

## Tampa Sports Authority

### **POLICY: Employee Benefits**

**Number: 3**  
**Replaces: 1, 9, 17, 18, 19**  
**Effective: 2/1/12**  
**Revised: 1/31/12**

#### **A. Employees Defined:**

1. Full-Time Employee – an employee who is in a classified and/or unclassified position that is identified by the Civil Service commission with a position number, who works 40 or more hours per week and who has a work schedule that covers weekly administrative and/or event related work.
  - a. A Tampa Sports Authority position may be designated as a reduced hour position by the Executive Director. Reduced hour permanent employee are classified and unclassified employees employees scheduled for at least 50% and less than 100% of the regular hours worked by full-time Tampa Sports Authority employees. All employee benefits for reduced hour employees, which are divisible, are earned in proportion that the reduced hours of employment bears to the number of hours of full time employment.
2. Part-Time Employee – an employee who is unclassified and is employed more than 180 days per year, receives a weekly schedule and averages 35 or less, hours per week per calendar year.
3. Seasonal (temporary) Employee - an employee who is employed less than 180 days per calendar year and generally completes event related work or works a variable unplanned schedule.

#### **B. Tampa Sports Authority Offered Benefits:**

1. Authority benefit package offerings are subject to change at any time by the modification of policies by either the Tampa Sports Authority Board of Directors or the Hillsborough County Civil Service Commission.
2. Full-time employees, as defined in Employee Benefits section A (1)(a), may be eligible the following employment benefits:
  - a. Leave
    - i. Annual
    - ii. Sick
    - iii. Emergency
    - iv. Domestic Violence
    - v. Bereavement
    - vi. Newborn
    - vii. Civic

- viii. Military
- ix. Administrative
- x. Management (based on eligibility)
- xi. Compensory (based on eligibility)
- xii. Medical
- xiii. FMLA
- b. Retirement
  - a. Florida Retirement System
- c. Insurance
  - i. Health
  - ii. Life
  - iii. Short term disability/long term disability
  - iv. Voluntary accidental death and dismemberment (AD&D)
  - v. Dental Insurance
  - vi. Vision Insurance
- d. Flexible Spending Account
- e. Deferred Compensation
- f. Workers Compensation
- g. Direct Deposit Service
- h. Health Insurance Subsidy
- i. Employee Education Reimbursement
- j. Exemption from Golf Fee Policy

3. Part-time employees as defined in Employee Benefits, section A (1)(b) are eligible for the following employment benefits:

- a. Leave
  - i. FMLA (based on eligibility)
  - ii. Domestic Violence (based on eligibility)
  - iii. Military (based on eligibility)
- b. Retirement
  - i. Florida Retirement System
- c. Insurance
  - ii. Health Insurance \*
  - iii. Life \*
  - iv. Vision Insurance \*
  - v. Dental Insurance \*
  - vi. NOTE: \* - denotes benefit items where the part-time employee is responsible for the entire benefit premium. Insurance participation is optional for part-time employees. Part-time employee assumes 100% of all premium costs for any eligible selected insurance coverage's.
- d. Flexible Spending Account
- e. Workers Compensation
- f. Direct Deposit Service
- g. Exemption from Golf Fee Policy

4 Seasonal employees as defined in Employee Benefits, section A(1)(c) are offered the following employment benefit:

a. Workers Compensation

**C. Leave Information:**

1. Leave Request Form: Employees must complete an Employee Leave Request Form for all types of leave and submit to their supervisor and or department director for approval. Supervisors are required to return the signed original Leave Request form to the payroll office. Leave requests greater than fourteen (14) days (total leave) are not permitted without approval from the Executive Director. (see Employee Leave Request form below)

TAMPA SPORTS AUTHORITY EMPLOYEE LEAVE REQUEST			
NAME: _____	EMERGENCY PH # ( ) _____		
FROM: _____ (DATE/TIME LEAVE BEGINS)	TO: _____ (DATE/TIME RETURN TO WORK)		
NUMBER OF HOURS REQUESTED: _____			
TYPE OF LEAVE REQUESTED:			
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> SICK	<input type="checkbox"/> EMERGENCY	
<input type="checkbox"/> FLOATING HOLIDAY	<input type="checkbox"/> COMPENSATORY	<input type="checkbox"/> MILITARY	<input type="checkbox"/> CIVIC
<input type="checkbox"/> ADMINISTRATIVE	<input type="checkbox"/> BEREAVEMENT	<input type="checkbox"/> LEAVE WITHOUT PAY	
<input type="checkbox"/> OTHER _____			
REASON FOR ABSENCE: _____			
EMPLOYEE: _____ (Signature)	_____ 24-Aug-11 (Date)		
SUPERVISOR: _____ (Signature)	_____ (Date)		
DEPARTMENT DIRECTOR/ EXECUTIVE DIRECTOR _____ (Signature)	_____ (Date)		
Fwd to Human Resources: Requested leave designated as FMLA <input type="checkbox"/> YES <input type="checkbox"/> NO			
Copy to Payroll <input type="checkbox"/>			

2. Annual Leave:

- a. Paid annual leave varies with length of service. No full time employee shall ordinarily be considered eligible for annual leave with pay until they have successfully completed initial probation.
- b. Annual leave must be requested at least 48 hours in advance of the planned leave and must be approved by a supervisor.
- c. Employees hired prior to February 2, 1997 with an Annual leave balance greater than 320 hours are permitted to maintain the balance accrued as of this date. Employees hired prior to

February 2, 1997 with an Annual Leave balance less than 320 and those hired after February 2, 1997 are permitted to accrue up to 320 hours of Annual leave time.

- d. Annual leave balances will be reviewed annually on the employees benefit date. Balances in excess of the maximum approved accrual balance as of the employees benefit date will be lost. Ex. If an employee is permitted to maintain a maximum Annual leave balance of 320 hours and on their benefit date they have a balance of 350 hours, 30 hours will be lost and the balance will be reset to 320 hours. Employees may request a waiver of this requirement by submitting a written request to the Executive Director for an extension of time to use the leave above the allowed maximum accrual. The Executive Director will review each request and make a determination based on the merit of the request.
- e. Employees are required to use a minimum of 40 hours each benefit year. If the required minimum Annual Leave is not taken prior to the employees benefit date, the amount of leave not taken to the minimum requirement shall be lost. Ex. If an employee only takes 32 hours of leave annually, 8 hours taken from the employees balance.
- f. Annual leave is earned as follows based on years of service for full time employees:

<u>Years of Service</u>	<u>Annual Leave Allowance</u>
1 through 4 years	10 Days
5 through 9 years	12 Days
10 through 14 years	15 days
15 or more years	20 days

- g. See Civil Service Rule 10.5 for specific policy information.

3. Sick Leave:

- a. Annual Benefit: Sick leave allowances are accrued at the rate of eight (8) days per year for full time employees hired on or after February 2, 1997 or who were hire prior to this date and chose Plan B. This leave can also be used for family illnesses. For employees hired prior to that date and who elected to remain under sick plan A, twelve (12) days/year is accrued. Sick leave must be accrued before it can be used. For salaried employees, personal time off will be calculated/used in no less than one-half day increments. See Civil Service Rule 10.4 for specific policy information.
- b. Attendance Award Program: The Attendance Award Program allows employees to convert a portion of unused sick time to vacation. See Civil Service Rules 10.3 (g) and/or 10.4(g) for specific policy information. For all full time (40 hour) employees, sick leave can be converted annually as follows:

<u>Sick Leave Used</u>	<u>Convertible Hours</u>
0	32
8	24
16	16
24	8
32	0

**Exception: Sick leave used under the provisions of the Family and Medical Leave (FMLA) does not reduce the number of convertible hours.**

- c. The following procedure will be followed relating to the attendance award conversion:

- i. Each January 1, Human Resources will review the sick leave records of each employee to determine employees eligible to convert sick leave to annual leave.
    - ii. Employees who have used less than 32 hours of sick leave in the previous calendar year (January 1 - December 31) will automatically have the remaining portion of their sick leave, (up to 32 hours), converted to annual leave. If an employee does not desire the conversion, they must submit a request in writing to Human Resources rejecting the conversion.
    - iii. The Employees Earnings Statement immediately following the conversion will reflect the changes in leave benefits.
  - d. Notification: In every case of absence resulting from sickness or injury, the employee shall notify the immediate supervisor promptly, normally prior to his or her regular scheduled reporting time, stating the nature of the illness or injury. Failure to comply with this provision may be grounds for denial by the Authority of sick leave with pay.
  - e. Medical Documentation: Sick leave is not intended to be used as Annual Leave. A statement from the attending physician must be presented upon return to work in cases required by the Authority. Should it be discovered that an employee is taking sick leave under false pretenses, it shall be deemed grounds for disciplinary action, up to and including termination.
4. Emergency Leave: In each event of a personal or family emergency that involves an individual for which the use of sick leave is not permitted under CSR 10.3b, paid absence of not more than 25% (3 days) of an employee's annual sick leave accrual may be permitted by the Authority, provided:
- a. the paid absence will be considered as use of sick leave and deducted from hours accrued according to CSR 10.3a prior to conversion computation as provided in CSR 10.3g,
  - b. the emergency circumstances are of a nature which precludes being reasonably foreseen and of such urgency as to require the employee's immediate presence away from the work location during normal working hours,
  - c. the employee obtains at least oral permission for the absence at the earliest practicable time consistent with the nature of the emergency, and
  - d. the employee presents such evidence of the compelling nature of the circumstances as the Authority deems necessary to justify the granting of emergency leave prior to payment for the hours of absence, and
  - e. upon approval and return to work, the employee completes an Employee Leave Request form.
5. Domestic Violence Leave: Employees may be eligible to take up to three (3) working days of leave from work in any 12-month period if the employee or a family or household member of an employee is the victim of domestic violence.
- a. Employees who have been employed by the Authority for three (3) months prior to requesting the leave, and who have previously exhausted all paid leave (including annual or vacation leave, personal leave, and sick leave) available to that employee are eligible for domestic violence leave. Leave will be without pay.

- b. Domestic Violence” is defined as “any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.”
  - c. Family or Household Member” is defined as “spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.”
  - d. An employee seeking leave from work under this policy must provide five (5) days’ advance notice, or as much notice as is practicable, along with adequate documentation of the act of domestic violence that precipitates the leave. Advance notice is not required in cases of imminent danger to the health or safety of the employee or to the health or safety of a family or household member. In those limited circumstances, adequate documentation must be provided as soon as possible under the circumstances. Adequate documentation of the act of domestic violence includes, but is not limited to, photographs, sworn statements of the employee and/or witnesses, police reports, and medical opinions evaluating the physical injury. All information relating to an employee’s leave under this policy will be kept strictly confidential by the Company.
  - e. An employee may take up to three (3) working days of leave from work in any 12-month period under this policy only if an employee uses the leave to do any of the following:
    - Seek an injunction for protection against domestic violence or an injunction for protection in cases of repeat violence, dating violence, or sexual violence;
    - Obtain medical care or mental health counseling, or both, for the employee or a family or household member to address physical or psychological injuries resulting from the act of domestic violence;
    - Obtain services from a victim-services organization, including, but not limited to, a domestic violence shelter or program or a rape crisis center as a result of the act of domestic violence;
    - Make the employee’s home secure from the perpetrator of the domestic violence or to seek new housing to escape the perpetrator; or
    - Seek legal assistance in addressing issues arising from the act of domestic violence or to attend and prepare for court-related proceedings arising from the act of domestic violence.
6. Bereavement Leave: Employees may be granted up to 3 full working days of paid leave in the event of the death of a member of the employee’s immediate family. See Civil Service Rule 10.11 for specific policy information.
7. Newborn Leave: Employees in the new sick plan (Sick Plan B), including all new employees, may receive up to five (5) days of paid leave for the birth of the employee’s child, or the employee’s adoption of or foster care placement of a child under the age of eighteen (18).

8. Civic Leave: Employees may request leave with pay for an absence to serve jury duty, attend court as a witness under subpoena, vote in an election or take County Civil Service tests. See Civil Service Rule 10.7 for specific policy information.
9. Military Leave: Classified employees who serve in the Armed Forces are granted specific rights if called to active duty. Employees duly called for training in a reserve component of the Armed Forces may be extended paid leave up to seventeen working days in any calendar year. See Civil Service Rule 10.8 for specific policy information.
10. Administrative Leave: Administrative leave is leave that is granted for the following reasons:
  - a. In an event of alleged misconduct or where the continued presence of the employee in the workplace may constitute a substantial interference, the Executive Director may immediately place the employee on administrative leave with pay with the benefit of advanced notice. See Civil Service Rule 10.14 for specific policy information.
  - b. The Authority grants administrative leave to employees while representing the Authority at industry conferences and/or training. Classified employees who attend conferences/training will be paid straight time up to 8 hours daily to a maximum of 40 hours per week. Generally, weekends are not considered in payment calculation unless prior scheduling arrangements have been approved by the department director. Administrative leave must be granted in advance and must be approved by a department director and the Executive Director in writing.
11. Management Leave: Executive Employees are granted additional leave time as follows based on years of service:

<u>Years of Service</u>	<u>Leave Allowance</u>
1 through 4 years	5 Days
5 through 10 years	3 Days

12. Compensatory Leave:
  - a. Compensatory Leave is earned at a rate of not less than one and one-half hours of Compensatory Leave for each hour of overtime worked. Compensatory Leave is earned and accrued by any non-exempt (classified) employee for work performed in excess of the standard hours for which overtime compensation is required. Unclassified employees (FLSA Exempt) are not eligible for compensatory leave. See Civil Service Rule 10.6 for specific policy information.
  - b. Definition: Compensatory Leave is defined as paid time off in lieu of monetary overtime compensation.
13. Medical Leave:
  - a. Medical Leave with Pay: In case of extended illness or injury, an employee must request a Family Medical Leave (FMLA) of absence. Once accumulated sick leave and vacation have been exhausted, the Authority will pay 100% of the employee's health insurance while they are on an FMLA leave of absence. See Family Medical Leave below and Civil Service Rule 10.3 and 10.4 for specific policy information.
  - b. Medical Leave without Pay: In the case of extended sickness or injury beyond that provided by FMLA, the Appointing Authority may place an employee on a leave of absence, without

pay with approval from the Executive Director. Employees approved for Medical Leave without pay shall retain all of the rights which were held at the initiation of that absence. See Civil Service rule 10.3(i) for specific policy information.

14. Family Medical Leave:

- a. It is the policy of Tampa Sports Authority to grant up to 12 weeks (480 hours) of family medical leave during any 12-month period to eligible employees in accordance with the FAMILY AND MEDICAL LEAVE ACT (FMLA). The leave is unpaid unless the employee otherwise has accrued leave available. In that instance, employee must use accrued leave from the appropriate leave accrual account in accordance with Authority policy and Civil Service Rules concurrently with any FMLA Leave. Once all accrued leave is exhausted, FMLA leave will be without pay. Employees are not required to use their accrued leave account if the leave is also covered by workers' compensation. If the leave is covered by workers' compensation, the employee may use their accrued leave account during any applicable waiting period.
- b. The Authority requires employees on FMLA leave to utilize accrued leave time in the following order: sick time, vacation time, and unpaid leave.
- c. Once it is determined that the employee qualifies for FMLA leave, the Authority will measure the 12 month period as a rolling 12-month period measured backward from the date FMLA leave was first used. Each time an employee takes family leave: The Tampa Sports Authority will compute the amount of leave the employee has taken under this policy during the preceding rolling 12-month period and subtract that leave from the 12 weeks of available leave under the FMLA. The remaining entitlement would be any balance of the 12 weeks which has not been used during the immediately preceding 12 months.
- d. Types of FMLA Leave:
  - i. Family and Medical Leave: Any Authority employee who has worked at least twelve months and who has accumulated at least 1,250 of work hours during the twelve months proceeding the first day of the requested leave may request a leave of absence for family or medical purposes as provided below. The eligible employee may be granted up to twelve weeks of unpaid leave during a rolling twelve month period measuring backward from the date that the leave is scheduled to begin. The leave may be taken for the following reasons:
    1. The birth of a child or to care for a child within the first 12 months after birth; The placement of a child with employee, or the employee's spouse or partner for adoption and to bond with and care for the child, within the first 12 months after placement;
    2. The placement of a child with the employee or the employee's spouse or partner for foster care and to bond with and care for the child, within the first 12 months after placement
    3. To care for the spouse, child, or parent of the employee if the spouse, child, or parent has a serious health condition; or
    4. Because of a serious health condition that makes the employee unable to perform his or her job duties. This leave may be taken intermittently when medically necessary.

ii. Military Caregiver Leave: An employee who is the spouse, parent, child or next of kin of a covered service member of the regular component of the Armed Forces who was injured while on active duty may be eligible for up to 26 weeks of FMLA leave, which include up to 12 weeks for the Family and Medical Leave described above, in a rolling 12-month period measuring backward from the date that the leave is scheduled to begin. A “covered service member” is

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

1. The term “serious injury or illness” means: (1) in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; and (2) in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the preceding 5 years, a qualifying injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and that manifested itself before or after the member became a veteran.

2. Qualifying Exigency Leave: Employees are eligible to use their 12 weeks of Family and Medical Leave per the Authority’s rolling 12-month period measuring backward from the date that the leave is scheduled to begin for qualifying exigencies arising out of the fact that the employee’s spouse, son, daughter or parent is on covered active duty, or has been notified of an impending call or order to covered active duty, in the Armed Forces. The term “covered active duty” means.

- in the case of a member of a regular component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; and

<sup>1</sup>In determining whether a veteran covered under the Uniformed Services Employment and Reemployment Rights Act (USERRA) meets the FMLA eligibility requirements, the months employed and the hours actually worked for the Authority will be combined with the months and hours that would have been worked, but for the USERRA qualifying military service, during the 12 months prior to the start of the FMLA leave requested.

- in the case of a member of a reserve component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country or under a call or order to active duty for a contingency operation, including calls to duty for certain retired members of the military.

3. Qualifying exigencies include:

- Issues arising from a covered military member's short notice deployment (i.e., deployment on seven or less days of notice) for a period of seven days from the date of notification;
- Military events and related activities, such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the active duty or call to active duty status of a covered military member;
- Certain childcare and related activities arising from the active duty or call to active duty status of a covered military member, such as arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, enrolling or transferring a child in a new school or day care facility, and attending certain meetings at a school or a day care facility if they are necessary due to circumstances arising from the active duty or call to active duty of the covered military member for a biological, adopted, or foster child, a stepchild, or a legal ward of a covered military member, or a child for whom a covered military member stands in loco parentis.;
- Making or updating financial and legal arrangements to address a covered military member's absence. Leave is also available to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging, or appealing military service benefits while the covered military member is on active duty or call to active duty status, and for a period of 90 days following the termination of the covered military member's active duty status;
- Attending counseling provided by someone other than a health care provider for oneself, the covered military member, or the biological, adopted, or foster child, a stepchild, or a legal ward of the covered military member or a child for whom the covered military member stands in loco parentis, the need for which arises from the active duty or call to active duty status of the covered military member;
- Taking up to five days of leave to spend time with a covered military member who is on short-term temporary, rest and recuperation leave during deployment;
- Attending to certain post-deployment activities, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies

or programs sponsored by the military for a period of 90 days following the termination of the covered military member's active duty status, and addressing issues arising from the death of a covered military member;

- Any other event that the employee and employer agree is a qualifying exigency.
- iii. Married Couples Who Both Work for the Authority: If an employee and his or her spouse both work for the Authority, they are both eligible for leave. The employee and the employee spouse may be limited to a combined 12 weeks of FMLA leave in a rolling 12-month period if the leave is taken for:
- The birth, adoption or foster placement of a child;
  - To care for and bond with such child who does not suffer from a serious health condition;
  - To care for a parent with a serious health condition; or
  - A combination of the above

Spouses employed by the same employer are limited to a combined total of 26 work weeks in a single rolling 12-month period if the leave is to care for a covered service member with a serious injury or illness, and for the birth and care of a newborn child, for placement of a child for adoption or foster care, or to care for a parent who has a serious health condition.

e. Benefits while on FMLA:

- i. During any period in which an employee takes family or medical leave, benefits will be provided as indicated below:
  - Wages, salary and other compensation related benefits will not be paid to the employee while on family or medical leave. For example, the employee does not accumulate vacation or sick leave credits, and pension plan contributions are not made during the medical or family leave period. However, employees must use already accumulated vacation, personal holidays or sick time for any part of a Family and Medical Leave, Military Caregiver leave or Qualifying Exigency Leave, i.e., accumulated vacation, sick and personal time will run concurrently with any FMLA leave until exhausted.
- ii. An employee returning from FMLA leave shall not be entitled to the accrual of any seniority or employment benefits during the period of unpaid leave, which exceeds 30 days.
- iii. During a medical leave of absence for the employee's own health condition, the employee may be reimbursed for part of lost wages under:
  - Short term or long term disability insurance policies. After the employee submits a claim for wages to the health insurance carrier, the insurance carrier determines the benefits available under the disability insurance

policy. Employees are solely responsible for submitting and pursuing claims under any insurance policy that is not provided as part of the Authority's benefits plan.

- While on leave, the employee continues to receive fully paid insurance program coverage's at the same level and under the same condition as if the employee had continued the work. However, should the employee fail to return following the leave, the employee may be required to repay the insurance premiums paid by the Authority on behalf of the employee during the leave. The Authority will not require reimbursement for maintaining health care coverage if the employee does not return to work for one of the following reasons (Certification from health care provider is required within 30 days of the day leave ended): 1) If the leave is for the employee's serious health condition and the employee is unable to return to work because of the continuation, recurrence of onset of the condition. Or 2) If the leave is for the serious health condition of a family member and the employee is unable to return to work because of needed care for their family member.
- iv. If the employee has supplemental, insurance (life, disability, dental, etc.) the Authority will continue making payroll deductions while the employee is on paid leave. While the employee is on unpaid leave, the employee must continue to make those payments either in person or by mail by contacting the payroll department. If the employee does not continue their supplemental payments, their coverage may be discontinued by the provider.
- At the end of an FMLA leave, you will be restored to the same position or to an equivalent position, with equivalent pay, benefits, and other employment terms and conditions. However, you are subject to the business circumstances or conditions (such as layoffs) that would have applied to you had you been working. Under limited conditions, certain key employees may not be reinstated. During your leave of absence, you are responsible for keeping your supervisor informed of your status. You are required to report your status, current location, intent to return, and expected date of return to your supervisor every 30 calendar days. In certain circumstances, the Authority has the right to require recertification of the serious health condition.
- v. For intermittent or reduced schedule FMLA leave, The Authority may, at its discretion, temporarily transfer an employee to an available alternative position with equivalent pay, and benefits if the alternative position would better accommodate the intermittent or reduced schedule.

f. Procedures and Responsibilities:

i. Notice of Leave: When requesting leave, the employee must do the following:

- Supply sufficient information to the employee's direct supervisor for the Authority to be aware that the FMLA may apply to the leave request, as well as information regarding the anticipated timing and duration of leave;
- Provide notice of the need for leave at least 30 days in advance or as soon as practicable in the exercise of diligence. The Authority understands that in the case of Qualifying Exigency Leave, employee may not be aware of the need for FMLA leave 30 days in advance. In those circumstances, the Authority requests that if 30 days of notice is not possible, that the employee notify the Authority as soon as practical after receiving notice of need for Qualifying Exigency Leave;
- Employees also must inform the Authority if the request for leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.
- Cooperate with all requests for information regarding whether absences qualify for FMLA leave. You will be expected to check in with Human Resources and your manager at least every 30 days and prior to your return to inform the Authority of your plans to return.
- Should you request an extension of your FMLA leave, you must furnish Human Resources and your supervisor with a written request for an extension before the expiration of your original FMLA leave request or most recent extension.

ii. Scheduling Leave: If the leave is foreseeable, the employee shall make a reasonable effort to schedule any planned leave so as not to unduly disrupt the Authority's operations.

iii. Approval of Leave: FMLA leave must be approved by the Human Resources Department for the Company.

iv. Failure to comply may result in leave being delayed or denied.

v. An employee will be considered as having resigned his or her position if he or she:

- Fails to return to work on the first day after his or her FMLA-authorized leave of absence or authorized extension expires;
- Applies for or accepts outside employment without prior written notification of his or her supervisor's permission (please note that the taking of another job while on FMLA leave may lead to disciplinary action, up to and including discharge); or
- Gives a false reason for any requested leave of absence.

g. Intermittent Leave:

- i. When medically necessary, employees may take FMLA leave intermittently or on a reduced schedule basis for their own serious health condition, the serious health condition of a family member, for a covered military caregiver leave or for qualifying exigency leave. Intermittent leave can be taken if there is a medical need for such leave and the medical need can be best accommodated through an intermittent or reduced leave schedule. Employees are required to cooperate with the Authority to arrange reduced work schedules or intermittent leave so as to minimize disruption of business operations.
- ii. Qualifying exigency leave may be taken intermittently without regard to medical necessity or disruption of business operations.
- iii. Leave because of the birth, foster care placement of or adoption of a child may not be taken intermittently and must be completed within the 12-month period beginning on the date of birth or placement of the child.

h. Medical and other Certifications: Employees will be required to provide a medical certification if the leave request is:

- i. for the employee's own serious health condition,
- ii. to care for a family member's serious health condition, or
- iii. Military Caregiver Leave. The certification must identify whether the leave request is for the employee's own condition or for that of a family member. Failure to provide the requested certification in a timely manner may result in denial of the leave until it is provided. If an employee refuses to provide a certification, his/her leave request may be denied and the employee may be disciplined.
- iv. The Authority, at its expense, may require a medical examination by a health care provider of its own choosing if it has a reasonable question regarding the medical certification provided by the employee. In lieu of a second opinion, the Authority may contact the health care provider directly to clarify or authenticate a medical certification, including certifications for Military Caregiver Leave. Second opinions may not be required for Military Caregiver Leave nor Qualifying Exigency leave.
- v. Separate certification may also be required regarding the nature of the family member's military service and/or the existence of a qualifying exigency.

i. Fitness for Duty Certifications:

- i. Because the Authority wishes to ensure the well-being of all employees, any employee returning from FMLA leave for his or her own serious health condition will need to provide a Fitness for Duty (FFD) certification signed by his or her health care provider, attesting that the employee is able to perform the essential functions of the employee's job. An employee who fails to provide an FFD certification will be prohibited from returning to work until it is provided. An employee who fails to provide an FFD certification may be disciplined or terminated.

- ii. FFD certifications may be required when an employee returns from intermittent FMLA leave if serious concerns exist regarding the employee's ability to resume his or her duties safely.

j. FMLA Definitions:

- i. Eligible Employee: Permanent full-time employees who have worked for the Tampa Sports Authority for at least twelve (12) months and have worked at least 1,250 hours in the past twelve (12) month period immediately preceding the request or need for FMLA leave.
- ii. Serious Health Condition: an illness, injury, impairment, or physical or mental condition which requires continuing treatment by a licensed health care provider for a chronic or long-term health condition which, if left untreated, would result in a period of incapacity of more than three days.
- iii. Parent: Includes not only the biological parent, but also any individual who acted as a parent of the employee when the employee was young.
- iv. Employee's child: A biological, adopted, or foster child, step child, a legal ward or a child of a person "standing in loco parentis" who is: (1) under 18 years of age or (2) 18 years or older and incapable of self-care because of mental or physical disability as defined in the American With Disabilities Act (ADA), as amended.
- v. Health care Provider: A "Doctor of Medicine" or Doctor of Osteopathy" who is authorized to practice medicine by the State in which the doctor practices and, as defined in the Federal Employee' Compensation Act 5 U. S. C 8101 (2).

**D. Retirement:**

1. The Authority offers a retirement plan through the Florida Retirement System (FRS). The Authority pays for a percentage set by the FRS annually by employee class of each employee's wages earned into FRS, including payments toward the Health Insurance Subsidy program (See Health Insurance Subsidy Policy below).
2. Employees are vested upon completing 6 years of service for the defined pension benefit plan or 1 year of service for the defined contribution benefit plan.
3. Employees contribute 3% of wages earned into FRS to cover the overall costs of the retirement program.
4. Upon retirement employees are eligible for payout of up to 320 hours of accrued annual leave. Employees hired prior to February 2, 1997 are eligible for a payout of 480 hours of accrued sick leave. Individuals hired after February 2, 1997 are not eligible for payout of sick leave. See Civil Service Rule 10.3, 10.4 and 10.5 for specific policy information.
5. For specific information relating to FRS, go to the Florida Retirement Website at [http://www.dms.myflorida.com/human\\_resource\\_support/retirement](http://www.dms.myflorida.com/human_resource_support/retirement).

**E. Insurance:**

1. The Authority participates in the Insurance plans provided through Hillsborough County. For further information on costs and coverage, go to the County's website at <http://www.hillsboroughcounty.org/hr/benefits/oe.cfm> for more information.
2. The Authority offers the following Insurance plans to full-time employees:

- a. Health Insurance
  - b. Life Insurance
  - c. Short Term Disability(employees on sick plan B only)/Long Term Disability Insurance
  - d. Voluntary Accidental Death and Dismemberment Coverage (AD&D)
  - e. Dental Insurance
  - f. Vision Insurance
3. The Authority and employee may share in the cost of health insurance and the percentage split is based on the plan selection of the employee. Disability, AD&D, and life insurance are provided to the employees at no cost. Dental and vision insurance is offered to employees with the employee assuming 100% of the cost. Employees can purchase additional life and disability insurance coverage for the employee and family at their own discretion and cost. The employee's share of the cost of insurance will be deducted from twenty-four (24) of the twenty-six (26) payrolls.

**F. Flexible Spending Accounts(FSA):**

1. The Authority offers an FSA to all participants in the Authority provided health care plans.
2. Flexible Spending Accounts (FSA) allow you to set up regular pre-tax deductions from your pay check to cover projected eligible health care and/or dependent care out-of-pocket expenses. Flexible Spending Accounts, also called Reimbursement Accounts, are like personal bank accounts in which you can set aside a predetermined dollar amount of cover allowable non-reimbursed expenses. You contribute to the accounts through payroll deductions on a pre-tax basis, that is, before federal income and Social Security/Medicare taxes are applied. The immediate benefit is that this program lets you make the most tax-effective use of your salary for these expenses.
  - a. First, you estimate your eligible expenses for the plan year (October 1 through September 30, or a shortened plan year for new employees). During this period, regular pre-tax deductions are taken from your pay.
  - b. Then, you submit a claim to the County's FSA administrator for reimbursement of eligible expenses.
  - c. You will receive a check in the amount of your allowable out-of-pocket expenses.
3. It is very important that you plan your expenses carefully because if the money in your account is not used, you will lose the moneys at the end of the year. All FSA reimbursement requests for expenses incurred with the plan year (October 1 through September 30) must be received for processing on or before December 31st of the same calendar year.
4. The employee's total FSA deduction will be deducted in equal payments from twenty-four (24) of the twenty-six (26) payrolls unless otherwise identified by the employee during the annual enrollment process.

**G. Deferred Compensation:**

1. The Authority may provide a contribution to a deferred compensation program for some employees. For all employees enrolled in Plan B, the Authority contributes 1% of the annual salary of classified employees and 1.5% of the annual salary of unclassified employees. The Authority does not make any contributions from annual salary for employees enrolled in Plan A. See Civil Service Rule 8.3(f).

2. Employees are permitted to contribute up to 100% of their annual salary into a tax-deferred compensation plan, not to exceed \$16,500 annually. Employees age 50 and older may contribute annually a combined employer plus employee amount up to \$22,000.
3. All full and part time employees are eligible to participate in the Deferred Compensation program.
4. The employee's total Deferred Compensation deduction will be deducted in equal payments from twenty-six (26) payrolls.

#### **H. Workers Compensation Policy:**

1. An employee must notify the supervisor/manager immediately of any work related illness or injury that has occurred. Prompt and appropriate medical treatment shall be provided when necessary. The Tampa Sports Authority shall follow the current guidelines of the Division of Worker's Compensation.

2. Employee Responsibilities:

- a. Employees are to refrain from using illegal drugs or alcohol on duty, in accordance with the Authority's Drug Free Workplace Policy.
- b. Employees are to observe safety standards and use safety equipment correctly where applicable.
- c. Employees are to use only those medical facilities authorized by the Authority.
- d. Employees who are at work and require continuing treatment for their injuries must schedule their appointments early in the morning or late in the workday so as to minimize the disruption to the workplace.
- e. Employees and Supervisors shall promptly report to Human Resources all work related illnesses/injuries.
- f. The Human Resources Department will monitor the Workers' Compensation Program, coordinating with the treating physician and the Workers' Compensation carrier when necessary. They will make the first report of injury or illness to the carrier as soon as they are in receipt of the DWC-1.

3. Employee Procedures:

- a. On initial hire, employees will be given and acknowledge receipt a copy of Preferred Governmental Insurance Trust pamphlet titled "What Employees Need to Know about Workers' Compensation in Florida".
- b. When an employee has a work-related illness or injury, it should be reported to the supervisor as soon as possible – but no later than the end of that work shift, before the employee leaves for the day.
- c. First aid will be administered to those requiring it.
- d. Employee will be given an Occupational Health Service form, filled out by the supervisor, for authorization for initial medical care.

- e. Supervisor must notify Human Resources immediately of all work related illnesses/injuries by completing the First Report of Injury Form (DWC-1). If available, have employee sign the form.
- f. Employees requiring medical treatment will be sent to the Tampa Sports Authority's current workers' compensation Occupational Health Service clinic closest to their location. Employees with serious illnesses/injuries will automatically be sent to the Emergency Care Center at University Community Hospital-Medical Center or University Community Hospital-Carrollwood; follow-up treatment will be determined by the current workers' compensation physician.
- g. In accordance with Tampa Sports Authority "Drug Free Workplace Program", Post-Accident drug testing will be accomplished immediately on all employees after accidents or job related incidents. No benefits will be paid if the employee tests positively, or refuses to submit to testing as detailed in the Drug Free Workforce Policy. The employee will also be subject to discipline, to include possible termination.
  - i. If the supervisor suspects drug and/or alcohol involvement, they shall transport employee to the nearest Workers Compensation Occupational Health Service Clinic. Do not let the employee drive.
  - ii. The Ability to Work Report given by the doctor's office should be mailed or brought into the Human Resources Department as soon as possible after issuance.
  - iii. Employees referred to specialists for treatment shall inform Human Resources of the doctor's prognosis immediately after each visit.
  - iv. After being released from doctor's care and returned to full duty, the employee should notify Human Resources of problems that later surface prior to scheduling any follow-up visits.
  - v. Wage loss benefits will be paid to eligible employees by the Workers' Compensation carrier, which usually equals 2/3 of the employee's average weekly wage. Employees wishing to use sick and annual leave accruals to supplement the workers' compensation payment will need to contact Human Resources.
  - vi. No benefits will be paid to an employee who falsely represents themselves either in writing as not having been previously disabled or in reporting an injury. The employee will also be subject to discipline, to include termination.
  - vii. No benefits will be paid for injuries occurring:
    - a. at company-sponsored recreational and social activities, unless attendance is required and;
    - b. while an employee is performing official duties in a vehicle for the Authority but deviates from the route without the Authority's approval.

#### 4. Light Duty:

- a. An employee returned to modified duty with restrictions needs to return to work with the Ability to Work Report immediately after being released by the doctor. The supervisor will work with Human Resources to accommodate the employee's light duty restrictions to return employees to work as soon as safely possible.

- b. Employees will be accommodated, if reasonably possible.
- c. The Tampa Sports Authority does not have permanent light duty; accommodation of light duty will be limited to a maximum of 180 calendar days for each injury/illness.

5. Workers Comp Definitions:

- a. First aid cases: Minor injuries which only require one-time treatment on site.
- b. Medical treatment cases: Injuries which require treatment administered by a physician or registered professional personnel per doctor's orders but not disable the employee for more than seven days.
- c. Wage loss cases: Injuries which results in the employee being disabled more than seven days.
- d. Reasonable suspicion: Testing based on a belief that an employee is using or has used drugs in violation of the Authority's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon:
  - i. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
  - ii. Observable phenomena while at work, such as direct use or of the physical symptoms or manifestations of being under the influence of a drug.
  - iii. A report of drug use, provided by a reliable and credible source, which has been independently corroborated.
  - iv. Evidence that an individual has tampered with a drug test during his employment with the Authority.
  - v. Information that an employee has caused, or contributed to, an accident while at work.
  - vi. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.

**I. Direct Deposit Service:**

- 1. By request, the current employees may have their regular bi-weekly paychecks directly deposited into the bank account (s) of their choice. Direct deposit is mandatory for all new hires. Checks will be directly deposited in an employee specified account on the actual pay date.
- 2. Participation Requirements:
  - a. Current employees desiring direct deposit must complete the Full Service Direct Deposit Enrollment form and return to payroll. (Sample form located in the forms section of this policy)

- b. New Hires will complete the Full Service Direct Deposit enrollment form in conjunction with the orientation process.
- c. Attach a voided check for each checking account affected. If depositing into a savings account, enter the Routing/Transit Number into the account.
- d. Deposits will be available for withdrawal in accordance with the policy of the financial institution selected.
- e. Direct Deposit will remain in effect until terminated in writing (Authorization to Terminate Direct Deposit of Payroll Form. The form is located in the Forms section of this policy)
- f. Estimated process time from the time payroll receives the enrollment form and/or termination form is 15 days.
- g. **EXCEPTIONS: If receiving the payment electronically causes the employee any hardship due to a physical or mental disability, or because of a geographic, language, or literacy barrier, or if payment by EFT would cause you a financial hardship, you may receive your payment by paper check.**

**J. Health Insurance Subsidy:**

- 1. The Authority provides retirees a monthly health insurance stipend through FRS based on the years of credible service to offset the cost of the Authority sponsored health insurance until the retiree is eligible for Medicare.
- 2. The following guidelines must be met to qualify for the health insurance subsidy:
  - a. Employee is terminating employment from active service to receive a monthly Florida Retirement System (FRS) retirement benefit or terminating from Deferred Retirement Option Program (DROP) on or after January 1, 2001.
  - b. The retiree must be at least 62 years of age or have attained 30 years of credible service. The employee may retire at any age after vesting, but will not be eligible to apply until reaching age 62.
  - c. Eligible retirees must have been enrolled in the Authority's health insurance program at least one year immediately preceding retirement and obtain or continue to maintain at least one the following types of insurance listed below:
    - i. Health
    - ii. Cancer
    - iii. Accident
    - iv. Disability
    - v. Dental
    - vi. Vision
    - vii. Medicare Part A and B
    - viii. Tricera
    - ix. Military health Coverage

Coverage may be with any company or through any employer.

- d. Eligible retirees must be receiving monthly retirement payments from the Florida Retirement System (FRS).
  - e. This stipend (FRS health insurance subsidy) must not exceed the amount of the health insurance premium.
  - f. This stipend will cease at the beginning of the month in which the retiree becomes eligible for Medicare or its successor, or in the event of the death of the member. This health insurance subsidy has no survivor benefit.
  - g. Florida Statute 112.0801 authorizes this payment.
3. The retiree is responsible to complete the following to remain eligible for the health insurance subsidy:
- a. Retiree's must apply for this health insurance subsidy and keep the Authority advised of any address changes. The application for the health insurance subsidy must include a copy of appropriate FRS paper work showing years of credible service and amount of FRS provided health insurance subsidy.
  - b. The stipend will begin the month the Authority receives the required documentation and verifies the retiree is receiving the FRS health insurance subsidy. If the application is not received within 6 months of age 62, retroactive stipend payments will be limited to a maximum of 6 months.
  - c. The retiree is responsible for notifying the Authority when they become Medicare eligible.
  - d. The beneficiary is responsible for notifying the Authority upon the death of the retiree.

**K. Employee Educational Reimbursement:**

- 1. The Tampa Sports Authority will reimburse eligible employees up to a maximum of \$1,000 in a fiscal year for successful completion of approved educational courses.
- 2. Employees must adhere to the following requirements to be eligible for the Employee Educational Reimbursement:
  - a. All such voluntary education activities reimbursed through the educational assistance program will be attended on the employee's own time. Wages will not be paid for attendance at school. The reimbursement of educational expenses in no way obligates Authority to grant time off or leave for the taking or completion of coursework.
  - b. An employee approved for educational assistance shall not be permitted to utilize any space, personnel, equipment, or supplies of Authority in the process of fulfilling any requirements of their educational program.
  - c. Short-term educational courses, seminars or training programs designed to increase an employee's professional or technical skills for which no grade is given, normally will be submitted, approved, and paid for through the General Administration budget for travel & seminars.
  - d. The employee shall be responsible for the initial cost of tuition and textbooks. Authority will reimburse the employee for tuition and cost of books upon successful completion of the

approved course of study up to a maximum of \$1,000.00 per fiscal year. Satisfactory completion of a course is considered a C or better or Satisfactory Completion for Pass/Fail Courses

- e. Employees who apply and who receive an involuntary demotion or suspension without pay for cause within the previous year preceding the application shall not normally be eligible for assistance.
  - f. Employees who resign or are dismissed before the completion of the course of study will not be reimbursed.
  - g. In order to effectively administer the educational program, a screening committee consisting of the Human Resources Manager (Chairman), Director of Finance/Administration, and the Immediate Supervisor, will review all applications and provide a recommendation to the Executive Director for final approval.
3. Employees are required to complete the following procedures to obtain the Employee Educational Reimbursement:
- a. All applications for educational financial assistance shall be submitted on the Tampa Sports Authority Tuition Reimbursement Application (The form is located in the Forms area of this policy). The employee shall obtain the signature approval of their immediate supervisor and Department Head before submitting the form to Human Resources.
  - b. The completed form shall be submitted to the Human Resources Director prior to the start date of the course.
  - c. The Human Resources Manager will convene the screening committee.
  - d. The Human Resources Manager will notify employee of status by sending a copy of the completed Tuition Reimbursement Application.
  - e. Upon successful completion of approved course, employee must submit documents of tuition fees and books paid along with a certification (as offered by the institution) as to the grade received.
  - f. Human Resources will verify documentation, complete requisition and forward reimbursement request to Accounts Payable for disbursement.
4. Definitions: Terms used in the Employee Educational Reimbursement policy are defined as follows:
- a. Eligible Employee: Full-time, permanent employees who have completed initial probation.
  - b. Successful Completion: Proof of a "C" or better or satisfactory completion for pass/fail courses.
  - c. Approved Educational Courses: Curriculum taken at an accredited institution. Courses must be directly related to the official description of the employee's present position duties or in preparation of promotional opportunities within the Tampa Sports Authority. Audited courses, degrees offered via the Internet or correspondence courses are not eligible for reimbursement.

**L. Exemption from Golf Fees Policy:**

1. Play by regular part-time and full-time Authority employees is restricted by course availability.
2. Permission to play must be obtained from the Golf Professional or Assistant Professional (you may not make a tee time). REMEMBER the playing of the Authority golf course is a privilege, not an entitlement. Any abuse may result in a suspension of privileges.
3. All employees must obtain playing tickets prior to play.
4. Authority guest privileges will be granted by the Executive Director, Director of Golf Course Operations, the Director of Stadium Operations and/or Golf Course Professionals to those people whose activities benefit the Authority. Play will be granted on a day-to-day basis and are exempt from fees, and should be limited and regulated so as not to interfere with the playing patrons.
5. Fee Exemption Categories:
  - a. Current Authority Board Members - \$1.00
  - b. Authority full-time and golf course part-time employees - \$1.00
  - c. Any full-time Authority employee who has had six (6) years of service with the Authority and is drawing his/her retirement from the Florida Retirement System - \$1.00
  - d. Any former part-time golf course employee who has had six (6) continuous years of service and is drawing a retirement from F.R.S. - Existing Promotional Fee
  - e. Past Board Members - Existing Promotional Fee
  - f. Current Card Holding PGA Members and Apprentices - Existing Promotional Fee
  - g. Current Card Holding Superintendent Association Members - Existing Promotional Fee
  - h. Association Presidents - Existing Promotional Fee
6. Guidelines:
  - a. All other persons not falling into one of the above eight (8) categories will pay regular green fees.
  - b. All active board members and senior executive Authority staff will be provided with up to twenty four (24) free promotional passes and \$10 promotional passes to Rogers Park Golf Course to provide to potential ambassadors for the courses.
  - c. All active board members and senior executive Authority staff are allowed to bring one promotional guest per visit. Guest must be accompanied by the board member or staff member and will pay the \$1.00 fee.
  - d. All active board members, senior executive Authority staff, golf course professionals and the director of golf development are permitted to bring up to four (4) individuals to play at any of the three (3) Authority managed courses who are actively engaged in attracting business or events to Authority managed properties.

- e. A current list of employees, retirees, board members and past board members will be provided.
- f. Association Presidents only receive rate during association held events. Only one (1) President per association and no substitution if not present.
- g. All categories are still based on space available.

**M. Authority Authorization Forms:**

- 1. Full Service Direct Deposit Enrollment Form



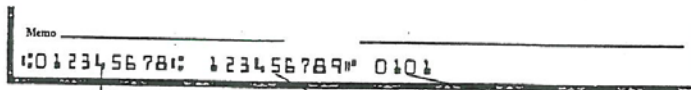
# Employee Direct Deposit Enrollment Form

Payroll Manager—Please complete this section. Then contact your CSR or AE for further instructions on how to update your employee's direct deposit information to ADP. (Please print.)

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_ Employee File Number: \_\_\_\_\_  
Payroll Mgr. Name: \_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Routing/Transit #  
(A 9-digit number always  
between these two marks)

Checking Account #

Check #  
(this number matches the number in  
the upper right corner of the check—  
not needed for sign-up)

### Important! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

x Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
x Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State:

x Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

2. Bank Name/City/State:

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

3. Bank Name/City/State:

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

### ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

2. Authorization to Terminate Direct Deposit of Payroll Form

**TAMPA SPORTS AUTHORITY**

**AUTHORIZATION TO TERMINATE DIRECT DEPOSIT OF PAYROLL**

NAME (Please Print) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

I hereby authorize Payroll to discontinue deposit of my payroll check directly to my financial institution and request that I instead be issued a paycheck. This authorization is effective immediately but shall take into consideration a reasonable opportunity for it to be acted upon.

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

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

**PLEASE RETURN ENTIRE COMPLETED FORM TO HUMAN RESOURCES**

**FOR OFFICE USE ONLY**

<p><b>DATE SENT TO PAYROLL</b></p> <p>_____</p>
---

3. Health Insurance Subsidy Request Form

HIS-1  
Rev 07/05  
Retired Payroll



**Florida Retirement System Pension Plan  
Health Insurance Subsidy Certification Form**

Retired Payroll Section  
PO BOX 3090  
Tallahassee FL 32315-3090  
850-488-4742 Toll Free: 888-377-7687

PAYEE SSN: \_\_\_\_\_

PAYEE NAME: \_\_\_\_\_

I hereby make application for the Health Insurance Subsidy (HIS). I have read the instructions on the enclosed sheet and checked one of the four boxes below. **I have checked the one box below that provides the earliest insurance coverage date.**

For FRS processing only

\_\_\_\_\_  
SIGNATURE OF PAYEE                      DATE                      TELEPHONE NUMBER

**SECTION A: To be completed by Payee who will have health premiums deducted from pension payment**

This is to certify that I have already completed the required paperwork to have payroll deduction of my health insurance premium from my Florida Retirement System (FRS) monthly benefit. I understand the subsidy will be added AFTER the insurance deduction begins. **\*\*Please check with your former employer (local agencies) or the People First Service Center (state agencies) if you have questions about premium deductions from your retirement benefit.**

**SECTION B: To be completed by former FRS (non-state) employer or People First Service Center (1-866-663-4735) for state agencies**

This is to certify that the above named payee had health insurance coverage effective \_\_\_\_\_ and is currently covered through our agency.

\_\_\_\_\_  
Signature:FRS Agency Representative                      Date                      FRS Agency Name                      Phone #  
or People First Representative

**SECTION C: To be completed by Insurance Company - (insurance cards are not accepted.)**

This is to certify that the above named payee has health coverage with \_\_\_\_\_ (Company Name) with an effective policy date of \_\_\_\_\_ (Date). (Please use the earliest possible coverage date).

\_\_\_\_\_  
Company Representative Signature                      Date                      Company Address                      Phone #

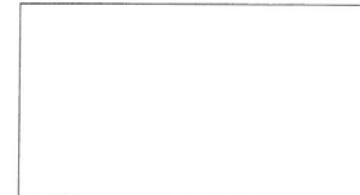
**SECTION D: Payee provides MEDICARE or Military Insurance information**

**ATTACH A PHOTOCOPY OF CARD HERE.  
(MEDICARE or MILITARY ID/TRICARE)**

I have attached a photocopy of either a MEDICARE or Military ID/TRICARE card.

**PLEASE DO NOT SEND YOUR ORIGINAL CARD.  
It will not be returned.**

NOTE: We will use your Medicare effective date to determine your HIS effective date. Your HIS effective date cannot be earlier than your Medicare effective date.



Please return completed form to the Retired Payroll Section. (See address above)

**Other contact information:**  
Fax: 850- 410-2193  
Toll Free Phone: 1-888-377-7687  
Local Phone: 850- 488-4742  
Email:Retired@dms.myflorida.com

**Florida Retirement System Pension Plan  
Health Insurance Subsidy Certification Form**

The Health Insurance Subsidy (HIS) is additional money added to your monthly retirement benefit to help offset the cost of your health insurance. **The HIS is not a health insurance policy.** Refer to Section 112.363, Florida Statutes.

**APPLICATION PROCESS:**

The payee or their legal representative:

1. Must sign and date the top portion of Form HIS-1.
2. Is responsible for having one section (A, B, C or D) of Form HIS-1 completed with appropriate signatures or photocopies attached.
3. Is responsible for submitting by mail or fax the completed Form HIS-1 in a timely manner to the Division of Retirement OR following up with the private insurance company or FRS agency representative that submits the form on their behalf.

**ELIGIBILITY:**

HIS applications are sent to those people that are most likely to be eligible for the HIS. To be eligible, the retiree (or their surviving beneficiary receiving monthly benefits) must certify that they have one of the following types of insurance listed below. (Coverage with any company or coverage through any employer):

- Health
- Cancer
- Accident
- Disability
- Dental
- Vision
- Medicare Part A and/or Part B
- Tricare
- Military health coverage

NOTE: A spouse or other family member may pay for the single or family coverage insurance.

**NOT ELIGIBLE:**

Retirees who receive the following types of payments are not eligible for the HIS:

- Recipients of Medicaid, Medically Needy Programs and Health of the Brotherhood
- Florida Institute of Food and Agricultural Sciences (IFAS) Supplemental Retirement Program Benefits
- Florida National Guard Benefits
- Florida Special Pensions or Relief Acts
- Florida Senior Management Services Optional Annuity Programs
- Florida State University System Optional Retirement Programs
- Florida State Community College System Optional Retirement Programs
- Florida Teachers' Retirement System Survivors' Benefits
- Retirees already receiving health insurance at no cost through the State of Florida (Section 110.1232, F.S.)

**HIS PAYMENTS:**

Eligible retirees (or their surviving beneficiary receiving monthly benefits) will receive \$5 per month for each year of creditable service used to calculate the retirement benefit. Years of employment in the Deferred Retirement Option Program (DROP) do not count towards your total years of service for the HIS calculation. Effective July 1, 2001, the HIS payment increased to at least \$30, but not more than \$150 per month. This subsidy is contingent upon continued approval by the Florida Legislature.

**RETROACTIVE HIS PAYMENTS:**

The completed application must be returned to the Division of Retirement within six months of the date retirement benefits started in order to receive the subsidy retroactive to the effective retirement date (or the month following DROP termination if applicable). If the completed form is not received within six months, retroactive subsidy payments will be limited to a maximum of six months. DROP participants cannot apply for the HIS until they have terminated employment and participation in the DROP.

4. Employee Educational Assistance Form

TUITION REIMBURSEMENT APPLICATION		TAMPA SPORTS AUTHORITY	
<b>PART 1 APPLICANT</b> (Complete Part 1 and forward to your immediate supervisor prior to enrollment. Use a separate form for each course)			
NAME (Last, First, Middle Initial)	JOB TITLE	DEPARTMENT - DIVISION	
OFFICE PHONE	COURSE TITLE AND NUMBER	SCHOOL NAME	
Are you eligible for any scholarships or grants? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU EMPLOYED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
TUITION (Show only cost of course itself) \$ _____	Exact time of day course is held	Days of week course is held	DATE COURSE BEGINS ENDS
BOOKS (Required Text Only) \$ _____			
COURSE DESCRIPTION			
Are you taking this course to improve job performance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you taking this course to qualify for promotion? <input type="checkbox"/> Yes <input type="checkbox"/> No If promotion related, please indicate position sought	
How does this course help improve job performance or meet training needs for promotion?			
If this course is leading to a degree, certificate, etc., please indicate what kind			
EMPLOYEE'S SIGNATURE	EMPLOYEE NUMBER (Soc. Security No.)	DATE	
<b>PART 2A SUPERVISOR</b>			
The above statements are correct to the best of my knowledge <input type="checkbox"/> Yes <input type="checkbox"/> No The above statements should be clarified in the following manner:			
This request for consideration of tuition and book cost reimbursement: <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> NOT ACCEPTABLE			
COMMENTS			
IMMEDIATE SUPERVISOR'S SIGNATURE	TITLE	DATE	
<b>PART 2B DEPARTMENT HEAD</b>			
This request for consideration of tuition and book cost reimbursement: <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> NOT ACCEPTABLE			
COMMENTS			
DEPARTMENT HEAD'S SIGNATURE (Or Designated Representative)			DATE
<b>PART 2C EDUCATION PROGRAM COMMITTEE</b>			
APPLICATION SCREENED BY EDUCATION PROGRAM COMMITTEE			DATE
<b>PART 3 DEPARTMENT OF HUMAN RESOURCES</b>			
REQUEST FOR TUITION REIMBURSEMENT: <input type="checkbox"/> APPROVED UPON SATISFACTORY COMPLETION <input type="checkbox"/> DISAPPROVED			
COMMENTS			
ADMINISTRATION'S/REPRESENTATIVE'S SIGNATURE			DATE

Revised: June 21, 2007

Executive Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

TSA Board of Directors Approval Date: \_\_\_\_\_