



New York State  
**Office of Temporary and Disability Assistance**  
40 North Pearl Street – Albany, NY 12243-0001

**George E. Pataki**  
*Governor*

**Robert Doar**  
*Commissioner*

October 4, 2004

Dear Commissioner \_\_\_\_\_:

In order to insure that individuals have appropriate access to the OTDA programs, and to determine the various methods that districts employ to provide access, we have developed the enclosed Americans with Disabilities Act/Limited English Proficiency (ADA/LEP) self-evaluation review form.

Please ask the appropriate staff person to complete the self-evaluation form and return it, and any existing local information, procedures and reports as identified on the self-evaluation to:

Ms. Maureen Kennedy-Ragule  
Central Team Leader  
Division of Temporary Assistance  
New York State Office of Temporary and Disability Assistance  
40 North Pearl Street  
11<sup>th</sup> Floor  
Albany, NY 12243

Division of Temporary Assistance (DTA) staff will review the returned materials and, in the event they identify a potential deficiency, will work with your staff to address the matter. I ask that you return the completed form by November 23, 2004.

If you or your staff have any questions about this matter, please contact Dottie Mullooly at (518) 474-5396 (or [dottie.mullooly@dfa.state.ny.us](mailto:dottie.mullooly@dfa.state.ny.us)) or Tom Homovich at (518) 474-6501 (or [tom.homovich@dfa.state.ny.us](mailto:tom.homovich@dfa.state.ny.us)).

Thank you for your cooperation and your interest in this very important matter.

Sincerely,

Russell Sykes  
Deputy Commissioner

Enclosure

**AMERICANS WITH DISABILITIES ACT (ADA)/LIMITED ENGLISH PROFICIENCY (LEP)**  
**Self-Evaluation Form**

District Westchester \_\_\_\_\_ Form completed by: Peter Garcia \_\_\_\_\_  
Phone #914-995-5566 \_\_\_\_\_

**Access – ADA**

1. Do you have an ADA contact person within DSS who is responsible for social services program access and for the taking and resolution of complaints from applicants/recipients (A/Rs)?

☒ Yes ☐ No

2. If yes to #1, who is your ADA contact? Peter Garcia

Please provide the ADA contact's telephone # 914-995-5566  
\_\_\_\_\_

3. a. Has your district done a self-evaluation of program access by A/Rs with disabilities?

Yes ☒ (Please attach a copy of the report) No ☐ Meeting with the Director of Westchester's Office for the Disabled and each district office lead manager conducted a self-evaluation of their facilities.

- b. Were deficiencies found in the self-evaluation?

Yes ☒ (go to c.) No ☐ (Go to #4) Missing Braille signs.

- c. Were corrective actions taken?

Yes ☒ (Please attach copy of the corrective action plan) No ☐ Requested that our Department of Public Works order and install signs at each facility.

4. Do you have a written procedure for handling complaints from applicants/recipients who claim to have been denied access to social services programs due to a disability?

Yes ☒ (Please attach copy) No ☐

5. Do you provide applicants/recipients (A/Rs) for social services programs with information about the ADA's prohibitions against discrimination?

Yes ☒ (Please attach copy) No ☐ Westchester DSS Web Site

6. Reasonable accommodation means an adaptation or alteration that gives an A/R with disabilities meaningful access to social services programs. Do you have written reasonable accommodation procedures?

Yes ☒ (Please attach copy) No ☐

7. Do you have a procedure to insure that the A/R who is offered reasonable accommodation, but refuses, understands the consequences of that refusal?

Yes ☒ (Please attach copy) No ☐ Adult Protective Services in each office is called to assess individual. This is standard practice.

**Access – General Disabilities**

1. a. Are your facilities accessible to, and usable by, individuals with disabilities?

Yes ☒ No ☐

- b. Are your parking areas and sidewalks accessible to, and usable by, individuals with disabilities?

Yes ☒ No ☐

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- c. Is the entrance wheelchair accessible? Yes ☒ No ☐

- d. Are bathrooms and drinking fountains wheelchair accessible?

Yes ☒ No ☐

- e. If the client area is above or below the 1<sup>st</sup> floor, are there elevators?

Yes ☒ No ☐ 1<sup>st</sup> floor only ☐

- f. If No to e., are services available at alternate accessible sites? Yes ☐ No ☐

2. In social services districts with more than one district office, are all district offices accessible according to #1. a – e above.

☒ Yes ☐ No (go to #3)

3. When one or more district office is not handicap accessible, is reasonable accommodation offered?

☐ Yes (attach copy of reasonable accommodation plan, or specify ) \_\_\_\_\_  
☐ No

4. Do you have procedures for determining when home visits will be provided for A/Rs who are physically or mentally unable to travel to the office/center?

☒ Yes (go to #6) ☐ No (go to #5)

5. If No to #4, what alternate accommodations are provided? \_\_\_\_\_

6. Are the home visit or alternate accommodations procedures in writing?

☒ Yes (please attach a copy – go to #7) ☐ No (go to #7)

7. How is the district's policy regarding home visits or alternate accommodations conveyed to A/Rs?

☒ Via web site, rights and responsibility booklets, community outreach worker and all staff are instructed in policy if an applicant makes an inquiry. \_\_\_\_\_ (Go to #8)

8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? Written memorandum, training, and supervisory review.

#### Access – Visually/sight Impaired

1. a. Are there signs in Braille for the visually/sight impaired?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Men's and Women's rooms
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Room Numbers
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Exits
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Permanent Rooms and Spaces
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Elevators

- b. If NO to any of the above, how does the visually impaired person find a necessary location?

Reception staff and screeners available in each office. \_\_\_\_\_

2. Do you have procedures in place for A/Rs who, due to visual impairment, are unable to read the application, information booklets, notices, etc.?

Yes X (Please provide copy) No \_\_\_\_\_ Screening staff are available in each office to assist with the completion of the application.

Braille signs for each office are being ordered.

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#### Access – Mental Impairment

1. Do you have procedures in place to assist a mentally impaired A/R?

Yes X (Please provide copy) No \_\_\_\_\_ Adult Protective services if required .  
Each office also has either an onsite Community Mental Health Office or one within close proximity, which can help, assess the customer's needs.

#### Access – Hearing Impaired

1. Do you have procedures in place to assist hearing impaired A/Rs?

Yes X (Please provide copy) No \_\_\_\_\_

2. Is a sign-language interpreter provided? Yes X No \_\_\_\_\_

3. Does the office/agency have TTY/TTD equipment or New York Relay Services available?

Yes X (Type of Service: TTY and New York relay Service is available. \_\_\_\_\_) No \_\_\_\_\_

#### Access – Limited English Proficiency

1. Do you have procedures to assist limited or non-English speaking A/Rs?

Yes X (Please provide copy) No \_\_\_\_\_

2. Are the following available in other than English language?

Signs Yes X No \_\_\_\_\_

Posters Yes X No \_\_\_\_\_

Pamphlets Yes X No \_\_\_\_\_

Other client handouts: Yes \_\_\_\_\_ (Describe: Applications \_\_\_\_\_) No \_\_\_\_\_

3. a. Is the "Language Poster" displayed in the waiting area? Yes X No \_\_\_\_\_

- b. Are the Language palm cards used? Yes \_\_\_\_\_ No X Have requested that State OTDA get us examples and form number so that we can order and distribute to our offices.

**TO:** All DSS Staff

**FROM:** Peter Garcia  
Supervisor, Office of Temporary Financial Services

**RE:** **Americans with Disabilities Act**

**DATE:** April 13, 2005

The purpose of this memo is to remind staff of our Department's obligation to comply with Title II of the Americans with Disability Act. The law prohibits discrimination based on disability with respect to programs or activities conducted or funded by a government agency.

A disability is defined as a physical or mental impairment that substantially limits one or more major life activities. A person is considered disabled if the person has such a physical or mental impairment, has a record of such impairment, or is regarded as having such impairment. Disability covers a wide range of conditions and includes mobility, vision, hearing, or speech impairments, learning disabilities, chronic health conditions, emotional illness, AIDS, HIV positive and a history of alcoholism or prior substance abuse.

While all DSS buildings currently comply with ADA accessibility requirements, it is important that staff understand that all efforts must be made to assist customers requesting reasonable accommodations. This may include requests for home interviews, telephone interviews (if appropriate), assistance with the completion of an application, and any other request for accommodations.

The Americans with Disability Act requires that a "responsible employer" be identified as the coordinator of ADA compliance activities and be available to answer questions about the law. Westchester County's designated "responsible employer" is Evan Latainer, Director of the Office for the Disabled, who may be reached at (914) 995-2957. Customers who wish to file a formal ADA complaint should be directed to contact me at (914) 995-5566. The Office of Temporary Financial Services will be responsible for assisting customers with complaints of ADA non-compliance. Every reasonable effort should be made to resolve the customers' complaints before a formal complaint is filed.

If there are any questions concerning our department's ADA policy, please contact me.

## What's New Details

### **Americans with Disabilities Act**

The Westchester County Department of Social Services is committed to maintaining a barrier free environment so that individuals with disabilities can fully access programs and services. Each of our offices will make every effort to accommodate individuals with special needs.

The Westchester County Office for the Disabled is the County's designated ADA coordinator.

The office can be reached at (914) 995-2957.

To file a formal ADA complaint with the Westchester County Department of Social Services, please call (914) 995-5566.

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Andrew J. Spano  
County Executive

Department of Social Services

Kevin P. Mahon  
Commissioner

DEPARTMENTAL INFORMATIONAL MEMORANDUM NO. 1248

ATTENTION:

~~All Non-Services Staff~~

APPROVED:



DATE: March 23, 2005

SUBJECT:

Interpreter Services Poster (Pub-4842)  
Interpreter Services Desk Guide (Pub-4843)

EFFECTIVE:

Immediately

INQUIRIES TO:

Paul Surovich  
Office of Temporary Financial Services  
112 East Post Road, 5<sup>th</sup> floor  
White Plains, NY 10601  
Telephone: 995-6055 E-mail: PSS9

### I. Purpose

The purpose of this release is two fold:

1. To notify district office staff that the mandated "Interpreter Services Poster" (PUB-4842) and the recommended local district worker's "Interpreter Services Desk Guide" (PUB-4843) have been updated, reformatted and are available for ordering.
2. To also inform district office staff that the information contained on these documents has been translated into 6 additional languages. The complete list of "Other than English" languages are:

Albanian, Arabic, Bengali, Bosnian, Chinese, Farsi, French, Haitian Creole, Hindi, Italian, Korean, Polish, Russian, Spanish, Tagalog, Ukrainian, Urdu, Vietnamese, Yiddish and Symbol for Deaf/Hearing Impaired.

### II. Background

On September 22, 2000, a joint "Local District Commissioner" letter was issued by the Department of Health and the Office of Temporary and Disability Assistance. This letter introduced a mandated "Interpreter Services Poster" and a recommended local district worker's "Interpreter Services Desk Guide". These documents were developed with the purpose of enhancing communication between the workers and clients who had limited English proficiency. It was also felt that these communications tools will expedite the process of engaging interpretation for the client.

### III. Program Implications

Local social services offices must continue to post the "Interpreter Services Poster" (PUB-4842) in all Temporary Assistance, Medical Assistance and Food Stamp Benefits client areas.

To assure that the most current version of the "Interpreter Services Poster" is posted, local districts must order the 6/04 poster, as soon as possible.

Local social services offices should also order, and make available to their workers in all program areas, the 6/04 version of the "Interpreter Services Desk Guides" (PUB-4843).

#### IV. Forms Ordering Information

- Requests for printed copies of the 6/04 versions of the PUB-4842: "Interpreter Services Poster" and the PUB-4843: "Interpreter Services Desk Guide" should be submitted to: OTDA-876 "Request For Forms or Publications", and should be sent to:

**Robert Overton**  
112 East Post Road, 6<sup>th</sup> floor  
White Plains, NY 10601

#### V.

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
95 INF-15		303.1(b)(5); 303.5; 355.1(a)(6) 356.2(a); 351.21(d) 351.26(a)(1)		TASB Chapter 4 Section R Page 20	GIS 99 MA/021



# Interpreter Services Desk Guide

If someone comes to you for help and you don't know what language they are speaking, ask them to point to their language on the card. This is the first step in getting them help.



<b>English</b>	Do you speak...?	Please be seated while I call someone to interpret for you.
<b>Albanian</b>	Flisni shqip?	Udhëtoj ju lutem derisa të themas një përkthyes për ju.
<b>Arabic</b>	هل تكلم اللغة العربية؟	نعمن يا اخوتي، بينما ننتدعي لك مترجما.
<b>Bengali</b>	আপনি কি বাংলা বলতে পারেন?	অনুগ্রহ করে বসুন যখন আমি আপনার হয়ে দোস্তাখীর কাজ করার কথা করে শুনতে আনাখোঁন করছি।
<b>Bosnian</b>	Govorite li bosanski?	Molimo vas da sjednete dok ja ne pozovem osobu koja će da prevodi za vas.
<b>Chinese</b>	<b>Mandarin</b> 您說中文國語嗎？	我設法為您尋找一位翻譯，請坐著等待。
	<b>Cantonese</b> 您說廣東話嗎？	我設法為您尋找一位翻譯，請坐著等待。
	<b>Fujian</b> 您說福州話嗎？	我設法為您尋找一位翻譯，請坐著等待。
	<b>Wenzhou</b> 您說溫州話嗎？	我設法為您尋找一位翻譯，請坐著等待。
<b>Farsi</b>	آیا شما فارسی حرف می زنید؟	لطفاً بنشینید، من سعی می کنم برای شما مترجم پیدا کنم.
<b>French</b>	Parlez-vous français?	Veuillez vous asseoir, et je vais vous appeler un interprète.
<b>Haitian Creole</b>	Eske wapale Kreyòl?	Tanpri chita mwen pral rele yon entèprete pou ou.
<b>Hindi</b>	क्या आप हिन्दी बोलते हैं?	कृपया आपकी सीट पर बैठ रहे जब तक कि हम किसी दस्तावेज (दस्तावेज) को आपका समझना के लिए लाया करे।
<b>Italian</b>	Parla italiano?	Prego si accomodi e attenda mentre Le chiamo un interprete.
<b>Korean</b>	한국어를 사용하십니까?	제가 귀하를 위해 통역해드릴 사람을 부르는데 있어서 기다려주세요.
<b>Polish</b>	Czy Pan/Pani mówi po polsku?	Proszę siedzieć, podczas gdy wolam tłumacza.
<b>Russian</b>	Вы говорите по-русски?	Посидите, пожалуйста, и пожалуйста, пока вам представят переводчика.
<b>Spanish</b>	¿Habla español?	Favor de tomar asiento mientras le llamamos al intérprete.
<b>Tagalog</b>	Maramong ka bang mag-Tagalog?	Maupo muna habang tumatawag ako ng taong magasalin para sa iyo.
<b>Ukrainian</b>	Чи Ви розмовляєте українською мовою?	Будь ласка, посидьте, поки я викликаю перекладача для Вас.
<b>Urdu</b>	کیا آپ اردو بولتے ہیں؟	ہاں، میں آپ کے لیے مترجم کی تلاش کر رہی ہوں۔
<b>Vietnamese</b>	Quý vị nói tiếng Việt phải không?	Xin ngồi chờ tôi sẽ gọi thông dịch viên cho quý vị.
<b>Yiddish</b>	ווען פאסטו שפראכט יידיש?	פאסטו זיצן, ווייל איך וויל פארן איינער וואס וועט אונזערע שפראכן אויסזאגן.
<b>Deaf / Hearing Impaired</b>	Do you use sign language?	Please be seated while I call someone to interpret for you.



**U.S. Department of Justice**  
Civil Rights Division  
*Disability Rights Section*

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OMB No. 1190-0009 Exp. Date 02/29/2004

**Title II of the Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973  
Discrimination Complaint Form**

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant:

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Address:

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City, State and Zip Code:

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Telephone: Home:

Business:

Person Discriminated Against:  
(if other than the complainant)

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Address:

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City, State, and Zip Code:

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Telephone: Home:

Business:

Government, or organization, or institution which you believe has discriminated:

Name:

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Address:

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County:

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City:

---

State and Zip Code:

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Telephone Number:

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When did the discrimination occur? Date:

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Describe the acts of discrimination providing the name(s) where possible fo the individuals who discriminated (use space on page 3 if necessary):

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Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: what is the status of the grievance?

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Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Agency or Court:

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Contact Person:

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Address:

\_\_\_\_\_  
City, State, and Zip Code:

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

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

Do you intend to file with another agency or court?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Agency or Court:

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

\_\_\_\_\_  
City, State and Zip Code:

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

Additional space for answers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

Return to:

U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Civil Rights Division



Department of Social Services  
112 East Post Road

## MEMORANDUM

To Distribution #2

Date July 17, 1997

From Linda Samuels *LS*  
Deputy Commissioner  
D.S.S. Personnel

Subject Sign Language Interpreters

This is to remind you that, under the Americans with Disabilities Act, it is the obligation of the County to provide interpreters for the hearing impaired unless they offer to bring their own.

Attached is a list of individuals under contract with the County for this purpose.

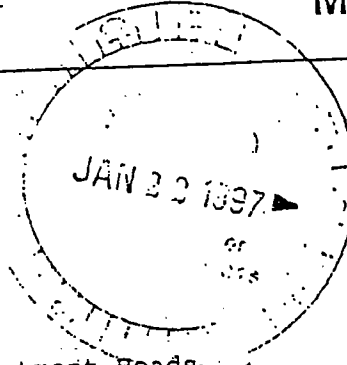
Any bills for these services should be sent to James Marino in Expenditure Accounting.

LS:pp  
Attachment



OFFICE OF THE COUNTY EXECUTIVE  
Michaelian Office Building

MEMORANDUM



TO: Commissioners and Department Heads.  
FROM: Kathleen D. Gulotta, Director *KDG*  
Office of Advocacy and Community Services  
RE: Pay Rate Increase for Sign Language Interpreters  
DATE: January 15, 1997

This is to advise that effective January 1, 1997, the rate of pay for free-lance sign language interpreters under contract with the Office for the Disabled has been increased from \$30 to \$45 with the customary two hour minimum. This change will impact all departments who request an interpreter through the Office for Disabled.

This increase is necessary to insure that we are able to provide interpreter service as required by the Rehabilitation Act of 1973 and the Americans With Disabilities Act when a deaf person seeks to obtain a service or benefit normally available to hearing people. Professional interpreters in Westchester currently charge between \$45 and \$55 per hour. As we have not raised the hourly rate that we pay in ten years, the pool of interpreters willing to work for our old rate has been shrinking while demand has steadily increased. At the end of 1996, several interpreters refused to sign contracts with the County because the rate had not been adjusted. The overall fiscal impact on Departments, however, will be minimal.

The Office for the Disabled will continue to handle all requests for interpreters from County departments. Please call Angeliki Parashis at 285-2955 when you need to schedule an interpreter and provide as much advance notice as possible.

If you have any questions, please call Richard Manley, Director of the Office for the Disabled, at 285-2958.

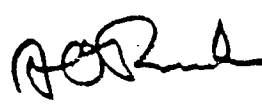
Thank you for your cooperation.

cc: Neil J. DeLuca, Deputy County Executive  
Richard Manley, Dir., Office for the Disabled



OFFICE OF THE COUNTY EXECUTIVE  
Michaelian Office Building

## MEMORANDUM

DATE: July 14, 1994  
TO: All County Employees  
FROM: Andrew P. O'Rourke   
County Executive  
RE: County, New York State and Federal  
Programs, Policies and Benefits

From time to time, we all should re-familiarize ourselves with the many programs, policies, and benefits that are available to us as Westchester County employees. Please make an effort to read the short summaries of these programs, policies and benefits. These are brief and general overviews and are not meant to be a complete and in-depth analysis of a Westchester County employee's legal rights and responsibilities.

### AMERICANS WITH DISABILITIES ACT (ADA)

The County of Westchester, like all county, state and local governments, must comply with Title II of the Americans with Disabilities Act of 1990 (ADA). The law prohibits discrimination based on disability with respect to programs or activities conducted or funded by a government entity. In addition, the ADA entitles otherwise qualified employees or candidates for employment to request "reasonable accommodations," in terms of equipment, testing procedures or job-site conditions, in order to permit them to perform the essential functions of a job effectively.

Every local government must identify a "responsible employer" to coordinate ADA compliance activities and answer questions about the law. Westchester County's designated "responsible employer" is Richard Manley, Director of the Office for the Disabled, who may be reached at (914)285-2957.

### FAMILY MEDICAL LEAVE ACT (FMLA)

The Family Medical Leave Act of 1993 (FMLA) provides eligible employees with up to 12 weeks of unpaid leave benefits to care for themselves, a child, a parent, and/or a spouse who have a qualifying medical condition. A copy of Your Rights Under the Family Medical Leave Act of 1993 is attached for your information. If you have any questions, please contact your department representative.

### AFFIRMATIVE ACTION POLICY

The County of Westchester provides equal opportunity to all individuals in its employment and personnel practices. In accordance with Federal and New York State Human Rights laws, and our own policies, the County of Westchester prohibits discrimination because of race, color, sex, national origin, religion, age, and disability, in all employment practices, including hiring, firing, promotion, compensation and other terms, conditions and privileges of employment. Further, contractors doing business with the County of Westchester are required to meet equal employment opportunity standards. The responsibility for the coordination, implementation and administration of the County's affirmative action policy is vested in the Director of Affirmative Action. If you wish any additional information, you may call the director or his staff at (914)285-2141.

### SEXUAL HARASSMENT POLICY

Westchester County prohibits sex discrimination, including sexual harassment, of its employees in any form. The County will take all steps necessary to prevent and stop the occurrence of sexual harassment in the workplace. All employees will be held responsible and accountable for avoiding or eliminating the prohibited conduct. Employees, both male and female, are to be encouraged to report violations of the policy to their supervisors and/or to a staff member of the Office of Affirmative Action or Office for Women.

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Westchester County Employee Assistance Program (EAP) provides help to employees and their immediate families for a wide variety of problems. Whether it be alcoholism or drug addiction, marital problems, emotional, psychiatric, legal or financial difficulties, assistance can be found through involvement and cooperation in the program. EAP is a confidential, free service. If you wish more information or require assistance, call (914)285-6070.

In addition, here are some other programs you should be aware of:

#### RETROACTIVE RETIREMENT MEMBERSHIP OR SERVICE CREDIT

Article 18 of the New York Retirement and Social Security Law, which became effective October 24, 1993, now enables certain eligible members of a New York State retirement system to obtain credit for previous public service. Specifically, the law addresses transferring service credits, retroactive membership and credit for previously credited service, for certain individuals under specific conditions.

The new law will allow certain eligible employees, who were members of a New York State Retirement System as of March 31, 1993, to change their date of membership (if they have not previously declined membership) or change their retirement plan, as long as their employment was "continuous" or included a break of not more than one year, or not more than two years, if related to child care.

The Retirement System has prepared a pamphlet entitled Chapter 437, Laws of 1993 to detail the rights, obligations (including cost), and requirements of employees, employers and the retirement system with regard to Article 18.

Copies of the pamphlet are available in your department. The forms necessary to apply for prior service credit or earlier membership are available in the Finance Department, Room 730, Michaelian Office Building. The deadline for filing forms to transfer membership between plans is October 24, 1994, and the deadline for filing for retroactive membership is October 24, 1996. All forms must be notarized and filed directly with the New York State Retirement System in Albany.

#### WESTCHESTER COUNTY CODE OF ETHICS

All public officials, officers and employees of Westchester County are required to read and abide by Westchester County's Ethics and Financial Disclosure law. All employees are required to adhere to the standards of conduct governing a number of areas, including but not limited to the following: gifts, confidential information, representation before one's own agency, representation before any agency for a contingent fee, disclosure of interest in legislation of County contracts, investments in conflict with official duties, private employment or services, future employment and consulting services.

In addition, some specified employees are required by the law to file a financial disclosure statement form within thirty (30) days of their appointment to County service and thereafter on an annual basis.

Penalties for non-compliance to both the standards of conduct and/or the financial disclosure portions of the law may include suspension or removal from office or employment, a civil penalty not less than \$100 or more than \$10,000 and/or a criminal penalty of a class A misdemeanor. Your department furnished you with a copy of the law. If you wish an additional copy, contact your department representative.

#### DRUG-FREE WORKPLACE

Westchester County government has had a longstanding commitment to maintaining a drug-free workplace. The commitment results equally from a concern for the health and well-being of our employees, and a recognition of our unique responsibility as public servants to maintain the highest standards when conducting public business. If you wish more information concerning the Drug-Free Workplace Policy, contact members of the Office of Criminal Justice Services at (914)285-5966. In addition, remember that the Employee Assistance Program (EAP) has successfully helped thousands of our employees and their families overcome difficult problems, including drug abuse. You may contact an EAP counselor at (914)285-6070. All contacts are kept confidential.

If you have any questions or desire further information about any of these programs, please call the appropriate County Department or check with your department's personnel representative.

Thank you.

AOR/AJG/MAM/emb

# YOUR RIGHTS

under the

## FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

**REASONS FOR TAKING LEAVE:** Unpaid leave must be granted for *any* of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of *paid* leave may be substituted for unpaid leave.

**ADVANCE NOTICE AND MEDICAL CERTIFICATION:** The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

**JOB BENEFITS AND PROTECTION:**

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

**UNLAWFUL ACTS BY EMPLOYERS:** FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA;
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

**ENFORCEMENT:**

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FOR ADDITIONAL INFORMATION:** Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.