB RELATED (List at least 3.)

OBJECTIVE (WHAT AREAS NEED IMPROVEMENT)	STEPS TO ACHIEVE OBJECTIVES (HOW)	WITHIN (TIME FRAME)
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	

WORK HABITS (List at least 2.)

OBJECTIVE (WHAT AREAS NEED IMPROVEMENT)	STEPS TO ACHIEVE OBJECTIVES (HOW)	WITHIN (TIME FRAME)
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	

SERVICE TO STUDENTS, STAFF AND COMMUNITY (List at least 2.)

OBJECTIVE (WHAT AREAS NEED IMPROVEMENT)	STEPS TO ACHIEVE OBJECTIVES (HOW)	WITHIN (TIME FRAME)
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	

PROFESSIONAL DEVELOPMENT (List at least 1.)

OBJECTIVE (WHAT AREAS NEED IMPROVEMENT)	STEPS TO ACHIEVE OBJECTIVES (HOW)	WITHIN (TIME FRAME)
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	

PERSONAL DEVELOPMENT (Optional)

OBJECTIVE (WHAT AREAS NEED IMPROVEMENT)	STEPS TO ACHIEVE OBJECTIVES (HOW)	WITHIN (TIME FRAME)
	S-1. S-2. S-3. S-4.	
	S-1. S-2. S-3. S-4.	

Employee's signature: ______________________________ Date: ____________________

Supervisor's signature: ______________________________ Date: ____________________

Dates for follow-up reviews: ____

COLLEGE OF MICRONESIA-FSM
EMPLOYEE PROGRESS REPORT
APPENDIX F

Last Name	First Name	Office	Payroll Number
Position	Date Assigned to Present Position	Period of Report	Date of Report
Date Employed	Date Last Increase	Amount Last Increase	Present Salary
6 Months Report ☐ 12 Months Report ☐	Contract Renewal ☐ Other:_______________	Days Absent Since Last Report	Supervisor President

The value of this PROGRESS REPORT lies solely with the person making the rating and depends upon his/her impartiality and sound judgment. Each characteristic or trial should be judged separately. Do not allow the evaluation of one trait influence you on another. The PROGRESS REPORT should express an evaluation of the staff member in comparison with others doing similar work. Make no entry except where statement is based on PERSONAL KNOWLEDGE.

QUALIFICATIONS

The staff member is to be rated as to the degree of success he/she has attained and an "X" placed in the appropriate numbered space. Enter the numerical value of each qualification in the last column. Note the numerical values in each qualification category. They are to better define degree of success within the category and define borderline situations.

1. **QUANTITY OF WORK**: Consider the quantity of work turned out and the promptness with which he/she completes it.

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Below minimum standards. Does small amount of work. Wastes time.	Up to minimum standards. Does just enough to get by. Has to be prodded occasionally.	Above minimum standards. Satisfactory amount of work. Works steadily.	Well above average. Very fast worker.	Outstanding. Exceptionally fast worker. Habitually drives himself/ herself hard.	

2. **QUALITY OF WORK**: Consider the neatness, accuracy, and general efficiency of his/her work. Does he/she constantly maintain high workmanship in this respect?

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Below minimum standards. Complete checking required. Makes many errors.	Up to minimum standards. Not very accurate. Careless.	Above minimum standards. Satisfactory in accuracy of work.	Well above average. Good accurate worker. Seldom makes mistake.	Outstanding. Very accurate and complete work.	

3. **KNOWLEDGE OF JOB**: Consider how much he/she knows about his/her present job and of other work closely related to it and work in other departments.

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Has limited knowledge of his/her job.	Understands his/her own job.	Has good understanding of own and related jobs.	Thoroughly understands own and related jobs. Has general knowledge.	Expert in the department. Has working knowledge of other departments.	

			of work in other departments.	Can do many important jobs.	

4. INITIATIVE: Consider his/her ability to act on his/her own responsibility in the absence of instructions. Can he/she start needed work and go ahead or is he/she the type that has to be told what to do?

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Always waits to be told what to do and still needs some help in getting started.	Relies on others, must be told what to do.	Will act voluntarily in matters involving deviation from routine.	Plans order of work well: Will act voluntarily in most matters.	Has good ideas that often lead to a better way of doing things. Alert at all times.	

5. APTITUDE AND ABILITY TO LEARN: Consider how quickly he/she learns new work, retains what he/she has learned, and ease with which he/she follows instructions.

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Very slow to learn. Poor memory.	Requires excessive instruction. Learns slowly.	Requires average instruction to do satisfactory work.	Learns fairly rapidly. Good memory.	Learns very rapidly. Excellent memory.	

6. ATTENTION TO DUTY: Consider ability to work thoroughly and conscientiously. Does he/she subordinates own convenience, comfort, and desires to a complete, exact, and faithful performance of his duty?

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Wastes time. Does not work seriously.	Only moderately industrious.	Shows ordinary interest and application.	Willing worker. Always does full day's work.	Exceptionally industrious and conscientious in work.	

7. DEPENDABILITY: Consider the amount of supervision required. Can you depend on his/her word? Is he/she punctual? Is his/her attendance record without fault?

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Needs constant supervision. Punctuality poor. Cannot be relied upon.	Requires close supervision. Punctuality and attendance fair. Not very dependable.	Average supervision required. Usually prompt and dependable.	Little supervision required. Good record of attendance and punctuality. Dependable.	No supervision required. Conscientious and dependable in all things.	

8. JUDGEMENT: Consider the intelligence and thought he/she uses in arriving at decisions. Does he/she have the ability to act calmly and logically and rapidly under stress?

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Poor sense of value. Likely to make poor decisions.	Jumps at conclusions. Makes decisions on matters which should be	Judgment dependable on matters of routine nature.	Uses good common sense. Most decisions acceptable.	Sound judgment. Decisions based on thorough analysis.	

	referred to supervisor.				

9. COOPERATION: Consider his/her willingness to work with and help others. Is he/she willing to assume his/her full share of work and responsibility? Does he/she cooperate in manner as well as act?

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Irritates others. Causes friction. Inclined to be quarrelsome.	Reluctant to cooperate with others. Individualist. Difficult to work with sometimes.	Cooperates in an agreeable manner. Tactful and obliging.	Always congenial and helpful. Other employees like to work with him/her.	Goes out of his/her way to cooperate with others. An unusual and strong force for office morale.	

10. PERSONALITY: Consider his/her appearance, tactfulness, self-confidence, integrity, loyalty, and the impression he/she makes on others.

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Negative, lacking, antagonizes. Arouses resentment.	Doesn't make friends easily.	Average impression. Friendly. Accepted by co-workers.	Favorable impression. Well liked and respected.	Very pleasing. Inspires confidence and leads others.	

This question is for Academic Administrators such as: vice president for instructional affairs, vice president for enrollment management and student services, vice president for institutional effectiveness and quality assurance, dean of academic programs, deans of the state campuses, dean of assessment, director of career and technical education, director of learning resources center, and instructional coordinators.

11. IMPROVE TEACHING AND LEARNING: How well does the employee use the results of assessment of student learning outcomes to improve teaching and learning?

Unsatisfactory	Questionable	Satisfactory	Excellent	Superior	Numerical Value
0	1 2	3 4 5	6 7 8	9 10	
Does not use assessment of student learning to improve teaching and learning. No improvements made.	Rarely uses assessment of student learning for making decisions related to improving teaching and learning. Able to evidence attempts at improvement in teaching and learning, but does not have valid and reliable data related to improvements.	Sometimes uses assessment of student learning for making decisions related to improving teaching and learning. Able to evidence improvement in teaching and learning with some data.	Usually uses assessment of student learning as the basis for decisions related to improving teaching and learning. Able to evidence improvements in teaching and learning with data from at least one completed cycle of assessment.	Always uses assessment of student learning as the basis for decisions related to improving teaching and learning. Able to evidence improvements in teaching and learning with data from multiple completed cycles of assessment.	

List evidence for rating on this criterion:

SUMMARY OF AREAS FOR IMPROVEMENT AND IMPROVEMENT PLANS

	Yes	No
Has progress been made since last rating?		
Capable of future advancement?		
Satisfactory in present position?		
Do you advise transfer?		
Ready for promotion?		

Enter sum of numerical value here. (Be sure to carry sum from pages1-3)
Enter numerical rating using the following basis: Numerical rating equals the total value divided by total number of entries for which a numerical rating was given.

If ready for promotion, to what position?	Enter adjectival rating based on numerical rating. Use the following code. 0.0 to 1.99 – Unsatisfactory 6.0-8.99 -- Excellent 2.0 to 2.99 – Questionable 9.0 to 19.0 – Superior 3.0 to 5.99 -- Satisfactory
If rating unsatisfactory or questionable, state reason why.	If rating unsatisfactory or questionable, state what corrective measures will be taken.
What is the employee's attitude toward his/her work and his/her conformance to COM-FSM policies and procedures?	Is employee well suited for type of work she/he is now doing? If not, what sort of work should she/he be doing?
How successful is employee in handling COM-FSM students?	What is employee doing to improve herself/himself? What training or other courses or other study has been completed since the last progress report? Courses School Date Grade ________ __________ _____ _____ ________ __________ _____ _____
FROM Job Title _____________________ Date of Last Increase_____________________ Amount of Last Increase_$_____________________ Present Salary_$_____________________	TO Job Title _____________________ Office____________ Percent of Increase _______ Proposed increase _$_____________________ Proposed Salary _$_____________________

What was the employee's reaction when this report was discussed with him/her?	
If report was not discussed, why not?	Additional remarks not covered heretofore in report
Signature of Employee Date	

Signature of Immediate Supervisor Date	Signature of Co-Supervisor (if applicable) Date
Signature of Vice President Date	Signature of Campus Dean/Director (if applicable) Date

Notes:

HUMAN RESOURCES OFFICE (for HRO use only)

Received By: ______________________________ Date: _______________ Time:___________
Name and Initial

Salary Increment Increase Effective Date __________ Steps:_____________ Amount:$_________

Contract Renewal Effective Date: ______________ Steps_______________ Amount:$_________

Human Resources Director: ____________________________ Processing Date: _____________
Signature

Appendix G

Instructional Faculty Evaluation Form

Instructor's Name: ______________________________ Division: ____________________

Evaluator's Name: _________________________Period covered. From: ______To:______

[ ] Annual Review [ ] Step Increase [ ] Contract Renewal [ ] 6 Months Review [ ] Other

Supervisor's summative review section (chair, state campus director, or other supervisor. Respond to applicable sections)	**Satisfactory**	**Needs Improvement** **(include specifics in comments)**
1. SUBJECT MATTER CONTENT (shows good command and knowledge of subject matter of the course)		
2. STUDENT LEARNING OUTCOMES (shows responsibility for student progress toward achieving stated learning outcomes, communicates desired learning outcomes to the students, shows a commitment to effectiveness in producing those learning outcomes)		
3. ORGANIZATION (organization of subject matters; methods of presentation, evidence of preparation; thoroughness; clear objectives; emphasis and summary of main points, meets class at scheduled time)		
4. RAPPORT (holding interest of students; commanding their respect; fairness and impartiality; encourages participation)		
5. TEACHING METHODS (use of teaching aids, materials, and techniques; variety; balance; imagination)		
6. PRESENTATION (delivery; projection; clarity and precision; use of English)		
7. MANAGEMENT (attention to classroom routine; leadership ability; discipline and control)		
8. PROFESSIONALISM (adheres to the professional code of ethics)		
9. SENSITIVITY (exhibits sensitivity to students' and colleagues' personal culture, and gender differences, in a non-threatening learning environment)		
10. ASSISTANCE TO STUDENTS (assists students with academic problems, participates in college advising system)		
11. PERSONAL (evidence of self-confidence; professional appearance)		
12. DIVISION RESPONSIBILITIES (recommends textbooks, performs assigned duties during registration, presents problems and recommendations to supervisor, prepares course outlines, submits syllabi, maintains regular office hours, submits deficiency lists, submits grades, submits other required reports)		
13. SERVICE TO COLLEGE AND COMMUNITY (attends and participates in commencement exercises, attends assigned committee meetings, service to the community)		

Copy to Employee, copy to Immediate Primary and Secondary Supervisors, Campus Director, Director of Academic Program, Director of Vocational Program, and original copy to Personnel File

This section is for faculty with chair responsibilities

Supervisor's summative review section (state campus director, or other supervisor. Respond to applicable sections)	**Satisfactory**	**Needs Improvement** **(include specifics in comments)**
C1. DUTY COMPREHENSION (shows good understanding of his or her duties as a supervisor)		
C2. PLANNING (shows ability to effectively prioritize, create time lines, and delegate tasks to their staff)		
C3. MENTORING (works with staff and/or faculty if appropriate to improve their job performance throughout the year)		
C4. LEADERSHIP (inspires and directs faculty member to achieve department and institution goals)		
C5. COMMUNICATION (keeps faculty/staff informed on items that affect their jobs)		
C6. FAIRNESS (treats staff/faculty equally and consistently over time)		
C7. CONFLICT RESOLUTION (proficient at handling conflict in their department)		
C8. EVALUATION (follows through on the performance evaluation process)		

EMPLOYEE'S COMMENTS:

Copy to Employee, copy to Immediate Primary and Secondary Supervisors, Campus Director, Director of Academic Program, Director of Vocational Program, and original copy to Personnel File

Employee: My signature below indicates that I have read and discussed this evaluation with my supervisor(s).

___________________________ __________________
Employee's Signature Date

Primary Supervisor or Coordinator

My signature below indicates that I have discussed the evaluation with the employee, given a copy of this evaluation to the employee, regularly and directly observed the performance of the employee on the job factors which I have evaluated, and read and understood the Performance Evaluation instructions.

_________________________ __________ _________________________ ________
Supervisor's Signature Date Co- Supervisor's Signature Date

Vice President of Instructional Affairs (VPIA)

My signature below indicates that I concur with the supervisory rating evaluation of the employee and approve the recommended rating.

___________________________ __________________
VPIA's Signature Date

HUMAN RESOURCES OFFICE
(for HRO use only)

Received By: ______________________________________ Date: ____________ Time:____________

Salary Increment Increase Effective Date: ________________ Step: _______________ Amount: $___________

Contract Renewal Effective Date: _______________ NTE:_____________ Step: __________ Amount: $___________

Human Resources Director: _____________________________ __________________
Signature Processing Date

Copy to Employee, copy to Immediate Primary and Secondary Supervisors, Campus Director, Director of Academic Program, Director of Vocational Program, and original copy to Personnel File

APPENDIX H
Dependent Eligibility Form

PART A: Employee's Information

NAME: ____ Position: _____________________
Last First Middle

Date of Hire: ______________ Office: ___________________________ Campus: __________________

PART B: Dependent's information Fall _____ Spring_____ Summer_____

Name of dependent(s)	Relationship	Date of Birth	Campus to be enrolled at

Check all applicable boxes below. Applicable documents must be attached to this form:

☐ Marriage certificate or affidavit

☐ Birth Certificate

☐ Legal adoption papers

I certify that the information provided on this form is true. I understand any attempt to defraud the College will be met with appropriate disciplinary action.

EMPLOYEE'S SIGNATURE	DATE

Part C: Human Resources Use Only

☐ Request meets the criteria for reduced tuition

☐ R equest does not meet the criteria for reduced tuition

Name of HR Representative: Signature: Date:

Comments:

Copies to a) Employee, b) Human Resources Office, c) Business Office

APPENDIX I
Educational Development Request Form

PART A: ☐ **Faculty** ☐ **Management** ☐ **Professional** ☐ **Classified**

NAME: ____ Position: ________________________
Last First Middle

Date of Hire: ________________ Office: ______________________________ Campus: _____________________

PART B: Course(s) requested to be taken

COURSE NO. AND TITLE	TIME OFFERED	SEMESTER	Campus

Explain briefly how the course(s) will benefit you and your job. [Attach a letter if you wish]

EMPLOYEE'S SIGNATURE	DATE

Part C: Signatures of appropriate supervisors *(If denied, write reasons in the comment section below & return form to employee).*

Approved	Denied	Immediate Supervisor's Name:	Signature:	Date
Approved	Denied	Vice President's Name:	Signature:	Date

Comments:

Copies to a) Employee, b) Immediate Supervisor, c) Vice President, d) Human Resources Office, c) Office of Admissions and Records, d) Business Office

Appendix J
College of Micronesia-FSM
APPLICATION FOR DONATED SICK LEAVE

1. NAME OF REQUESTING EMPLOYEE	2. DEPARTMENT/CAMPUS/OFFICE/DIVISION
3. NUMBER OF SICK LEAVES HOURS REQUESTED	4. DATES FOR WHICH REQUESTED LEAVE IS TO BE APPLIED

I, the recipient employee, hereby acknowledge that upon approval of the application such leaves hours will be credited to me for use pursuant to the donated leave policy.

Print Name: ____________________________ Signature: ________________________ Date: ____________

DOCUMENTS SUBMITTED: ☐ Application Form ☐ Physician's Certification ☐ Leave Summary

SUPERVISOR'S ENDORSEMENT: ☐ Support ☐ Do not support

COMMENTS: ____

____

Print Name: ____________________________ Signature: ____________________________ Date: _____________

DONOR USE ONLY:

NAME OF DONOR:	NUMBER OF SICK LEAVE HOURS TO BE DONATED:
	DEPARTMENT/CAMPUS/OFFICE/DIVISION

I, the donor employee, am freely and willing, and not for financial gain, forfeiting all rights to the leave hours as indicated above to the recipient employee. I further understand that upon approval these leave hours are no longer available to me pursuant to the donated leave policy.

Signature: _________________________________ Date: _____________

FOR HUMAN RESOURCES USE ONLY:

REQUESTING EMPLOYEE MET THE FOLLOWING CRITERIA:

☐ Full-time ☐ Has a continuing catastrophic disability

☐ Completed initial contract ☐ Exhaustion of leave verified ☐ Physician's certification attached

COMMENTS: ____

____

HR certification: ____________________________________ Date: ____________________

FOR PAYROLL USE ONLY:

REQUESTING EMPLOYEE HAS:

☐ Exhausted all compensatory time

☐ Exhausted all accumulated leaves

DONOR HAS:

☐ Accrued at least 30 sick leave days

☐ A balance of 10 sick leave days after donating

COMMENTS: ____

____

Payroll certification: __________________________________ Date: ____________________

Copy to Donor, Recipient, Supervisor, Business Office and Human Resources Office

APPENDIX K
Personnel Records Request Form

PART A: File Requested

NAME: ____ Position: __________________________________
Last First Middle

Date of Request: _____________________ [ ] Regular Employee [ ] Part Time Employee Campus: ______________________

PART B: Requestor's Information and Purpose

NAME: ____ Position: __________________________________
Last First Middle

Check the applicable box below.

☐ This is my personnel file I am requesting viewing.
☐ I am the immediate supervisor and I have employment related needs for viewing this file.
☐ I am the second level supervisor and I have employment related needs for viewing this file.
☐ I am the Vice President in this department and I have employment related needs for viewing this file.
☐ Other____
Specify relationship and purpose of request

I certify that the information provided on this form is true. I understand any attempt to defraud the College will be met with appropriate disciplinary action.

REQUESTOR'S SIGNATURE	DATE

Part C: List Documents and Copies Requested.

Write the name of documents below clearly; include the number of copies requesting.
1.
2
3
4
5
6.

PART D: Human Resources Office Use Only

Date completed form is received:_______________________ HR Staff initial:________

Actions Taken:
[ ] Inform HRO Director on ______________________________
[ ] Requestor viewed the file on ___________________________
[ ] Provide personnel INFORMATION and COPIES requested on ____
[ ] Others Date and Time

APPENDIX L

FACULTY WORKLOAD REPORTING DOCUMENT

Division: ____ Semester: _____________________

Faculty Name: ____

CLASSROOM TEACHING: (lectures, labs, seminars) Classroom Teaching Units:

COURSE TAUGHT IN LOAD:

Course Number, Section Number, and Title		CreditHRS	ContactHRS
1. ____			
2. ____			
3. ____			
4. ____			
5. ____	TOTALS		

COURSE TAUGHT FOR EXTRA COMPENSATION:

Course Number, Section Number, and Title	CreditHRS	ContactHRS
1. ____		
2. ____		

CHAIR'S EXPLANATORY NOTES

A. NON-CLASSROOM TEACHING: [independent study, internship, student teaching]

Course Number, Section Number, and Title	CreditHRS	ContactHRS
1. ______________________________		
2. ______________________________		
3. ______________________________		
4. ______________________________		
5. ______________________________		
6. ______________________________		

B. ADVISING: [Describe advising activities below.]

Total number of advisees this semester: Total expected contact hours per week of advising activity this semester:

C. OTHER INSTRUCTION-RELATED ACTIVITIES OR FACTORS: [Check all that apply.]

- ❑ Course Coordination Course: ______________________________
- ❑ Curriculum Development Course: ______________________________
- ❑ Technology-Assisted Instruction Course: ______________________________
- ❑ Large Class Size Course: ______________________________
- ❑ Extensive Contact Hours Course: ______________________________
- ❑ Other Course: ______________________________

D. PROFESSIONAL DEVELOPMENT: [Please be specific. Attach extra sheets if necessary.]

E. SERVICE ACTIVITIES: [i.e. committee work, Please be specific. Attach extra sheets if necessary.]

F. ADMINISTRATION: [Position Title]

Faculty Signature: Date: Chair Signature: Date:

Appendix M. Entry Permit Application Form

FEDERATED STATES OF MICRONESIA
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF IMMIGRATION
P.O. BOX PS-105
Palikir, Pohnpei FM 96941
Phone: (691) 320-5844/2608/2644
Fax: (691) 320-2234

PHOTOGRAPH OF APPLICANT:

1½ x 1½

PHOTO

Must be signed
by the applicant

ENTRY PERMIT APPLICATION

DATE: _________

Please read carefully the Entry Permit Requirements on the back side of this application form before preparing and submitting the application.

APPLICATION MUST BE IN BLOCK LETTERS OR TYPED

I hereby apply for permission to enter the Federated States of Micronesia and in support of my application, submit the following:

NAME: ____
(Last) (First) (Middle)

Home Address: ____

Mailing Address: ____

Citizenship: ______________________ Date & Place of Birth: ____________________

Passport No: ______________________ Date & Place Issued: ______________________

Occupation: _______________________ Social Security No: _______________________

Name and Address of Employer or Sponsor in the FSM: _________________________

____

MARITAL STATUS: SEX:

Single ____ Divorced ____ Widowed ____ Male ____

Married ____ Separated ____ Female ____

MEMBERS OF THE SAME FAMILY ACCOMPANYING THE APPLICANT:

NAMES:	RELATIONSHIP:	DATE & PLACE OF BIRTH:

HAVE YOU EVER APPLIED FOR FSM ENTRY PERMIT BEFORE YES_____ NO _____
IF YES, WHEN & FOR WHAT PURPOSE? _________________________
WAS THE ENTRY PERMIT:
Granted?_______ Denied?_________ Revoked:_________
IF GRANTED, WHAT IS THE ENTRY PERMIT NO:______________
DATE OF EXPIRATION:___________________________________

NOTE: This application form is good for all types of entry permits including Short Term Contractual Employment not to exceed 90 days from the initial date of entry into the FSM, except for the employment within the Private Sector.

(Entry Permit Requirements on Back Side)

PURPOSE OF ENTRY:____

APPLICANT must furnish information regarding purpose of entry, description of business to be transacted, names and address of company, firm or business you represent and products or services involved, and names and addresses of persons or firms to be contacted (in detail).

____

____

____

____

____

PLACE TO BE VISITED:	LENGTH OF VISIT:	EXPECTED DATE OF ENTRY & CARRIER:
__________________________	________________	_________________________________
__________________________	________________	_________________________________
__________________________	________________	_________________________________

I certify that the facts hereinabove set forth are true and correct to the best of my knowledge and belief and it is fully understood that throughout the period of my visit I am subject to all of the rules, regulations, and laws of the Federated States of Micronesia. If my permit is withdrawn for any reason or expires while I am in the Federated States of Micronesia, I agree to leave the Federated States of Micronesia by the first available transportation at my own expense.

____

Signature of Applicant

ENTRY PERMIT REQUIREMENTS:

You are required to submit this application form with the appropriate requirement(s) of an Entry Permit that you are applying for. Please mark the box below indicating the requirement(s) you are providing.

______ 1. Xerox copy of Passport on personal descriptions, date passport issued and passport expiration date.

______ 2. One Passport size photograph (Please sign your name on the back of Photo).

______ 3. Police Clearance (Must be obtained from your country of citizenship or from your place of residency within the last six(6) months).

______ 4. Medical Clearance/Certificate.

______ 5. Notarized Affidavit of Support/Dependency (If applicable to your case).

______ 6. Requirements of Immigration Change of Status, Public Law 7-23 (If applicable).

FOR OFFICIAL USE ONLY:

Initial of Immigration Officer receiving the application:_________________

Date Application Received:___________________________________

Appendix N. Sample Cabinet Review Form

Cabinet Review Form

Vacancy Review is a term that permits Cabinet to assess, discuss, and determine the need to fill employment vacancies (promotions, transfers, and new hires).

This form must be submitted with each request to fill any vacant position to the appropriate vice president.

A. Title of position: **2 HRM Specialist Positions**

B. Department/Division: **Administrative Services/Human Resources**

1. Is the position critical (right now) to meeting the operational needs of the college? **Yes. HR must have 6 full time staff based on the normal HR staff ration of 1 staff for every 50-60 employee based on the current 360 full time employees. If we count the PT personnel too, HR staffing will raise up to 9 or 10. Though HR functions are centralized at the National Campus, there are 2 staff only at this time after one full time staff departed a few months ago.**

	Yes (2)	No (1)	N/A (0)
Score			

2. Has provision within the division's budget been made for filling the position? Proposed in FY2016. **Yes**

	Yes (2)	No (1)	N/A (0)
Score			

2a. Is the position supported by Special Project funds? **No.**

	Yes (2)	No (1)	N/A (0)
Score			

2b. If yes, what period of time is the project authorized?

3. Does the current workload (of the department/division) dictate the need for filling the position? **Yes. The current work load is beyond unreasonable and difficult to meet with both consistency in quality and quantity.**

	Yes (2)	No (1)	N/A (0)
Score			

4. Do the duties of the position fall within the job scope of an existing employee? **NO**

	Yes (1)	No (2)	N/A (0)
Score			

5. Can the duties of the position be covered in some other manner or deferred for some time period? **NO**

	Yes (1)	No (2)	N/A (0)
Score			

6. Is the position required to meet public health, safety or provide essential administrative or operational support? **Yes. HR functions are essential to Recruitment and Retention of personnel, Benefit administration, Compensation, Performance Evaluation Management, Professional Development, Policy Development and Management, HR Compliance, Employee Relations, Grievance Matters, etc.**

	Yes (2)	No (1)	N/A (0)
Score			

7. When did the position become vacant? Proposing to create a new position. **April 30, 2015 one and the other was years before and was taken off the budget and was just recently put back on FY 2016 budget.**

8. How have duties been covered since the vacancy occurred? **One special contract person was hired January 2015 and she departed last month to assume**

a full time position elsewhere. HR Director has assumed all and any responsibilities not carried out by the current support staff currently and before.

9. Can this coverage continue in this manner? **No**

	Yes (1)	No (2)	N/A (0)
Score			

9a.

10. What are alternatives for filling these positions? **No available reasonable option. The college is not in a position at this time to reduce personnel to fit the current 2 HR staff or the functions of the office. The only option is to fill the positions to provide additional help although HR will still be 2 men short.**

11. What is the impact of not filling this position? (be specific with details)

    The current staff is running the risk of burnt out and exhausted on many levels. The 2 staff members cannot adequately provide the required quantity and quality of services on a consistent basis.

To derive a final score simply add the scores that were awarded and divide the number by the total number of questions answered either yes or no to give an average, i.e. exclude those questions answered not applicable. Using the table below identify where the final score resides in order to determine the outcome of the contract.

Total Score		a)
Number of questions answered yes or no		b)
Result a) divided by result b)		

0 – 1.3	1.4 – 2.0
Terminate/hold vacant position	Fill vacant position

Date Reviewed: ________________________ Signature of VP: ___________________________

[ ] I recommend processing this personnel requisition

[ ] I DO NOT recommend processing this personnel requisition

[ ] Provide specific instructions below.

Instructions:

**A position that is rated between 1.4 - 2.0 and determined a high priority may NOT be approved if there is no funding identified or available for this position.*

Appendix O.Appendix O.

COLLEGE OF MICRONESIA-FSM

P. O. Box 159, Kolonia, Pohnpei

Federated States of Micronesia 96941

Tel: (691)320-2480/481/482 **Fax: (691)320-2479**

SPECIAL CONTRACT FOR PERSONAL SERVICES

Contract No. ____________

1. This contract for personal services is entered into between COM-FSM and
2. ________________________________
3. Address ________________________________
4. Hereinafter referred to as contractor, and the College of Micronesia-FSM, hereinafter referred
5. to as the College.
6. The College requires the services of a qualified ________________
7. To perform the following services: ________________
8. ________________________________
9. Commencing ________________ Terminating ________________
10. Total College obligation not to exceed $ ________________
11. Payment to be made: ________________

____

12. FSM Social Security taxes and income taxes will be deducted from these payments as itemized.
13. Please take note that the College will deduct these taxes and pay them applying the tax payment and tax rate to the quarter in which the contract payment is made. This tax payment arrangement may not reflect all wages earned in any given quarter. If you have concerns about accruing wages for social security crediting, please review the manner in which payments will be made under this contract prior to signing.
14. The Contractor agrees to perform the duties set out above to the satisfaction of the College
15. as certified before final payment to compensation by. ________________
(Name of Certifying Officer)
16. on behalf of the College.
17. In the event that the Contractor fails to commence the employment on or about the date indicated above, or if having
18. commenced work, the Contractor abandons the work or fails to complete the work
19. to the satisfaction of the certifying officer, then the College reserves the right to cancel this contract
20. And the College will be liable only for the reasonable work performed, if any.

Funds available: **College of Micronesia-FSM**

Account No. ____________	By: ________________ (President, COM-FSM)	____________ Date
________________ (Comptroller)	________________ Contractor	____________ Date
________________ Date	________________ (Human Resources Director)	____________ Date

COLLEGE OF MICRONESIA-FSM

Appendix P.

PERSONNEL POSITION REQUISITION FORM

INSTRUCTIONS: The first part of this form should be completed by the supervisor. No action is to be taken before the Vice President authorizes filling this position.

JOB TITLE	DEPARTMENT	SUPERVISOR/REQUESTOR
OFFICE	CAMPUS (if applicable)	CO-SUPERVISOR (if applicable)
WORK STATUS ❑ Regular full-time ❑ Other (specify)	CATEGORY ❑ Classified ❑ Professional ❑ Faculty ❑ Managerial ❑ Exempt	ACCOUNT NUMBER(S) TO BE CHARGED
❑ New Position ❑ Replacement [Write the name of departed employee below]		POSITION NEEDED BY

❑ Housing is budgeted for this position in the division for FY___________

❑Transportation and shipping allowance are budgeted for this position in the division/program[CRE and Sponsored Programs]

DEFINE THE PURPOSE OF THE POSITION (Explain in one to two sentences the goal the position will serve/achieve)

MAJOR FUNCTIONAL RESPONSIBILITIES (List major responsibilities only)

	REQUIRED(minimum)	PREFERRED
EDUCATION [specific field and degree]		
SUBJECTS REQUIRED TO TEACH [instructor]		
YEARS OF WORK EXPERIENCE		
MANAGEMENT EXPERIENCE/SKILLS		
SOFTWARE PROGRAMS		
SPECIAL SKILLS, ABILITIES AND KNOWLEG		

APPROVING AUTHORITIES

OFFICE DIRECTOR/CAMPUS DIRECTOR/DEAN	DATE RECEIVIED/SIGNED
VICE PRESIDENT(VPA/VPSSA/VPCRE/VPIA)	DATE RECEIVED/SIGNED
COMPTROLLER	DATE RECEIVED/SIGNED

FOR HUMAN RESOUCES USE ONLY

JOB CLASSIFICATION	GRADE/STEP/SUB-STEP	SALARY RANGE
EO NUMBER	OPENING DATE	CLOSING DATE

❑POSITION IS ELIGIBLE FOR EXTENDED EMPLOYMENT BENEFITS ❑ POSITION IS NOT ELIGIBLE FOR EXTENDED EMPLOYMENT BENEFIT	
HUMAN RESOURCES DIRECTOR	DATE RECEIVED/SIGNED

Appendix Q

COLLEGE OF MICRONESIA-FSM

SUPERVISOR'S CHECKLIST FOR RECLASSIFICATION REQUESTS

Instructions: Please complete this checklist and forward it with the revised Job Description and a current organization chart. This information will help expedite the review process.

Department: ____

Employee Name: ____

Current Title: ____

Employee Category: [ ] Classified [ ] Professional [ ] Faculty-12
[ ] Management [ ] ________________

Supervisor's Name/Title: ____

Department Head's Name/Title: ____

---

1. This reclassification request is based upon changes in the position as a result of:

_____ A reorganization (describe)

_____ Transfer or redelegation of duties from another position(s). Summarize and attach a revised Job Description for the position(s) affected by the transfer or redelegation of duties.

_____ New duties not previously performed according to former job description (describe)

2. Significant changes in the job incorporate changes in one or more of the following areas:
   ______ a) Supervisory responsibility
   ______ b) Knowledge and skills required to perform the job
   ______ c) Scope of assignments/responsibilities
   ______ d) Complexity of problems or assignments
   ______ e) Autonomy and decision-making

   Please describe briefly any of the areas checked in #2 above.

3. If you want to recommend a specific classification for this position, include this information here:

4. Please ensure that the attached Job Description has been signed by the following:

   ______ Employee
   ______ Supervisor
   ______ Department head
   ______ Job Description attached

Completed by: ___________________________________ Date:_________________

2. Significant changes in the job incorporate changes in one or more of the following areas:

   ______ a) Supervisory responsibility
   ______ b) Knowledge and skills required to perform the job
   ______ c) Scope of assignments/responsibilities
   ______ d) Complexity of problems or assignments
   ______ e) Autonomy and decision-making

   Please describe briefly any of the areas checked in #2 above.

3. If you want to recommend a specific classification for this position, include this information here:

4. Please ensure that the attached Job Description has been signed by the following:

   ______ Employee
   ______ Supervisor
   ______ Department head
   ______ Job Description attached

Completed by: ___________________________________ Date:_________________

Appendix R. Sample COLLEGE OF MICRONESIA-FSM
REQUEST FOR ESTABLISHMENT OF A NEW POSITION FORM

Instructions: Form must be completed fully; incomplete form will be returned to sender. Attach the most current office/campus organizational chart showing the placement of this position and its relationship to other functional areas. Include a summary of major functional responsibilities for all positions on your organizational chart(s) including any part-time positions.

To budget under FY: _2014__ Position **Title:** **___HRM Specialist_____** # of Positions: **____1_____**

1. Why do you need this new position? What is the established enrollment indicator for this type of position in this office, campus and/or college-wide?

HRO must have 6 full time staff based on the normal HR staff ration of 1 staff for every 50-60 employee based on the current 360 full time employees. Currently, there are two staff only.

2. List major responsibilities of this position and indicate areas of direct impact? [List them by natural groupings]

1. [DAILY] Logging documents coming in and out on a daily basis.
2. [DAILY] Deliver documents on campus daily, multiple trips to the administration office are required.
3. [DAILY] Answer telephones and taking messages and answering inquiries.
4. [DAILY] Make copies of PAs, Contracts, Evaluations, Files for office, supervisors, and supervisees and others.
5. [DAILY] Scan PAs, Contracts, Evaluations, Forms, Employment Verifications, etc.
6. [DAILY]Email state campus reps and employees to disseminate information, forms, answer questions, follow up on Required documents, issues, etc.
7. [DAILY] Assist visitors to the office.
8. [WEEKLY] Run other errands and assist the Director and Admin specialist with other tasks as needed.
9. [WEEKLY] Take note of meetings, maintain and distribute.
10. [MONTHLY] Take notes of HRO monthly meeting, maintain and distribute.
11. [MONTHLY] Organize and coordinate HR activities on campus and on remotes campuses by creating, updating, and sharing schedules.
12. [MONTHLY] Provide cost analysis of future HR events and maintain listing of resource personnel able to provide workshop, trainings and presentations to college personnel throughout the fiscal year.
13. [MONTHLY] Conduct staff meeting in the absence of HR Director and handle urgent matters.
14. [ANNUALLY] Assist HR Director develop budget, priorities, TracDat, and other reporting requirements by providing data, organize information, review and verify documents and information.

3. Is the position required to meet public health, accreditation, and safety or provide essential administrative or operational support?

Yes, the position supports accreditation standards in the area of HR and administrative responsibilities that directly linked to these HR essential functions: Recruitment and Retention of personnel, Benefit administration, Compensation, Performance Evaluation Management, Professional Development, Policy Development and Management, HR Compliance, Employee Relations, Grievance Matters, etc.

4. How were the responsibilities handled before?

One special contract person was hired January 2015 and she departed last month to assume a full time position elsewhere. HR Director has assumed all and any responsibilities not carried out by the current support staff currently and before.

5. What is the estimated cost of such a position for the first year including benefits?

$11,500- Annual Salary including income tax and social security
$500 -benefits (health and life insurance)not eligible for retirement during the first year
Total cost=$12,000.00

6. Does the office have a space, office, desk, computer, supplies, etc., to support this position?

Yes

7. What are alternatives for filling these positions?

No available reasonable option. The college is not in a position at this time to reduce personnel to fit the current 2 HR staff or the functions of the office. The only option is to create the position requested to meet human resources demands.

REQUESTED & SUBMITTED BY:

Dean/Director: __Rencelly Nelson ________________________________ Date: ____November 25,2013___________

Comments: The hiring of a HRM Specialist to support the work of the unit and the two stuff at this office is essential to the Outcomes expected and level of performance desired for such an office with college wide responsibilities. It is critical for maintaining Accreditation standards and increasing quality and quantity of performance.

REVIEWED & FORWARDED BY:

- ☐ **Recommended**
- ☐ **Not Recommended**
- ☐ **Others: ____**

[Specify decision below]

____

____

____

Vice President: ______________________________________ _________________________

Signature Date

If the Vice President recommends this request, this form and the Cabinet Review Form will be filled out, signed and transmitted to the Cabinet for further action.

If the Vice President does not support this request, this form will be returned the requestor with explanation and/or direction.

Distributed copy to: Requestor and Department Vice President

Appendix S. Sample COLLEGE OF MICRONESIA-FSM
REQUEST FOR USE OF PERSONAL SERVICES CONTRACT

Instructions: Form must be completed fully; incomplete form will be returned to sender. Attach the most current office/campus organizational chart showing the placement of this position and its relationship to other functional areas. Include a summary of functional responsibilities for all position on your organizational chart(s) including any part-time positions.

Position budgeted under FY: _2014__ Position **Title:** ___HRM Specialist_______

1. Why do you need this short-term contract?

☒ **Full-time position vacated due to resignation/termination [Provide name and date]**
☐ **Additional major duties recently added to the office [Provide details below]**
☐ **Nature of the grant/ program to employ part personnel.**

"Employee name" resigned as HRM Specialist to accept the Director position at the Residential Halls July 2013. The position remains vacant until now. This is because the directive issued in September put a freeze on all vacant full time positions while the VPs carried out an assessment.
While we wait for a final decision, we need support to carry out the responsibilities of the office. Thus, the need for a special contract for a clerk for a 6 month period.

2. List major responsibilities of this position and indicate areas of direct impact? [List them by natural groupings]

1.[DAILY]Logging documents coming in and out on a daily basis.
2. [DAILY] Deliver documents on campus daily, multiple trips to the administration office are required.
3.[DAILY]Answer telephones and taking messages and answering inquiries.
4.[DAILY]Make copies of PAs, Contracts, Evaluations, Files for office, supervisors, and supervisees and others.
5.[DAILY] Scan PAs, Contracts, Evaluations, Forms, Employment Verifications, etc.
6. [DAILY]Email state campus reps and employees to disseminate information, forms, answer questions, follow up on Required documents, issues, etc.
7. [DAILY] Assist visitors to the office.
8. [WEEKLY]Run other errands and assist the Director and Admin specialist with other tasks as needed.

3. What is the impact on the office/campus/department if the position is not filled now?
Services will be very slow and/or rushed with less quality. The two staff will spend more time on clerical duties listed above than on major and high level responsibilities. This will lead to delay of other critical projects, excessive overtime and in the long run it may lead to poor health, stress and burn out of the 2 staff.

4. How long has the position been vacant? How were the responsibilities handled?
July 2013 , "Employee Name" accepted the Director position at Residential Halls. This request is specifically for 6 months [January to June] to carry out critical duties under section 2 and avoid potential problems in section 3 above.

5. What is the basis of the budget of this position?
The HRM Specialist position is budgeted under FY2014 at $21,269.00, it is more than sufficient to fund this 6 month special contract with a total sum of $3,360.00. This calculation is based on an hourly rate of $3.50 at 40+ hours per week for 4 weeks.

6. Does the office have a space, office, desk, computer, supplies, etc., to support this position?
Yes

7. [For instructional positions] Do you have the student enrollment to support this position? What is your current faculty/student ratio based on the established institutional effectiveness indicator?

NA

8. [For all others] What is the established enrollment indicator for this type of position in this office, campus and/or college-wide?

To support 380 personnel [full time only], there must be 7 HR staff. This calculation is based on the HR norm of 1 HR staff per 50-60 employee ratio. In fact, HRO is way under staff compared to sister institutions in the region and GCC. When you consider the number of part time personnel, the HR staff personnel will be more than 7.

9. [For all others] What is the established enrollment indicator for this type of position in this office, campus and/or college-wide? How are you doing in meeting this indicator?

1 HR staff per 50-60 employees. We are under staff. We work long hours and on weekends, in the long run neither is healthy and advisable.

10. Aside from the salary, what are other expected costs to the college and your office? Are these budgeted/provided by your office/campus? If not, who provides for these?

None

REQUESTED & SUBMITTED BY:

Dean/Director: __Rencelly Nelson ________________________________ Date: ____November 25,2013___________

Comments: The hiring of a clerk to support the work of the unit and the two stuff at this office is essential to the Outcomes expected and level of performance desired for such an office with college wide responsibilities.

REVIEWED & FORWARDED BY:

- ☐ **Recommended**
- ☐ **Not Recommended**
- ☐ **Others: ____**

[Specify decision below]

____

____

____

Vice President: _____________________________________ _________________________

Signature Date

Distributed copy to: Director, Vice President, Chairperson & Human Resources

Appendix T. Federated States of Micronesia Group Life Insurance Enrollment Form

Choose One: ☐ New Enrollee ☐ Change Coverage* ☐ Cancel Coverage** ☐Transfer Employers***

* Reason for Change: ______________________________ Change Date: __ __ / __ __ / __ __ __ __

** Reason for Cancellation: ______________________________ Cancellation Date: __ __ / __ __ / __ __ __ __

*** Transfer from: ____________________ to ____________________ Transfer Date: __ __ / __ __ / __ __ __ __

Last Name	First Name	Middle Name
Mailing Address		Date of Birth ___ ___ / ___ ___ / ___ ___ ___ ___ Social Security Number
Email Address		Phone ( ) –
Employment Status Do you work 20 or more hours per week? ☐ Yes ☐ No **IF YOU ANSWER "NO", YOU ARE NOT ELIGIBLE FOR COVERAGE.**		Marital Status ☐ Married/Common-Law ☐ Single
Employer		Employment Date ___ ___ / ___ ___ / ___ ___ ___ ___

Are you presently on **leave of absence** from work due to sickness (other than a cold or the flu,) injury or medical treatment, or **leave of absence** for personal reasons? ☐ Yes ☐ No

If yes, identify the reason(s), date leave of absence began, and date expected to return to work. New coverage will not take effect until the first day you return to active work and meet all other requirements to effect the coverage.

BASIC LIFE INSURANCE COVERAGE Available to Active Employees Only

☐ I want to enroll in Basic Life Insurance Coverage.

☐ I DO <u>NOT</u> want to enroll in Basic Life Insurance Coverage; which also waives my right to Dependent Life Insurance Coverage. **If I choose this option, no life insurance coverage will be in force.**

BENEFICIARIES (Total of Percentage column <u>must</u> equal 100%; or you may check here ☐ for equal shares.)

Last Name	First Name	Middle Name	Relationship	
Address	Email Address	Date of Birth	Phone	%
Last Name	First Name	Middle Name	Relationship	
Address	Email Address	Date of Birth	Phone	%
Last Name	First Name	Middle Name	Relationship	
Address	Email Address	Date of Birth	Phone	%
Last Name	First Name	Middle Name	Relationship	
Address	Email Address	Date of Birth	Phone	%
Last Name	First Name	Middle Name	Relationship	
Address	Email Address	Date of Birth	Phone	%

Underwritten by:
Individual Assurance Company, Life, Health & Accident
2400 W. 75th Street, Suite 201, Prairie Village, Kansas 66208-3511

Federated States of Micronesia Group Life Insurance
Enrollment Form (cont)

OPTIONAL DEPENDENT LIFE INSURANCE COVERAGE Available to Active Employees Only

☐ I want Optional Dependent Coverage. (Choose one option below and list all dependents in the space provided below. If additional space is needed, include all requested information for each additional dependent on a separate sheet and attach it to this enrollment.)

☐ I DO NOT want Optional Dependent Coverage. I understand I will have NO Dependent Coverage.

	☐ **Option 1**	☐ **Option 2**	☐ **Option 3**
Biweekly Premium:	$9.75	$6.45	$6.50
Coverage on Spouse:	$10,000	$10,000	None
Coverage on Children 15 days thru 18 years: (thru age 24 if a full-time student)	$3,000	None	$3,000

List all dependents below. If additional space is needed, include all requested information for each additional dependent on a separate sheet and attach it to this Enrollment Form. Check this box ☐ if including a separate sheet with additional dependent information.

Last Name	First Name	Middle Name
Date of Birth	Social Security Number	Relationship
Last Name	First Name	Middle Name
Date of Birth	Social Security Number	Relationship
Last Name	First Name	Middle Name
Date of Birth	Social Security Number	Relationship
Last Name	First Name	Middle Name
Date of Birth	Social Security Number	Relationship
Last Name	First Name	Middle Name
Date of Birth	Social Security Number	Relationship

SUPPLEMENTAL LIFE INSURANCE COVERAGE

Available only to Eligible Employees who are below age 70 and enrolled in Basic Life Insurance Coverage.
See program summary for coverage amounts

Amount of Biweekly Deduction (Choose Only One)

☐ $10.00 ☐ $15,00 ☐ $20.00 ☐ $25.00 ☐ I DO NOT want Supplemental Life Insurance Coverage options. I understand I will have NO Supplemental Life Insurance Coverage.

Health Questions If enrolling for Supplemental Coverage, please answer the following questions:	Yes	No
1. Within the past 5 years, have you received treatment for or been diagnosed as having any of the following: cancer; diabetes; stroke; nervous system or neuromuscular disease or disorder; blood disease or disorder; kidney disease or failure; liver disease or hepatitis (other than type A); lung disease; any condition of the heart, arteries, or brain; alcoholism or drug addiction?	☐	☐
2. Have you tested positive for any of the following: HIV; AIDS; ARC; or any immunological disorder?	☐	☐

IF THE ANSWER IS "YES" TO EITHER QUESTION, YOU ARE NOT ELIGIBLE FOR SUPPLEMENTAL LIFE INSURANCE COVERAGE.

INSURANCE AUTHORIZATION

By signing below, I declare that the statements and answers on both pages of this Enrollment Form are complete and true to the best of my knowledge and belief, and I authorize my employer to deduct the required cost of coverage I have elected from my earnings.

Signature ________________________________ Date Signed ___ ___ / ___ ___ / ___ ___ ___ ___

I am interested in learning more about other life insurance products. ☐ ***Yes*** ☐ ***No***

Please have a representative contact me with additional information. I am best reached by: ☐***Phone*** ☐***Email*** ☐***Postal Mail***

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud which is a crime and subjects such person to criminal and civil penalties.

FOR EMPLOYER USE ONLY				
Group	Process Date	Annual Salary	Insurance Amount	Premium Deduction

College of Micronesia – FSM
P.O. Box 159, Kolonia, Pohnpei FSM 96941
Tel: (691)320-2480/2481 Fax: (691)320-2479

Appendix U.

DISCLAIMER & LIABILITY LIMITATION FORM

I understand that my participation in the Life Insurance Program with Individual Assurance Company through the College of Micronesia – FSM is optional. The College of Micronesia – FSM is making payroll deductions only as per my instruction and desire to enroll in the program. I further understand that the College will continue with payment of its share of the premiums on my behalf only as long as I keep up with my share of the premium through payroll deduction biweekly. If I am placed on leave without pay for any period of time during my enrollment, I understand that I am responsible for making alternative payment arrangements directly with the Individual Assurance Company. I am also responsible for informing the College so that payment of my employer's share of the premium continues.

My signature below indicates my understanding of the above statement and my personal responsibility toward my life insurance coverage.

____________________ ____________________ __________

[Print] Name Employee Signature of Employee Date

Appendix V.

COLLEGE OF MICRONESIA-FSM

EMPLOYEE CHECK-OUT FORM

Name: ______________________________ FSM SS#: ______________________

Termination Date: __________________ Departure Date: _________________

Forwarding Address: ____

____

____

EMPLOYEE: Submit this form to the persons responsible for the activities listed below. Your final paycheck will be withheld until this form is properly completed and all obligations to the College cleared.

ACTIVITY HEAD: indicate whether the employee is free of any obligation in your areas. If not, please specify.

ACTIVITY	STATUS	SIGNATURE
1. Library: 1. Overdue fines 2. Books		
2. Audio-visual: 1. Equipment		
3. Admissions & Records [Instructors] 1. Student Grades		
4. Business Office: 1. Tuition 2. Travel Voucher 3. Purchase orders 4. Petty Cash voucher		
5. Supervisor: 1. Office keys 2. Computer/iPad 3. Projector 4. Textbooks/Grade books 5. Grades 6. Car keys 7. Performance evaluation 8. Reports		
6.Informtion Technology 1. Technology devices		
7. Entry Permits – return to HR		

EMPLOYEE: If you are leaving the island, please clear your obligations with the following prior to departure.

COMPANY REP: This is just a reminder to the employee to clear his/her obligations with local business prior to his/her departure. The College is not responsible for any obligations incurred by the employee, unless the employee instructs the College in writing to deduct it from his/her paycheck.

COMPANY	STATUS	SI GNATURE
Landlord		
Utility		
Telecommunications		
Island Cable		

I authorize the College to deduct outstanding obligations to the College from my final paycheck.

Signature: ________________________ Date: ________________________

EMPLOYEE EXIT QUESTIONAIRE

Name: ____________________________ Job Title: ___________________________

Department: _______________________ Hire Date: ____________________

Supervisor: ________________________ Termination Date: ____________________

Directions: Please answer the questions below concerning your exit from the college. Your answers will be held in strict confidence.

1. Briefly state your reasons for leaving COM-FSM.

2. What were the circumstances that led to your decision to leave?

3. If you are leaving voluntarily, what could the college have done to persuade you to stay?

4. What did you like most about working with the college?

5. What did you like least?

6. List names of committees you have served with during your employment.

7. What do you feel is your most important contribution[s] to the college?
8. When you had problems, how did you deal with them?

Do you have any suggestions for ways we can improve COM-FSM?

Signature: ____________________________ Date: _______________________

Appendix W.

PACIFIC INDEMNITY INSURANCE COMPANY
WORKERS COMPENSATION

348 W. O'BRIEN DRIVE
HAGATNA, GUAM 96910
Tel: (671) 477-8801/2 * Fax: (671) 477-6290

INSTRUCTIONS: This form may be used by the Employer to report an injury or illness. Pacific Indemnity Insurance Company requires the Employer to report to Actouka Executive Insurance Underwriters within ten (10) days from the date of knowledge of injury/illness. Failure or refusal to file this report may subject the Employer to coverage denial under the WC policy. **PLEASE PRINT OR TYPE.**

1. Name of injured Employee, DOB & SSN:	2. Name of Employer & EIN:
3. Employee's address & telephone no: ( )	4. Employer's address & Telephone no.: ( )
5. Date & time of alleged injury/illness:	6. Date of Employer's first knowledge of injury:
7. Date & hour Employee first lost time because of injury/illness:	8. Date & hour Employee returned to work:
9. Date & hour pay stopped:	10. Days usually worked per week (x days): S M T W TH F S Average hours per week:
11. Employee's occupation:	12. Employee's wages/earnings (overtime, etc):
13. Is another person not of your employment caused the accident? [ ] YES [ ] NO	a. Hourly: $ b. Weekly: $

14. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED: Relate the events, which resulted in the injury/illness. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any object or substance involved and tell how they were involved. Give full details on all factors, which led or contributed to the accident. Use additional sheets if required and attach to this report.

15. NATURE OF INJURY/ILLNESS (Name part of body affected - fractured leg, bruised arm, lacerated finger, etc) Note any amputations.

16. Has medical attention been authorized? [ ] YES [ ] NO	17. Date authorized:	18. Has insurance carrier been notified? [ ] YES [ ] NO	19. Date notified:

20. Name of treating physician:	21. Name of insurance carrier:
22. Name of treating facility:	23. Name & signature of person completing report:
24. Title of person completing report:	25. Date of this report:

FOR STATISTICAL PURPOSES ONLY

Please choose ONE ETHNICITY:			Please choose ONE CITIZENSHIP:
Yapese	Marshallese	African American	United States
Chuukese	Palauan	Japanese	Permanent Resident Alien
Kosraean	Chamorro	Chinese	Other (specify):
Pohnepian	Filipino	American	
Korean	Other (specify):		

Form GWC-202: EMPLOYER'S REPORT of OCCUPATIONAL INJURY or ILLNESS (Revised 01/2004)

PLEASE CIRCLE THE APPROPRIATE ITEMS (for statistical purposes)

A. EVENT CODE

01 Fatality	02 No Time Loss	03 Time Loss

B. NATURE OF INJURY CODE

01 Amputation	08 Disease/Illness	15 Hearing Loss
02 Asphyxia	09 Dislocation	16 Hernia
03 Bruise/Contusion/Abrasion	10 Electric Shock	17 Poisoning (Systemic)
04 Burn (Chemical)	11 Exertion	18 Puncture
05 Burn (Heat)	12 Foreign Body in Eye/Conjunctivitis	19 Radiation Effects
06 Concussion	13 Fracture	20 Strain/Sprain
07 Cut/Laceration/Puncture	14 Freezing/Frostbite	21 Other (Specify)

C. BODY PART CODE LEFT | RIGHT

Abdomen	01		Thumb	14	15	Great Toe	34	35
Ankle(s):	02	03	Fingers Index-Small			Toes		
Back	04		(First-Fourth)	16 17 18 19	20 21 22 23	(First-Fourth)	36 37 38 39	40 41 42 43
Body	05							
System	06		Wrist	24	25	Ankle	44	45
Chest	07		Hand	26	27	Foot	46	47
Head	08		Elbow	28	29	Knee	48	49
Ear(s)	09	10	Arm	30	31	Leg	50	51
Eye(s)	11	12	Shoulder	32	33	Hip(s)	52	53
Face	13							

D. TYPE OF EVENT CODE

01 Absorption	05 Fall (Same level)	10 Rubbed/Abraded
02 Bite/Sting/Scratch	06 Fall (From elevation)	11 Shock
03 Cardio-Vascular/Respiratory System Failure	07 Ingestion	12 Struck Against
	08 Inhalation	13 Struck By
04 Caught In or Between	09 Repeated Motion/Pressure	14 Other (Specify)

E. SOURCE INJURY CODE

01 Aircraft	15 Electrical Apparatus/Wiring	29 Metal Products
02 Air Pressure	16 Explosives	30 Motor Vehicle (Highway)
03 Animal/Insect/Bird/Reptile/Fish	17 Fire/Smoke	31 Motor Vehicle (Industrial)
04 Boat	18 Food	32 Motorcycle
05 Bodily Motion	19 Furniture/Furnishings	33 Person
06 Boiler/Pressure Vessel	20 Gases	34 Petroleum Products
07 Boxes/Barrels, Etc.	21 Glass	35 Pump/Prime Motor
08 Buildings/Structures	22 Hand Tool (Manual)	36 Radiation
09 Chemical Liquid/Vapor	23 Hand Tool (Powered)	37 Vegetation
10 Cleaning Compound	24 Heat (Environmental/Mechanical)	38 Waste Products
11 Cold (Environment/Mechanical)	25 Hoisting Apparatus	29 Water
12 Dirt/Sand/Stone	26 Ladder	40 Weapons
13 Drugs/Alcohol	27 Machine	41 Working Surface
14 Dust/Particles/Chips	28 Materials Handling Equipment	42 Other (Specify)

F. CONTRIBUTING ENVIRONMENTAL FACTOR CODE

01 Catch Point/Pointer Action	10 Pinch Point Action
02 Chemical Action/Reaction Exposure	11 Radiation Condition
03 Flammable Liquid/Solid Exposure	12 Shear Point Action
04 Flying Object Motion	13 Sound Level
05 Gas/Vapor/Mist/Fume/Smoke/Dust Condition	14 Squeeze Point Action
06 Illumination	15 Temperature Above or Below Tolerance Level
07 Materials Handling Equipment/Method	16 Weather/Earthquake, Etc. Condition
08 Overhead Moving and/or Falling Object Action	17 Working Surface/Facility Layout Condition
09 Overpressure/Under pressure Condition	18 Other (Specify)

G. TASK ASSIGNMENT CODE

01 Employee Working at Regularly Assigned Task(s)	02 Employee Working at OTHER than Regularly Assigned Task(s)

Form GWC-202: EMPLOYER'S REPORT of OCCUPATIONAL INJURY or ILLNESS (Page 2): Rev 01/2004

College of Micronesia - FSM

Appendix X. Emergency Contact Form

EMPLOYEE INFORMATION

Name	SS #	DOB
Permanent Home Address	Current Home Address	
Contact #	Contact #	
Physician's Name & Number: (optional)		

IN CASE OF EMERGENCY

Primary Contact: ______________________________ Relationship ____________________
Primary Address: ________________________ State________________ Zip_____________
Country ____
Phone: _______________ Home _____________ Work ________________Cell

Secondary Address: ________________________ State________________ Zip_____________
Country ____
Phone: _______________ Home _____________ Work ________________Cell

Secondary Contact: ______________________________ Relationship ____________________
Primary Address: _______________________ State_________________ Zip_____________
Country ____
Phone: _______________ Home _____________ Work _________________Cell

Secondary Address: _______________________ State_________________ Zip_____________
Country ____
Phone: _______________ Home _____________ Work _________________Cell

Additional information that may be helpful in the event of an emergency:

Please complete form and return to Human Resources Office. To be kept in the employee's file.

ASC TRUST CORPORATION

Comprehensive Enrollment Form

MY DECISION This section must be completed.

☐ **I elect to participate** in my retirement plan and start my family on the road to financial independence.

☐ **I elect NOT to participate** in my retirement plan at this time. I understand that if my employer makes an employer match, I will not receive the match which results in me making less money than my co-workers who are participating.

General Information

Employer / Plan Name

Your Name (Last Name, First Name, MI)

Social Security Number ☐☐☐ ☐☐ ☐☐☐☐

Mailing Address

City | State/Territory | ZIP

E-mail Address *(Notifications will be sent to your email address. Your account will be set to electronic statements unless initialed here ________.)*

HOME Phone | CELLULAR Phone | WORK Phone | OTHER Phone

Date of Birth (mm/dd/yyyy) | Date of Hire (mm/dd/yyyy)

Marital Status: ☐ Not Married ☐ Married* - Spouse Name:________________________________

**(Common Law not recognized as legal marriage)*

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and investment information and that I understand the provisions of my Employer's Retirement Plan.

Signature of Participant ________ Date ________ Authorized Plan Administrator ________ Date ________

This is a: ☐ **New Enrollment** ☐ **Change Form** ☐ **Re-Enrollment**

Comprehensive Enrollment Form

Employer / Plan Name

Your Name (Last Name, First Name, MI) Social Security Number

My Contribution Decision

☐ **Sign Me Up!**

I elect to participate in my employer's Retirement Plan and hereby authorize my Employer to deduct the following income for deposit into the plan.

______________**% per pay period** **OR** **$**______________ **per pay period**

NOTE: Your company may limit your election to a percentage option only. *(As allowed by your employer)*

Annual Auto Increase

☐ **Increase!**

I elect to allow ASC to automatically increase my contribution annually as follows and in accordance to my Plan.

______________**% Annual Increase** **For:**______________**years**

Online Enrollment

If you prefer to enroll electronically, you may be able to do so by logging on to our secure website. Under ***Account Login***, enter your Social Security Number under ***User ID*** and the last four digits of your Social Security Number for your ***Password***. Once signed in, it is recommended that you change your Password to something more secure. Follow the Enrollment steps on our website on your first visit.

www.ASCTrust.com

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my contribution rate in the future, I can do so by completing a change form or by going online.

Signature of Participant Date Authorized Plan Administrator Date

This is a: ☐ **New Enrollment** ☐ **Change Form** ☐ **Re-Enrollment**

Comprehensive Enrollment Form

ASC TRUST CORPORATION

Employer / Plan Name

Your Name (Last Name, First Name, MI) Social Security Number

OPTION 1: Target Date Profiles (TDP)

I choose to be in a Target Date Profile (TDP) Investment. I understand that by selecting this option, ASC will automatically set up my investments in line with my age and projected years to retirement. *I understand that any existing balance will be transferred to this election unless initialed here _______ .*

Your Date of Birth

Month / Day / Year

OPTION 2: Dynamic Retirement Trust (DRT)

Allocate my account to the risk allocation fund selected below ***(select one).*** For detailed profile information and Prospectuses, please visit our website at www.asctrust.com or contact ASC.

Fund Selection	Time Horizon	Fund Selection	Time Horizon
☐ Capital Preservation	0-5 Years	☐ Moderate Growth	16-20 Years
☐ Conservative Income	6-10 Years	☐ Growth Fund	21-25 Years
☐ Conservative Growth	11-15 Years	☐ Capital Appreciation	26+ Years

I understand that any existing balance will be transferred to this election unless initialed here ______ .

OPTION 3: ASC Core Funds

Allocate my account according the percentages below (Allocated percentages must add up to 100%).

Allocation	Style	Fund Name	Management	Ticker	Fee
%	Liquidity - Money Market	Fidelity Money Market	Active	FMPXX	0.21%
%	Liquidity - Stable Value	Stable Value Fund	Active	*	*
%	Bonds - Core Fixed Income	Vanguard Total Bond Index	Passive	VBTIX	0.07%
%	Bonds - Core Plus Income	MetWest Total Return Fund	Active	MWTIX	0.40%
%	Diversified Equity	DRT Global Equity Fund	Active	CIT	1.08%
%	US Equity Large Cap Value	JP Morgan Equity Income Select	Active	HLIEX	0.79%
%	US Equity Large Cap Blend	Vanguard Institutional Index	Passive	VINIX	0.04%
%	US Equity Large Cap Growth	Harbor Capital Appreciation	Active	HACAX	0.65%
%	US Equity Mid Cap Value	John Hancock Disciplined Val.	Active	JVMIX	0.90%
%	US Equity Mid Cap Growth	Eagle Mid Cap Growth	Active	HRAUX	0.78%
%	US Equity Small-Mid Cap	Vanguard Extended Mkts. Index	Passive	VIEIX	0.12%
%	US Equity Small Cap Value	DFA US Small Cap Value I	Active	DFSVX	0.52%
%	US Equity Small Cap Growth	Voya Small Cap Growth	Active	NSPIX	1.16%
%	Int'l Equity Large Cap Value	MFS International Value	Active	MINIX	0.82%
%	Int'l Equity Large Blend	Vanguard Total Int'l Stock	Passive	VTSNX	0.12%
%	Int'l Equity Large Growth	Artisan International Fund	Active	ARTIX	1.17%

**Contact ASC for your plan's Stable Value Fund details.*

I understand that any existing balance will be transferred to this election unless initialed here _______ . Most plans provide additional Specialty Funds for sophisticated participants and/or participants under the guidance of an individual investment advisor. You can find out if your plan provides additional Specialty Funds by contacting us or logging on to our website.

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my investment election in the future, I can do so by completing a change form or by accessing my account online.

Signature of Participant Date Authorized Plan Administrator Date

This is a: ☐ **New Enrollment** ☐ **Change Form** ☐ **Re-Enrollment**

Comprehensive Enrollment Form

ASC TRUST CORPORATION

Employer / Plan Name

Your Name (Last Name, First Name, MI)　　　Social Security Number

Rollover Funds

☐ I have a balance in a previous employer's retirement plan. Please contact me to help me consolidate my accounts.

Naming My Beneficiary

As a participant in my employer sponsored retirement plan, I hereby acknowledge that in accordance with the rights granted to me under the Plan to designate and redesignate the beneficiary(ies) to receive my Plan benefit in the event of my death, I hereby designate the following beneficiary(ies) to receive such benefit in the order of priority as indicated below. Additionally, because this designation may be invalidated due to a change in my marital status, I understand that I should complete a new Beneficiary Designation Form in the event of such change.

PRIMARY BENEFICIARY

Marital Status: ☐ **Not Married** ☐ **Legally Married***

** If you are **legally married** (common law not recognized as legal marriage), you must name your spouse as the sole Primary Beneficiary, unless your spouse completes the Spousal Consent To Waiver As Primary Beneficiary Form (provided by plan administrator upon request).*

Full Name	Date of Birth	Social Security No.	Relationship to You	Share %

SECONDARY BENEFICIARY

A secondary beneficiary is entitled to receive your retirement benefit in the event that the primary beneficiary is deceased or not eligible to receive the asset.

Full Name	Date of Birth	Social Security No.	Relationship to You	Share %

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and investment information and that I understand the provisions of my employer's Retirement Plan.

Signature of Participant　　Date　　Authorized Plan Administrator　　Date

This is a: ☐ **New Enrollment** ☐ **Change Form** ☐ **Re-Enrollment**

Appendix Z.

401(k) Plan Distribution Form

ASC TRUST CORPORATION
Capitol Plaza Bldg,
Suite 110
120 Father Dueñas Ave.
Hagåtña, Guam 96910

Phone: (671) 477-2724
Fax: (671) 477-2729
Email: info@asctrust.com
Website: www.asctrust.com

Use this Plan Distribution Form to request an account distribution if the reason for the distribution is:

- **Termination of Employment**
- **Retirement**
- **Permanent Disability**
- **Death**

A separate form is required to request for hardship distributions or loans.

If you are transferring to another employer that is part of the same controlled group of companies, you may not be eligible to withdraw from your account. Please contact ASC for more information.

Additional information can be found in the Summary Plan Description or call ASC at (671) 477-2724.

You are about to make a decision that could greatly affect your plans for retirement. Please read this brochure, as well as the Special Tax Notice very carefully before completing the attached distribution request form.

When terminating from your company, you really have three options for your retirement account balance:

- **Rollover to your new Employer**
- **Rollover to an IRA**
- **Lump Sum Distribution** (If you are not 59 ½ years old, you will be subject to a 10% penalty for the distribution)

If you are like most plan participants, you might think that there is little harm in taking the balance of your distribution in cash. **Think Again!**

Did you know for every **$1,000** you take out of your account, you could be costing yourself thousands of dollars of retirement income. **That's right!**

For an idea on how much your current balance could grow to by the time you retire, please see the following chart:

The Potential Growth of $1,000

Years To Retirement	Conservative Investor 4.58%	Moderate Investor 6.37%	Aggressive Investor 7.53%
5	$1,251	$1,362	$1,438
10	1,565	1,854	2,067
15	1,958	2,525	2,971
20	2,449	3,439	4,272
25	3,063	4,683	6,141
30	3,832	6,376	8,829
35	4,794	8,683	12,692
40	5,997	11,824	18,247

IMPORTANT: The projections or other information generated regarding the likelihood of various investment outcomes are hypothetical in nature, do not reflect actual investment results and are not guarantees of future results. Your results may vary with each use and over time. The illustration is calculated as a Geometric Return; the expected compound annualized return of the assets mix and is open to change as market conditions and inflationary expectations change.

With this in mind, be very careful before you take your money in cash. If you are considering taking your balance in cash, ask yourself the following two questions:

- ► **What is the reason you are considering taking this money in cash?**
- ► **Is this reason going to be important to you in 10 years?**

If it is, take the money in cash. If not, roll your money over to your next employer or to an IRA and keep your retirement savings working for you.

ASC Trust Corporation
120 Father Dueñas Avenue
Capitol Plaza Bldg. Suite 110
Hagåtña, Guam 96910

Plan Distribution Form

Tel: (671) 477-2724
Fax: (671) 477-2729
Email: info@asctrust.com
Website: www.asctrust.com

Please read the attached "Special Tax Notice Regarding Plan Payments" before completing this form.

____
Employer / Plan Name

____
Your Name (Last Name, First Name) Social Security Number Date of Birth

____
Mailing Address City State/Territory ZIP

________________________ ________________________
Contact Number(s) E-mail Address

Marital Status: ☐ Not Married ☐ Married - Spouse Name:______________________________

I will be filing this year's income taxes in: ☐ Guam (Rev & Tax) ☐ U.S. (IRS) ☐ CNMI (DRT) ☐ Other: ________________

If resigned from prior employer (above), please indicate new employer, if any: ____________________________

REASON FOR DISTRIBUTION

Please select __one__ of the reasons below.

☐ **Retirement/Separation of Employment**
(From current employer or any controlled group of companies that your employer is a part of.)

Date of Hire:____________________
(mm/did/yyyy)

Date of Termination:____________________
(mm/dd/yyyy)

Hours Worked this Plan Year:____________

☐ **Disability** ***(Additional certification required)***

☐ **In-Service Distribution** ***(If applicable; age 59 ½ or older)***

☐ **Death Benefit Payout** ***(Please provide death certificate)***

☐ **Termination of the Plan**

Employer Verification for Date of Separation:

____
Signature

____
Date

A. Request for a Rollover to Your Next Employer

☐ I would like to rollover $_______________ or _________% of my vested balance to another qualified retirement plan[1].

☐ My new employer has a plan maintained by ASC, **please waive all fees associated with this distribution.**

☐ My new employer's plan is not maintained by ASC, **please debit my account $50.00 for processing.**

____
Check Payable: Trustee / Financial Institution / Plan Name Plan Account Number

____
Check Mailed To: Mailing Address City State/Territory ZIP

B. Request for a Rollover to an IRA (Roth or Traditional Individual Retirement Acct)

☐ I would like to rollover $__________________ or _________% of my vested balance to an IRA[1].

Type of account: ☐ Traditional (Pre-Tax) ☐ ROTH (After-Tax)

☐ **Please waive all fees**. I would like to rollover my balance to the ASC Trust Corporation IRA Rollover Program.

☐ In the absence of an Enrollment Form, I would like ASC to invest my account into the **Target Date Profile (TDP)** in accordance with my age.

☐ I have attached the **ASC IRA Enrollment Form as required** for this transaction.

☐ I would like to transfer my account balance to the following IRA**, please debit my account $50.00 for processing.**

____
Check Payable: Trustee / Financial Institution / IRA Account Name IRA Account Number

____
Check Mailed To: Mailing Address City State/Territory ZIP

ASC Trust Corporation
120 Father Dueñas Avenue
Capitol Plaza Bldg. Suite 110
Hagåtña, Guam 96910

Plan Distribution Form

Tel: (671) 477-2724
Fax: (671) 477-2729
Email: info@asctrust.com
Website: www.asctrust.com

Please read the attached "Special Tax Notice Regarding Plan Payments" before completing this form.

____
Employer / Plan Name

____
Your Name (Last Name, First Name) Social Security Number

C. Request for a Direct Payment to You

☐ Please issue a distribution paid directly to me equal to $_______________________ ☐ Gross Amount ☐ Net Amount or ____________% of my vested balance.
I understand that there is a $50.00 processing fee for distributions.

☐ I would like a check issued to me.

☐ I would like an automatic deposit to my bank account (ACH). By electing payout by ACH, I understand and agree to all ACH rules. **I have attached a deposit slip or voided check that contains the valid ACH routing number and bank account number.**

Bank Name: ____

☐ Savings Account # ________________________ Routing # ________________________

☐ Checking Account # ________________________ Routing # ________________________

Further, I understand that my distribution may be subject to 20% Mandatory Federal Income Tax Withholding. Read the Special Tax Notice for more details.

Attach VOIDED Check Here

D. Death Benefit Payout

☐ **Select One**:
Death Benefit payment to: ☐ Beneficiary - Spouse ☐ Beneficiary - Non-Spouse ☐ Alternate Payee (resulting from court order)

____
Beneficiary/ Payee Name (Last Name, First Name) Social Security Number Date of Birth

____
Mailing Address City State/Territory ZIP

______________________________________ ______________________________________
Contact Number(s) E-mail Address

Certification: I have read this payment request and affirm that the above information and elections made are accurate and any payments made by the Trustee pursuant to the above (subject to terms of the Plan) will relieve the Trustee of any liability. I have also read the "Special Tax Notice Regarding Plan Payments", and understand that Federal Tax will be withheld at 20% on the taxable portion unless I elect a Direct Rollover of my "eligible rollover distribution" State Tax will be withheld, if applicable. I certify that the above information is true and correct to the best of my knowledge.

______________________________________ ______________________________________
Signature of Participant Date Plan Administrator/Notary as Witness to Participant Signature Date

[1] *If you have requested less than 100% of your vested balance to be rolled over, the remainder of your distribution will be issued as a separate check made payable to you with Federal Taxes Withheld at 20% on the taxable portion. State taxes will be withheld, where applicable.*

FOR ASC USE ONLY:

Based on the information above and prior census information provided to ASC, our records reflect that this participant is

Employer Match: VESTED at ________________***%. Employer Base Contribution: VESTED at*** ________________***%.***

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS FOR PARTICIPANTS

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from your company sponsored retirement plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59 1/2 and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59 1/2 (or if an exception applies).

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59 1/2 (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70 1/2 (or after death)
- Hardship distributions
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)

The Plan Administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59 1/2, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation

- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59 1/2, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to $10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is generally included in the payment. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and a portion is paid to you, each of the payments will include an allocable portion of the after-tax contributions. If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals $12,000, of which $2,000 is after-tax contributions. In this case, if you roll over $10,000 to an IRA in a 60-day rollover, no amount is taxable because the $2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

If your payment includes employer stock that you do not roll over

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59 1/2, disability, or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan Administrator can tell you the amount of any net unrealized appreciation.

If you have an outstanding loan that is being offset

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If you roll over your payment to a Roth IRA

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than $100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA.

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59 1/2 (or after your death or disability, or as a qualified first-time homebuyer distribution of up to $10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

If you are not a plan participant

<u>Payments after death of the participant</u>. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions does not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59 1/2 will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70 1/2.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70 1/2.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

<u>Payments under a qualified domestic relations order</u>. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example,

you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than $200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cashout of more than $1,000 will be directly rolled over to an IRA chosen by the Plan Administrator or the payor. A mandatory cashout is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed $5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

FOR MORE INFORMATION

You may wish to consult with the Plan Administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

120 Father Duenas Avenue
Capitol Plaza Bldg, Suite 110
Hagatna, Guam 96910

Appendix AA.

Loan Request Form

Tel: (671) 477-2724
Fax: (671) 477-2729
Email: info@ascpac.com
www.ascpac.com

College of Micronesia – FSM RETIREMENT PLAN

Name:____ SSN: ________________________

Last First Middle Initial

Campus: ____ E-mail Address:_________________

Marital Status: ☐ Married ☐ Not Married

A. LOAN DETAILS

1. This is a request to borrow $_____________________ from my account in the College of Micronesia - FSM Retirement Plan. If this amount is more than the maximum available to me, I request a loan for the maximum amount available (minimum amount: $1,000).

2. I want to repay the loan in equal installments over a term of ____________ months (maximum term: 60 months).

3. I instruct ASC Trust Corporation to:

   a. ☐ Remit the the loan proceeds into my Bank of Guam Account # ______________________________.

      ☐ Checking Account ☐ Savings Account - Name on Account__________________________

   b. ☐ Remit to COM-FSM Bank Account #____

      (Note that deposit will be payable to "[Employee Name] or COM-FSM")

I understand that: (1) Plan loans will be repaid through regular payroll deductions as long as there is a loan balance in my account; (2) the loan interest rate is at_____ **%**, (3) when the loan is authorized, I will receive a check and Truth-in-Lending Disclosure Statement/Promissory Note detailing the terms of the loan; (4) by signing the Truth-in-Lending Disclosure Statement, I agree in full to the terms and conditions of the Promissory Note; (5) if the terms and conditions of the loan are not acceptable to me, I will return the loan check and all documentation to ASC Trust Corporation, and the money will be returned to my plan account; (6) loan prepayment, in part or in full, is permitted at any time; (7) any unpaid balance is due on the day my employment ends and will be deemed if not repaid at that time; (8) the loan will be funded through withdrawals from my applicable contribution accounts, divided proportionately among my investment funds; (9) my loan payment will be reinvested according to my fund selections at the time the payment is received; (10) I will be charged interest on the outstanding principal balance; (11) a one-time loan setup fee of $100.00 will be charged against my loan; (12) there is annual loan maintenance fee of $50.00.

B. PARTICIPANT SIGNATURE

By signing this form, I authorize implementation of the above instructions.

Participant Signature ____ Date_____/_____/_____

C. SPOUSAL CONSENT AND WITNESS TO SPOUSAL CONSENT (Not Applicable to COM-FSM)

Spousal Consent: By signing below, I consent to the loan requested by my spouse. I understand that this loan is secured by my spouse's vested interest in the Plan, and that by signing, I may be waiving my right to Plan benefits.

_________________________________ _________________________________ _____/_____/_____

Spouse Signature Spouse Name (print) Date

Witness to Spousal Consent: I have witnessed the signature of the person who signed this form as spouse on the date indicated above. This person presented satisfactory evidence to prove his/her identity.

Notary Public _________________________________ (or) Plan Representative_________________________________

State ____________________________ County ________________________ Date _____/_____/_____

In addition to signing here, notaries may attach a standard form of acknowledgment if they wish.

PLAN ADMINISTRATOR USE ONLY

I have reviewed this loan request and certify that it conforms to the terms of the Plan, Spousal Consent has been obtained where required. ASC Trust Corporation authorized to comply with this request by (1) preparing the loan documents for the participant's execution and (2) issuing, or instructing the fund manager to issue a check representing the loan proceeds. The company will initiate payroll deductions as detailed on the Loan Summary Report. I direct ASC Trust Corporation to set up a loan repayment schedule.

Plan Administrator's Signature: ____________________________________ Date: _____/_____/_____

Appendix BB.

FSM MiCare Plan

P.O. Box 2156
Kolonia, Pohnpei FM 96941
Email Address: info@micareplan.fm

ENROLLMENT APPLICATION

INSTRUCTIONS: Use ink or typewriter to complete form. All questions must be answered.

IMPORTANT: Any misrepresentation and/or concealment of material information that the applicant herein may make shall render his contract void from the beginning.

FAMILY NAME	FIRST NAME	MI	AGE	BIRTHDATE

SEX _____ MALE
_____ FEMALE

CIVIL STATUS: _____SINGLE _____WIDOWER
_____MARRIED _____SEPARATED

HEIGHT ______FT ______IN WEIGHT_______

ADDRESS: HOME: ____ TEL. NO. ________________________
____

BUSINESS: _______________________________________TEL. NO. ___________________FAX NO. ________________

DEPT/OFFICE: CITIZENSHIP: OTHERS: / /
Specify:

SOCIAL SECURITY NO: RESIDENCY:

OPTIONS: / / BASIC ()BW / / SUPPLEMENTAL RESIDENT () BW / / SUPPLEMENTAL-NONRESIDENT () BW / / NON REFFERAL (NR) () BW

FAMILY MEMBERS To be filled out by the Head of Family or Provider	RESIDENCY	OPTIONS	SEX	RELATIONSHIP	BIRTHDATE

AGREEMENT: I agree that I (and my dependents) shall abide by the provisions of the MiCARE Plan Schedule of benefits as contained in applicable laws, rules and regulations, and informational material. I understand that it is my responsibility to report any changes in the eligibility of my dependents. I (and my dependents) authorize any health care provider or facility that has any records or knowledge of my (us) or my (our) health to provide any such information to the administration. I have read the MiCARE Plan brochure and my questions have been answered satisfactorily.

Signature of Enrollee:____ Date:___________________________

PAYROLL DEDUCTION AUTHORIZATION: I authorize my employer to deduct my contribution to the MiCARE Plan from my compensation each payroll period. My authorization also includes any increases, decreases, adjustments, assessments or cancellations to the contributions as required by the MiCARE Plan under applicable laws, rules, and regulations, or other informational material.

Signature of Enrollee: ____ Date: ___________________________

FOR OFFICIAL USE ONLY

EFFECTIVE DATE	TOTAL PREMIUM CONTRIBUTION	PARTICIPATING AGENCY DEPT. NO. _______________ HIRE DATE: _______________

Revised 06/09/05

Appendix CC.

FSM MiCare PLAN
P.O Box 2156
Kolonia, Pohnpei FM 96941

AMENDMENT OF ENROLLMENT

I ____________________ with Insurance ID# ____________________ employed at ____________________ would like to request your office to make the following amendments to my enrollment including my dependents in the FSM MiCare Plan. I am currently residing in ____________________. My Mailing address is ____________________. My Telephone is: Home ____________ Office: ____________

A. CHANGES OF OPTION

Name of Member	Amended From	Amended To	Residency

B. ADDITIONAL DEPENDENT(s)

Name of Member	Options	Sex	Relationship	Birthdate	Residency

C. DELETION OF DEPENDENT(s)

Name of Member	Reason for Deletion

I hereby authorize the Plan to correct or complete the request for amendment and agree that I (and my dependents) shall abide by the provision of the MiCare Plan schedule of benefits as contained in applicable law, rules and regulation and informational materials.

I hereby authorize also my employer to deduct my contributions for the increase, decreases and adjustments to MiCare Plan from my compensation each pay period.

____________________ Signature of Enrollee

____________________ Date

FOR OFFICIAL USE ONLY

EFFECTIVE DATE	TOTAL PREMIUM CONTRIBUTION	INCREASE BY ____________
		DECREASE BY ____________

Revised (04/12/05)

Appendix DD.

College of Micronesia – FSM
P.O. Box 159, Kolonia, Pohnpei FSM 96941
Tel: (691)320-2480/2481 Fax: (691)320-2479

DISCLAIMER & LIABILITY LIMITATION FORM

I understand that my participation in the FSM MiCare Plan through the College of Micronesia – FSM is optional. The College of Micronesia – FSM is making payroll deductions only as per my instruction and desire to enroll in the program. I further understand that the College will continue with payment of its share of the premiums on my behalf only as long as I keep up with my share of the premium through payroll deduction biweekly. If I am placed on leave without pay for any period of time during my enrollment, I understand that I am responsible for making alternative payment arrangements directly with the FSM MiCare Plan. I am also responsible for informing the College so that payment of my employer's share of the premium continues.

My signature below indicates my understanding of the above statement and my personal responsibility toward my life insurance coverage.

_________________________	_________________________	____________
[Print] Name Employee	Signature of Employee	Date