UNIVERSITY POLICY REVIEW

THE OHIO STATE UNIVERSITY

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THE OHIO STATE UNIVERSITY

UNIVERSITY POLICIES

Affirmative Action, Equal Employment Opportunity and Non-Discrimination/Harassment

THE OHIO STATE UNIVERSITY

Affirmative Action, Equal Employment Opportunity & Non-Discrimination/Harassment, 1.10

Interim University Policy

Applies to: Faculty, staff, student employees, graduate associates, students, volunteers, and applicants

Responsible Office **Office of Institutional Equity**

POLICY

Issued: 10/01/1973
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The Ohio State University is committed to building and maintaining a diverse community to reflect human diversity and to improve opportunities for all. The university is committed to equal opportunity, **affirmative action**, and eliminating **discrimination** and **harassment**. This commitment is both a moral imperative consistent with an intellectual community that celebrates individual differences and diversity, as well as a matter of law.

Ohio State does not discriminate on the basis of age, ancestry, color, disability, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or protected veteran status, or any other bases under the law, in its activities, academic programs, admission, and employment.

In addition, the university complies with Executive Order 2019-05D, which prohibits any Ohio State employee from discriminating against any other employee or applicant on the basis of race, color, religion, gender, gender identity or expression, national origin (ancestry), military status (past, present or future), disability, age (40 years or older), status as a parent during pregnancy and immediately after the birth of a child, status as a parent of a young child, status as a foster parent, genetic information, or sexual orientation, as those terms are defined in Ohio law, federal law, and previous Executive Orders, in making any of the following employment-related decisions:

a. Hiring
b. Layoff
c. Termination
d. Transfer
e. Promotion
f. Demotion
g. Rate of Compensation
h. Eligibility for In-Service Training Programs

Purpose of the Policy

To promote **equal employment opportunity** and prohibit discrimination and harassment based on the aforementioned protected classes and in accordance with the law or applicable executive order, including and not limited to: Americans with Disabilities Act, Age Discrimination Act of 1975, Age Discrimination in Employment Act, Genetic Information Nondiscrimination Act, Pregnancy Discrimination Act, Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Vietnam Era Veterans' Readjustment Assistance Act of 1974, Ohio Executive Order 2019-05D, Executive Order 11246, and any other laws or applicable executive orders related to equal opportunity.

Applies to: Faculty, staff, student employees, graduate associates, students, volunteers, and applicants

Definitions

Term	Definition
Affirmative Action	The university's proactive efforts to recruit, hire, and advance qualified minorities, women, persons with disabilities, and covered veterans, as required of federal contractors.
Affirmative Action Plan	Includes a number of quantitative analyses designed to evaluate the percentage of women, racial and ethnic minorities, individuals with disabilities, and veterans employed throughout the university, and based on these percentages, to assess specific areas where the university can improve its affirmative action outreach and recruiting efforts.
Applicant	An individual who has applied for a specific position at the university, meets the basic qualifications for the position, is considered by the university for the position, and does not voluntarily remove themselves from the position.
Appointees	An individual deemed to have an affiliation with the university in a non-compensatory capacity as designated in the applicable Human Resources Information System.
Complainant	Any person who is reported to have experienced conduct prohibited by this policy, regardless of whether that individual makes a report or participates in the review of that report by the university, and regardless of whether that person is a member of the university community.
Discrimination	Discrimination (disparate treatment and disparate impact) occurs when an adverse employment or academic action is taken and the action is based upon one's **protected class** status. Disparate treatment occurs when one suffers less favorable treatment than others because of their protected class status. Disparate impact occurs when a university policy or practice, although neutral on its face, adversely impacts persons in a protected class.
Equal Employment Opportunity	All persons shall have equal opportunity for university employment free of discrimination regardless of age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, sexual orientation, protected veteran status, or any other bases under the law.
Harassment	Unwelcome, verbal or physical conduct based on an individual's protected class that is (1) sufficiently severe, persistent, or pervasive such that it unreasonably interferes with, denies, or limits an individual's ability to participate in or benefit from the university's education and employment programs and activities; and/or (2) is based on power differentials (quid pro quo) or the creation of a hostile environment. It can take two forms: power differentials (quid pro quo) or hostile environment: A. *Quid pro quo* harassment exists when: 1. There are unwelcome requests or demands based on a protected class; and 2. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic status; or 3. Submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions adversely affecting such individual. B. *Hostile environment in the employment context* includes any situation in which there is harassing conduct that is sufficiently severe, persistent, or pervasive such that it unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. *Hostile environment in the education context* includes any situation in which there is harassing conduct that limits, interferes with, or denies educational benefits or opportunities, from both a subjective (the complainant's) and an objective (reasonable person's) viewpoint. 1. The determination of whether an environment is "hostile" is based on a totality of circumstances. These circumstances may include: a. The degree to which the conduct interfered with the complainant's educational or work performance; b. The type, frequency, and duration of the conduct; c. The identity of and relationship between the respondent and the complainant(s); d. The number of individuals involved; e. The age and sex of the respondent and the complainant(s); f. The location of the incident(s) and the context in which it occurred; g. The nature and severity of the conduct;

Term	Definition
	h. Whether the conduct was physically threatening; i. Whether the conduct was humiliating; j. The effect of the conduct on the complainant's mental or emotional state; k. Whether the conduct arose in the context of other discriminatory conduct; l. Whether the speech or conduct deserves the protections of academic freedom or the first amendment. 2. A single or isolated incident of harassment may be severe enough to create a hostile environment. * See Sexual Misconduct policy 1.15, for the definition of sexual harassment.
Protected Class	Protected class is defined by federal law/executive order or Ohio State policy. The protected classes include: age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, protected veteran status, or any other bases under the law.
Respondent	Any member of the university community who is reported to have engaged in conduct prohibited by this policy.
Retaliation	Adverse action against an individual because they made a protected disclosure, as defined in Whistleblower policy 1.40, or has participated in an investigation, proceeding or hearing involving a protected disclosure.
Student	An individual to whom an offer of admission has been extended, paid an acceptance fee, registered for classes, or otherwise entered into another agreement with the university to take instruction. Student status lasts until an individual graduates, is permanently dismissed, or is not in attendance for two complete, consecutive terms, and includes those with a continuing educational relationship with the university; "Student" also includes registered student organizations. A student organization remains a "student" for purposes of this policy for one calendar year following the expiration of the organization's most recent registration. The university reserves the right to administer this policy and proceed with any process provided by this policy even if the student withdraws from the university, is no longer enrolled in classes, or subsequently fails to meet the definition of a student while a disciplinary matter is pending.
University community	Faculty, staff, students, student employees, graduate associates, **appointees**, volunteers, suppliers/contractors, and visitors.

Policy Details

I. Affirmative Action
   A. The university is committed to take affirmative action consistent with federal and state law to increase the employment and retention of individuals in underrepresented demographics.
   B. The university will make good faith efforts for outreach consistent with federal and state law to decrease underrepresentation.
   C. The university will gather and analyze necessary data pursuant to the university's **affirmative action plan**. In accordance with applicable law, the university invites: (i) job applicants to voluntarily self-identify their race, ethnicity, gender, disability status, and veteran status at the pre- and post-offer stages of the hiring process; and (ii) employees to voluntarily self-identify their disability status at five year intervals thereafter. Submission of this information is voluntary and refusal to provide it will not subject the job applicant or employee to any adverse treatment.
   D. Pursuant to the university's affirmative action plan**,** the university will review progress on an annual basis.

II. Equal Employment Opportunity (EEO)
   A. Job Postings

1. All job postings and advertisements must include the following tagline: The Ohio State University is an equal opportunity employer. All qualified **applicants** will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, or protected veteran status.
2. Applicants are encouraged to complete and submit the Equal Employment Identification form.

B. All employment practices including, but not limited to, recruitment, selection, promotion, compensation, and all other management decisions will provide equal opportunities for all individuals.

III. Discrimination and Harassment

A. Scope
1. This policy applies to alleged discrimination or harassment in any medium. Discrimination and harassment may manifest in many evolving forms, including but not limited to: physical, verbal, visual, and online/electronic/social media.

B. Location
1. This policy applies to alleged discrimination or harassment that takes place on university property or at university-sponsored events, regardless of their location.
2. This policy may also apply to alleged discrimination or harassment that occurs off-campus, including virtual spaces, when it could reasonably create a hostile environment.
3. For students, this policy also applies in circumstances described in Section 3335-23-02 (A) and (B) of the Code of Student Conduct.

C. Jurisdiction
1. The university has a compelling obligation to address allegations and suspected instances of discrimination or harassment when it knows or should have known information that would lead a reasonable person to believe that this policy has been violated.
2. The university's disciplinary response may be limited if the respondent is a visitor or other third-party or is not subject to the university's jurisdiction.

D. Receiving counseling and support
1. Members of the university community impacted by discrimination or harassment are encouraged to use counseling and support services, listed in the Resources section.

IV. Reporting Allegations of Discrimination and Harassment

A. Any university community member or individual who is directly involved in, observes, or reasonably believes that discrimination or harassment may have occurred can submit a report to the Office of Institutional Equity:
1. Online – reporting form at equity.osu.edu
2. Call –614-247-5838
3. Email – equity@osu.edu

B. Making a report to the university does not preclude the individual from filing a report of a crime with law enforcement nor does it extend time limits that may apply in criminal processes.

C. Individuals, including members of the university community, may submit reports anonymously via the following resources.
1. The university's Anonymous Reporting Line, accessible online or via telephone at 866-294-9350.
2. Online reporting form at equity.osu.edu

V. Confidentiality and Privacy

A. The university recognizes the importance of confidentiality and privacy. Information received in connection with the reporting, investigation, and resolution of allegations will be treated as private and will only involve individuals whom the university determines are necessary to conduct an appropriate investigation, to provide assistance and resources to parties, to perform other appropriate university functions, or when the university is required to provide information under the law.

B. If an incident is disclosed or reported to the university and the individual requests that no investigation be conducted or disciplinary action taken, the Associate Vice President of the Office of Institutional Equity or designee will explain that the university prohibits retaliation and explain the steps the university will take to prevent and respond to retaliation if the individual participates in a resolution process. The Associate Vice President of the Office of Institutional Equity or designee will evaluate the request to determine whether the university can honor the request while still providing a safe and nondiscriminatory environment.
C. A decision to proceed despite an individual's request will be made on a case-by-case basis after an individualized review, and the complainant will be notified if such a decision is made.
D. All individuals involved in the process should observe the same standard of discretion and respect for everyone involved in the process.

VI. Retaliation
A. Retaliation is prohibited by university policy and law. The university will not tolerate retaliation in any form against any individual who makes an allegation, files a report, serves as a witness, assists a complainant, or participates in an investigation of discrimination or harassment.
B. Retaliation is a serious violation that can subject the offender to discipline, up to and including termination of employment and/or suspension or dismissal of a student, independent of the merits of the underlying allegation. Allegations of retaliation should be reported to the Office of Institutional Equity.

VII. Investigation and Resolution Options
A. Initial assessment
1. The Office of Institutional Equity or designee reviews all reports of discrimination and harassment under this policy for an initial assessment of the reported information. The available resolution options will be guided by the availability of information or evidence suggesting that a policy violation may have occurred, the university's obligation to investigate and provide appropriate remedies to eliminate, prevent, and address the effects of the prohibited conduct, and the availability or desire of the complainant to participate in an investigation or other resolution.
2. Upon completion of an initial assessment, the Associate Vice President of the Office of Institutional Equity designee will determine the available options for resolution and will communicate options to the parties.
B. Informal resolution
1. Informal resolution may be utilized in some circumstances if the university deems appropriate.
2. Informal resolution may be appropriate for responding to anonymous reports and/or third-party reports when the university is unable to conduct further investigation.
3. In all cases, the university will inform the complainant of the right to end the informal resolution process at any time. If the complainant chooses to end the informal resolution process, the university will inform the complainant of options, including the option to begin the formal stage of the report process.
C. Investigative resolution
1. The Office of Institutional Equity or designee may resolve a report of discrimination through investigative resolution when the alleged misconduct, if true, would be prohibited under applicable university policy. In instances when informal resolution is inappropriate, when any party requests, or when the university requires formal investigation, the university will consider the concerns and rights of all parties and provide a prompt, fair, impartial, and equitable process.
2. Parties have an equitable right to:
a. Receive notice before participating in an interview with sufficient time to prepare for meaningful participation;
b. A process with reasonably prompt time frames, with extensions for good cause, as described in the Procedure section below;
c. Present relevant information to the investigator, including evidence and witnesses;

d. Receive timely and equal access to any relevant information or documentation gathered during the investigation;
e. Have an advisor of their choosing, including an attorney, advocate, or other support person who is not a potential witness in the investigation or could otherwise compromise the investigation, who provides support throughout the formal resolution process, including being present for any meetings or hearings. An advisor or other support person may only provide counsel or support for a party and not actively participate in the process, unless clarification is needed as determined by the university. The advisor may not engage in any conduct that would constitute harassment or retaliation against any person who has participated in an investigation and may be denied further participation if such conduct occurs; and
f. Investigators who are adequately trained to resolve cases of alleged discrimination and harassment, are familiar with applicable policies and procedures, and who do not have a conflict of interest or bias for or against either party.

3. Under some circumstances, the Office of Institutional Equity may have an obligation to formally investigate a complaint, such as when there is a risk to the campus community, and the complainant will be informed as such.

VIII. Remedies

A. When the university makes a finding of a policy violation or inappropriate behavior, it will take steps, whether individual or systemic, to stop the alleged harassment and/or discrimination, prevent its recurrence, eliminate any hostile environment, and remedy the discriminatory effects on the complainant and others, as appropriate.
B. Corrective action/sanctions
   1. When the respondent is a student, potential sanctions include formal reprimand, disciplinary probation, suspension, dismissal, and other appropriate educational sanctions.
   2. In the event that a record of such sanction will become a part of the respondent's educational records, prior notice will be given.
   3. When the respondent is an employee, corrective actions may be taken pursuant to the Corrective Action and Involuntary Termination policy, Student Employment policy, and/or the Rules of the University Faculty 3335-5-04. Disciplinary corrective actions include coaching, development plans, reduction in supervisory duties and leadership responsibilities, changes in salary, termination, and other appropriate corrective actions.
   4. In the event that a record of such corrective action will become a part of the respondent's personnel records, prior notice will be given.
   5. Student employees may be subject to corrective action and sanctions under both sections VIII.B.1 and VIII.B.3 above. For instance, a student employee who is dismissed from the university under section VIII.B.1 may also be subject to termination or other corrective action under section VIII.B.3.
C. When the university is unable to proceed with formal resolution, such as lack of information in the report or request by the complainant that an investigation not move forward, the university may take other remedial measures as appropriate to remedy the effects of the alleged discrimination or harassment and/or prevent its recurrence. Remedial measures may also be implemented when it is determined that inappropriate behavior occurred, but that the behavior did not rise to the level of a policy violation.

IX. Interim Measures

A. The complainant or respondent may request with or without an investigation, interim measures be taken. Upon determination regarding the interim measure request, the Office of Institutional Equity, in collaboration with other university offices when applicable, will review the request to determine if the interim measures can be put in place.

X. False Allegations
   A. It is a violation of this policy for anyone to knowingly or with reckless disregard for the truth make false allegations of discrimination or harassment. Corrective action/sanctions may be imposed on individuals who knowingly or with reckless disregard for the truth make false allegations.
   B. The absence of a finding of a policy violation is not equivalent to a false allegation.

XI. Process Abuse
   A. No member of the university community may:
      1. obstruct, prohibit, exert improper influence over, or interfere with any individual making a report, participating in a process, or carrying out a responsibility covered by this policy;
      2. falsify or misrepresent information in or related to a process covered by this policy;
      3. disrupt or interfere with the orderly conduct of any proceeding conducted under this policy; or
      4. fail to comply with any directive, sanction, or corrective action issued pursuant to this policy.

PROCEDURE

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I. Investigative Resolution Process
   A. If an investigative resolution process begins, parties will be informed of the procedures of the investigation and all allegations being investigated.
   B. The investigation generally will include interviews with the parties, relevant witnesses, and a review of relevant documents and other available evidence. Parties will be updated on the status of the investigation.
   C. During the investigation process, a party's advisor or other support person is a silent and non-participating presence to observe and provide support for the party.
   D. When reported conduct may violate both this policy and another university policy, the Office of Institutional Equity will consult with the appropriate university office(s) to determine how the matter should be investigated and adjudicated. This may, but is not required to, involve a joint investigation by more than one office. The office or process used to investigate and adjudicate the matter is within the sole discretion of the university, but procedures set forth in this policy will be used to investigate and adjudicate alleged violations of this policy. The Office of Institutional Equity may refer possible violations of other university policies to an appropriate office at any time.
   E. The preponderance of the evidence standard will be applied to determine policy violations.
   F. In cases involving sex-or-gender based discrimination or harassment, the Title IX Coordinator or designee will be consulted.
   G. The Office of Institutional Equity may refer possible violations of other university policies to an appropriate office at any time.

II. Investigations Involving Student Respondents
   A. The investigator will determine if there is reasonable cause to believe that violation of this policy may have occurred. Reasonable cause is credible information to support each element of the violation, even if that information is only a credible witness or a complainant's statement.
   B. Charges may be issued by an appropriate university official when a finding of jurisdiction is made and there is reasonable cause to believe that a violation of this policy may have occurred. Charges will not be issued where a complaint is unsupported by any credible information or does not meet the elements of a policy violation.
      1. If there is not reasonable cause, the investigative resolution process will end; however, a referral to other investigative units and/or additional resolution processes may be appropriate if the alleged conduct may

violate another university policy. Other options, including interim measures, remain available to both the complainant and respondent.

2. If the investigator finds reasonable cause that violation of this policy may have occurred, the respondent may choose to accept responsibility and the proposed sanctions or request a hearing.

C. If a hearing is requested, the investigator will refer the matter to a hearing body. The hearing bodies must be adequately trained to resolve cases of alleged harassment and discrimination, familiar with applicable policies and procedures, and free from conflict of interest or bias for or against either party. The preponderance of the evidence standard will be applied to determine policy violations.

D. The parties will be informed of the outcome and imposed sanctions as well as appeal procedures.

E. Both parties will have the opportunity to appeal any decision on the grounds of:

1. Substantial new evidence unavailable at the time of the investigation and/or hearing;
2. Procedural error that materially affected the outcome; or
3. The sanction is clearly inappropriate and is not commensurate with the seriousness of the offense.

F. Appeals will be heard by an objective appeals officer and consist of a documentary review where no interviews are conducted.

G. The university may, within its discretion, place a hold or other notation on a student's transcript while any investigation or proceeding conducted pursuant to this policy is pending.

III. Investigations Involving Employee Respondents

A. The investigator will prepare a written investigation report summarizing the facts gathered during the investigation, analysis, findings, and recommended corrective actions, and may develop this report in consultation with appropriate university officials, which may include the employee's supervisor, Employee and Labor Relations and any other appropriate Human Resources professional. If the evidence is sufficient to support a violation of the policy or other inappropriate behavior corrective measures will be taken.

B. In cases involving staff, corrective actions steps will be implemented by the employee's supervisor and Employee Relations and other appropriate Human Resources professional. In cases involving faculty, formal misconduct complaints regarding policy violations or other inappropriate behavior must be pursued through the Faculty Rule 3335-5-04 process, and non-disciplinary measures may be implemented by the faculty member's chair or dean if appropriate.

C. The parties will be informed of the outcome and imposed sanctions or corrective action.

D. If an employee respondent is found not to be responsible for violating the policy, the investigation report may, if applicable, include a determination that the employee respondent engaged in conduct that was inappropriate or unprofessional. In such cases, the investigator will refer such matters to Employee and Labor Relations the supervisor and appropriate Human Resources personnel, who will make the final determination on appropriate action or response.

E. If an employee respondent is found not to be responsible for violating the policy a referral to other investigative units and/or additional resolution processes may be appropriate if the alleged conduct may violate another university policy. Other options, including interim supportive measures, remain available to both the complainant and respondent.

F. In cases involving employees subject to collective bargaining agreements or university rules, parties will retain all rights afforded under applicable federal, state, or local laws.

IV. Notification of Findings

A. The complainant and respondent will be informed of the finding of the investigation.

V. Additional Guidance

A. The Office of Institutional Equity establishes standard protocols for responding to and resolving complaints of harassment and/or discrimination based on a protected class.

Applies to: Faculty, staff, student employees, graduate associates, students, volunteers, and applicants

Responsibilities

Position or Office	Responsibilities
Employing unit	1. Ensure that management practices prevent discrimination and support Equal Employment Opportunity (EEO). 2. Provide information and resources to supervisors, managers, and employees in support of EEO, and non-discrimination. 3. Ensure that allegations of discrimination or harassment are promptly referred to Office of Institutional Equity. 4. If findings and actions steps are issued a result of an investigation, ensure that they are properly implemented. 5. Display required EEO materials. 6. Consult with The Office of Institutional Equity to meet obligations under this policy. 7. Ensure confidentiality of individuals with HIV/AIDS infection, genetic information, or other issues governed by this policy. 8. Refer to investigation standards for detailed investigation rights, options, and procedures.
Faculty, staff, student employees, graduate associates, volunteers, and applicants	1. Talk with the party responsible for the offensive behavior if desired and if comfortable doing so. 2. Seek to resolve situations in consultation with the supervisor and/or appropriate HR professional if desired and if comfortable doing so. 3. Submit reports of discrimination or harassment to the Office of Institutional Equity or the university's Anonymous Reporting Line. 4. Respect the privacy and reputation of all parties. 5. Report allegations of retaliation to the Office of Institutional Equity. 6. Refer to investigation standards for detailed investigation rights, options, and procedures.
Office of Human Resources, Employee and Labor Relations	1. Consult with and guide units, managers, and employees regarding this policy. 2. Partner with the Office of Institutional Equity during investigations involving employees. 3. Ensure confidentiality of individuals with HIV infection, genetic information, or other issues governed by this policy. 4. Refer to investigation standards for detailed investigation rights, options, and procedures. If there are findings or action steps as a result of an investigation, partner with the employing unit and the Office of Institutional Equity to ensure the proper action steps are taken and implemented.
Office of Institutional Equity	1. Responds, evaluates, and investigates all complaints of discrimination and harassment. 2. Provides available options for resolution and will communicate options to the parties. 3. Consult with and guide units, managers, and employees regarding this policy. 4. Partner with the Employee and Labor Relations, during investigations involving employees. 5. Ensure confidentiality of individuals with HIV infection, genetic information, or other issues governed by this policy. 6. Refer to investigation standards for detailed investigation rights, options, and procedures. 7. If there are findings or action steps as a result of an investigation, partner with the employing unit and Employee and Labor Relations to ensure the proper action steps are taken and implemented.
Title IX Coordinator	Evaluate requests for confidentiality related to sexual misconduct, which includes all sex-and-gender based discrimination/harassment.

Resources

Support Resources

Community Served	Scope/Purpose	Office/Agency	Contact Information	Confidentiality
Students	Offers individual and group counseling and therapy to help students address personal, academic, and career concerns.	Counseling and Consultation Service	614-292-5766 ccs.osu.edu	Confidential
Students	Provides legal services (e.g., civil protection orders, crime victim compensation, and criminal proceedings guidance) to eligible students.	Student Legal Services	614-247-5853 studentlegal.osu.edu	Confidential
Employees	Provides life assistance for an array of personal, work-related, and daily living	Employee Assistance Program	614-292-4472	Confidential

Community Served	Scope/Purpose	Office/Agency	Contact Information	Confidentiality
	challenges for benefits-eligible employees and family members.		800-678-6265 (24/7 hotline) osuhealthplan.com/members/ohio-state-employee-assistance-program-eap	
Anyone	Provides survivor advocacy and assistance to LGBTQI survivors regarding hate and bias violence, discrimination, intimate partner violence, sexual assault, and stalking.	Buckeye Region Anti-Violence Organization (BRAVO)	614-294-7867 866-862-7286 (toll free) bravo-ohio.org	Confidential
Students residing on campus	Assists student residents in short- and long-term needs.	Resident advisors and hall directors in Residence Life	614-292-3930 housing.osu.edu	Non-confidential
Anyone	Responds to criminal conduct on campus.	University Police	614-292-2121 or 9-1-1 dps.osu.edu	Non-confidential
Anyone	Responds to criminal conduct off-campus.	Columbus Police	614-645-4545 or 9-1-1 columbus.gov/police	Non-confidential
Anyone	Responds to criminal conduct off-campus, at regional campuses; provides emergency assistance.	Local law enforcement agency	9-1-1 (emergencies)	Non-confidential

Medical Resources

Community Served	Scope/Purpose	Office/Agency	Contact	Confidentiality
Students	Outpatient facility; provides a variety of health care services.	Wilce Student Health Center	614-292-4321 shs.osu.edu	Confidential
Anyone	24/7 medical services.	OSU Wexner Medical Center	614-293-8333 wexnermedical.osu.edu	Confidential
Anyone	24/7 medical services.	Ohio State University Hospital East	614-257-3000 wexnermedical.osu.edu/patient-care/locations-and-parking/university-hospital-east	Confidential
Anyone	24/7 medical emergencies.	Nearest Emergency Room	9-1-1 (emergencies)	Confidential

Forms

Equal Employment Identification form, **hr.osu.edu/forms/emp/aaed.pdf**

Governance Documents

Office of Institutional Equity Investigation Standards, link to be added
Ohio Revised Code Section 4112 Unlawful discriminatory practices, **codes.ohio.gov/orc/4112.02**
Rehabilitation Act of 1973, Sections 503 and 504, **eeoc.gov/policy/rehab.html**
Sexual Misconduct, 1.15, **hr.osu.edu/public/documents/policy/policy115.pdf**

Additional Guidance

Equal Employment Opportunity Commission, **eeoc.gov**
National Human Genome Research Institute, **genome.gov**, **genome.gov/10002077**
Notice of Non-Discrimination, **hr.osu.edu/policy/resources/110nondiscrimnotice.pdf**
Posters, **hr.osu.edu/hrpubs/index#eeolabor**

Applies to: Faculty, staff, student employees, graduate associates, students, volunteers, and applicants

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Office of Institutional Equity	614-247-5838	equity@osu.edu equity.osu.edu
ADA questions and accommodations	ADA Coordinator, Office of Institutional Equity	614-292-6207	ada-osu@osu.edu ada.osu.edu
Workplace accommodations, including coordination of return-to-work and remain-at-work	Integrated Absence Management and Vocational Services	(614) 292-3439	hr-integrateddisability@osu.edu
Title IX questions	Title IX Coordinator, Office of Institutional Equity	614-247-5838	titleix@osu.edu titleix.osu.edu

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UNIVERSITY POLICIES

Sexual Misconduct

THE OHIO STATE UNIVERSITY

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Sexual Misconduct, 1.15

Interim University Policy

Applies to: Faculty, staff, students, student employees, graduate associates, appointees, volunteers, suppliers/contractors, and visitors

Responsible Office

Office of Institutional Equity

POLICY

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Members of the university community have the right to be free from all forms of **sexual misconduct** which impede the realization of the university's mission of distinction in education, scholarship, and service. All members of the university community are expected to conduct themselves in a manner that maintains an environment free from sexual misconduct.

Sexual misconduct violates the dignity of individuals and will not be tolerated. The university community seeks to eliminate sexual misconduct through education and by encouraging everyone to report concerns or complaints, including third parties when the **respondent** is a member of the university community. The university is committed to stopping sexual misconduct, preventing its recurrence, eliminating any hostile environment, and remedying its discriminatory effects. This policy defines expectations for the university community and establishes mechanisms for determining when those expectations have been violated.

Purpose of the Policy

To maintain an environment for work and study free from sexual misconduct.

Definitions

Term	Definition
Appointees	An individual deemed to have an affiliation with the university in a non-compensatory capacity as designated in the applicable Human Resources Information System.
Complainant	Any person who is reported to have experienced conduct prohibited by this policy, regardless of whether that individual makes a report or participates in the review of that report by the university, and regardless of whether that person is a member of the university community.
Consent	Permission that is clear, knowing, voluntary, and expressed prior to engaging in and during an act. Consent is active, not passive. Silence, in and of itself, cannot be interpreted as consent. Consent can be given by words or actions, as long as those words or actions create mutually understandable clear permission regarding willingness to engage in (and the conditions of) sexual activity. A. Consent to any one form of sexual activity cannot automatically imply consent to any other forms of sexual activity. B. Consent may be withdrawn at any time. C. Previous relationships or prior consent cannot imply consent to future sexual acts; this includes "blanket" consent (i.e., permission in advance for any/all actions at a later time/place). D. Consent cannot be given by an individual who one knows to be – or based on the circumstances should reasonably have known to be – substantially impaired (e.g., by alcohol or other drug use, unconsciousness, etc.). 1. Substantial impairment is a state when an individual cannot make rational, reasonable decisions because they lack the capacity to give knowing consent (e.g., to understand the "who, what, when, where, why, or how" of their sexual interaction). 2. This also covers individuals whose substantial impairment results from other physical or mental conditions including mental disability, sleep, involuntary physical restraint, or from the consumption of alcohol or other drugs.

	3. Being impaired by alcohol or other drugs will never function as a defense for any behavior that violates this policy. E. It is the obligation of the person initiating the sexual activity to obtain consent. F. An individual cannot consent who has been coerced, including being compelled by force, threat of force, or deception; who is unaware that the act is being committed; or who is coerced by a supervisory or disciplinary authority. 1. Force: violence, compulsion, or constraint; physically exerted by any means upon or against a person. 2. Coercion: the application of pressure by the respondent that unreasonably interferes with the complainant's ability to exercise free will. Factors to be considered include, but are not limited to, the intensity and duration of the conduct. G. A person who does not want to consent to sex is not required to resist or verbally object. H. Withdrawal of consent can be manifested through conduct and need not be a verbal withdrawal of consent (i.e. crying, pulling away, pushing away, not actively participating, laying there, uncomfortable or upset facial expression). I. Consent may not be given by an individual who has not reached the legal age of consent under applicable law.
Relationship violence	A broad term that encompasses **dating violence** and **domestic violence**.
Domestic violence	Conduct that would meet the definition of a felony or misdemeanor crime of violence committed by the complainant's current or former spouse or intimate partner, a person with whom the complainant shares a child in common, a person who is or has cohabitated with the complainant as a spouse or intimate partner, or individual similarly situated to a spouse under domestic or family violence law, or anyone else protected under the domestic or family violence law of the jurisdiction in which the offense occurred. An individual need not be charged with or convicted of a criminal offense to be found responsible for domestic violence pursuant to this policy.
Dating violence	Violence or threat of violence by an individual who has been in a social relationship of a romantic or intimate nature with the complainant. Whether there was such relationship will be determined based on the reporting party's statement and with consideration of the length and type of relationship, and the frequency of interaction of the persons involved in the relationship.
Respondent	Any member of the university community who is reported to have engaged in conduct prohibited by this policy.
Retaliation	Adverse action against an individual because they made a protected disclosure, as defined in Whistleblower, 1.40 policy, or has participated in an investigation, proceeding or hearing involving a protected disclosure.
Sexual misconduct	A broad term that encompasses **sexual harassment**, **sexual violence**, **relationship violence**, **stalking**, and **sexual exploitation**.
Sexual harassment	In the employment context, sexual harassment is unwelcome, sex- or gender-based verbal or physical conduct that unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. In the education context, sexual harassment is unwelcome, sex- or gender-based verbal or physical conduct that is sufficiently severe, persistent, or pervasive that it interferes with, denies, or limits an individual's ability to participate in or benefit from the university's educational programs and activities. It can take two forms: power differentials (quid pro quo) or hostile environment: A. *Quid pro quo* sexual harassment exists when: 1. There are unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature; and 2. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic status; or 3. Submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions adversely affecting such individual.

	B. *Hostile environment in the employment context* includes any situation in which there is harassing conduct that is sufficiently severe, persistent, or pervasive that it unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. *Hostile environment in the education context* includes any situation in which there is harassing conduct that limits, interferes with, or denies educational benefits or opportunities, from both a subjective (the complainant's) and an objective (reasonable person's) viewpoint. 1. The determination of whether an environment is "hostile" is based on a totality of circumstances. These circumstances may include: a. The degree to which the conduct interfered with the complainant's educational or work performance; b. The type, frequency, and duration of the conduct; c. The identity of and relationship between the respondent and the complainant(s); d. The number of individuals involved; e. The age and sex of the respondent and the complainant(s); f. The location of the incident(s) and the context in which it occurred; g. The nature and severity of the conduct; h. Whether the conduct was physically threatening; i. Whether the conduct was humiliating; j. The effect of the conduct on the complainant's mental or emotional state; k. Whether the conduct arose in the context of other discriminatory conduct; l. Whether the speech or conduct deserves the protections of academic freedom or the first amendment. 2. A single or isolated incident of sexual harassment may be severe enough to create a hostile environment. All such acts of sexual harassment are forms of sexual misconduct under this policy.
Sexual violence	Sexual acts perpetrated without consent.
Sexual assault	**Non-consensual sexual contact** and **non-consensual sexual penetration**.
Non-consensual sexual contact	Any intentional sexual touching, however slight, with any body part or object, by any individual upon another that is without consent and/or by force or coercion. Sexual contact includes: intentional contact with the breasts, buttock, groin, or genitals, or touching another with any of these body parts or object, or making another touch you or themselves with or on any of these body parts; any intentional bodily contact in a sexual manner, though not involving contact with/of/by breasts, buttocks, groin, genitals, mouth, or other orifice.
Non-consensual sexual penetration	Any sexual penetration, however slight, with any body part or object, by any individual upon another that is without consent and/or by force or coercion. Sexual penetration includes: vaginal penetration by a penis, object, tongue, or finger; anal penetration by a penis, object, tongue, or finger; and oral copulation (mouth to genital contact or genital to mouth contact); no matter how slight the penetration or contact.
Sexual exploitation	Occurs when an individual takes non-consensual or abusive sexual advantage of another for that individual's own advantage or benefit, or to benefit or advantage anyone other than the individual being exploited. Examples of sexual exploitation include, but are not limited to: A. Engaging in voyeurism; B. Exposing one's genitals in non-consensual circumstances; inducing another to expose their genitals; C. Going beyond the boundaries of consent (e.g., letting others hide in a closet to watch you having consensual sex); D. Invasion of sexual privacy; E. Knowingly transmitting a sexually transmitted infection (STI) to another; F. Non-consensual pictures, video-, or audio-recording of sexual activity, or the nonconsensual distribution of;

	G. Possession, use, and/or distribution of alcohol or other drug (e.g., Xanax, Ambien, Benadryl, Rohypnol ("Roofies"), Ketamine, GHB, etc.) for the purpose of engaging in or facilitating any activity prohibited under this policy; H. Prostituting another.
Stalking	A course of conduct directed at a specific individual that would cause a reasonable person under similar circumstances and with similar identities to the complainant to fear for their own or others' safety, or to suffer substantial emotional distress. A course of conduct includes two or more acts, including but not limited to, those in which the alleged perpetrator directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about the complainant, or interferes with the complainant's property.
Student	An individual to whom an offer of admission has been extended, paid an acceptance fee, registered for classes, or otherwise entered into another agreement with the university to take instruction. Student status lasts until an individual graduates, is permanently dismissed, or is not in attendance for two complete, consecutive terms, and includes those with a continuing educational relationship with the university; "Student" also includes registered student organizations. A student organization remains a "student" for purposes of this policy for one calendar year following the expiration of the organization's most recent registration. The university reserves the right to administer this policy and proceed with any process provided by this policy even if the student withdraws from the university, is no longer enrolled in classes, or subsequently fails to meet the definition of a student while a disciplinary matter is pending.
Title IX coordinator	The designated university official with primary responsibility for coordinating the university's compliance with Title IX. This individual provides leadership for Title IX activities; offers consultation, education, and training; and helps to ensure that the university responds appropriately, effectively, and equitably to all Title IX issues.
University community	Faculty, staff, students, student employees, graduate associates, **appointees**, volunteers, suppliers/contractors, and visitors.

Policy Details

I. Scope
   A. Medium
      1. This policy applies to alleged sexual misconduct in any medium. Sexual misconduct may manifest in many evolving forms including, but not limited to: physical, verbal, visual, and online/electronic/social media.
   B. Location
      1. This policy applies to alleged sexual misconduct that takes place on university property or at university-sponsored events, regardless of their location.
      2. This policy may also apply to alleged sexual misconduct that occurs off-campus, including virtual spaces, when the **Title IX coordinator** or designee determines that the alleged sexual misconduct could reasonably create a hostile environment.
      3. For students, this policy also applies in circumstances described in Section 3335-23-02 (A) and (B) of the Code of Student Conduct.
   C. Jurisdiction
      1. The university has a compelling obligation to address allegations and suspected instances of sexual misconduct when it knows or should have known information that would lead a reasonable person to believe that this policy has been violated. The university may take any action it deems appropriate, including informing the respondent of the allegations and pursuing an investigation even in cases when the **complainant** is reluctant to proceed. The complainant will be notified in advance when such action is necessary.

2. The university's disciplinary response may be limited if the respondent is a visitor or other third-party or is not subject to the university's jurisdiction.

D. This policy is not intended for, and will not be used to, infringe on academic freedom or to censor or punish members of the **university community** who exercise their legitimate first amendment rights.

E. Policy maintenance

1. This policy is managed by the Office of Institutional Equity and the Title IX coordinator.
2. This policy and the associated procedures will be revised by a working group comprised of the Office of Institutional Equity, the Office of Human Resources, the Office of Legal Affairs, and the Office of Student Life.

II. Romantic and/or Sexual Relationships

A. Romantic and/or sexual relationships between individuals in a supervisory, teaching, evaluation, advising, coaching, or counseling relationship constitute a conflict of interest. The individual in the position of higher institutional authority has the responsibility to eliminate the conflict of interest. The conflict of interest must be eliminated in a way which minimizes potential for harming the individual with lower institutional authority.

B. Faculty, staff, and **students** who are in the position to influence academic or employment decisions about others with whom they are in a romantic and/or sexual relationship must recuse themselves from such decisions.

C. In the event of an allegation of **sexual harassment**, the university will strictly scrutinize a defense based upon **consent** when the facts establish that an institutional power differential existed within the relationship.

D. Prohibited relationships

1. Romantic and/or sexual relationships between faculty/staff/graduate associates/undergraduate TAs and students, and between attending clinicians/supervising health care providers and residents/interns/fellows, cannot continue whenever there are supervisory, teaching, evaluation, advising, coaching, or counseling responsibilities for the student. Alternative academic/supervisory arrangements must be made to avoid being in a prohibited relationship; if acceptable alternative arrangements are not feasible, the relationship cannot continue.
2. Romantic and/or sexual relationships between supervisor and employee are prohibited. No individual involved in a romantic and/or sexual relationship will have direct responsibility for evaluating the performance or for making decisions regarding the hiring, promotion, tenure, compensation, or termination of the other party to the relationship. Supervisors, including faculty supervisors, must take immediate steps to make acceptable alternative arrangements regarding their supervisory responsibility for the other party to avoid an actual or apparent conflict of interest. If acceptable alternative arrangements are not feasible, the relationship cannot continue.
3. Notification responsibilities to avoid prohibited relationships
   a. University faculty/staff/graduate associates/undergraduate teaching assistants must notify their supervisor (e.g., dean, chair, vice president, direct supervisor, etc.) of any prohibited relationship in which they are involved; and, have a duty to cooperate in making acceptable alternative arrangements. The Office of Human Resources is available to facilitate or consult with parties about notification and making acceptable alternative arrangements.
   b. Individuals who engage in prohibited relationships (i.e., who do not notify their supervisors and do not make acceptable alternative arrangements) are in violation of this policy. Supervisors, including faculty supervisors, who obtain information that would lead a reasonable person to believe that the II-Romantic and/or Sexual Relationships section of this policy has been violated, have an institutional duty to report the violation to the Office of Human Resources.
   c. Individuals in positions of power, who engage in a series of exploitive sexual or romantic relationships, whether or not notification has occurred, may be held in violation of the II-Romantic and/or Sexual Relationships section of this policy.

4. Making acceptable alternative arrangements means removing any supervisory, teaching, evaluation, advising, coaching, or counseling responsibilities between the individual with institutional power and the student or employee. The alternative arrangements should avoid negative consequences for the student or employee; if acceptable alternative arrangements are not feasible, the relationship cannot continue.

E. Corrective action for prohibited romantic and/or sexual relationships
   1. After a thorough review of the facts, corrective action will be taken with any faculty/staff/student employee who violates II. Romantic and/or Sexual Relationships by:
      a. Entering into or engaging in a prohibited relationship without notification and without making immediate acceptable alternative arrangements, or
      b. Failing to follow any part of this policy, or
      c. Failing to implement any responsibility of supervisors as identified in this policy. This applies to all supervisors, including faculty who serve in supervisory roles.
   2. The corrective action process will be in accordance with university policies, faculty rules, and/or Code of Student Conduct.
   3. An individual who promptly provides notification of a prohibited relationship and cooperates in making acceptable alternative arrangements in a timely manner will not be held in violation of the II. Romantic and/or Sexual Relationships.

F. Important advisory statement on romantic/sexual relationships
   1. Individuals in positions of power must be aware that romantic or sexual relationships with students are fraught with danger for exploitation and pose a legal risk to both the individual and the institution.
   2. There are special risks in any sexual or romantic relationship between individuals in inherently unequal positions of power. These relationships may be subject to concerns about the validity of consent and unfair treatment of other students or employees. Such relationships can undermine the atmosphere of trust essential to the educational process and the employment relationship. They may, moreover, be less consensual than the individual whose position confers power believes. The apparent consensual nature of the relationship is inherently suspect due to the fundamental asymmetry of power in the relationship and it thus may be difficult to establish consent as a defense to a charge. Even when both parties consented at the outset to a romantic or sexual involvement, this past consent does not remove grounds for or preclude a charge or subsequent finding of sexual harassment based upon subsequent unwelcome conduct.
   3. The greater the institutional power differential that exists the greater risk there is for exploited consent. Exploited consent exists when consent to a relationship is given as a function of the position of power one individual occupies over another within an institution.
   4. Many international students, faculty, and staff come from cultures in which deference to any authority figure is important and sexual harassment laws do not exist. Some individuals may be especially vulnerable to exploitive relationships given cultural, language, and immigration/visa issues. Faculty, staff, and students should be very careful to avoid relationships that may be exploitive in nature.
   5. The university discourages romantic and/or sexual relationships between faculty and students due to the possibility of a power differential.
   6. The university strongly discourages romantic and/or sexual relationships between faculty and graduate students when in the same department; between faculty and undergraduate students majoring in the faculty member's area of expertise; when the faculty member has any influence over academic judgments about the student; and in any context when the perceived power differential may be significant.

III. Receiving Counseling and Support
   A. Members of the university community impacted by sexual misconduct are encouraged to use counseling and support services, listed in the Resources section.

IV. Employee Duty to Report

A. The university is committed to stopping sexual misconduct, preventing its recurrence, eliminating any hostile environment, and remedying its discriminatory effects. All university employees have reporting responsibilities to ensure the university can take appropriate action.

B. Employees with a duty to report should refer to the chart in Policy Details V (Reporting Allegations of Sexual Misconduct).

C. All university employees, except those exempted by legal privilege of confidentiality or expressly identified as a confidential reporter, have an obligation to report incidents of **sexual assault**. Any employee who receives a disclosure of a sexual assault or becomes aware of information that would lead a reasonable person to believe that a sexual assault may have occurred involving anyone covered under this policy, must report all known information immediately.

D. In addition to the requirement of reporting incidents of sexual assault, the following members of the university community have an additional obligation to report all other incidents of sexual misconduct, when they receive a disclosure of sexual misconduct or become aware of information that would lead a reasonable person to believe that sexual misconduct may have occurred involving anyone covered under this policy. These individuals must report the incident within five workdays of becoming aware of such information:

1. Any human resource professional (HRP);
2. Anyone who supervises faculty, staff, students, or volunteers;
3. Chair/director; and
4. Faculty member.

E. Employees are not required to report disclosures of information regarding sexual misconduct pursuant to this policy in the following circumstances, unless an individual covered under this policy is implicated or the individual is explicitly seeking assistance from the university:

1. At public survivor support events including, but not limited to: “Take Back the Night,” candlelight vigils, protests, and survivor speak-outs;
2. To student employees when they are operating outside of their official work capacity; or
3. During an individual’s participation as a subject in an Institutional Review Board (IRB)-approved human subjects research protocol.

F. Employees may have additional reporting obligations provided by law and/or other university policies.

G. The following categories of employees are exempt from the duty to report sexual assault and other sexual misconduct, due to their legal or professional privilege of confidentiality or their designation by the university as a confidential reporter.

1. Professional and pastoral counselors
   a. A professional counselor is a person whose official responsibilities include providing mental health counseling to members of the university community and who is functioning within the scope of that license or certification and their university employment. This definition applies even to professional counselors who are not employees of the university but are under contract to provide counseling at the university. This also includes an individual who is not yet licensed or certified as a counselor but is acting in that role under the supervision of an individual who is licensed or certified (e.g., a Ph.D. counselor-trainee acting under the supervision of a professional counselor at the university).
   b. A pastoral counselor is a person who is associated with a religious order or denomination, is recognized by that religious order or denomination as someone who provides confidential counseling and is functioning within the scope of that recognition and their role at the university. In this context, a pastor or priest who is functioning as an athletic director or as a student advocate would not be exempt from the reporting obligations.
2. Other employees with a professional license requiring confidentiality who are functioning within the scope of that license or certification and their university employment. For example, a physician with dual appointments (clinician and professor) would be required to report instances of sexual misconduct and sexual assault of

which they become aware of in the scope of their employment as a professor, but while operating as a clinician must keep such information confidential and privileged by the physician-patient relationship unless there is a mandatory reporting requirement under state law.

3. Employees who are functioning within the scope of their university employment and who are supervised by or performing duties for university employees with a professional license requiring confidentiality, for example, student health services and medical center employees. Such employees cannot disclose confidential information but must follow reporting requirements for any non-confidential information.

H. Corrective action may be taken against any individual who has a duty to report and who fails to respond in a manner consistent with the provisions of applicable laws, regulations, policies, and procedures.

V. Reporting Allegations of Sexual Misconduct

A. Contacting Title IX in the Office of Institutional Equity to share all known information will satisfy the employee duty to report. Reports can also be made voluntarily by any university community member or individual who is directly involved in, observes, or reasonably believes that sexual misconduct may have occurred. This includes allegations by third parties against any individual covered by this policy.

1. Online – reporting form at titleIX.osu.edu or equity.osu.edu
2. Call – 614-247-5838
3. Email – titleIX@osu.edu or equity@osu.edu

B. Making a report to the university does not preclude the individual from filing a report of a crime with law enforcement nor does it extend time limits that may apply in criminal processes. Individuals may request assistance from the Title IX coordinator or designee to notify law enforcement.

Agency	Contact Information
Ohio State University Police Department	614-292-2121 or 9-1-1 for emergencies dps.osu.edu
Columbus Police	614-645-4545 or 9-1-1 for emergencies columbus.gov/police
For regional campuses and off-campus crimes, local law enforcement agency	9-1-1 for emergencies

C. Individuals, including members of the university community, may submit reports anonymously via the following resources. Note that anonymous reports do not fulfill an employee's duty to report.

1. The university's Anonymous Reporting Line via telephone at 866-294-9350 or ohio-state.ethicspoint.com.
2. Online reporting form at titleIX.osu.edu.

VI. Confidentiality and Privacy

A. The university recognizes the importance of confidentiality and privacy. See the Resources section for a list of confidential support, non-confidential support, and medical resources. Information received in connection with the reporting, investigation, and resolution of allegations will be treated as private and will only involve individuals whom the university determines are necessary to conduct an appropriate investigation, to provide assistance and resources to parties, to perform other appropriate university functions, or when the university is required to provide information under the law.

B. If an incident is disclosed or reported to the university and the individual requests that no investigation be conducted or disciplinary action be taken, the Title IX coordinator or designee will explain that the university prohibits **retaliation** and explain the steps the university will take to prevent and respond to retaliation if the individual participates in a resolution process. The Title IX coordinator or designee will evaluate the request to determine whether the university can honor the request while still providing a safe and nondiscriminatory environment.

C. A decision to proceed despite an individual's request will be made on a case-by-case basis after an individualized review, and the complainant will be notified if such a decision is made.
D. All individuals involved in the process should observe the same standard of discretion and respect for everyone involved in the process.

VII. Retaliation
A. Retaliation is prohibited by university policy and law. The university will not tolerate retaliation in any form against any individual who makes an allegation, files a report, serves as a witness, assists a complainant, or participates in an investigation of discrimination or harassment.
B. Retaliation is a serious violation that can subject the offender to discipline, up to and including termination of employment and/or suspension or dismissal of a student, independent of the merits of the underlying allegation.
C. Allegations of retaliation should be reported to Title IX in the Office of Institutional Equity.

VIII. Investigation and Resolution Options
A. Initial assessment
1. The Office of Institutional Equity reviews all reports of sexual misconduct under this policy under the direction of the Title IX coordinator or designee for an initial assessment of the reported information. The available resolution options will be guided by the availability of information or evidence suggesting that a policy violation may have occurred; the university's obligation to investigate and provide appropriate remedies to eliminate, prevent, and address the effects of the prohibited conduct; and the availability or desire of the complainant to participate in an investigation or other resolution.
2. Upon completion of an initial assessment, the Title IX coordinator or designee will determine the available options for resolution and will communicate options to the parties.
B. Informal resolution
1. Informal resolution may be utilized in some circumstances if the university deems appropriate.
2. Informal resolution may be appropriate for responding to anonymous reports and/or third-party reports when the university is unable to conduct further investigation.
3. In all cases, the university will inform the complainant of the right to end the informal resolution process at any time. If the complainant chooses to end the informal resolution process, the university will inform the complainant of options, including the option to begin the investigative resolution process.
C. Investigative resolution
1. The Office of Institutional Equity may resolve a report of sexual misconduct through investigative resolution when the alleged misconduct, if true, would be prohibited under applicable university policy. In instances when informal resolution is inappropriate, when any party requests, or when the university requires formal investigation, the university will consider the concerns and rights of all parties and provide a prompt, fair, impartial, and equitable process.
2. Parties have an equitable right to:
a. Receive notice before participating in an interview with sufficient time to prepare for meaningful participation;
b. A process with reasonably prompt timeframes, with extensions for good cause, as described in the Procedure section below;
c. Present relevant information to the investigator, including evidence and witnesses;
d. Receive timely and equal access to any relevant information or documentation gathered during the investigation;
e. Have an advisor of their choosing, including an attorney, advocate, or other support person who is not a potential witness in the investigation or could otherwise compromise the investigation, who provides support throughout the formal resolution process, including being present for any meetings or hearings; and

f. Investigators who are adequately trained to resolve cases of alleged sexual misconduct, are familiar with applicable policies and procedures, and who do not have a conflict of interest or bias for or against either party.

3. An advisor or other support person may only provide counsel or support for a party and not actively participate in the process, unless clarification is needed as determined by the university. The advisor may not engage in any conduct that would constitute harassment or retaliation against any person who has participated in an investigation and may be denied further participation if such conduct occurs.
4. Under some circumstances, the Title IX coordinator or designee may have an obligation to formally investigate a complaint, such as when there is a risk to the campus community, and the complainant will be informed as such.

IX. Remedies

A. When the university makes a finding of a policy violation or inappropriate behavior, it will take steps, whether individual or systemic, to stop the alleged sexual misconduct, prevent its recurrence, eliminate any hostile environment, and remedy the discriminatory effects on the complainant and others, as appropriate.

B. Corrective action/sanctions

1. When the respondent is a student, potential sanctions include formal reprimand, disciplinary probation, suspension, dismissal, and other appropriate educational sanctions.
2. In the event that a record of such sanction will become a part of the respondent's educational records, prior notice will be given.
3. When the respondent is an employee, corrective actions may be taken pursuant to the Corrective Action and Involuntary Termination policy, Student Employment policy, and/or the Rules of the University Faculty 3335-5-04. Disciplinary corrective actions include coaching, development plans, reduction in supervisory duties and leadership responsibilities, changes in salary, termination, and other appropriate corrective actions.
   a. In the event that a record of such corrective action will become a part of the respondent's personnel records, prior notice will be given.
4. Student employees may be subject to corrective action and sanctions under both sections IX.B.1 and IX.B.3 above. For instance, a student employee who is dismissed from the university under section IX.B.1 may also be subject to termination or other corrective action under section IX.B.3.

C. Interim measures

1. Interim measures may be available to either party whether or not investigative resolution is pursued to ensure equal access to the university's education and employment programs and activities. The Title IX coordinator or designee will conduct an individualized assessment and will review requests from either party to determine interim measures that are appropriate and reasonably available. Interim measures may include, but are not limited to:
   a. No contact directives;
   b. Referral to campus and community resources for victim advocacy, counseling, health services, legal assistance, immigration assistance, disability services;
   c. Academic support including extensions of time and other course-related adjustments;
   d. Modification of work or class schedules;
   e. Change in work or housing locations;
   f. Change in reporting relationship;
   g. Consideration of leave requests; and
   h. Assistance with academic petitions.
2. The Title IX coordinator or designee will coordinate the provision of interim measures. Parties will not be required to arrange such measures by themselves but may need to participate in communication with supervisors, faculty, and other university employees with a need to know.

D. Other remedial measures

1. When the university is unable to proceed with investigative resolution, such as lack of information in the report or request by the complainant that an investigation not move forward, the university may take other remedial measures as appropriate to remedy the effects of the alleged sexual misconduct and/or prevent its recurrence. Remedial measures may also be implemented when it is determined that inappropriate behavior occurred, but that the behavior did not rise to the level of a policy violation.
2. Remedial measures may include and are not limited to:
   a. Providing training on sexual misconduct;
   b. Increasing security in a designated space;
   c. Changing policy or procedure; and
   d. Conducting climate checks.

X. False Allegations
   A. It is a violation of this policy for anyone to knowingly or with reckless disregard for the truth make false allegations of sexual misconduct. Corrective action/sanctions may be imposed on individuals who knowingly or with reckless disregard for the truth make false allegations of sexual misconduct.
   B. The absence of a finding of a policy violation is not equivalent to a false allegation.

XI. Process Abuse
   A. No member of the university community may:
      1. obstruct, prohibit, exert improper influence over, or interfere with any individual making a report, participating in a process, or carrying out a responsibility covered by this policy;
      2. falsify or misrepresent information in or related to a process covered by this policy;
      3. disrupt or interfere with the orderly conduct of any proceeding conducted under this policy; or
      4. fail to comply with any directive, sanction, or corrective action issued pursuant to this policy.

XII. Use of Sexual Misconduct Allegations in Employment or Academic Actions
   A. When making decisions affecting an individual's employment or academic status, allegations of sexual misconduct may be considered only if they have been addressed through this policy or other university policy or procedure, a court of law, or other administrative proceeding.

XIII. Training
   A. All faculty, staff, student employees, graduate associates, and students are required to take annual sexual misconduct training as directed by the university.

PROCEDURE

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I. Investigative Resolution Process
   A. If an investigative resolution process begins, parties will be informed of the procedures of the investigation and all allegations being investigated.
   B. A typical investigation will take approximately 60 calendar days following receipt of the complaint. This will vary depending on the complexity of the investigation and the severity and extent of the alleged sexual misconduct. Parties will be updated on the status of the investigation.
      1. The 60 calendar day timeframe refers to the entire investigation process, which includes and is not limited to:
         a. Initiating the investigation including contacting the complainant for an intake interview;
         b. Conducting the fact-finding investigation;

c. Holding a hearing or engaging in another decision-making process to determine whether a policy violation has occurred; and
d. Determining what actions the university will take to eliminate the hostile environment, prevent its recurrence, and remedy its discriminatory effects, including imposing sanctions against the respondent and providing remedies for the complainant and university community, as appropriate, and issuing written notice of the finding of the investigation.

2. Other factors may affect one or more parts of the timeframe, including and not limited to, the complexity, severity, and extent of the alleged sexual misconduct. The process may be extended if necessary due to illness, holidays, unavailability of parties or witnesses, complexity of the case, or competing demands on investigators or decision makers.

C. The investigation generally will include interviews with the parties, relevant witnesses, and a review of relevant documents and other available evidence.
D. During the investigation process, a party's advisor or other support person is a silent and non-participating presence to observe and provide support for the party.
E. When reported conduct may violate both this policy and another university policy, the Title IX Coordinator or designee will consult with the appropriate university office(s) to determine how the matter should be investigated and adjudicated. This may, but is not required to, involve a joint investigation by more than one office. The office or process used to investigate and adjudicate the matter is within the sole discretion of the university, but procedures set forth in this policy will be used to investigate and adjudicate alleged violations of this policy. The Title IX Coordinator or designee may refer possible violations of other university policies to an appropriate office at any time.

II. Investigations Involving Student Respondents

A. The investigator will determine if there is reasonable cause to believe that violation of this policy may have occurred. Reasonable cause is credible information to support each element of the violation, even if that information is only a credible witness or a complainant's statement.
B. Charges may be issued by an appropriate university official when a finding of jurisdiction is made and there is reasonable cause to believe that a violation of this policy may have occurred. Charges will not be issued where a complaint is unsupported by any credible information or does not meet the elements of a policy violation.
   1. If there is not reasonable cause, the investigative resolution process will end; however, a referral to other investigative units and/or additional resolution processes may be appropriate if the alleged conduct may violate another university policy. Other options, including interim measures, remain available to both the complainant and respondent.
   2. If the investigator finds reasonable cause that a violation of this policy may have occurred, the respondent may choose to accept responsibility and the proposed sanctions or request a hearing.
C. If a hearing is requested, the investigator will refer the matter to a hearing body. The hearing bodies must be adequately trained to resolve cases of alleged sexual misconduct, familiar with applicable policies and procedures, and free from conflict of interest or bias for or against either party. The preponderance of the evidence standard will be applied to determine policy violations.
D. The parties will be informed of the outcome and imposed sanctions as well as appeal procedures.
E. Both parties will have the opportunity to appeal any decision on the grounds of:
   1. Substantial new evidence unavailable at the time of the investigation and/or hearing;
   2. Procedural error that materially affected the outcome; or
   3. The sanction is clearly inappropriate and is not commensurate with the seriousness of the offense.
F. Appeals will be heard by an objective appeals officer and consist of a documentary review where no interviews are conducted.
G. The university may, within its discretion, place a hold or other notation on a student's transcript while any investigation or proceeding conducted pursuant to this policy is pending.

III. Investigations Involving Employee Respondents

A. The investigator will prepare a written investigation report summarizing the facts gathered during the investigation, analysis, findings, and recommended corrective actions, and may develop this report in consultation with appropriate university officials, which may include the employee's supervisor, Employee and Labor Relations and any other appropriate Human Resources professional, and the Title IX Coordinator or designee. If the evidence is sufficient to support a violation of the policy or other inappropriate behavior, corrective measures will be taken.

B. In cases involving staff, corrective actions steps will be implemented by the employee's supervisor and Employee Relations and other appropriate Human Resources professional. In cases involving faculty, formal misconduct complaints regarding policy violations or other inappropriate behavior must be pursued through the Faculty Rule 3335-5-04 process, and non-disciplinary measures may be implemented by the faculty member's chair or dean if appropriate. The parties will be informed of the outcome and imposed sanctions or corrective action.

C. If an employee respondent is found not to be responsible for violating the policy, the investigation report may, if applicable, include a determination that the employee respondent engaged in conduct that was inappropriate or unprofessional. In such cases, the investigator will refer such matters to Employee and Labor Relations, who will make the final determination on appropriate action or response.

D. If an employee respondent is found not to be responsible for violating the policy, a referral to other investigative units and/or additional resolution processes may be appropriate if the alleged conduct may violate another university policy. Other options, including interim measures, remain available to both the complainant and respondent.

E. In cases involving employees subject to collective bargaining agreements or university rules, parties will retain all rights afforded under applicable federal, state, or local laws.

IV. Notification of Findings

A. The complainant and respondent will be informed of the finding and sanctions or corrective actions imposed.

B. In cases of **sexual assault**, **relationship violence**, or **stalking**, the parties will receive notice of findings simultaneously, in writing, including notice of all sanctions or corrective actions imposed.

C. In cases involving student respondents, the parties will be notified of the institution's procedures for appeal, the results of any appeal, any change to the result, and when such results become final.

V. Additional Guidance

A. The Office of Institutional Equity establishes standard protocols for responding to and resolving complaints of sexual misconduct.

Responsibilities

Position or Office	Responsibilities
Anyone who supervises faculty, staff, students, or volunteers	1. Fulfill reporting obligations as outlined in this policy. 2. Report violations of the Sexual and/or Romantic Relationships section of the policy to Employee and Labor Relations 3. Respect the privacy and reputation of all parties. 4. Direct individuals to available university and/or community support resources as needed. 5. Refer to investigation standards for detailed investigation rights, options, and procedures.
Employing unit	1. Fulfill reporting obligations as outlined in this policy. 2. Take steps to stop the alleged sexual misconduct, prevent its recurrence, eliminate any hostile environment, and remedy the discriminatory effects on the complainant, in consultation with the Office of Institutional Equity.

Applies to: Faculty, staff, students, student employees, graduate associates, appointees, volunteers, suppliers/contractors, and visitors

Position or Office	Responsibilities
Faculty, staff, student employees, graduate associates, and appointees	1. Conduct yourself in a manner that maintains an environment free from sexual misconduct. 2. Fulfill reporting obligations as outlined in this policy. 3. Recuse yourself from influencing or making academic or employment decisions about others with whom you are in a romantic and/or sexual relationships. 4. Notify your supervisor of any prohibited relationship in which you are involved or considering starting; cooperate in making alternative arrangements; end the relationship if acceptable alternative arrangements cannot be made.
Faculty, staff, student employees, graduate associates, and students	Complete annual sexual misconduct training as directed by the university.
Human resource professional (HRP)	1. Fulfill reporting obligations as outlined in this policy. 2. Address all concerns promptly and thoroughly. 3. Respect the privacy and reputation of all parties. 4. Direct individuals to available university and/or community support resources as needed.
Office of Human Resources (OHR). Employee and Labor Relations	1. Fulfill reporting obligations as outlined in this policy. 2. Consult, recommend, and assist in the implementation of employee corrective action as a result of an investigation. 3. Monitor action steps and/or corrective action to ensure behavioral change and compliance. 4. Direct individuals to available university and/or community support resources as needed. 5. Facilitate or consult with parties about notification and making acceptable alternative arrangements regarding prohibited relationships.
Office of Institutional Equity	1. Oversee all sexual misconduct reports and investigations. 2. Ensure that investigations are conducted consistent with procedures laid out in this policy. 3. Oversee the maintenance of comprehensive documentation of the receipt of a report, investigation, and resolution. 4. Provide and coordinate interim measures, in consultation with units. 5. Notify the complainant in advance when the university determines to pursue an investigation when the complainant is reluctant to proceed. 6. Notify the complainant of their right to end the informal resolution process at any time, to begin the formal stage, or choose not to further pursue the matter. 7. Inform the complainant that the ability to investigate may be limited if they do not want to purse a formal investigation. 8. Oversee the communication of investigation findings to the complainant and respondent. 9. Ensure appropriate action steps, corrective action, and/or sanctions are issued. 10. Monitor action steps, corrective action, and/or sanctions to ensure behavioral change and compliance. 11. Address all concerns promptly and thoroughly. 12. Take remedial measures as appropriate, in consultation with units. 13. Respect the privacy and reputation of all parties. 14. Evaluate requests for anonymity to determine whether the university can honor the request while still providing a safe and nondiscriminatory environment. 15. Direct individuals to available university and/or community support resources as needed. 16. Ensure that individuals delegated the responsibility for receiving and/or investigating reports receive ongoing training on the substantive requirements of Title IX. 17. Coordinate investigations with University Police as necessary. 18. Periodically review reports to identify any patterns of sex- or gender-based discrimination. 19. Develop and implement regular university-wide events to raise awareness about all forms of sexual misconduct. 20. Develop and implement periodic Title IX training for the university community. 21. Periodically review Title IX related policies and procedures to ensure that they are an efficient resource for the university. 22. Refer to investigation standards for detailed investigation rights, options, and procedures.

Applies to: Faculty, staff, students, student employees, graduate associates, appointees, volunteers, suppliers/contractors, and visitors

Position or Office	Responsibilities
Office of Student Life, Student Conduct	1. Fulfill reporting obligations as outlined in this policy. 2. Co-investigate allegations of misconduct prohibited by this policy and under the Code of Student Conduct, such as hazing, when the respondent is a student and/or student organization. 3. Implement and monitor sanctions resulting from findings under this policy. 4. Respect the privacy and reputation of all parties. 5. Direct individuals to available university and/or community support resources as needed. 6. Refer to investigation standards for detailed investigation rights, options, and procedures.
Students, volunteers, suppliers/contractors, and visitors	1. Conduct yourself in a manner that maintains an environment free from sexual misconduct. 2. Follow process to make a complaint or report allegations of sexual misconduct. 3. Refer to investigation standards for detailed investigation rights, options, and procedures.

Resources

Support Resources

Community Served	Scope/Purpose	Office/Agency	Contact Information	Confidentiality
Students	Offers individual and group counseling and therapy to help students address personal, academic, and career concerns.	Counseling and Consultation Service	614-292-5766 ccs.osu.edu	Confidential
Students	Provides legal services (e.g., civil protection orders, crime victim compensation, and criminal proceedings guidance) to eligible students.	Student Legal Services	614-247-5853 studentlegal.osu.edu	Confidential
Employees	Provides life assistance for an array of personal, work-related, and daily living challenges for benefits-eligible employees and family members.	Employee Assistance Program	614-292-4472 800-678-6265 (24/7 hotline) osuhealthplan.com/members/ohio-state-employee-assistance-program-eap	Confidential
Anyone	Provides 24/7 emergency room, 24/7 helpline, law enforcement, and long-term aftercare advocacy; survivor options, resources, and emotional support; and education and prevention programming.	Sexual Assault Response Network of Central Ohio (SARNCO)	614-267-7020 (24/7 helpline) 614-688-2518 (Columbus on-campus) ohiohealth.com/sexualassaultresponsenetwork	Confidential
Anyone	Provides survivor advocacy and assistance to LGBTQI survivors regarding hate and bias violence, discrimination, intimate partner violence, sexual assault, and stalking.	Buckeye Region Anti-Violence Organization (BRAVO)	614-294-7867 866-862-7286 (toll free) bravo-ohio.org	Confidential
All members of university community	Coordinates Title IX compliance; leads Title IX activities; consults with units; provides education and training; helps to ensure Ohio State responds appropriately, effectively and equitably to Title IX issues.	Title IX coordinator	614-247-5838 titleIX.osu.edu	Non-confidential
Students residing on campus	Assists student residents in short- and long-term needs.	Resident advisors and hall directors in Residence Life	614-292-3930 housing.osu.edu	Non-confidential
Anyone	Responds to criminal conduct on campus.	University Police	614-292-2121 or 9-1-1 dps.osu.edu	Non-confidential

Applies to: Faculty, staff, students, student employees, graduate associates, appointees, volunteers, suppliers/contractors, and visitors

Community Served	Scope/Purpose	Office/Agency	Contact Information	Confidentiality
Anyone	Responds to criminal conduct off-campus.	Columbus Police	614-645-4545 or 9-1-1 columbus.gov/police	Non-confidential
Anyone	Responds to criminal conduct off-campus, at regional campuses; provides emergency assistance.	Local law enforcement agency	9-1-1 (emergencies)	Non-confidential

Medical Resources

Community Served	Scope/Purpose	Office/Agency	Contact	Confidentiality
Students	Outpatient facility; provides a variety of health care services.	Wilce Student Health Center	614-292-4321 shs.osu.edu	Confidential
Anyone	24/7 medical services.	OSU Wexner Medical Center	614-293-8333 wexnermedical.osu.edu	Confidential
Anyone	24/7 medical services.	Ohio State University Hospital East	614-257-3000 wexnermedical.osu.edu/patient-care/locations-and-parking/university-hospital-east	Confidential
Anyone	24/7 medical emergencies.	Nearest Emergency Room	9-1-1 (emergencies)	Confidential

Governance Documents

Affirmative Action, Equal Employment Opportunity and Non-Discrimination/Harassment, policy 1.10, hr.osu.edu/public/documents/policy/policy110.pdf
Code of Student Conduct, studentaffairs.osu.edu/csc/
Corrective Action and Involuntary Termination, policy 8.15, hr.osu.edu/policy/policy815.pdf
General Records Retention Schedule, library.osu.edu/documents/records-management/general-schedule.pdf
Office of Institutional Equity Investigation Standards, link to be added
Rules for Classified Civil Service, hr.osu.edu/policy/ccs/
Rules of the University Faculty, 3335-5-04, trustees.osu.edu/bylaws-and-rules/3335-5
Student Employment, policy 10.10, hr.osu.edu/policy/policy1010.pdf

Additional Guidance

Council on Academic Freedom and Responsibility (CAFR), senate.osu.edu/?page_id=167
Discrimination and Harassment Complaint form, hr.osu.edu/public/documents/forms/shdisccomplaint.pdf
Frequently Asked Questions, hr.osu.edu/public/documents/policy/resources/115faq-general.pdf
Frequently Asked Questions: Romantic and/or Sexual Relations, hr.osu.edu/public/documents/policy/resources/115faq-relations.pdf
Mediation Program, hr.osu.edu/wp-content/uploads/mediation-faq.pdf
Nondiscrimination Notice, hr.osu.edu/public/documents/policy/resources/110nondiscrimnotice.pdf
Prevention and Policy training for faculty, staff, and students, go.osu.edu/buckeyelearn
Task Force Examining the Policy on Consensual Relationships Report and Recommendations, hr.osu.edu/policy/resources/115report.pdf
Title IX website, titleIX.osu.edu/

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Office of Institutional Equity	614-247-5838	equity@osu.edu equity.osu.edu

Applies to: Faculty, staff, students, student employees, graduate associates, appointees, volunteers, suppliers/contractors, and visitors

To make a report	Office of Institutional Equity designee	614-247-5838	titleIX@osu.edu titleIX.osu.edu equity@osu.edu equity.osu.edu
Anonymous report	Anonymous Reporting Line (does not satisfy employee duty to report)	866-294-9350	ohio-state.ethicspoint.com
Criminal report	University Police (to report criminal activity only; does not satisfy employee duty to report)	911 (emergency) 614-292-2121(non-emergency)	dps.osu.edu
Faculty issues	Office of Academic Affairs	614-292-5881	oaa.osu.edu
Title IX questions	Title IX coordinator, Office of Institutional Equity	614-247-5838	titleIX@osu.edu titleIX.osu.edu

History

Issued:	10/01/1980	Issued as Sexual Harassment
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Revised:	01/01/2004	
Revised:	07/01/2006	
Edited:	12/01/2013	
Interim Revised:	09/01/2015	Renamed Sexual Misconduct, Sexual Harassment, and Relationship Violence
Revised:	08/23/2016	Renamed Sexual Misconduct
Interim Revised:	08/01/2019	Transferred ownership from Office of Human Resources to Office of Institutional Equity
Edited:	11/06/2019	Added OIE website and email

UNIVERSITY POLICIES

Nepotism

THE OHIO STATE UNIVERSITY

Nepotism
Policy 1.25
Office of Human Resources

Applies to: Faculty, staff, graduate associates, student employees and applicants

POLICY

Issued: 10/01/1973
Edited: 04/14/2014

The basic criteria for appointment and promotion of all university faculty, staff and student employees will be appropriate qualifications and performance. The intent of this policy is to emphasize that selection of personnel will be based on job-related qualifications. Relationship by family, marriage, or domestic partnership will not preclude hiring or promotion/transfer, as long as the individual meets and fulfills the appropriate appointment standards.

Family members, whose qualifications rank each of them first for the positions under consideration may be employed, so long as neither family member is immediately responsible for or influences any employment action. In such instances, all decisions will be referred to the Office of Human Resources, Employee and Labor Relations, for final approval; this includes dual career, spouse/partner and any other family hiring.

Definitions

Term	Definition
Nepotism	Favoritism applied, without regard to merit, through authority or influence by someone in a position of power, toward family members or others for whom the employee is legally responsible. Favoritism is shown by giving preferential treatment in any employment action to family members and others as defined in the policy.
Employment action	Hire, promote, reclassify, supervise, direct, evaluate, make a salary recommendation, assign work or resources, approve leave requests, give any benefit, or terminate employment.
Family member	Spouse; domestic partner; mother; father; sister; brother; biological, adopted, or foster child; stepchild; legal ward; grandparent; grandchild; first cousin; aunt; uncle; niece; nephew; mother-in-law; father-in-law; sister-in-law; brother-in-law; daughter-in-law; son-in-law; grandparent-in-law; grandchild-in-law; or corresponding step-relatives; or corresponding relatives of the employee's partner; other persons for whom the employee is legally responsible; and anyone who stood in loco parentis (acting in place of a parent and assuming the parent's rights, duties and responsibilities) to the employee as a child.

PROCEDURE

Issued: 10/01/1973
Edited: 04/14/2014

I. Disclosure

A. Individuals must notify their supervisor (e.g. dean, chair, vice president, direct supervisor, etc.) if any family member applies for a position for which they will be responsible or may influence the employment actions referred to in this policy. In such instances, the individual has a duty to cooperate in making alternative arrangements.

B. Internal and external applicants are required to self-disclose, at the time of application, if the position for which they are applying reports to or supervises a family member.

C. Internal and external final candidates for positions must have an approved alternative arrangement in place prior to the appointment.

D. The Office of Human Resources is available to facilitate or consult with parties about notification and making alternative arrangements.

E. When the conflict of interest cannot be eliminated through alternative arrangements, the hire will not be approved.

F. Individuals who do not notify their supervisors and do not make alternative arrangements are in violation of this policy and will be subject to corrective action in accordance with university policies and rules.

II. Alternative Arrangements

A. Alternative arrangements mean removing the responsibility or influence to hire, promote, reclassify, supervise, direct, evaluate, or make a salary recommendation, assign work or resources, approve leave requests, give any benefit, or terminate employment for the family member and recusing self from influencing any employment related decision. This includes relationships that are established post-hire. If alternative arrangements are not possible, employment is not feasible.

B. The employing unit must submit an Alternative Arrangement Agreement which must be approved by the Office of Human Resources prior to hire. Documentation of the Alternative Arrangement Agreement and its approval must be maintained in the personnel file of all impacted employees.

III. Duty to Act

Any human resource professional; supervisor, including faculty supervisors; chair/director; who becomes aware of information regarding nepotism must notify the college/VP unit senior human resource professional (SHRP) within five work days of becoming aware of the information. The SHRP will work with the Office of Human Resources to determine how to eliminate the conflict.

IV. Accountability

Individuals violating this policy will be held accountable through the selection and corrective action processes, with consequences ranging from non-selection to discipline up to and including termination. Faculty will be subject to University Rule 3335-5-04.

Responsibilities

Position or Office	Responsibilities
Office of Human Resources	1. Consult with individuals and departments regarding nepotism and alternative arrangements. 2. Review and approve Alternative Arrangement Agreements. 3. Deny a hire, reclassification, or promotion if an alternative arrangement is not feasible. 4. Determine employment action to be taken when alternative arrangements are not feasible for relationships established post-hire. 5. Collaborate with college/VP unit SHRP when there is a duty to act.
Employing unit	1. Consult with HR Employee and Labor Relations regarding nepotism and alternative arrangements. 2. Submit Alternative Arrangement Agreement to HR Employee and Labor Relations for approval. 3. Hold employees and supervisors accountable for disclosing family relationships and generating alternative arrangements.
Supervisors, including faculty supervisors; HRPs; SHRPs	1. Notify the college/VP unit SHRP within five work days of becoming aware of a potential nepotism situation. 2. SHRPs – contact HR Employee and Labor Relations to determine next steps.
Faculty, staff, graduate associates and student employees	1. Disclose family relationships upon knowledge of need to hire, promote, reclassify, supervise, direct, evaluate, make a salary recommendation, assign work or resources, approve leave requests, give any benefit, or terminate employment of that family member. 2. Consult with OAA, unit SHRP, or HR Employee and Labor Relations regarding nepotism and alternative arrangements. 3. Help generate options for alternative arrangements.
Applicants – internal and external	Disclose on the application if the position applied for will report to or supervise a family member (see definition).

Applies to: Faculty, staff, graduate associates, student employees and applicants

Resources

- Alternative Arrangement Agreement, **hr.osu.edu/wp-content/uploads/form-nepotism-comply.pdf**
- University Faculty Rule 3335-5-04, **trustees.osu.edu/university/facultyrules**

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Human Resources Employee and Labor Relations	614-292-2800	**hr-elr@osu.edu** **hr.osu.edu/services/elr/**
Faculty issues	Office of Academic Affairs	614-292-5881	**oaa.osu.edu**

History

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Edited: 03/15/2007
Revised: 07/01/2012
Edited: 04/14/2014

UNIVERSITY POLICIES

Conflict of Interest and Work Outside the University

THE OHIO STATE UNIVERSITY

Conflict of Interest and Work Outside the University, 1.30

University Policy

Applies to: Staff, applicants

Responsible Office

Office of Human Resources

POLICY

Issued: 10/01/1973
Revised: 07/01/2012
Edited: 07/20/2018

University staff members are expected to devote their work activities primarily to functions of the university. They may, however, engage in external work provided that such work does not detract from the performance of their duties and responsibilities to the university and/or create conflict of interest with their assigned university responsibilities. It is expected that such external work will take place outside of the staff member's designated work time. Authorization may be granted to staff members who want to perform work outside of the university during their designated work time. Staff members who wish to engage in external work which may be a conflict of interest must obtain authorization prior to starting the activity. Any such time will be charged to accrued vacation and/or leave without pay.

Staff shall not engage in any external work that may result in a conflict of interest unless prior authorization has been obtained. A conflict of interest exists if financial interests or other opportunities for personal benefit may exert a substantial and improper influence upon an employee's professional judgment in exercising any university duty or responsibility. Staff shall not use their positions to secure anything of value, financial gain, or personal benefit that would not ordinarily accrue to them in the performance of their official duties. Nor shall they accept any compensation from any other agency or individual for work performed in the course of their employment by the university, except under the limited circumstances permitted in a formal conflict of interest management agreement.

Purpose of the Policy

To establish expectations for university staff and applicants should they engage in work outside of the university that could create a conflict of interest as it relates to their position at the university, and to ensure compliance with the Ohio Ethics Law.

Definitions

Term	Definition
Designated work time	Hours agreed upon by supervisor of when an employee will perform work for the university.
External work	Any work performed for any person or entity other than the university whether or not it is compensated that poses a potential conflict of interest. External work must be of such a nature and conducted in such a manner as will not bring discredit to the university and must not compromise any intellectual property owned by the university.
Externally compensated activities	Any work not performed as a university employee for which compensation is received.
Financial interests	Anything of monetary value, including but not limited to salary or other payments for services, including fees; honoraria; gifts; or other in kind compensation whether for consulting, membership on a board of directors or advisory board, or any other purpose such as partial, interim, or milestone payments.
Intellectual property	Inventions, works of authorship, patents, copyrights, licenses, etc.

Policy Details

I. Conflict of Interest and Work Outside the University
   A. State ethics law

1. All staff members of state-assisted universities are covered by Chapters 102 (Ethics) and 2921 (Offenses Against Justice and Public Administration) of the Ohio Revised Code. In accordance with the law, copies of Chapters 102 and 2921 will be provided to each new faculty or staff member.

B. External work

1. Staff engaging in external work must avoid the use of information or procedures that may involve a conflict of interest with assigned university responsibilities, particularly as related to an area of ongoing research, including sponsored programs with specific contractual restrictions. Failure to adequately perform university responsibilities due to involvement in external work is considered neglect of duty and may result in termination, regardless of whether the activity is approved.

C. Duty to disclose and prior approval

1. Staff must disclose in advance all external work and **financial interests** that create or have the appearance of creating a conflict of interest to the appropriate college/unit representative. The college/unit representative will review and determine if any conflict of interest exists and what conditions or restrictions, if any, should be identified to manage, reduce, or eliminate the conflict.
2. Staff disclosures shall be sufficiently detailed and timely as to allow accurate and objective evaluation prior to making commitments or initiating work that creates a conflict of interest. The information must accurately represent the issues and be truthful, clear and complete. Each member of the university community has an obligation to cooperate fully in the review of the pertinent facts and circumstances.
3. Staff requests to engage in external work during **designated work time** must be pre-approved by the appropriate college/unit representative. External work must be reported using the Staff External Work Reporting form. If the conflict cannot be managed, reduced or eliminated, the employee will need to decide whether to remain a university employee or to decline the external work.
4. Job applicants must disclose potential conflicts of interest and make acceptable arrangements with the employing unit. These arrangements must be included in the letter of offer. The inability to reach an acceptable arrangement regarding a conflict of interest will result in termination or non-selection.

D. Accountability

1. Violations of this policy include failure to report potential conflicts or to abide by an alternative arrangement plan. The university has the right to issue corrective action consistent with university policies, practices and state law. Severity of the corrective action depends on the extent of the policy violations.

II. Use of University Resources

A. Use of university name

1. Staff members engaging in external work shall not use the name of The Ohio State University, its units, or any other university trademark, service mark, or trade name in such a manner as to suggest institutional endorsement or support of a non-university enterprise, product, or service. Neither business cards bearing the university name, address and campus telephone numbers nor university stationery are to be used in such a manner as to suggest institutional endorsement or support of a non-university enterprise, product, or service.

B. Use of university staff

1. Staff members engaging in external work must not use other university employees during designated work time, unless authorized by a formal conflict of interest management agreement (refer to University Rules Governing Faculty and Staff Participation in Companies Commercializing Their University Research).

C. Use of facilities

1. University space, supplies, computer resources, and equipment cannot be used for external work unless permission is obtained prior to their use and appropriate fees are paid to the university for the use of such facilities (refer to University Rule 3335-13-03 and University Registrar).

D. Use of university **intellectual property**

1. University intellectual property must not be used for external work purposes except as approved by the university prior to its use and/or as outlined in the University Rules Governing Faculty and Staff Participation in Companies Commercializing University Research (Rule 3335-13-07) and the Intellectual Property policy.

III. Compensated External Activities

Staff must use accrued vacation or compensatory time (non-exempt staff only) and/or leave without pay for externally compensated activities occurring during designated work time. The following are some examples of compensated services (not an exhaustive list):

A. Providing services to a corporation, business, or industry as an individual officer, director, owner, agent, consultant, or staff member.

B. Providing services to a school system, educational institution, or governmental agency as a scheduled lecturer, consultant, or staff member.

C. Providing services to a private foundation or professional or trade association as a consultant, officer, director, or staff member.

D. Providing services as a voluntary expert witness in any civil or criminal case.

E. Providing private lessons or tutoring.

F. Providing services as an editor or reviewer for professional journals.

G. Providing services to symphonies, choruses, and theatrical activities.

IV. Non-Compensated External Work

A. Staff who participate in non-compensated external work during designated work time should use accrued vacation or compensatory time (non-exempt staff only) and/or leave without pay.

B. Approved work activities that serve to enhance the university and for which no compensation is involved, such as serving on accreditation teams and university-sponsored volunteer work, (excluding travel and meal allowances) will not be subject to this provision. Prior approval must be obtained from the staff member's supervisor to participate in such activity during work time.

PROCEDURE

Issued: 10/01/1973
Revised: 07/01/2012
Edited: 07/20/2018

I. Commercialization of Work Performed in the University

A. State law and the university Intellectual Property policy govern the intellectual property rights of employees. Staff who wish to participate in the commercialization of their university work must adhere to the specific standards and requirements as stated in the Intellectual Property policy and the University Rules Governing Faculty and Staff Participation in Companies Commercializing University Research. (Rule 3335-13-07)

II. Reporting External Work

A. Staff who wish to pursue external work must complete the Staff External Work Reporting Form only if the activity presents a potential conflict of interest. Staff must present the form to their department chair, director, or designee for approval prior to engaging in external work. For help identifying and managing potential conflicts of interest, contact Human Resources Employee and Labor Relations or the Office of Legal Affairs.

Applies to: Staff, applicants

B. Staff and their department chair, director, or designee must review and update reporting forms annually, as appropriate.

Responsibilities

Position or Office	Responsibilities
Employing Unit	1. Incorporate this information into New Employee Orientation. 2. Review the Staff External Work Approval Request form and determine approval or need for alternative arrangements. 3. Identify conflict of interest at the hiring stage and prepare alternate arrangement plan, if appropriate. 4. Help staff develop alternative arrangements. 5. Include alternate arrangement plan in the letter of offer. 6. Disseminate information about this policy annually. 7. Monitor alternative arrangements. 8. Review and update reporting forms annually with staff members.
Office of Human Resources	Consult with units and/or employees regarding this policy and alternative arrangements.
Employee	1. Disclose all necessary information to the college/unit representative if there is a potential that a conflict of interest exists. Disclosure should take place prior to the start of external work. The college/unit will determine if a conflict of interest or conflict of commitment exists. 2. Submit Staff External Work Reporting Form and cooperate in establishing alternative arrangements. 3. Await approval prior to engaging in external activities. 4. Contact the Technology Commercialization Office in cases potentially involving intellectual property rights. This contact must occur prior to the use or commercialization of any intellectual property. 5. Update unit/supervisor if changes occur to the alternative arrangements.

Resources

Forms:

- Confidential Disclosure Agreement, tco.osu.edu/home/ip-agreements/confidential-disclosure-agreement-cda/
- Staff External Work Approval Request form, hr.osu.edu/wp-content/uploads/form-staff-external-approval.pdf

University policies and rules:

- Intellectual Property, tco.osu.edu/v2/wp-content/uploads/IP-Policy.pdf
- University Rule 3335-13-07, trustees.osu.edu/rules/university-rules/chapter-3335-13-university-property.html

Additional Resources:

- Office of University Compliance and Integrity, Conflict of Interest website, compliance.osu.edu/compliance-focus-areas/conflicts-of-interest/
- Ohio Revised Code Chapter 102.01 Public Officers – Ethics, codes.ohio.gov/orc/102
- Ohio Revised Code Chapter 2921.01 Offenses against justice and public administration, codes.ohio.gov/orc/2921

Contacts

Subject	Office	Telephone	E-mail/URL
Policy interpretation	Employee and Labor Relations, Office of Human Resources	614-292-2800	hr-elr@osu.edu hr.osu.edu/services/elr
Legal issues, intellectual property	Office of Legal Affairs	614-292-0611	https://legal.osu.edu/
Commercialization, intellectual property	Technology Commercialization Office	614-292-1315	innovation@osu.edu tco.osu.edu

Applies to: **Staff, applicants**

History

Issued:	10/01/1973	Issued as Conflict of Interest, applicable to faculty and staff
Revised:	10/01/1980	
Edited:	10/31/1997	
Revised:	02/20/1998	Applicable to faculty, staff and student employees
Revised:	10/15/2001	Renamed Conflict of Interest and Work Outside the University, applicable to staff
Edited:	08/15/2008	
Revised:	07/01/2012	
Edited:	04/14/2014	
Edited:	05/08/2018	
Edited:	07/20/2018	

UNIVERSITY POLICIES

Whistleblower

THE OHIO STATE UNIVERSITY

disclosed wrongful conduct (individuals who self report their own misconduct are not afforded protection by this policy) and

4. provides individuals who believe they have been subject to reprisal or false allegations a fair process to seek relief from these acts.

B. Any communication that proves to have been both unsubstantiated and made with malice or with knowledge of its falsity is not protected by this policy. This policy is also intended to protect individuals against false allegations of wrongful misconduct.

C. Nothing in this policy is intended to interfere with legitimate employment decisions.

II. Regulations

A. Acting in good faith. Anyone making a protected disclosure or filing a complaint concerning a violation or suspected violation of this policy must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the policy.

B. False allegation. Any employee or volunteer who knowingly or with reckless disregard for the truth gives false information or knowingly makes a false report of wrongful conduct or a subsequent false report of retaliation will be subject to disciplinary action, up to and including termination. Any student who makes false allegations in the non-employment setting will be subject to judicial action. Allegations that are not substantiated yet are made in good faith are not subject to corrective action.

C. Retaliation. No individual who makes a protected disclosure will suffer harassment, retaliation, or adverse employment consequences. Any person who retaliates against any individual who makes a protected disclosure is subject to discipline up to and including termination. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within the university prior to seeking resolution outside the university.

D. Confidentiality. Protected disclosures may be made on a confidential basis by the complainant or may be submitted anonymously through the university's reporting line. Protected disclosures and investigatory records will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation and in accordance with the Ohio Public Records Act.

E. Handling Protected Disclosures. The Offices (listed in Procedure Section I – Reporting Violations below) receiving the protected disclosure will notify the disclosing individual (if her or his identity is known) and acknowledge receipt of the reported violation or suspected violation within ten working days for most issues and within 24 hours for alleged criminal or environmental violations. All reports will be promptly investigated within 45 calendar days and appropriate corrective action will be taken if warranted by the investigation.

PROCEDURE

Issued: 03/01/2006
Edited: 04/14/2014

III. Reporting Violations

A. Individuals should share their questions, concerns, suggestions, or complaints with a university administrator who can address them properly. In many cases the individual's supervisor is in the best position to address an area of concern. If an individual is not comfortable speaking with the supervisor, or is not satisfied with the supervisor's response, individuals should take their concerns to the offices listed below that will investigate and/or address the concern as appropriate.

1. Academic misconduct matters – Office of Academic Affairs, 614-292-5881

2. Athletics matters – Department of Athletics, Compliance, 614-292-2681
3. Criminal matters – University Police, 614-292-2121, or local law enforcement at regional campuses
4. Employment matters – Office of Human Resources, Employee and Labor Relations, 614-292-2800
5. Financial matters – Office of Business and Finance, Internal Audit, 614-292-9680
6. Legal matters – Office of Legal Affairs, 614-292-0611
7. Medical Center healthcare matters, OSUMC Compliance Office, 614-293-2781
8. Research matters – Office of Research, Responsible Research Practices, 614-688-8457
9. Student matters – All matters involving students, in the non-student-employment setting, not covered by the offices listed above – Office of Student Life, Student Conduct, 614-292-0748
10. All other matters – Office of Human Resources, Employee and Labor Relations, 614-292-2800

B. Supervisors who receive protected disclosures are required to contact the appropriate office listed in Procedure Section I – Reporting Violations.

C. An alternative method to report concerns specific to the following areas is to contact the university's Anonymous Reporting Line via telephone at 866-294-9350 or **https://secure.ethicspoint.com/domain/media/en/gui/7689/index.html**.

1. Employment matters
2. Research matters
3. Athletics matters
4. Financial matters
5. Medical Center healthcare matters

D. In addition to or instead of filing a complaint as listed in A or C, individuals who become aware of a violation of state or federal statutes, rules, or regulations or the misuse of public resources may file a written report or contact:

1. Ohio Auditor of State Special Investigations Unit, 88 E. Broad St., P.O. Box 1140, Columbus, OH 43215, or
2. Fraud Hotline at 866-372-8364.

Responsibilities

Position or Office	Responsibilities
Office of Human Resources	1. Accept and investigate protected disclosures regarding employment matters and take action as needed. 2. Accept and investigate complaints of retaliation for making protected disclosures and take action as needed. 3. Provide training for managers and units about this policy. 4. Provide information about this policy during New Employee Orientation and Human Resource Professional training.
Unit	1. Familiarize employees, students and volunteers with this policy and incorporate into your orientation materials. 2. Maintain findings of wrongful conduct or false allegations in the individual's personnel file. 3. Implement action steps as necessary after the investigation. 4. Schedule training for leaders, supervisors and managers. Provide training or information on an ongoing basis for faculty, staff and student employees and volunteers.
Individuals	1. Be knowledgeable about this policy.

	2. Report violations or suspected violations of the policy to the individual's direct supervisor or to the appropriate administrator or office as noted above.

Resources

- Ohio Whistleblower Protection Law codes.ohio.gov/orc/124.341
- University Anonymous Reporting Line secure.ethicspoint.com/domain/en/report_custom.asp?clientid=7689
- University Health System Human Resources 614-293-4988
- Whistleblower Report Form hr.osu.edu/wp-content/uploads/form-whistleblower.pdf
- Ohio Auditor of State Special Investigations Unit, 88 E. Broad St., P.O. Box 1140, Columbus, OH 43215, or Fraud Hotline at 866-372-8364.

Contacts

Subject	Office	Telephone	E-mail/URL
Policy interpretation and all matters not listed below	Employee and Labor Relations, Office of Human Resources	614-292-2800	hr-elr@osu.edu hr.osu.edu/services/elr/
University Anonymous Reporting Line	Office of Compliance and Integrity	614-247-5832	compliance-integrity@osu.edu
Academic misconduct matters	Office of Academic Affairs	614-292-5881	oaa.osu.edu
Athletics matters	Department of Athletics, Compliance	614-292-2681	
Criminal matters	University Police or local law enforcement at regional campuses	614-292-2121	dps.osu.edu police@osu.edu
Employment matters	Employee and Labor Relations, Office of Human Resources	614-292-2800	hr-elr@osu.edu hr.osu.edu/services/elr/
Financial matters	Internal Audit, Office of Business and Finance	614-292-9680	ia.ohio-state.edu
Legal matters	Office of Legal Affairs	614-292-0611	legal.osu.edu
Medical Center healthcare matters	Medical Center Compliance Office	614-293-2781	
Research matters	Responsible Research Practices, Office of Research	614-688-8457	orrp.osu.edu
Student matters (All matters involving students, in the non-student-employment setting, not covered by the offices listed above)	Student Conduct, Office of Student Life	614-292-0748	studentconduct@osu.edu studentconduct.osu.edu

History

Issued: 03/01/2006
Edited: 05/01/2010
Revised: 01/01/2013
Edited: 04/14/2014

UNIVERSITY POLICIES

Self-Disclosure of Criminal Convictions

THE OHIO STATE UNIVERSITY

Self-Disclosure of Criminal Convictions, 4.17

University Policy

Applies to: Faculty, staff, graduate associates, student employees, appointees, volunteers, employees provided by third party staffing vendors, and those working in activities and programs with minor participants in the course of their university duties.

Responsible Office

Office of Human Resources

POLICY

Issued: 04/01/2011
Revised: 01/01/2014
Edited: 10/20/2017

The university is committed to maintain a safe and secure environment for the campus community. The university can better promote safety and security by obtaining information produced by background checks.

Purpose of the Policy

To promote a safe and secure environment for the campus community.

Definitions

Term	Definition
Appointee	An individual deemed to have an affiliation with the university in a non-compensatory capacity.
Background check	Process of acquiring records regarding a final candidate that are used to determine suitability for initial or continued involvement with the university.
Background check coordinator (BCC)	Human resource employee(s) designated to administer the background check process.
Break in service	A leave from university duties either voluntarily or involuntarily for any period of time.
Criminal conviction	Being found guilty, entering a guilty plea, or pleading no contest to a felony or misdemeanor.
Fair Credit Reporting Act	Federal law that regulates collection, dissemination, and use of consumer credit information.
Involvement with the university	Duties as a result of university employment, appointment, volunteer service, working in activities and programs with minor participants as defined in Activities and Programs with Minor Participants, policy 1.50, and employees provided by third party staffing vendors

Policy Details

I. Guiding Principles
   A. The requirement that an individual self-disclose criminal convictions that occur while involved with the university as described in the applies to section is intended to determine suitability for continued **involvement with the university**.
   B. The university desires to promote fair and consistent methods to obtain, analyze, apply, and retain self-disclosure information.
   C. Review of self-disclosed **criminal convictions** must emphasize prevention of discrimination and harassment.

II. Accountability
   A. Associated faculty, GAs, and those working or volunteering in activities and programs with minor participants who have a **break in service** of less than 12 months must disclose any criminal convictions that occurred during the break within three business days of returning to university duties.
   B. Staff who fail to disclose criminal convictions, fail to provide accurate details regarding criminal convictions, and/or fail to cooperate in the **background check** process will be subject to corrective action up to and including termination in accordance with the appropriate collective bargaining agreement, Classified Civil Service Rules, and/or university policy.

Applies to: Faculty, staff, graduate associates, student employees, appointees, volunteers, employees provided by third party staffing vendors, and those working in activities and programs with minor participants in the course of their university duties.

C. Faculty who fail to disclose criminal convictions or fail to provide accurate details regarding criminal convictions, and/or or fail to cooperate in the background check process will be subject to University Rule 3335-5-04.
D. Graduate associates, student employees, appointees, volunteers, and those working in activities and programs with minor participants who fail to disclose criminal convictions or fail to provide accurate details regarding criminal convictions will be subject to corrective action, up to and including termination.

PROCEDURE

Issued: 04/01/2011
Revised: 01/01/2014
Edited: 10/20/2017

I. Disclosing a Criminal Conviction
   A. Current faculty, staff, graduate associates (GAs), student employees, **appointees**, volunteers, employees provided by third party staffing vendors, and those working in activities and programs with minor participants are required to self-disclose criminal convictions within three business days of the conviction to the unit senior human resource professional (SHRP) or designee or the OHR director of employee relations using the Self-Disclosure of Criminal Convictions form.
   B. Associated faculty, GAs, and those working in activities and programs with minor participants who have a **break in service** of less than 12 months must, within three business days of returning to university duties, self-disclose criminal convictions that occurred during the break to the unit SHRP or designee or the OHR director of employee relations using the Self-Disclosure of Criminal Convictions form.
   C. Individuals self-disclosing a criminal conviction must:
      1. Provide truthful, accurate, and complete information;
      2. Consent to a background check provided by a third party vendor by signing the Background Check Disclosure and Authorization form, if necessary; and
      3. Provide requested information or documentation within timelines specified by the OHR director of employee relations.
II. Assessing Disclosed Criminal Convictions
   A. Individuals subject to termination due to information revealed via self-disclosure may request that such information be confirmed by a background check.
   B. A criminal conviction is not necessarily a bar to continued involvement with the university. The unit SHRP or designee, will consult with ELR to assess the circumstances surrounding the criminal conviction, time frame, nature, gravity, and relevancy of the criminal conviction to the job duties using Managing Self-Disclosed Criminal Convictions.
   C. The dean or vice president, Office of Academic Affairs, unit SHRP or designee, Office of Legal Affairs and/or OHR director of employee relations or designee, as appropriate, will make a determination regarding suitability for continued involvement with the university based on the information received and collected regarding the criminal conviction.
III. Disclosed Criminal Convictions Records
   A. The **BCC** is responsible for providing the individuals subject to a third party vendor background check a copy of the results and a copy of the Summary of Your Rights Under the Fair Credit Reporting Act if the background check results impact continued involvement with the university.
   B. Individuals who fail to self-disclose a criminal conviction in accordance with this policy must be notified in writing regarding any decision to discontinue their continued involvement with the university.
IV. Recordkeeping
   A. For information about the retention of records relating to self-disclosed criminal convictions, refer to the General University Records Retention Schedule.
   B. Self-disclosed criminal convictions must not be stored in personnel files.

Applies to: Faculty, staff, graduate associates, student employees, appointees, volunteers, employees provided by third party staffing vendors, and those working in activities and programs with minor participants in the course of their university duties.

C. All information received in connection with a self-disclosure of criminal convictions must be treated with discretion and only disclosed when necessary.

Responsibilities

Position or Office	Responsibilities
Current faculty, staff, GAs, student employees, appointees, volunteers, employees provided by third party staffing vendor, and those working in activities and programs with minor participants	1. Disclose criminal convictions within three business days of conviction occurring by completing and submitting the Self-Disclosure of Criminal Convictions form to the unit SHRP or OHR director of employee relations. 2. Auxiliary faculty, GAs, and those working and volunteering in activities and programs with minor participants must disclose criminal convictions that occurred during any break in service of less than 12 months within three business days of returning to university duties. 3. Provide truthful, accurate, and complete information. 4. After self-disclosure, consent to a background check performed by a third party vendor by signing the Background Check Disclosure and Authorization form, if necessary. Failure to complete the form may impact the individual's continued involvement with the university. 5. Provide requested information or documentation within timelines specified by the OHR director of employee relations.
College/VP unit and Human Resource Professional	1. Ensure all current and new faculty, staff, GAs, student employees, appointees, volunteers, employees provided by third party staffing vendors, and those working in activities and programs with minor participants are aware of their duties under this policy. 2. Communicate in auxiliary faculty offer letters and GA appointment documents, when less than a 12-month break in service has occurred, the requirement to self-disclose any criminal convictions that occurred during the break within three business days of returning to university employment. 3. Communicate with those working and volunteering in activities and programs with minor participants, when less than a 12-month break in service has occurred, the requirement to self-disclose any criminal convictions that occurred during the break within three business days of returning to university duties. 4. Consult with OHR about self-disclosures and future involvement of individuals who fail to disclose criminal convictions. Review and analyze self-disclosures in consultation with the OHR director of employee relations. 5. Prepare necessary documentation in support of appropriate disciplinary action. 6. Notify unclassified employees of decision regarding the individual's continued involvement with the university. Notification must be in writing and must include information about future involvement with the university. 7. Notify individuals who are barred from future involvement with the university of this designation in writing. 8. Ensure third party staffing vendors used by the unit comply with this policy. 9. Retain self-disclosed criminal convictions documentation as described in this policy.
Office of Human Resources	1. Disseminate information and consult with units and individuals regarding this policy. 2. Serve as BCC for background checks. 3. Review and analyze criminal convictions. 4. Notify Classified Civil Service employees who are barred from future consideration for employment at the university of this designation in writing. 5. Consult with units about self-disclosures and future involvement of individuals who fail to disclose criminal convictions. 6. Follow up with HR Professional as necessary regarding any next steps. 7. Train HRPs on policy and procedure changes.

Resources

- University Policies and Rules
  - Activities and Programs with Minor Participants, policy 1.50, hr.osu.edu/public/documents/policy/policy150.pdf
  - General Records Retention Schedule, library.osu.edu/documents/records-management/general-schedule.pdf
  - University Rule 3335-5-04, trustees.osu.edu/rules/university-rules/chapter-3335-5-faculty-governance-and-committees.html

Applies to: Faculty, staff, graduate associates, student employees, appointees, volunteers, employees provided by third party staffing vendors, and those working in activities and programs with minor participants in the course of their university duties.

- Forms and Tools
  - Background Check Disclosure, Authorization, and Release form, hr.osu.edu/wp-content/uploads/form-background-check-consent.pdf
  - Communications Toolkit (sample text, PowerPoint, and flyer), hr.osu.edu/wp-content/uploads/417-communications-toolkit.docx
  - Frequently Asked Questions, hr.osu.edu/wp-content/uploads/417-faq.pdf
  - Managing Self-Disclosed Criminal Convictions, hr.osu.edu/wp-content/uploads/417-managing-self-disclosed.pdf
  - Self-Disclosure of Criminal Convictions form, hr.osu.edu/wp-content/uploads/form-self-disclosure-criminal-convictions.pdf
  - Summary of Your Rights Under the Fair Credit Reporting Act, hr.osu.edu/policy/resources/415rights.pdf
  - Third Party Staffing Vendor Contract Language, hr.osu.edu/policy/resources/415vendorcontract.pdf
- Additional External Resources
  - Fair Credit Reporting Act, ftc.gov/os/statutes/031224fcra.pdf
  - Ohio Public Records Act, codes.ohio.gov/orc/149.43

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Office of Human Resources	614 292-3595	hr-backgroundchecks@osu.edu
Policy consultation on criminal offenses	Office of Human Resources Employee and Labor Relations	614 292-2800	hr-elr@osu.edu hr.osu.edu/services/elr

History

Issued: 04/01/2011 (Added to Background Check and renamed Self-Disclosure of Criminal Convictions and Background Check)
Edited: 07/01/2011
Revised: 08/15/2013
Revised: 01/01/2014 (Separated from Background Check and renamed Self-Disclosure of Criminal Convictions)
Edited: 10/20/2017

UNIVERSITY POLICIES

Probationary Period

THE OHIO STATE UNIVERSITY

Probationary Period
Policy 5.10
Office of Human Resources

Applies to: Classified civil service and bargaining unit staff

POLICY

Issued: 10/01/1973
Edited: 04/14/2014

A probationary period is required for classified civil service and bargaining unit staff to review performance during the initial phase of employment or after certain changes in classification.

POLICY DETAILS

I. Probationary Periods for Staff Represented by Bargaining Units

Probationary periods for staff represented by bargaining units are established in accordance with terms of applicable collective bargaining agreements.

II. Serving Probationary Periods

A. Probationary periods are served upon:

1. Original appointment.
2. Promotion, except when a position is reclassified.
3. Rehire after resignation or termination, except for reinstatement or re-employment within one year of separation of service to the former classification for which the individual is certified.
4. Lateral change to a different classification outside the classification series; refer to Policy 3.10, Classification and Salary Administration.

B. Probationary periods are not served:

1. When a position is reclassified.
2. Upon reinstatement or re-employment within one year of separation of service to the former classification for which the individual is certified
3. Upon demotion.
4. Upon reinstatement from disability separation to the same classification.

III. Conditions of Probationary Period

A. A staff member serving a probationary period is not eligible to apply for other university positions.

B. A demoted staff member does not serve a probationary period. However, civil service certification must be obtained in the new classification before the staff member is eligible to apply for other university positions.

C. Time spent on paid leaves that exceed two weeks, unpaid leave or layoff is not calculated as part of the probationary period.

IV. Performance Management, Demotion and Termination

A. Staff must receive coaching and feedback during the probationary period.

B. Staff must receive a performance review during the probationary period, unless they are terminated prior to the end of the probationary period of the original appointment. The performance review is typically conducted during the second half of the probationary period.

C. A staff member whose performance is unsatisfactory during an original appointment will be terminated.

D. A staff member whose performance is unsatisfactory following a promotion will be returned to the former classification.

E. The effective date of termination or demotion must be by the last day of the probationary period. A performance review must accompany the request for termination or demotion.

F. A staff member may be terminated or demoted only by direct action of the university's appointing authority.

G. Terminations or demotions from a probationary period cannot be appealed to the State Personnel Board of Review.

H. A staff member who does not pass probation following a promotion will be returned to the former position or previous classification within the former college/VP unit. The employee will be retained by the current employing unit for up to 30 days at the former classification unless placement can be arranged sooner.

PROCEDURE

Issued: 10/011973
Edited: 04/14/2014

I. Length of Probationary Period

A. The probationary period for bargaining unit members is determined by the collective bargaining agreement.

B. The Office of Human Resources, Compensation and Classification, determines length of probationary periods by classification not to exceed one year.

1. The standard probationary period for non-bargaining civil service staff is 180 calendar days, regardless of percentage of appointment or appointment category (e.g., regular, seasonal). The probationary period is completed at midnight of the 180th day.
2. Classifications with probationary periods that exceed 180 calendar days can be found in Classifications with Extended Probationary Periods. The probationary period is completed at midnight of the last day of the period.

II. Removal or Demotion during a Probationary Period

A. As appointing authority for classified civil service appointments, notice of removal or demotion must be issued from the Office of Human Resources, Employee Relations or designee by the last day of the probationary period.

B. A letter of request for a probationary removal or demotion and a copy of the performance review must be forwarded from the employing unit to OHR Employee Relations, as soon as possible, but no later than two weeks prior to the end of the probationary period.

C. Termination of an individual during the original probationary period is effective on the day of notification. Employment and compensation cease on that day.

D. Additional information and assistance is available from OHR Employee Relations.

Applies to: Classified civil service and bargaining unit staff

Responsibilities

Position or Office	Responsibilities
Office of Human Resources	A. Review and approve requests for termination and demotion of probationary staff. B. Terminate or demote staff during the probationary period. C. Consult with units and determine placement of staff members who do not pass probation following a promotion. D. Approve requests for probationary periods in excess of 180 days for specific classifications. E. Issue notice of removal or demotion.
College/VP Unit	A. Ensure that managers and supervisors provide on-going coaching and feedback. B. Submit request for probationary removal or demotion, including rationale and a signed and issued performance review. C. Ensure probationary staff receives notification of termination or demotion. D. Ensure employment and compensation terminates the date of notification of termination in the case of termination during the initial probationary period.
Supervisor	A. Manage staff performance. B. Provide coaching, feedback and probationary review during the probationary period.

Resources

Classification and Salary Administration, Policy 3.10, **hr.osu.edu/public/documents/policy/policy310.pdf**
Classifications with Extended Probationary Periods, **hr.osu.edu/public/documents/policy/resources/extprobper.pdf**
Improving My Performance Employee Guide, **hr.osu.edu/public/documents/policy/resources/improveperf-eeguide.pdf**
University Rules for the Classified Civil Service, **hr.osu.edu/policies-forms/rules-for-ccs/**

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Employee Relations, Office of Human Resources	614-292-2800	**hr-elr@osu.edu** **hr.osu.edu/services/elr/**
Extended probationary periods	Compensation and Classification, Office of Human Resources	614-292-2800	**hrcompensation@osu.edu** **hr.osu.edu/services/compensation/**

History

Issued: 10/01/1973 (applies to university non-faculty staff)
Revised: 10/01/1980
Revised: 07/01/1985
Revised: 03/1993
Revised: 07/25/1994 (changed to applies to classified civil service and bargaining unit employees)
Edited: 10/31/1997 (changed to applies to classified civil service staff)
Edited: 07/28/1998
Revised; 04/05/2000
Revised: 07/01/2001
Edited: 09/06/2002 (changed to applies to classified civil service and bargaining unit employees)
Revised: 04/01/2010
Revised: 12/01/2010
Revised: 06/01/2011
Edited: 04/14/2014

UNIVERSITY POLICIES

Performance Management

THE OHIO STATE UNIVERSITY

Performance Management Policy 5.25

Office of Human Resources

Applies to: Staff

POLICY

Issued: 10/01/1980
Edited: 04/14/2014

Ohio State is committed to fostering a high performance culture. To achieve this, we strive to provide each member of our community with clear performance objectives, ongoing coaching and feedback, professional development and recognition for outstanding work.

Policy Details

I An effective performance management system:

A. Requires a shared responsibility between supervisor and employee.

B. Clarifies and aligns performance objectives with university and unit goals and institutional values.

C. Includes feedback and coaching concerning job performance.

D. Identifies training and professional development needs.

E. Measures and documents performance.

F. Provides input for human resource decisions (e.g. compensation, recognition, etc.).

II Key Foundational Elements

The university supports flexibility in performance management systems, however, every system must include the foundational elements listed below.

A. Performance planning – Clear performance objectives should be identified and communicated at the beginning and throughout the performance cycle. These performance objectives should align with unit and university goals and institutional values.

B. Coaching – Supervisors should use coaching to help employees develop and use their talents for individual and institutional success. Coaching should occur on a regular basis and include a discussion of professional development.

C. Feedback – Feedback is information about observed behavior that is appreciative or constructive. It is often helpful for staff to receive feedback from more than one source. Customers, peers and direct reports can provide important feedback to supplement the supervisor's observations.

D. Performance review – This is the culminating communication of the performance cycle, focusing on areas of achievement, areas for improvement and goals for the future.

III Performance Review Guidelines

The performance review component warrants particular guidelines due to its significance in providing data for critical human resource decisions.

A. All employees must receive a performance review at least once a year. Supervisors may conduct additional reviews as needed.

B. Classified civil service staff must receive a review prior to the end of their probationary period, whether initial or promotional, unless terminated during the initial probationary period.

C. Employees who are members of collective bargaining units will be reviewed in accordance with the terms of the applicable collective bargaining agreement.

D. Review forms must be discussed and signed by the supervisor and employee. The employee must receive a copy of the form and a copy must be retained in the employee's personnel file. An employee's signature indicates that the form has been reviewed and discussed with her or him. It does not imply agreement with the review.

E. Each unit is responsible for developing a records retention schedule for its performance management system. Performance review information needs to be minimally retained for six years after the employee leaves the university.

F. Performance reviews do not constitute terms or conditions of employment.

PROCEDURE

Issued: 10/01/1980
Edited: 04/14/2014

The university provides key foundational elements and tools for units to use to create performance management systems. Units have flexibility to customize the performance management system in consultation with the Office of Human Resources, Organization and Human Resource Consulting (OHRC).

Responsibilities

Position or Office	Responsibilities
Employing Unit	A. Create and document a performance management system that incorporates the key foundational elements or use the university provided system. B. Create a system to track completion of the performance management process. C. Ensure the performance management process is completed annually. D. Support supervisors and employees as they engage in performance management. E. Maintain records in accordance with the records retention policy. F. Ensure performance planning is incorporated in the on-boarding process for new employees and for employees in changed or new roles.
Supervisor	A. Know the unit's performance management system. B. Participate fully in a timely way. C. Set expectations, provide ongoing feedback, coach, document performance and provide an annual performance review for each direct report. D. Seek assistance with your performance management responsibilities as needed.
Employee	A. Be co-accountable for the performance management process. B. Know the unit's performance management system. C. Participate fully in a timely way.
Office of Human Resources	A. Provide tools and resources for the performance management system. B. Consult with units as needed.

Applies to: Staff

Resources

Corrective Action Policy 8.15 **hr.osu.edu/policy/policy815.pdf**

Leadership and Learning **hr.osu.edu**

Performance and Feedback Guide **hr.osu.edu/policy/resources/perfmgt525guide.pdf**

Personalized Performance Plan **hr.osu.edu/policy/resources/perfmgt525plan.pdf** (interactive/savable PDF) **hr.osu.edu/policy/resources/perfmgt525plan-word.doc** (Word doc)

Personalized Performance Plan Job Aid **hr.osu.edu/policy/resources/perfmgt525jobaid.pdf**

University Rules for the Classified Civil Service Rules **hr.osu.edu/policies-forms/rules-for-ccs/**

Contacts

Subject	Office	Telephone	E-mail/URL
Policy Interpretation and Consultation	Organization and Human Resource Consulting (OHRC), Office of Human Resources	614-292-2800	**hr@osu.edu** **hr.osu.edu/ohrc**
Performance Management Consultation	Employee and Labor Relations, Office of Human Resources	614-292-2800	**hr-elr@osu.edu** **hr.osu.edu/services/elr/**

History

Performance Evaluation, Classified Civil Service – 5.25
Issued: 10/01/1973
Revised: 10/01/1980
Revised: 08/12/1993 – Merged with Unclassified Staff policy

Performance Evaluation, Administrative and Professional Staff – 5.30
Issued: 10/01/1980
Retired: 09/01/1994

Performance Management – 5.25
Revised: 08/12/1993 – Combined policies – 5.25
Revised: 07/25/1994
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Edited: 04/14/2014

UNIVERSITY POLICIES

Family and Medical Leave (FML)

THE OHIO STATE UNIVERSITY

Family and Medical Leave Policy 6.05

Office of Human Resources

Applies to: Faculty, staff, graduate associates, and student employees.

POLICY

Issued: 08/18/1993
Revision Date: 02/01/2015

In accordance with federal law, the university provides job protected Family and Medical Leave (FML) to eligible employees for up to 12 workweeks (480 hours) of leave during a 12 month period based on qualifying events. Eligible employees that care for covered servicemembers are eligible for up to 26 workweeks of leave in a single 12 month period. To the extent the policy is silent on a matter, federal law will prevail.

Purpose of the Policy

To ensure compliance with the Family and Medical Leave Act (FMLA) and consistent application to all university employees.

Definitions

Term	Definition
Covered active duty	In the case of a member of a regular component (not National Guard or Reserves) of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; 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 under a call or order to active duty (not a state call) under a provision of law referred to in section 101(a)(13)(B) of Title 10, United States Code. This is only applicable in cases of exigency.
Covered servicemember	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 covered veteran who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.
Covered veteran	An individual who was a member of Armed Forces (including a member of the National Guard or Reserves) and discharged or released under conditions other than dishonorable at any time during the period of five years preceding the first date the eligible employee requests to take FML leave to care for the covered veteran.
Eligible employee to care for covered servicemember	Immediate family member or next of kin of a covered servicemember who meets all eligibility criteria.
Next of kin	As defined in 29 Code of Federal Regulations (CFR) 825.122.
Equivalent position	A position with the same pay, benefits and working conditions, and the same or similar responsibilities and duties, requiring substantially equivalent skill, effort, responsibility, and authority.
Employee	Faculty, staff, graduate associates, and student employees.
Health care providers	Licensed by the state to deliver health care services to certify FML. Health care providers may be a doctor of medicine or osteopathy, dentist, clinical psychologist, social worker, physician assistant, optometrist, podiatrist, chiropractor, nurse practitioner, nurse mid-wife, or Christian Science practitioner who certify FML within the scope of their practice.
Immediate family member	Any one of the following: 1. Spouse or domestic partner; 2. Biological, adoptive, step-, or foster parent; 3. Individual who stood **in loco parentis** to an employee when the employee was a child; or 4. Biological, adopted, step-, or foster child; a legal ward; or a child of a person standing in loco parentis to the child who is under 18 years of age or 18 years of age or older and incapable of self-care because of a mental or physical disability.

Term	Definition
In loco parentis	A relationship in which a person has put him or herself in the situation of a parent by assuming and discharging the obligations of a parent to a child with whom he or she may have no legal or biological relationship.
Intermittent and reduced schedule leave	Leave taken in nonconsecutive blocks of time rather than for one continuous period of time, which may include leave periods from a tenth of an hour or more to several weeks. Reduced schedule leave is a reduction in the usual number of working hours per day or week for a period of time for reasons relating to FML.
Leave	Paid or unpaid time used while employee uses FML.
Office of Human Resource (OHR) leave administrator/designee	Employees designated to administer FML in the Office of Human Resources and their designees.
Parent of a covered servicemember	An employee who is the biological, adoptive, step-, or foster father or mother; or her/his domestic partner; or any other individual who stood in loco parentis to a covered servicemember. This term does not include parents-in-law.
Serious health condition	An illness, injury, impairment, or physical/mental condition that meets any one of the following: 1. Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such impatient care. 2. Continuing treatment by a health care provider. Continuing treatment consists of a period of incapacity for more than three full consecutive days and also involves treatment two or more times within a 30 day period by a health care provider, absent extenuating circumstances or treatment at least once by a health care provider which results in a regimen of continuing treatment. An eligible employee must have an in-person visit to the health care provider within seven days of the first day of incapacity. 3. Periods of incapacity due to pregnancy and childbirth, including prenatal care. 4. Chronic conditions which require visits for treatment by a health care provider at least twice a year; continues over an extended period of time (including recurring episodes of a condition); and may cause episodic periods of incapacity (e.g. diabetes, epilepsy), permanent/long-term conditions (e.g. Alzheimer's, terminal cancer) or multiple treatments (e.g. chemotherapy, dialysis).
Serious injury or illness – covered servicemember	Injuries or illnesses that are incurred by a servicemember in the line of duty on active duty that may cause the servicemember to be medically unfit to perfom the duties of his or her office, grade, rank, or rating. Injuries or illnesses that exist before the beginning of the member's active duty and were aggravated by service in the line of duty on active duty in the Armed Forces.
Serious injury or illness – covered veteran	Injuries or illnesses incurred by the covered veteran in the line of duty on active duty in the Armed Forces or that existed before the veteran's active duty and was aggravated by service in the line of duty and that is either: 1. A continuation of serious injury or illness that was incurred or aggravated when the veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank rating; or 2. A physical or mental condition for which the veteran has received a U.S. Department of Veterans Affairs Service-related disability rating of 50 percent or greater and the need for military caregiver leave is related to that condition; or 3. A physical or mental condition that substantially impairs the veteran's ability to work because of a disability(s) related to military service or would do so absent treatment; or 4. An injury that is the basis for the veteran's enrollment in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.
Son or daughter of a covered servicemember	Employee's biological, adopted, or foster child, stepchild, legal ward; biological, adopted, or foster child, stepchild, legal ward of a domestic partner or spouse; or a child for whom the servicemember stood in loco parentis and who is of any age.
Son or daughter on covered active duty or call to covered active duty status	Employee's biological, adopted, or foster child, stepchild, legal ward; biological, adopted, or foster child, stepchild, legal ward of a domestic partner or spouse; or a child for whom the employee stood in loco parentis; who is on covered active duty or call to covered active duty status and who is of any age.
12 month period	Rolling 12 month period measured backward from the date the FML commences.

Applies to: Faculty, staff, graduate associates, and student employees.

Policy Details

I. Eligibility Requirements

A. **Employees** are eligible for FML if they meet all of the following:

1. Employed by the university for at least 12 months. Employee service breaks of seven years or less will have the previous time of employment counted towards the 12 month eligibility requirement. Service breaks by employees of seven years or more due to their fulfillment of National Guard or Reserve military service obligations will have this time counted toward the 12 month eligibility requirement. The university will comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA) when determining an employee's eligibility for FML.
2. Worked 1,250 hours for the **12 month period** immediately preceding the commencement of **leave** (60.1% FTE or greater for the entire 12 month period).
3. Incur a qualifying event (see section II.A.).
4. Document relationships
   a. For purposes of confirmation of family relationship, the university may require the employee giving notice of the need for leave to provide reasonable documentation or statement of family relationship.
   b. For purposes of confirmation of a domestic partnership completed Certificate of Domestic Partnership form must be on file with the Office of Human Resources, Benefits Services.

II. Employee Leave Entitlements

A. **Eligible employees** have job protected time off for up to 12 workweeks for the following qualifying events:

1. A serious health condition of the employee that prevents the employee from performing his or her job as certified by a health care provider;
2. Birth of a child;
3. Placement with the employee of a child for adoption or foster care;
4. Care for a child during the first year following birth, adoption or foster care placement;
5. Care for an **immediate family member** who has a **serious health condition** as certified by a health care provider; or
6. A qualifying exigency as defined in 29 CFR 825.126, arising out of the fact that the employee's spouse, domestic partner, parent, or son or daughter is on **covered active duty** in a foreign country or call to covered active duty status (or has been notified of an impending call to active duty in a foreign country). A qualifying exigency includes:
   a. Short notice deployment.
   b. Military and other activities related to call to covered active duty.
   c. Childcare and school activities.
   d. Parental care leave.
   e. Make or update financial and legal arrangements.
   f. Counseling that arises out of the military service.
   g. Rest and recuperation.
   h. Post-deployment activities.

i. Additional activities – must be agreed to by the supervisor, the employee and the Office of Human Resources, Employee and Labor Relations in consultation with the Office for Military and Veterans Services.

B. Eligible employees have job protected time off for up to 26 workweeks under Military Service Member Family Leave for the following qualifying events:

1. The employee is an eligible family member or **next of kin**; and
2. The covered servicemember is:
   a. Undergoing medical treatment, recuperation, or therapy;
   b. In outpatient status;
   c. On the temporary disability retired list, for a **serious injury or illness** incurred in the line of duty or an existing injury or illness aggravated in the line of duty; or
   d. A veteran undergoing medical treatment, recuperation, or therapy for serious injury or illness incurred in the line of duty or aggravated in the line of duty that occurred any time during the five years preceding the date of treatment.
3. This leave will not exceed 26 workweeks during a "single 12 month period." The calculation of the "single 12 month period" begins with the first day the eligible employee takes FML to care for the **covered servicemember** and ends 12 months after that date. If all leave is not taken, it is forfeited.
4. This type of leave is not to care for former members of the Armed Forces, National Guard and Reserves or members who are on the permanent disability retired list except for veterans noted above in II.B.2.d.

C. Any leave taken for reasons stated in sections A and/or B will be designated as FML by the **OHR leave administrator/designee**. Any leave will be counted concurrently with any other designated paid or unpaid leave balances. The maximum FML may not exceed 26 workweeks for employees with qualifying events that pertain to both sections A and B in a single 12 month period.

D. Employees on FML are still subject to a reduction in force or reassignment that would have occurred otherwise had the employee been working.

III. Relationship to Paid or Unpaid Leave Policies

A. Any request to use sick or vacation for FML purposes must meet the specific requirements set forth by university policy.

B. An employee who requests FML based on the employee's, employee's immediate family member's, covered servicemember's, or **covered veteran**'s serious health condition must exhaust available sick leave and vacation leave balances prior to the use of unpaid FML. The university may waive this requirement in workers' compensation, short-term disability, and long-term disability cases.

C. Units that maintain attendance guidelines may require employees to adhere to such guidelines when requesting sick or vacation leave for FML purposes.

D. Time taken will be counted concurrently toward FML and the appropriate paid or unpaid leave. In the case of active duty or covered active duty FML, employees may use vacation or take an unpaid leave of absence.

E. In the case of birth or adoption, additional leave may be available pursuant to the university's leave policies.

IV. Compliance and Fraud

A. The university will not interfere with an eligible employee's rights under the FMLA and will not discharge or otherwise discriminate against employees who exercise such rights.

B. Employees failing to comply with FML policies and procedures may be denied use of FML. Falsification or use of FML for purposes other than as set forth by the FMLA are strictly prohibited and may result in disciplinary action, up to and including, dismissal and reimbursement to the university of salary and wages paid during FML.

C. While on FML, staff must comply with the Conflict of Interest and Work Outside the University policy; faculty, including administrators and staff with faculty appointments must comply with the Faculty Conflict of Commitment policy; and faculty must comply with the Faculty Paid External Consulting and Faculty Financial Conflict of Interest policies.

PROCEDURE

Issued: 08/18/1993
Revision Date: 02/01/2015

I. Requirements for Requesting Family and Medical Leave

A. Employee notification

1. When a qualifying event is known or anticipated, notice should be given as far in advance as possible, followed by written documentation submitted 30 calendar days prior to the leave.
2. When a qualifying event is immediate or unforeseeable, notice should be given as soon as practical when the employee becomes aware of the need for leave.
3. For any requested leave for treatment, reasonable efforts should be made by the employee to schedule appointments that avoid disrupting unit operations.
4. An employee using intermittent leave due to medical necessity should notify his/her supervisor as soon as he/she knows that he/she will be unable to work. This notification should occur no later than the starting time of the employee's work in compliance with an employee's scheduled starting time, absent a unit call-off procedure, which should be followed by the employee. An employee must notify his/her supervisor on each day of absence unless other arrangements have been made.

B. Documentation of a qualifying event

1. A request for FML must be substantiated with satisfactory documentation provided within 15 calendar days of the request for leave.
   a. If the leave is due to a serious health condition of the employee, the employee's immediate family member, or a covered servicemember/covered veteran, documentation must be submitted from an appropriate health care provider. Documentation will be either the Medical Certification of Health Care Provider for Employee's Serious Health Condition form or the Medical Certification of Health Care Provider for Family Member's Serious Health Condition.
   b. If the leave is due to adoption, foster care placement, or qualifying exigency, documentation must be submitted from the appropriate agency.
2. **Health care providers** that are authorized to complete a certification for military caregiver leave for a covered servicemember may be a: United States Department of Defense (DOD) health care provider, United States Department of Veterans Affairs (VA) health care provider, DOD TRICARE network authorized private health care provider, DOD non-network TRICARE authorized private health care provider, or non-military-affiliated health care provider.
3. If the certification is incomplete or unclear, the employee must be given seven additional calendar days in most circumstances to provide more complete information. If the certification is still insufficient, the OHR

leave administrator/designee may contact the employee's health care provider for clarification and/or authentication of the employee's medical certification or deny the FML request.

4. The university reserves the right to request a second opinion if the validity of a medical certification is questioned. If the first and second opinions differ significantly, the unit may request that the employee obtain a final and binding third opinion of a jointly selected health care provider. The second and third opinions are done at university expense. The OHR leave administrator/designee may request recertification when appropriate and permitted under the law but generally not sooner than 30 calendar days from the date of the last certification.
5. The university may only request second and third opinion of a covered veteran's serious injury or illness only when certification is provided by a non-military-affiliated health care provider.
6. A Certification of Qualifying Exigency for Military Family Leave form must be submitted to the OHR leave administrator/designee within 15 calendar days of the request for leave, when applicable. Written documentation such as duty orders, dates of covered active duty service and date of commencement of exigency must be attached to the certification request.
7. A Certification for Serious Injury or Illness of Covered Servicemember for Military Family form must be submitted to the appropriate unit administrator within 15 calendar days of the request for leave, when applicable. Written documentation confirming that the covered servicemember's injury or illness was incurred in the line of duty or aggravated in the line of duty on active duty and that the servicemember is undergoing treatment for such injury or illness must be included with the form. The university cannot request second/third opinions or re-certifications for leaves to care for a covered injured or ill servicemember.
8. Upon return from leave for a personal serious health condition, the employee must present a dated fitness-for-duty/return-to-work certificate from the health care provider so long as notified of this requirement by the OHR leave administrator/designee in the leave designation. The fitness-for-duty/return-to-work certificate must be dated and certify that the employee is able to return to work and can perform the essential functions of the job. The employee's return to work may be delayed until the certificate is submitted.
9. Failure to follow timely notification procedures may result in the delay or denial of FML.

II. Determination of Eligibility

A. OHR leave administrator/designee determines employee eligibility under FMLA.

B. Notice of rights and responsibilities

1. Upon notification by the employee of the need to take leave or recognition of a qualifying event, the OHR leave administrator/designee must issue to the employee within five days a notice including the Notice of Eligibility and Rights and Responsibilities form for potential eligibility of FML.
2. The notice must include instructions for application of leave and one of the following forms:
   a. Medical Certification of Health Care Provider for Employee's Serious Health Condition,
   b. Medical Certification of Health Care Provider for Family Member's Serious Health Condition,
   c. Certification of Qualifying Exigency for Military Family Leave, or
   d. Certification for Serious Injury or Illness of Covered Servicemember for Military Family.

C. Leave designation

1. Upon receipt of employee documentation to support the leave request, the OHR leave administrator/designee must review the documentation to determine if it meets the criteria for a qualifying event. The OHR leave administrator/designee must issue an approval or denial Designation Notice (FML) form to the employee within five days.
2. The leave designation must include any requests for fitness-for-duty/return-to-work certification.

a. For fitness-for-duty certifications/ return-to-work certification, the leave designation must include a copy of the employee's position description or physical job requirements sheet. The health care provider will assess the employee's ability to perform the functions as specified in the position description or physical job requirements sheet.

b. Failure to notify the employee of any fitness-for-duty/return-to-work certification will preclude its requirement.

III. Calculation of Available Leave

A. All leave requests that are FML qualifying events will be counted towards the 12 workweek or 26 workweek entitlement period.

B. FML balances are determined on a rolling 12 month period, measured backward from the date FML commences.

C. Employees who work less than a 100 % FTE are entitled to a prorated amount of leave hours within the 12 workweek entitlement based on the employee's FTE.

D. Upon request, OHR leave administrator/designee must provide a current FML balance to the employee no sooner than every 30 days.

IV. Options for Taking Family Medical Leave

A. Twelve workweeks of FML may be taken all at once, intermittently, or on a reduced schedule.

1. After the first 12 workweeks of the qualifying event for birth, adoption, or foster care placement, leave cannot be taken on an **intermittent or reduced schedule** without advance notice, scheduling, and unit approval.

2. Intermittent leave may be taken in increments of one-tenth of an hour or daily or weekly intervals.

3. An employee's unit must approve intermittent or a reduced schedule leave and arrangements for such leave must be coordinated with the unit. Employees using intermittent or a reduced schedule leave must make a reasonable effort to avoid disrupting unit operations, including scheduling doctor's appointments outside of work hours, if possible.

B. Only the amount of leave actually taken is counted toward the 12 or 26 workweeks of leave.

C. An employee may be temporarily transferred to an alternative position with equivalent pay and benefits to accommodate intermittent and/or a reduced schedule leave.

D. A unit may arrange an alternative work schedule to accommodate an individual's caregiving needs if the schedule satisfactorily meets the operational needs, function, and mission of the unit. Such an arrangement will not be considered FML unless or until FML is actually taken.

V. Benefits

A. For information on continuation of benefits while on FML, see Benefits Continuation while on Approved Leave of Absence.

B. The employee will return to the same or an **equivalent position** with equivalent benefits, pay, and other terms and conditions of employment.

1. Benefits are subject to changes that occur within the applicable plan or program while the individual is on leave.

2. If an employee is unable to fulfill the essential functions of the job as a result of a serious health condition, accommodations may be made in accordance with the Americans with Disabilities Act (ADA).

VI. Record Keeping

A. OHR leave administrator/designee maintains employee records of FML usage and balances. These records include a copy of the written notice provided to the employee, leave designation, medical documentation to support the absence, the letter approving or denying the leave, and the amount of FML used during the benefit year.

1. All such records must be handled as confidential information and must be stored in a secure file separate from the personnel file.
2. Records must be kept in accordance with the university Records Retention Schedule.

VII. Notification and Implementation

A. Units will

1. Post the FMLA rights and responsibilities notice electronically or on the premises.
2. Recognize and respond to triggers for FML leave
3. Ensure the appropriate timekeeping codes are used and maintained.

B. The Office of Human Resources will:

1. Ensure that FMLA posting and notification requirements are met, and
2. Consult with units and employees on requirements and implementation of FMLA.

VIII. Investigation and Accountability

A. The Office of Human Resources may investigate and issue findings and action steps when violations of FML provisions occur. The action steps could include corrective action up to and including termination.

B. Individuals who fail to comply with this policy will be held accountable for their actions under university policies, rules, and applicable law, including, but not limited to:

1. Staff, graduate associates, and student employees are subject to corrective action up to and including termination; and
2. Faculty are subject to University Rule 3333-05-04. A finding that a faculty member violated this policy may constitute sanctions under Faculty Rule 3335-05-04(A) (4).

Responsibilities

Position or Office	Responsibilities
Office of Human Resources	1. Ensure FMLA posting and notification requirements are met at the university level. 2. Consult with units and employees on the requirements and implementation of FML. 3. Investigate and issue findings and actions steps when violations of FML provisions occur.
OHR leave administrator/designee	1. Give employees an additional seven calendar days for incomplete or unclear documentation and contact the employee's health care provider for clarification and/or authentication of the medical certification or deny the request if certification is still insufficient. 2. Request recertification when appropriate and permitted under the law but generally not sooner than 30 calendar days from the date of last certification. 3. Determine employee eligibility under FMLA. 4. Issue notice of rights and responsibilities within five days of notification by the employee of the need to take leave or recognition of a qualifying event. The notice must include instructions for application and the appropriate form. 5. Review documentation to determine if it meets the criteria for a qualifying event and issue a leave designation within five days of receipt of the employee's documentation. The leave designation must include requests for fitness-for-duty/return-to-work certification. 6. Upon request, provide current FML balance to the employee no sooner than every 30 days. 7. Maintain employee records of FML usage and balances. These records are confidential and must be maintained separately from the personnel file and in accordance with the records retention schedule.
Employing unit	1. Recognize and respond to triggers for FML leave. 2. Ensure the appropriate timekeeping codes are used and maintained. 3. Approve arrangements for intermittent or reduced schedule leave. 4. Arrange non-FML alternate work schedules to accommodate employee's caregiving needs, if possible. 5. Upon employee's return to work, place employee in same or equivalent position with equivalent pay, benefits, and other terms and conditions of employment.

Applies to: Faculty, staff, graduate associates, and student employees.

Position or Office	Responsibilities
	6. Post FMLA rights and responsibilities notice on premises or electronically.
Employee	1. Review FML policy to determine if eligible for FMLA-protected leave. Contact supervisor, unit human resource professional, and the OHR leave administrator/designee for eligibility and/or medical documentation questions. 2. For known or anticipated qualifying events, give notice as far in advance as possible, followed by written documentation submitted 30 calendar days prior to the leave. 3. For immediate or unforeseeable qualifying events, give notice as soon as practical. 4. Use reasonable efforts to schedule appointments that avoid disrupting unit operations. 5. Notify supervisor for each absence prior to the employee's scheduled starting time, absent a unit call-off procedure. 6. Provide satisfactory documentation within 15 calendar days of the request for leave. 7. If requested, provide more complete information within seven calendar days for incomplete or unclear documentation. 8. If requested, obtain a final and binding third opinion of a jointly selected health care provider. 9. Submit a dated fitness-for-duty/return-to-work certification to the OHR leave administrator/designee if required. 10. Submit requests for intermittent or reduced schedule leave in a timely manner and schedule such leave in a manner that is least disruptive to the unit.

Resources

Forms (available online at **hr.osu.edu/policies-forms**):

Certificate of Domestic Partnership form, **hr.osu.edu/wp-content/uploads/form-ssdp-certificate-partnership.pdf**

Certification for Serious Injury or Illness of Covered Servicemember for Military Family form, **hr.osu.edu/wp-content/uploads/form-fml-military-health.pdf**

Certification of Qualifying Exigency for Military Family Leave form, **hr.osu.edu/wp-content/uploads/form-fml-exigency.pdf**

Designation Notice (FML) form, **hr.osu.edu/wp-content/uploads/form-fml-designation.pdf**

FML Notification Letter sample, **hr.osu.edu/public/documents/policy/resources/605fmlltrsample.doc**

FMLA flyer to post, **hr.osu.edu/wp-content/uploads/fmla-poster.pdf**

Medical Certification of Health Care Provider for Employee's Serious Health Condition form, **hr.osu.edu/wp-content/uploads/form-fml-employee-health.pdf**

Medical Certification of Health Care Provider for Family Member's Serious Health Condition form, **hr.osu.edu/wp-content/uploads/form-fml-family-health.pdf**

Notice of Eligibility and Rights and Responsibility form, **hr.osu.edu/wp-content/uploads/form-fml-eligibility-notice.pdf**

Additional Information

Americans with Disabilities Act (ADA), **ada.gov**

Benefits Continuation while on Approved Leave of Absence, **hr.osu.edu/wp-content/uploads/leave-absence-benefits.pdf**

Code of FMLA federal regulations (CFR 825.122)., **ecfr.gov**

eLeave, **eleave.osu.edu**

Family Medical Leave Act (FMLA), **dol.gov/whd/fmla**

Frequently Asked Questions-Family and Medical Leave, policy 6.05, **hr.osu.edu/public/documents/policy/resources/605familyleavefaq.pdf**

Genetic Information Non-Discrimination Act (GINA), **eeoc.gov/laws/statutes/gina.cfm**

Applies to: Faculty, staff, graduate associates, and student employees.

Guidelines for Investigating Complaints of Discrimination and Harassment, **hr.osu.edu/wp-content/uploads/discrimination-investigation-guidelines.pdf**

Graduate School Handbook, **gradsch.ohio-state.edu/Depo/PDF/Handbook.pdf**

ADA website, **ada.osu.edu**

Policy revision communications notification, **hr.osu.edu/public/documents/policy/resources/605notice.pdf**

Student Employment, policy 10.10, **hr.osu.edu/public/documents/policy/policy1010.pdf**

University Records Retention Schedule, **library.osu.edu/documents/records-management/general-schedule.pdf**

Contacts

Subject	Office	Telephone	E-mail/URL
Leave administration	Integrated Absence Management and Vocational Services, Office of Human Resources	614-292-3439	**hr-leaveadministrator@osu.edu**
Policy interpretation	Employee and Labor Relations, Office of Human Resources	614-292-2800	**hr.osu.edu/services/elr/** **hr-elr@osu.edu**
Benefits	Benefits Services, Offices of Human Resources	614-292-1050	**hr.osu.edu/benefits/**
Military or veteran issues	Office for Military and Veterans Services, Office of Enrollment Services and Undergraduate Education	614-247-8387	**veterans.osu.edu** **milvets@osu.edu**
Coordination of benefits/return to work services for occupational and non-occupational injuries	Integrated Absence Management and Vocational Services, Office of Human Resources	614-292-3439	**hr.osu.edu/services/disability-benefits-leave-services/** **hr-integrateddisability@osu.edu**
ADA accommodations	Ohio State ADA Coordinator	614-292-6207 (TTY) 614-688-8605	**ada-osu@osu.edu**
Benefits for graduate associates	The Graduate School	614-292-6031	**grad-schoolregistrationservices@osu.edu**

History

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UNIVERSITY POLICIES

Weather or Other Short-Term Closing

THE OHIO STATE UNIVERSITY

Weather or Other Short-Term Closing
Policy 6.15
Office of Human Resources

Applies to: Faculty, staff, graduate associates, student employees and students[1]

[1] **This policy does not apply to Health System employees**. The Health System includes employees of University Hospital, University Hospital East, James Cancer Hospital and Solove Research Institute, Ross Heart Hospital, OSU Harding Hospital, OSU Rehabilitation Services at Dodd Hall OSU Primary Care Network, Specialty Care Network and shared services. Health System employees should contact their human resource department for further information.

POLICY

Issued: 12/23/1977
Edited: 04/15/2014

To ensure continuity of services to students and the public, it is the policy of the university to remain open. However, during extreme conditions due to severe weather, major utility failure or other reasons, the university may close parts of the Columbus campus or any of its regional campuses.[1] A short-term closing generally does not last more than five days.

Definitions

Term	Definition
Exempt staff	Staff not eligible for overtime pay or compensatory time off according to federal and state law.
Nonexempt staff	Staff eligible for overtime pay or compensatory time off according to federal and state law.
Essential employee	One who has been designated as critical to the operation of the unit, whose presence is required regardless of the existence of an emergency condition, university and/or building(s) closure, canceling of classes and whose absence from duty could endanger the safety and well-being of the campus population and/or facilities. Employees may be designated as essential on a situational basis, e.g., in the event of a snow emergency only or in the event of a public health crisis. Depending on the nature of their work, essential employees may be required to report to work on campus or may be able to work from home. Essential employees must be notified in writing of their status as essential and the location from which they can perform their duties on an annual basis. Designations can be changed at any time depending on need.
Alternate employee	One who has been designated to serve as a back-up to an essential employee. Alternate employees must be notified in writing of their status as alternate on an annual basis. Designations can be changed at any time depending on need.
Standby employee	Any employee not designated as essential or alternate. Standby employees must be notified in writing of their status as standby on an annual basis. Designations can be changed at any time depending on need.
Short-term closing	Official temporary shutdown of designated units of the university due to severe weather, major utility failure or other critical reason the duration of which is five days or less. During such a closing, many administrative offices may be closed and some or all classes may be canceled. Student Life, emergency and facilities support and other operations designated as essential will remain open and essential employees must report to work.

PROCEDURE

Issued: 12/23/1977
Edited: 04/15/2014

I. Canceling Classes and Closing Offices

A. A decision to close the university or cancel classes will be done on a location by location basis e.g., Columbus campus, regional campuses, extension offices, research stations, specific buildings, etc.

B. If weather (or other short-term emergency such as a power outage) warrants cancellation of classes, closing of offices or limiting the hours of operation of the university, a decision will be made to assure the safety of the

[1] Policy 6.17 Disaster Preparedness and University State of Emergency addresses unexpected catastrophic events such as natural and human made disasters or the outbreak of pandemic illnesses. A weather or other short-term closing has neither the catastrophic effect nor the duration of impact on the university community as a University State of Emergency. Weather or other short-term closings and university states of emergency are identified as such when they are declared.

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campus community. Options include:

1. Classes are canceled.
2. Only essential services remain open, such as those that provide safety and security; prepare and serve meals; provide utilities (e.g. light, heat, water, etc.) to university buildings and properties; hospitals; law enforcement and public safety; snow removal; and others determined as essential.
3. Other options as conditions warrant.

C. In the event of severe weather or other conditions that could affect safety, health or access to the university, the president, in consultation with the executive vice president and provost; vice president for human resources; senior vice president for business and finance or their designees; and other vice presidents and deans as appropriate, will have the final authority to make the decision to cancel classes and/or close offices.

D. For locations other than the Columbus campus such as regional campuses, extension offices, research stations, etc., the head of operations (e.g. dean, director) must consult with the president or designee through appropriate reporting lines prior to making the decision to cancel classes and/or close offices.

E. Impacted areas will be consulted as possible prior to making the decision to close or cancel classes or activities to determine the effect on classes, business operations, employment matters, special events, athletic events, conferences and other university activities.

F. The president or authorized designee will make the decision to cancel classes whenever possible by 5 a.m. (communicated by 7:30 a.m.) for day classes and by 1 p.m. (communicated by 3 p.m.) for evening classes. If classes are canceled they will resume the next class day unless otherwise notified.

G. If offices are closed during the day, they will remain closed until the beginning of the next workday.

H. If class cancellation or office closure is extended more than 24 hours, the president or authorized designee may re-evaluate the availability of certain services (library, recreation centers, student health center, etc.).

I. A decision to cancel classes and/or close offices may be based on weather information gathered from the local authorities; official weather reports and forecasts; and consultation with Facilities Operations and Development and Public Safety and/or local law enforcement on regional campuses. Some factors taken into consideration in the decision to cancel classes and/or close offices are:

1. Existence of Level 3 snow emergencies,
2. Hazardous roadways,
3. Presence of extreme ice and/or snow,
4. Excessive wind,
5. Weather forecast and
6. Severe cold.

II. Partial Campus and Building Closings

A. Based on the event, a decision may be made to close specific buildings, sections of buildings or parts of a campus.

B. Employees may be directed to work at alternate locations or assigned alternate work during partial closings. In these instances, employees will receive their regular rate of pay.

C. If alternate locations are not available, employees must be compensated in accordance with section VI of this policy.

D. For partial campus and building closures, all employees in the impacted area must call in or otherwise ensure they receive instructions, regardless of essential, alternate or standby status.

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III. Class Continuance and Attendance During Severe Weather

A. Faculty may use alternative teaching methods when classes are canceled (e.g., web casts, e-mail, supplemental readings, etc.).

B. When classes are not canceled and students are unable to reach the campus due to living in or traveling through a Level 3 snow emergency county, students are encouraged to contact the professor to report an absence due to a Level 3 snow emergency. Students who contact their professors or professors' designees will not be penalized for an absence when unable to attend classes due to a Level 3 snow emergency (3335-9-21 Absences).

IV. Reporting for Work

Employees designated as essential and required to report to work, remain at work or contact their department when classes are canceled and offices are closed must do so. All colleges/VP units must maintain an updated list of individuals designated as essential depending on the nature of the closure. Supervisors will devise a system to notify those among the pool of designated individuals who will be expected to report to work and who can perform work from home.

V. Communication Regarding Class Cancellation and Closure Decision

A. All communication regarding class cancellation and closure of select units of the university will be handled by University Communications for the Columbus campus or by the authorized designee for other locations. Efforts will be made to notify the media, send e-mail and post web announcements by 7:30 a.m. for day classes and/or office closings and by 3 p.m. for evening classes and work shifts.

B. In the event of an evening closure, University Communications (or authorized designee for other locations) will attempt to notify the campus and the media by 3 p.m. Verification of media announcements may be done by consulting multiple official sources, including residential cable and tuning to WOSU 89.7 FM Radio or at **wosu.org**.

VI. Compensation During Cancellation of Classes and a Short-Term Closing

Employees must be compensated as outlined in this section and the table below.

A. Faculty and staff whose duties are designated as essential and who are unable to perform work due to factors that preclude the university from operating (not due to individual circumstances) may receive their regular base pay, at the discretion of university leadership.

B. Faculty and staff with pre-approved sick/vacation time during the time of the closure will not be charged for usage.

C. Staff represented by unions will be compensated in accordance with the terms of their collective bargaining agreements for time worked and may be required to work out of classification as deemed necessary by the department or university.

D. Standby/alternate non-exempt temporary or student employees are not expected to work and will not be compensated if they are scheduled to work when the university is closed or parts of the university are closed.

Exempt/Non-Exempt Status	Compensation	Comments
Nonexempt essential – Employee required to report for work – Employee reports for work	– Employee will receive regular base pay – Hours worked count toward overtime compensation as applicable – Employee will receive hour for hour compensatory time as applicable	– Compensatory time under this policy is a benefit – Compensatory time must be manually added using the earnings code CTA (Comp Time Added) in the HR System, with an explanatory comment and date for audit purposes.

Applies to: Faculty, staff, graduate associates, student employees and students[1]

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Exempt/Non-Exempt Status	Compensation	Comments
Nonexempt essential – Employee required to report to work – Employee does not report for work	– Employee will not receive regular base pay – Employee may request vacation/ compensatory time based on circumstances (e.g. live in or must drive through Level 3 snow emergency, etc.)	– Employee must comply with call-off procedures – Employee may request to make up hours not worked, only within the same work week – If flex time is approved it must be incurred within the same work week – Unit may consider corrective action as applicable
Nonexempt alternate/standby – Employee not required to report for work – Employee does not report for work	– Employee will receive regular base pay – Hours recorded during the university closing will count toward overtime compensation	– Employees do not need to contact their department or report to work if the university is closed
Nonexempt alternate/standby – Employee not required to report for work – Employee reports for work	– Unit notifies employee that the university is closed and employee is sent home – If the unit asks the employee to remain at work, employee will receive regular base pay and hour for hour compensatory time – If the unit sends the employee home but employee remains at work, employee will be paid for hours worked but will not receive hour for hour compensatory time	– If the employee is asked to remain at work, compensatory time must be paid and manually added using the earnings code CTA (Comp Time Added) in the HR System, with an explanatory comment and date for audit purposes – Unit may consider corrective action as applicable for employees who do not leave work as directed
Exempt essential – Employee required to report for work – Employee reports for work	– Employee will receive regular base pay	– Employee does not earn overtime or compensatory time – At the discretion of the unit, flex time may be granted – Unit notifies employee that the university is closed and if not needed, the employee is sent home
Exempt essential – Employee required to report to work (includes employees working an alternate schedule) – Employee does not report for work	– Employee will not receive regular base pay – Employee may request to use vacation or flex time based on circumstances i.e., live in or must drive through Level 3 snow emergency area	– Employee must comply with call-off procedures – Unit may consider corrective action as applicable
Exempt alternate/standby – Employee is not required to report to work – Employee does not report for work	– Employee will receive regular base pay	– Employees do not need to contact their department or report to work if the university is closed

Applies to: Faculty, staff, graduate associates, student employees and students[1]

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Exempt/Non-Exempt Status	Compensation	Comments
Nonexempt temporary alternate/standby – Employee is not required to report to work – Employee does not report for work	– Employee will not receive regular base pay	– Employee may request to make up hours not worked, only within the same work week – If flex time is approved it must be incurred within the same work week
Student employees	– Student employees will be paid their regular hourly rate for hours worked	– Student employees must be notified that unless they are designated as essential and report for work, they will not receive regular base pay under this policy
Graduate Associates	– GAs will receive their regular stipend	– For information about stipends, contact the college/VP unit or Graduate School

Responsibilities

Position or Office	Responsibilities
University Leadership	A. The president in consultation with the executive vice president and provost; vice president for human resources; senior vice president for business and finance or their designees and other vice presidents and deans as appropriate, have the final authority to determine when conditions warrant a weather or other short-term closing. For locations other than the Columbus campus such as regional campuses, extension offices, research stations, etc., the head of operations (e.g. dean, director) must consult with the president or designee through appropriate reporting lines prior to making the decision to cancel classes and/or close offices. B. Senior Management Council and other leadership groups should review closing processes on an annual basis during autumn term. C. University Communications is responsible for communicating the emergency closing and subsequent reopening, internally and externally and will coordinate this communication with university leaders. Official information regarding emergency closings will be announced on WOSU 89.7 FM Radio, via email, the Ohio State web site and other local media. D. When a weather or other short-term closing is declared, the executive vice president and provost; vice provosts; vice presidents; and deans and directors of regional campuses, extension offices, research stations; etc., are responsible for disseminating information about the closing to their units. E. The executive vice president and provost; vice provosts; vice presidents; deans; chairs; and regional deans are responsible for designating essential, alternate and standby employees and informing all employees of their designations when hired and annually, preferably prior to the winter weather season.
Employing Unit	A. Designate operations which are essential and that will remain open or in effect during a weather or other short-term closing. B. Designate faculty and staff as essential, alternate and standby in the HRIS. C. Notify employees annually, preferably prior to the winter weather season, of their designation and which essential staff may work from home, in accordance with Disaster Preparedness and University State of Emergency Policy 6.17 (Sample Status Notification Letter) D. Develop and communicate a backup plan in case essential staff are unable to report to work. E. Prepare to and make alternative work arrangements for staff during closures as feasible, depending on the nature of the event, duration, nature of work, staff position responsibilities, etc. F. Confirm with essential faculty and staff their duties and responsibilities during the weather or other short-term closing. Designate faculty and staff to perform duties as needed, which may be outside of their regular classification.

Weather or Other Short-Term Closing
Policy 6.15
Office of Human Resources

Applies to: Faculty, staff, graduate associates, student employees and students[1]

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Position or Office	Responsibilities
Faculty and Staff	A. Check university web site, radio and television to be fully informed about the weather and university closing. B. Notify students of use of alternative teaching methods when classes are canceled, (e.g., web casts, pod casts, e-mail, supplemental readings, etc.). C. Contact supervisor or chair for further instructions.
Students	A. Review information on the university web page for instructions. B. Check university web site, radio and television for university closing and cancellation of classes. C. Communicate with professors to determine if classes will be held via an alternate teaching method. D. Inform professor of absence from class due to Level 3 snow emergency.
Office of Human Resources	Consult with units regarding this policy.

Resources

- Class cancellation and office closure information, WOSU 89.7 FM Radio, **wosu.org**
- Disaster Leave, Policy 6.28, **hr.osu.edu/public/documents/policy/policy628.pdf**
- Disaster Preparedness and University State of Emergency, Policy 6.17, **hr.osu.edu/public/documents/policy/policy617.pdf**
- Faculty rule on Absences, Chapter 9, 3335-9-21, **http://trustees.osu.edu/rules/university-rules/chapter-3335-9-attendance-and-graduation.html**
- Frequently Asked Questions, **hr.osu.edu/public/documents/policy/resources/615faq.pdf**
- Paid Leave Programs, Policy 6.27, **hr.osu.edu/public/documents/policy/policy627.pdf**
- Sample Annual Communication, **hr.osu.edu/public/documents/policy/resources/615annual.doc**
- Sample Status Notification Letter, **hr.osu.edu/public/documents/policy/resources/615sample.doc**
- Scheduling Work and Overtime Compensation, Policy 6.10, **hr.osu.edu/public/documents/policy/policy610.pdf**

Contacts

Issue	Office	Telephone	E-mail/URL
Policy interpretation	Employee and Labor Relations, Office of Human Resources	614-292-2800	**hr-elr@osu.edu** **hr.osu.edu/services/elr/**
Payroll issues	Office of the Controller, Payroll Services	614-292-2311	**payrolloffice@osu.edu** **controller.osu.edu/pay/pay-home.shtm**

History

Issued: 12/23/1977
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Edited: 12/17/2003
Revised: 09/01/2008
Revised: 12/15/2008 (renamed from Emergency Closing to Weather or Other Short-Term Closing)
Revised: 09/01/2011
Edited: 02/01/2012

Applies to: Faculty, staff, graduate associates, student employees and students[1]

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Edited: 04/15/2014

UNIVERSITY POLICIES

Paid Leave Programs

THE OHIO STATE UNIVERSITY

Paid Leave Programs, 6.27

University Policy

Applies to: Faculty and staff

Responsible Office — Office of Human Resources

POLICY

Issued: 06/22/1997
Interim Revised: 10/1/2018

The university strives to recruit and retain a world-class faculty and staff and to stand out as an employer of choice. The university recognizes that supporting faculty and staff as they balance career and family life ultimately benefits the faculty, staff and institution alike. The university provides paid vacation, sick, parental, jury duty/court appearance and organ donation leave to respond to employee needs. Vacation donation provides financial assistance during approved unpaid leaves for: life threatening illness or injury of self or immediate family members; childbirth, adoption and foster care placement; or death of an immediate family member.

Purpose of the Policy

To provide guidance on and consistent application of paid leave benefits designed to support faculty and staff as they balance career, personal and family life.

Definitions

Term	Definition
Active pay status	Conditions under which an employee is eligible to receive pay and includes but is not limited to vacation leave, sick leave, overtime, compensatory time off and holidays.
Adopted child	A child up to 18 years of age who is adopted through public, private, domestic, international or independent means and who is not the stepchild of the adoptive parent.
Benefits service date	The date used to determine the amount of service for the calculation of vacation leave accrual purposes. This date reflects an employee's total service at Ohio State or with the State of Ohio and any of its political subdivisions.
Birth mother	One who gives birth to a child.
Parent	One who is not the birth mother and who is legally responsible for child-rearing. Includes any one of the following: father, mother, spouse, adoptive parent, domestic partner, or employee using a surrogate/gestational carrier.
Adoptive parent	One who, via a legal process, has taken a child into one's family.
Domestic partner	An opposite- or same-sex adult partner who has met the requirements of and has a completed Certificate of Domestic Partnership on file with the department and the Office of Human Resources.
Foster parent	One who has undergone a placement proceeding to assume child-rearing responsibilities.
Immediate family member	Spouse; domestic partner; mother; father; sister; brother; biological, adopted or foster child; stepchild; legal ward; grandparent; grandchild; mother-in-law; father-in-law; sister-in-law; brother-in-law; daughter-in-law; son-in-law; grandparent-in-law; grandchild-in-law; or corresponding relatives of the employee's partner; other persons for whom the employee is legally responsible; individual who stood in loco parentis to an employee when the employee was a child; and a child of a person standing in loco parentis to the child who is under 18 year of age or 18 years of age or older and incapable of self-care because of a mental or physical disability. To use leave for the care of a domestic partner or for the corresponding relative of the partner, a completed Certificate of Domestic Partnership must be on file with Human Resources Benefits Services.
Life threatening illness or injury	An illness, injury, impairment or physical condition that a licensed physician certifies as terminal or life threatening.
State of Ohio and any of its political subdivisions	Includes city, county and state employers within Ohio and Ohio National Guard service.
Stillbirth	The loss of a fetus during or following the 20th week of pregnancy.
Unpaid leave	Leave without pay for personal or medical reason approved by the department per the process outlined in Unpaid Leave Policy 6.45.

Applies to: Faculty and staff

Policy Details

I. Vacation Leave

A. Accrual

1. Vacation leave accrues while an employee is in **active pay status** and may be used from the date of employment. An adequate vacation leave balance must be accrued prior to usage.
2. Staff on regular and term (including post-doctoral researchers) appointments of 100% full time equivalency (FTE), 12-month regular faculty and 12-month associated faculty earn vacation leave in accordance with the accrual schedule.
3. Vacation leave accrual is pro-rated for eligible appointments of 50% FTE or greater.
4. Appointments of less than 50% FTE, 9-month regular faculty and 9-month associated faculty appointments do not accrue vacation.
5. A university employee who previously worked for the **State of Ohio and any of its political subdivisions** may be credited for time served at that agency, with the exception of reemployed retirees as noted in Policy Details I.A.6.
   a. Proof of service from the former public agency must be submitted in writing before service credit is granted.
   b. Vacation will be credited from the date that the employee notifies the unit in writing of the previous service.
6. An employee who has retired in accordance with the provisions of any retirement plan offered by the State of Ohio (a reemployed retiree) will not have prior service with the State of Ohio, any political subdivision of the State or a regional council of government counted for purposes of computing vacation leave.
   a. A STRS/Alternative Retirement Plan participant will be treated as a reemployed retiree for purposes of this paragraph if, at the time of separation from employment, the participant would have been eligible to receive retirement benefits under the STRS Ohio Defined Benefit Plan.
   b. An OPERS/Alternative Retirement Plan participant will be treated as a reemployed retiree for purposes of this paragraph if, at the time of separation from employment, the participant would have been eligible to receive retirement benefits under the OPERS Traditional Pension Plan.
7. Employment outside of that specified in Policy Details I.A.5 and I.A.6, including student employment, federal employment, or employment with other states does not count toward service credit.

B. Pay out

1. Accrued vacation leave not used by the effective date of a faculty member's termination will be paid subject to the maximums of the vacation accrual schedule. A faculty member who reduces from a 12-month to a 9-month appointment will permanently forfeit accrued vacation not used by the effective date of the reduction.
2. A staff member who terminates employment or transfers to a position that is ineligible for vacation, will be paid any accrued vacation leave not used by the effective date, subject to the maximums of the vacation accrual schedule.
3. Accrued vacation payouts are at the current rate of compensation.

C. Balance transfer and carryover

1. Vacation leave balances transfer when an employee transfers from one university department to another and only occurs when the new position is eligible for vacation.
2. Vacation leave accrued in excess of the maximum carryover will be eliminated at the end of the pay period in which an employee's anniversary date/**benefits service date** occurs each year.

D. Vacation leave accrual schedule* (table immediately following):

Category (Full Time)	Years of Service	Months of Service	Hours Earned Per Year	Days Earned Per Year (based on a five 8-hour workday per week schedule)	Maximum Hours for Vacation Carryover and Pay Out
Classified Civil Service	0 to 7	0 to 84	80	10	Equal to the amount earned last 3 years
Classified Civil Service	7+ to 14	85 to 168	120	15	Equal to the amount earned last 3 years

Classified Civil Service	14+ to 24	169 to 288	160	20	Equal to the amount earned last 3 years
Classified Civil Service	24+	289+	200	25	Equal to the amount earned last 3 years
Unclassified Professional	0 to 3	0 to 36	96	12	240
Unclassified Professional	3+ to 10	37 to 120	120	15	240
Unclassified Professional	10+ to 24	121 to 288	176	22	240
Unclassified Professional	24+	289+	200	25	240
Senior A&P	0 to 25	0 to 300	176	22	240
Senior A&P	25+	301+	200	25	240
12-Month Regular and 12-Month Associated Faculty	0 to 25	0 to 300	176	22	240
12-Month Regular and12-Month Associated Faculty	25+	301+	200	25	240

*Subject to applicable collective bargaining agreements

II. Sick Leave

A. Accrual

1. Faculty and staff accrue sick leave while in an active pay status for their primary university appointment. Sick leave does not accrue and cannot be used for any supplemental pay arrangements such as supplemental appointments, faculty teaching overloads and faculty quarter off-duty appointments.
2. Sick leave does not accrue during **unpaid leave**.
3. Sick leave accumulation is unlimited.
4. Staff paid biweekly accrue sick leave at the rate of 4.6 hours per 80 hours of service.
5. Faculty and staff paid monthly accrue sick leave monthly based on the number of service hours per month.
   a. The rate of accrual is .0577 hours of sick leave for each service hour in the month.
   b. Staff paid monthly and 12-month faculty accrue 120 hours of sick leave per year.
   c. Nine-month faculty accrue 90 hours of sick leave per year.
6. Sick leave accrual is pro-rated for appointments less than full time.

B. Use

1. Sick leave is charged in minimum units of one-tenth hour. An employee is charged for sick leave only for days upon which the employee otherwise would have been scheduled to work. Sick leave payment will not exceed the normal scheduled workday or work week earnings.
2. Sick leave may be used from the date of accrual for the purpose intended according to the sick leave chart. An adequate sick leave balance must be accrued prior to usage.
3. Available sick leave and vacation leave balances must be exhausted prior to applying for unpaid leave. The university may waive this requirement in workers' compensation, short-term disability and long-term disability cases.
4. The university may place a Classified Civil Service staff member on disability separation prior to the expiration of sick leave.
5. If sick leave exceeds three months, the unit must consult with HR Employee and Labor Relations concerning approval of further leave.
6. Sick leave usage applies to self or **immediate family member**.
7. Sick leave usage for birth, adoption or foster care placement may be taken in accordance with the tables below and on a reduced schedule or intermittently for the first 12 weeks after the qualifying status change. After the first 12 weeks, sick leave cannot be taken on an intermittent or reduced schedule without advance notice, scheduling, and departmental approval.
8. An employee who becomes eligible for workers' compensation payment for loss of time may choose to use sick leave before such payments are made. An employee who wishes not to use sick leave to cover such loss of time must request unpaid leave in accordance with Unpaid Leave, 6.45.

C. Balance transfer

1. Sick leave balances transfer when an employee transfers from one university department to another.

2. An accrued and unused sick leave balance from the State of Ohio and any of its political subdivisions may be transferred to the university, if proof of accrued leave is provided by the transferring agency and re-employment occurs within 10 years.

D. Pay out
1. Employees retiring from active service with Ohio State with 10 or more years of state service will be paid one-fourth of the sick leave balance up to a maximum payment of 240 hours.
2. Payment is based upon the rate of compensation at the time of retirement.
3. The one-time retirement pay out of sick leave eliminates all accrued sick leave on record.
4. These same provisions apply to employees who die with 10 or more years of state service, with the sick leave pay out paid to the estate.

E. Sick leave usage parameters for birth/adoptive events (table following II.E.2).
1. Amounts in the "sick leave usage limit" columns assume adequate leave balance is available.
   a. The "sick leave usage limit" is pro-rated for appointments less than 100% FTE.
2. The maximum number of weeks of sick leave available following the birth of a child is calculated by subtracting the weeks of parental leave and the weeks of short-term disability payment from the weeks of FML available.

Event	Relationship to Employee	Documentation Required	Sick Leave Usage Limit: Eligible for Parental Leave	Sick Leave Usage Limit: Not Eligible fo Parental Leave
Birth	Self (birth mother)	eLeave and proof of birth	Limited by available Family and Medical Leave (FML), not to exceed 30 working days (six weeks)	As approved per medical documentation
Birth	Self (parent)	eLeave and proof of birth	Ineligible for Sick Leave; refer to Parental Leave	Up to 10 working days or 80 hours (two weeks)
Adoption	Self (parent)	eLeave and proof of adoption	Ineligible for Sick Leave; refer to Parental Leave	Up to 10 working days or 80 hours(two weeks)

F. Sick leave usage parameters for non-birth/adoptive events (table following II.F.1).
1. Amounts in the "sick leave usage limit" column assume adequate leave balance is available.

   a. 1.a. The "sick leave usage limit" is pro-rated for appointments less than 100% FTE

Event	Relationship To Employee	Documentation Required	Sick Leave Usage Limit
Illness or injury	Self or immediate family member	Leave request and appropriate medical documentation	As approved
Health examination (medical, psychological, dental or optical)	Self or immediate family member	Leave request and appropriate medical documentation	As approved
If a member of the immediate family is afflicted with a contagious disease or requires the care and attendance of the employee; or when through exposure to a contagious disease, the presence of the employee at the job would jeopardize the health of others	Immediate family member	Leave request and appropriate medical documentation	As approved
Foster care placement	Self	Leave request and proof of foster care placement	Up to 10 working days or 80 hours (two weeks)
Death	Immediate family member	Leave request and obituary/death certificate	Up to five working days or 40 hours

III. Parental Leave

A. The purpose of parental leave is to provide a **birth mother** or a **parent** with paid time off to recover from childbirth and/or to care for and bond with a newborn or newly **adopted child**.

1. The intent of parental leave is to provide eligible faculty and staff members with a paid leave benefit that may be combined with other leave programs to maximize the length of paid leave available and to supplement paid time off under Family and Medical Leave (FML) for birth and adoptive events.
2. Eligible faculty and staff may receive parental leave immediately upon hire.
3. Parental leave is a benefit of employment and its use must not have a negative impact on employment status or opportunities.
4. Departments should be flexible in managing parental leave requests, so as to permit employees to effectively combine career and family responsibilities.
5. Workload issues should be proactively managed so that excessive work demands are not placed on remaining faculty and staff.

B. Eligibility requires meeting all of the following criteria:
1. The faculty or staff member is a birth mother or becomes a parent immediately following a birth or adoptive event.
2. The faculty or staff member holds at least 75% FTE and are in a regular, term (including post-doctoral researchers), or associated faculty appointment.

C. Leave amount
1. Parental leave is paid at 100% of the employee's regular pay (based upon FTE) for the specified number of hours outlined in this policy.
2. All eligible faculty and staff (birth mother and parent) can take up to 120 hours (three work weeks, based on an appointment of 100% FTE) of parental leave to care for and bond with a newborn or newly adopted child.
3. Eligible birth mothers can take up to an additional 120 hours for the recovery from childbirth for a maximum parental leave benefit of 240 hours (six work weeks, based on an appointment of 100% FTE).

D. Use
1. Parental leave will commence following the birth or adoption of a child.
2. When medically necessary or necessary to fulfill the legal requirements for an adoption, parental leave may be taken prior to the birth or adoptive event, provided all eligibility requirements are met when the leave commences.
3. Pursuant to the sick leave usage parameters, the birth mother is eligible to take sick leave (not to exceed 30 working days/ 240 hours or six weeks) and must exhaust all parental leave prior to the use of sick leave. Parental leave does not have to be exhausted prior to the use of short-term disability.
4. Parental leave must be exhausted prior to the use of vacation leave or compensatory time when such leave is requested for the purpose of a birth or adoptive event.
5. Parental leave will run concurrently with available Family and Medical Leave (FML). If the amount of FML available is less than the amount of parental leave to be taken, parental leave will still be granted as specified in this policy, without regard to the existence of the individual's available FML. In this case, the return to work provision of Family and Medical Leave, 6.05 will apply.
6. Parents (non-birth mothers) may take parental leave at one time or intermittently prior to the birth or adoptive event and/or during the first year following the birth or adoptive event with advanced notice, scheduling and departmental approval.
7. A birth mother may choose to return to work prior to the exhaustion of parental leave and must present a dated return-to-work certificate from the health care provider. After the birth mother's return to work, the remaining parental leave may be taken on an intermittent schedule with advanced notice, scheduling, and departmental approval within one year from the birth of a child.
8. Parental leave may be taken in cases of **stillbirth**. In such event, a maximum of two weeks of parental leave may be used and appropriate medical documentation is required. Additional time may be used from sick leave balances when supported by medical documentation.
9. One parental leave benefit is available per employee, per birth or adoptive event. The number of children involved does not increase the length of parental leave granted for that event.

IV. Jury Duty/Court Appearance Leave

A. An employee will be granted excused absence from work without loss of pay when:

1. The employee is summoned for jury duty or is subpoenaed to appear before any court or other legal body authorized to compel the attendance of witness, provided that the employee is not a party to the action.
2. The employee is a party to any action before the State Personnel Board of Review, provided that the employee is in active pay status at the time of a scheduled hearing.

B. Any employee appearing before a court or other legal body in a matter in which the employee is a party must apply for paid or unpaid leave for that absence. Examples include criminal or civil cases, traffic court, custody or divorce proceedings, or appearing as directed as parent or guardian of a juvenile.

V. Organ Donation Leave

A. Eligibility

1. Regular employees and associated faculty with appointments of 75% FTE or greater who donate an adult kidney or any portion of an adult liver will receive up to 240 hours of organ donation leave during each calendar year. These hours will be paid at the employee's regular rate of pay for regularly scheduled work hours that the employee is medically unable to work.
2. Regular employees and associated faculty with appointments of 75% FTE or greater who donate adult bone marrow will receive up to 56 hours of organ donation leave each calendar year. These hours will be paid at the employee's regular rate of pay for regularly scheduled work hours that the employee is medically unable to work.
3. Regular employees and associated faculty with appointments of 74% FTE or less, intermittent, seasonal and temporary employees are not eligible for organ donation leave.

B. Use

1. Organ donation leave should be exhausted prior to using any sick leave or vacation leave.
2. Organ donation leave will run concurrently with other university leave programs (e.g., Family and Medical Leave).

VI. Vacation Donation

A. Eligibility

1. The recipient may request to receive donated vacation to provide care for their own or an immediate family member's **life threatening injury or illness**. Donated vacation may also be requested for the birth, adoption or foster placement of a child or for the death of an immediate family member. Refer to the sick leave usage parameters in table II.F.1 for each qualifying leave type.
2. The recipient must have a regular or term appointment that is eligible to accrue sick leave and must have exhausted all paid leave balances before using donated vacation. The recipient may not be receiving any paid benefit such as Short-Term or Long-Term Disability and/or Workers' Compensation.
3. The donor must have a minimum balance of 80 hours of vacation remaining after donation (minimum should be pro-rated according to donor FTE).

B. Use

1. Only immediate family members can donate across colleges/VP units. In no other cases can donations cross colleges/VP units.
2. Sick and compensatory time may not be donated.
3. Donated vacation can only be applied for after unpaid leave is approved.
4. The recipient may use up to four weeks of donated vacation time (up to160 hours, pro-rated based on FTE). Maximum exceptions must be approved by the dean/VP and the Office of Human Resources.
5. Donated vacation may not be used to exceed the recipient's normally scheduled work hours per pay period and must be donated in eight-hour increments.
6. Leave taken using donated vacation may not be counted in the calculation of unpaid leave balances.
7. Donated vacation may run concurrently with Family and Medical Leave.
8. Donated vacation cannot be paid from a sponsored research project (grant or contract).
9. Donated vacation hours are converted into an equivalent number of sick time hours, regardless of differences between participants' pay rates.
10. Unused donated vacation hours are forfeited and will not be returned to the donor.
11. Requests to receive donated vacation made by individuals in the disciplinary process for attendance-related concerns are approved at the department's discretion.

12. The recipient is prohibited from soliciting co-workers for vacation leave. Donations must be voluntary.

VII. The university may implement alternative vacation or sick leave benefits or benefit payout programs only for specific initiatives approved by the Offices of Human Resources and Legal Affairs.

PROCEDURE

Issued: 06/22/1997
Interim Revised: 10/01/2018

I. Vacation Leave
   A. Vacation leave is arranged and approved in accordance with each department's operational needs using eLeave.
II. Sick Leave
   A. Sick leave notification and approval are established based upon departmental procedures. Sick leave is requested using eLeave.
   B. If medical attention is provided, documentation from a health care provider stating the nature of the illness or injury may be requested.
III. Parental Leave
   A. Parental leave is arranged and requested by the employee using eLeave.
IV. Jury Duty/Court Appearance Leave
   A. For jury duty/court appearance leave, a subpoenaed individual should notify her or his supervisor as soon as possible upon receipt of the subpoena and submit an eLeave request indicating hours and dates of required court appearance. If the individual's normally scheduled working hours are other than first shift, the supervisor should change the individual's shift to first shift, or to hours that coincide with the jury duty daily assignment.
   B. Upon release from this public service, the individual should contact her or his supervisor immediately regarding return to university duties and/or to his or her regular shift assignment.
V. Organ Donation Leave
   A. When organ donation leave is anticipated, verbal notice should be given as far in advance as possible, followed by written documentation to include with the eLeave request indicating hours and dates of leave and supporting medical certification from an appropriate health care provider.
VI. Vacation Donation
   A. The donor will complete the Vacation Donation Donor Agreement and the recipient will complete the Vacation Donation Recipient Agreement and meet with the department human resource professional.
   B. Department and college/VP unit will sign off on and process time accordingly.
VII. Compliance and Fraud
   A. Faculty and staff failing to comply with leave policies and procedures may be denied use of leave and corrective action may be initiated.
   B. Requests for leave with the intent to defraud or falsification of leave documentation may result in corrective action up to and including dismissal and reimbursement to the university of salary or wages paid during such leave.

Responsibilities

Position or Office	Responsibilities
Office of Human Resources Employee Relations/Wexner Medical Center Employee Relations	1. Consult with individuals and units regarding use of leaves. 2. Review and approve requests for exceptions to the maximum number of vacation donation hours.

Applies to: Faculty and staff

Position or Office	Responsibilities
Employing unit/ Human resource professional	1. Consult with individuals on leaves. 2. Consult with Human Resources Employee and Labor Relations for sick leave requests longer than three months. 3. Inform employees as to the leaves for which they are eligible. 4. Ensure employees are eligible for any leaves used. 5. Input leave into the HRIS. 6. Maintain confidentiality of employee documentation and information. **Vacation Donation:** 1. A manager or human resource professional from each unit must approve the donation and meet with the donor(s) and recipient individually to review guidelines and obtain a signed Vacation Donation Recipient Agreement and Vacation Donation Donor Agreement. 2. The college/VP unit must contact Human Resources Integrated Disability to ensure the recipient is not earning other paid benefits prior to approval of the request. 3. The HRP processes the transfer of leave balances as appropriate. 4. The HRP collaborates with the recipient to ensure that the leave request is handled and processed appropriately.
Supervisor	1. Approve or disapprove leave requests. 2. Maintain confidentiality of employee documentation and information. 3. Manage leave requests to provide flexibility for individuals to use the leave when appropriate, while balancing remaining workload. 4. Collaborate with human resource professional on employee leaves, particularly vacation donation, parental leave and organ donation.
Employee	1. Know leave balances and appropriate uses of leaves. 2. Request leave according to your department's guidelines. 3. Submit appropriate documentation depending on the leave. 4. Consult with department, human resource professional or Office of Human Resources regarding leave benefits and necessary documentation. **Vacation Donation:** 1. Recipient must consult with the department Human Resource Professional (HRP). a. For illness/injury, documentation must include a note from the physician stating that the medical condition is terminal or life threatening. b. For birth or adoption/foster placement of a child, documentation must include proof of birth or adoption/ foster placement. c. For death of an immediate family member a copy of the death certificate/obituary must be provided. 2. Recipient must sign a Vacation Donation Recipient Agreement. 3. Donor must sign a Vacation Donation Donor Agreement. 4. The recipient collaborates with the HRP to ensure that the leave request is handled appropriately. **Parental Leave:** 1. Give written notice to the department as far in advance as possible when anticipating parental leave. 2. Submit an eLeave with any other appropriate documentation, in accordance with the Family and Medical Leave (FML) policy. 3. Ensure that a Certificate of Domestic Partnership is on file with the department and with the Office of Human Resources for the use of parental leave as a domestic partner. 4. The tenure clock will be stopped for faculty for one year for responsibilities related to the birth or adoption of a child under six years old. See University Rule 3335-6-03 for information.

Resources

University Policies and Rules:

- Family and Medical Leave, policy 6.05, hr.osu.edu/wp-content/uploads/policy605.pdf
- Military Leave/Reemployment Rights, policy 6.35, hr.osu.edu/wp-content/uploads/policy635.pdf
- University Rule 3335-6-03, Probationary service and duration of appointments for tenure-track faculty, (D) Exclusion of time from probationary periods, trustees.osu.edu/rules/university-rules/chapter-3335-6-rules-of-the-university-faculty-concerning-faculty-appointments-reappointments-promotion-and-tenure.html
- Unpaid Leave, policy 6.45, hr.osu.edu/wp-content/uploads/policy645.pdf

Applies to: Faculty and staff

Tools and Forms:

- Application for Leave, hr.osu.edu/wp-content/uploads/form-leave-application.pdf
- Benefits Service Date ASSIST Online Help Tool, assist.ocio.osu.edu/HumanResources/BenefitsServDate.html
- Certificate of Domestic Partnership, hr.osu.edu/wp-content/uploads/form-ssdp-certificate-partnership.pdf
- eLeave, eleave.osu.edu
- Leave Accrual Rates, hr.osu.edu/benefits/leave/accrual/
- Medical Certification of Health Care Provider for Employee's Serious Health Condition, hr.osu.edu/wp-content/uploads/form-fml-employee-health.pdf
- Medical Certification of Health Care Provider for Family Member's Serious Health Condition, hr.osu.edu/wp-content/uploads/form-fml-family-health.pdf
- Paid Leave Programs Frequently Asked Questions, hr.osu.edu/wp-content/uploads/policy627-faq.pdf
- Parental Care Guidebook, hr.osu.edu/wp-content/uploads/parental-care-guidebook.pdf
- Timekeeping Job Aids ASSIST Online Help Tool, assist.ocio.osu.edu/HumanResources/TimekeepingJA.html
- Vacation Donation Donor Agreement, hr.osu.edu/wp-content/uploads/form-vacation-donor.pdf
- Vacation Donation Recipient Agreement, hr.osu.edu/wp-content/uploads/form-vacation-recipient.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
Forms and resources	Human Resources Customer Service	614-292-1050 800-678-6010	hr@osu.edu hr.osu.edu/policies-forms

History

Paid Leave Programs

Issued:	06/22/1997	Issued as Paid Leave Programs, 6.27
Revised:	08/01/1997	
Edited:	10/31/1997	
Edited:	07/01/1998	
Revised:	08/27/2001	
Revised:	01/06/2003	
Revised:	07/01/2008	
Edited:	10/15/2009	
Revised:	06/30/2010	

Vacation Donation

Issued:	07/01/2004	Issued as Paid Leave Programs: Vacation Donation, 6.27A

Paid Parental Leave

Issued:	09/01/2004	Issued as Paid Leave Programs: Paid Parental Leave, 6.27B
Edited:	02/07/2005	
Edited:	11/15/2006	
Edited:	07/01/2008	

Paid Leave Programs

Revised:	06/01/2011	Vacation Donation and Paid Parental Leave policies combined into Paid Leave Programs, 6.27
Edited:	03/01/2012	
Revised:	05/01/2013	
Edited:	03/13/2017	
Interim Revised:	10/01/2018	

UNIVERSITY POLICIES

Workplace Violence

THE OHIO STATE UNIVERSITY

THE OHIO STATE UNIVERSITY

Workplace Violence, 7.05

University Policy

Applies to: Faculty, staff, graduate associates, and student employees.

Responsible Office

Office of Human Resources

POLICY

Issued: 03/02/1999
Revised: 09/24/2018
Edited: 10/23/2018

The Ohio State University is committed to providing an environment that is safe, secure, and free from threats and violence. The university's goal is to provide a work environment in which **workplace violence** is not tolerated.

Purpose of the Policy

To maintain a work environment free from workplace violence.

Definitions

Term	Definition
Deadly weapon[1]	Any instrument, device, or thing, including a firearm, designed, made, adapted, or used, for the purpose of inflicting death or serious physical injury.[2]
Workplace violence	Threatening behavior and/or violent behavior that causes a disruption to the work environment and leads a reasonable person to fear for their physical safety; physical conduct that results in harm to people or property; possession of deadly weapons on university property; and/or use of university property or resources to engage in threatening or violent behavior.
Threatening Behavior	Conduct which causes another person to believe that their physical safety, or the security of university property, is endangered.
Violent Behavior	The use of physical force, violence, or other actions that have the capacity to inflict harm or to endanger the physical safety of another person or the property of the university.

Policy Details

I. Scope
  A. Conduct Not Tolerated by the University
    1. The following actions are considered to be workplace violence:
      a. **Threatening behavior** and/or **violent behavior** that causes a disruption to the work environment and leads a reasonable person to fear for their physical safety.
      b. Physical conduct that results in harm to people or property.
      c. Possession of **deadly weapons** on university property.
        i. As required by Ohio Revised Code Section 2923.1210, this section does not prohibit a person who has been issued a valid concealed handgun license from transporting or storing a firearm or ammunition when both of the following conditions are met:
          (1) Each firearm and all of the ammunition remains inside the person's privately owned motor vehicle while the person is physically present inside the motor vehicle, or each firearm and all of the ammunition is locked within the trunk, glove box, or other enclosed compartment or container within or on the person's privately owned motor vehicle; and

[1] This definition does not apply to Ohio State University Police Department officers or Wexner Medical Center Security officers or other employees authorized by the Department of Public Safety when, in the performance of their job duties, they possess or use a deadly weapon in accordance with Ohio law, University policies, and Department of Public Safety.
[2] The possession or use of knives, such as utility knives, boxcutters, and kitchen knives, that are determined by the leader of the employing unit to be necessary to perform one's job duties, will not be considered a violation of this policy as long as they are not used to threaten or harm persons or property and are otherwise used in accordance with applicable law and University policies.

(2) The vehicle is in a location where it is otherwise permitted to be.

d. Use of university property or resources to engage in threatening or violent behavior.

B. Medium
   1. This policy prohibits workplace violence that occurs through any medium. Workplace violence may manifest in many evolving forms (e.g., physical, verbal, visual, online/electronic/social media, etc.).

C. Location
   1. This policy prohibits workplace violence that takes place on or off university property when the behavior causes an unsafe work environment.

D. Jurisdiction
   1. The university has an obligation to address allegations that this policy has been violated. The university may take any appropriate action, including informing the accused of the allegation and pursuing an investigation even in cases when the complainant is reluctant to proceed.
   2. Additional conduct or behavior requirements for Wexner Medical Center (WMC) employees can be found in the WMC Compliance Standards of Conduct and the WMC Reporting Suspicious or Criminal Activity Policy, Policy 04-18. Students are covered by the Code of Student Conduct. Students acting in their capacity as graduate associates or student employees are covered by this policy.
   3. Incidents of sexual misconduct, which includes domestic and dating violence and stalking, are addressed under Sexual Misconduct, 1.15.
   4. The university's response to an allegation of workplace violence may differ if the accused is a visitor or other third-party or is not subject to the university's jurisdiction. In such cases, the university may, among other things, contact or cooperate with law enforcement.

II. Duty to Report

A. Anyone who experiences, observes, or believes they may be targets of workplace violence are encouraged to report allegations of workplace violence to:
   1. Their HRP or supervisor;
   2. OHR Employee Relations /WMC Employee Relations;
   3. University Anonymous Reporting Line; and/or
   4. the Ohio State University Police Department (OSUPD)/Wexner Medical Center Security (WMCS).

B. Each of the following individuals are required to report allegations of workplace violence to the Ohio State University Police Department (OSUPD)/Wexner Medical Center Security (WMCS) and to Office of Human Resources (OHR)/WMC Employee Relations. They should report immediately when they become aware of information that would lead a reasonable person to believe that workplace violence has occurred.
   1. Human Resource Professionals (HRPs) and
   2. Anyone who supervises faculty, staff, students, or volunteers.

C. Action may be taken when an individual fails to fulfill their duty to report. Action may include:
   1. Corrective action when a staff member is involved or
   2. Referral pursuant to Faculty Rule 3335-5-04 when a faculty member is involved.

III. Confidentiality

A. The university recognizes the importance of confidentiality. To the extent possible, information received in connection with the filing, investigation, and resolution of allegations will be treated as confidential except when necessary to conduct an appropriate investigation, to provide assistance and resources to complainants, to perform other appropriate university functions, or when the university is required to provide information under the law, including Ohio's public records law.

IV. Retaliation

A. The university will not tolerate retaliation in any form against any individual who makes an allegation, files a report, serves as a witness, assists a complainant, or participates in an investigation.

B. Retaliation is a serious violation that can result in discipline up to and including termination of employment, independent of the merits of the underlying investigation.

Applies to: Faculty, staff, graduate associates, and student employees.

PROCEDURE

Issued: 03/02/1999
Revised: 09/24/2018
Edited: 10/23/2018

I. Reporting or Making a Complaint
   A. In the event of imminent danger of workplace violence, or upon becoming aware of information that would lead a reasonable person to believe that workplace violence has occurred, HRPs and anyone who supervises faculty, staff, students, or volunteers have a duty to report as follows:
      1. Notify OSUPD, WMCS, or 911 (regional campuses should contact the appropriate law enforcement agency);
      2. Seek assistance for persons needing care; and
      3. Contact OHR/WMC Employee Relations to request guidance and assistance.
   B. In the event of imminent danger of workplace violence, individuals who do not have a duty to report are encouraged to follow the steps outlined in I.A.
   C. Individuals without a duty to report who have experienced, observed, or believe they may be targets of workplace violence are encouraged to make a report to:
      1. Their HRP or supervisor;
      2. OHR Employee Relations /WMC Employee Relations;
      3. University Anonymous Reporting Line; and/or
      4. OSUPD/WMCS.

II. Evaluating or Responding to Workplace Violence
   A. HRPs and anyone who supervises faculty, staff, students, or volunteers must be alert to possible signs of violence and immediately evaluate any alleged threat by assessing its perceived intent and the capacity and means to fulfill the threat. Factors to consider include the nature of the threat, duration of risk, and likelihood that harm will occur.
   B. HRPs and anyone who supervises faculty, staff, students, or volunteers are encouraged to document and evaluate circumstances associated with the event including a record of information from all involved employees or witnesses. The Incident Report for Workplace Violence form may be used as a resource for documenting the circumstances.
   C. OHR/WMC Employee Relations will:
      1. Promptly investigate pursuant to investigation guidelines and
      2. When appropriate, recommend appropriate corrective action, or referral pursuant to Faculty Rule 3335-5-04 when a faculty member is involved based upon the results of an investigation.
      3. OHR/WMC Employee Relations, when applicable, will evaluate/process requests for corrective action.

III. Crisis Assessment Team (CAT)
   A. The CAT may be convened by OHR to:
      1. Assess, manage, and provide consultation on incidents involving imminent danger, violence, or other situations as determined by OHR;
      2. Determine appropriate actions to assist the affected unit; and
      3. Develop and implement action plans.
   B. The CAT consists of representatives from OHR/WMC Employee Relations, OSUPD, WMCS, Ohio State Employee Assistance Program, Office of Legal Affairs, the employing unit, and other units when appropriate, such as the Office of Academic Affairs or Office of Student Life.

IV. Creating Workplace Safety Plans
   A. Workplace safety plans are to be collaboratively developed by the employing unit, OHR/WMC Employee Relations and/or OSUPD/WMCS in response to workplace violence or in instances when an employee feels

targeted by violence. Plans may include, and are not limited to, changing work stations and telephone numbers, and escort for entry to and exit from the work location.

VI. Consequences of Policy Violations
   A. Individuals found to engage in behavior in violation of this policy may:
      1. Be required to seek and successfully complete training, assessment, counseling, treatment, and/or referrals; and/or
      2. Be subject to corrective action, up to and including termination, in accordance with university policies or rules.
   B. Criminal charges may also be filed, as appropriate.

Responsibilities

Position or Office	Responsibilities
Crisis Assessment Team (CAT Team)	1. Assess, manage, and provide consultation on incidents involving imminent danger or violence. 2. Determine appropriate action to assist the affected unit. 3. Develop and implement an action plan.
HRPs, anyone supervising faculty, staff, students, or volunteers	1. Utilize available resources to familiarize employees with this policy. 2. Notify OSUPD, WMCS, or 911 and OHR/WMC Employee Relations immediately when they become aware of information that would lead a reasonable person to believe that workplace violence has occurred. 3. Evaluate, document, consult, and seek assistance with any alleged threat. 4. Be alert to possible signs of violence. 5. Develop and implement individualized workplace safety plans in consultation with OSUPD/WMCS and OHR/WMC Employee Relations. 6. Respect the confidentiality and reputation of all parties to the extent possible.
Office of Human Resources Employee Relations/Wexner Medical Center Employee Relations	1. Provide assistance to the employing unit including consultation on the development of individualized workplace safety plans. 2. When staff is involved, evaluate/process requests for corrective action. 3. When a faculty member is involved, when appropriate, refer the matter to the hearing procedure set forth in Faculty Rule 3335-5-04. 4. Activate the CAT as needed. 5. Respect the confidentiality and reputation of all parties to the extent possible.
OSUPD/WMCS (Regional campuses should contact campus security and/or local law enforcement)	1. Participate on the CAT as appropriate. 2. Assist with the development of workplace safety plans as appropriate.

Resources

Forms

Incident Report for Workplace Violence form, hr.osu.edu/wp-content/uploads/form-wp-violence-incident.pdf

Governance Documents

Code of Student Conduct, trustees.osu.edu/index.php?q=rules/code-of-student-conduct

Faculty Rule 3335-5-04, trustees.osu.edu/rules/university-rules/chapter-3335-5-faculty-governance-and-committees.html

Investigation Guidelines, hr.osu.edu/wp-content/uploads/discrimination-investigation-guidelines.pdf

Sexual Misconduct, 1.15, hr.osu.edu/wp-content/uploads/policy115.pdf

Whistleblower Policy, 1.40, hr.osu.edu/wp-content/uploads/policy140.pdf

WMC Compliance Standards of Conduct, onesource.osumc.edu/departments/Compliance/Documents/Standards%20of%20Employee%20Conduct/Standards%20of%20Employee%20Conduct.pdf

Applies to: Faculty, staff, graduate associates, and student employees.

WMC Reporting Suspicious or Criminal Activity 04-18, policytech.osumc.edu/dotNet/documents/?docid=52345
WMC Whistleblower Policy 02-48, policytech.osumc.edu/dotNet/documents/?docid=52656

Additional Resources and Training
Assessing the Need for a CAT Meeting, hr.osu.edu/wp-content/uploads/policy705-cat.pdf
How to Respond to an Active Shooter, dps.osu.edu/active-shooter
Office of Academic Affairs Document Guide to Assist Disruptive or Distressed Individuals, https://oaa.osu.edu/assets/files/documents/911handout.pdf
University Anonymous Reporting Line, secure.ethicspoint.com/domain/media/en/gui/7689/index.html
University Health Services, 614-293-8146
Workplace Violence Frequently Asked Questions, hr.osu.edu/wp-content/uploads/policy705-faq.pdf
Workplace Violence Online Training, hr.osu.edu/news/2017/08/01/workplace-violence-awareness-online-learning-module/

Contacts

Subject	Office	Telephone	E-mail/URL
Counseling and employee assistance	Ohio State Employee Assistance Program, OSU Health Plan	614-292-4472 800-678-6265	osuhealthplan.com/members/ohio-state-employee-assistance-program-eap
Counseling for students	Counseling and Consultation Service	614-292-5881	ccs.osu.edu
Imminent danger; campus-wide police issues	Ohio State University Police Division	614-292-2121	dps.osu.edu/police
Imminent danger; WMC security issues	Wexner Medical Center Security	614-293-8500	dps.osu.edu/wexner-medical-center-security
Legal issues	Office of Legal Affairs	614-292-0611	legal.osu.edu
Make an anonymous report	University Anonymous Reporting Line	614-866-294-9350	secure.ethicspoint.com
Policy interpretation and consultation; employee issues	Employee Relations, Office of Human Resources	614-292-2800	hr-elr@osu.edu hr.osu.edu/services/elr/
WMC policy interpretation and consultation; employee issues	Employee Relations, Medical Center Human Resources	614-293-4988	EmployeeLaborRelatio@osumc.edu onesource.osumc.edu/departments/HumanResources/Pages/Employee and Labor Relations.aspx

History

Issued: 03/22/1999, issued as Workplace Violence
Edited: 09/06/2002
Edited: 07/14/2004
Revised: 01/31/2006, renamed Workplace and Family and Relationship Violence
Edited: 04/01/2006
Revised: 09/01/2011
Revised: 09/01/2015, renamed Workplace Violence
Interim Revised: 03/20/2017
Revised: 09/24/2018
Edited: 10/23/2018

UNIVERSITY POLICIES

Tobacco Free Ohio State

THE OHIO STATE UNIVERSITY

Tobacco Free Ohio State
Policy 7.20
Office of Human Resources

Applies to: Faculty, staff, students, vendors, volunteers and visitors

POLICY

Issued:	07/01/1987	Nonsmoking
Revised:	01/01/2014	Tobacco Free Ohio State
Edited:	04/15/2014	

Ohio State strives to enhance the general health and wellbeing of its faculty, staff, students and visitors, to become the world's healthiest university. We desire to support individuals to be tobacco free, achieve their highest state of health and to launch students into their careers at a high level of health and wellbeing. To support this commitment, we intend to provide a tobacco free environment. Smoking and the use of tobacco are prohibited in or on all university owned, operated or leased property including vehicles.

Definitions

Term	Definition
Tobacco	Tobacco is defined as all tobacco-derived or containing products, including and not limited to, cigarettes (e.g., clove, bidis, kreteks), electronic cigarettes, cigars and cigarillos, hookah smoked products, pipes and oral tobacco (e.g., spit and spitless, smokeless, chew, snuff) and nasal tobacco. It also includes any product intended to mimic tobacco products, contain tobacco flavoring or deliver nicotine other than for the purpose of cessation.

Policy Details

I. The university is strongly committed to supporting individuals to become tobacco free.
   A. Tobacco cessation programs and support will be available to faculty, staff and students as identified below.
   B. Nicotine replacement therapy products for the purpose of cessation are permitted.

II. The success of this policy depends upon the thoughtfulness, consideration and cooperation of tobacco users and non-tobacco users. Leaders and those to whom this policy applies share the responsibility for adhering to and enforcing the policy.
   A. Concerns about tobacco use should be respectfully addressed in the moment whenever feasible.
   B. Continued concerns should be referred to the appropriate unit for review and action. For faculty, staff and student employees, issues should be referred to the employing unit head. For students in the non-employment setting, issues should be referred to Student Conduct. For volunteers and visitors, issues should be referred to the hosting unit head.

III. The university will not advertise tobacco on university owned, operated or leased property or at any university sponsored event or university owned or sponsored media.

IV. Sale of tobacco is prohibited on university owned, operated or leased property.

V. Research involving tobacco is an exception from this policy. Acceptance of tobacco-funded research grants will be evaluated by the vice president for research and the appropriate dean/administrator prior to acceptance of the funds.

VI. Additional exceptions are identified in Tobacco Free Policy Exceptions.

Applies to: Faculty, staff, students, vendors, volunteers and visitors

PROCEDURE

Issued:	07/01/1987	Nonsmoking
Revised:	01/01/2014	Tobacco Free Ohio State
Edited:	04/15/2014	

I. Cessation

A. The university is committed to supporting all faculty, staff and students who wish to stop using tobacco or nicotine products.

B. Assistance to faculty and staff to overcome tobacco or nicotine addiction is available through The Ohio State University Health Plan and the resources identified below.

C. Assistance to students to overcome tobacco or nicotine addiction is available through the Student Health Center, Student Wellness Center, student health insurance and the resources identified below.

II. Communication

A. Leaders, managers, supervisors and building coordinators are responsible for leading by example and respectfully communicating the policy to faculty, staff, students, volunteers and visitors.

B. Faculty, staff, students, volunteers and visitors who observe individuals using tobacco on university property are encouraged and empowered to respectfully explain that its use is prohibited.

III. Signage

A. Installation and maintenance of signage are the responsibility of Facilities Operations and Development (FOD), in consultation with the Office of Human Resources.

B. Signage must be placed appropriately on entrances to and exits from buildings, including parking garages and on university owned and leased vehicles.

C. Areas that experience difficulties with tobacco use may request supplemental signage from FOD.

IV. Compliance with Ohio Smoke Free Workplace Law (Ohio Revised Code [ORC] Chapter 3794)

A. The Office of Human Resources is available to consult with and support units that receive a complaint from a public health department (see Addressing Violations of the Ohio Smoke Free Workplace Law).

B. When complaints are sent directly to a unit by a public health department, the unit must:

1. Make a good faith effort to find out what behaviors are occurring or occurred to trigger the complaint.
2. Follow up with involved faculty, staff, students, vendors, volunteers and/or visitors to ensure that prohibited behavior stops.
3. Issue a letter of response to the public health department (see Letter of Response to an Allegation of Violation of the Ohio Smoke Free Workplace Law) within 30 days of the university receipt of the complaint.
4. Ensure that state law and university policy are being followed.
5. Communicate to faculty, staff, students, vendors, volunteers and/or visitors the requirements of our tobacco free policy and/or state law (see Sample Email Regarding Tobacco Free Policy and Ohio Smoke Free Workplace Law).
6. Work with FOD to ensure that signage is appropriately displayed on building entrances and exits.

C. When complaints are received by the Office of Human Resources or other units not the subject of the alleged violation, by a public health department:

1. The Office of Human Resources or other receiving unit must forward the complaint within five days to the head of the appropriate unit for response.
2. The unit head must respond to the complaint as described in IV-B above.

V. Compliance

A. All students, faculty, staff, vendors, volunteers and visitors are expected to comply with this policy. Individuals are encouraged and empowered to respectfully inform others about the policy in an ongoing effort to support individuals to be tobacco free, improve individual health and encourage a culture of compliance.

B. University leaders, managers, supervisors and building coordinators are expected to support individuals becoming tobacco free and to promote compliance in their areas of responsibility and on the larger campus.

C. Student Life staff have a special responsibility to promote compliance among students.

Responsibilities

Position or Office	Responsibilities
University leaders, managers and supervisors	1. Communicate policy expectations to the university community. 2. Hold individuals responsible for compliance with the policy. 3. Communicate policy violations to leaders and managers in specific areas where problems occur. 4. Forward complaints of violation of the Ohio Smoke Free Workplace Law to the appropriate unit within five days. 5. Address and respond to complaints of violation of the Ohio Smoke Free Workplace Law and this policy.
Office of Human Resources	1. Communicate policy expectations to the university community. 2. Consult with units on this policy. 3. Forward complaints of violation of the Ohio Smoke Free Workplace Law to the appropriate unit within five days. 4. Consult with & support units that receive complaints of violation of the Ohio Smoke Free Workplace Law.
OSU Health Plan	Offer tobacco cessation support through the health plans.
Office of Student Life	1. Communicate policy expectations to the university community. 2. Address policy violations with students in the non-employment setting. 3. Offer tobacco cessation support to students.
Employing or volunteer sponsoring unit	1. Communicate policy expectations to individuals. 2. Work with FOD to ensure that signage is appropriately displaced on building entrances and exits. 3. Provide information on tobacco cessation resources. 4. Address policy violations with faculty, staff and student employees. 5. Forward complaints of violation of the Ohio Smoke Free Workplace Law to the appropriate unit within five days. 6. Respond to complaints from a public health department about the Ohio Smoke Free Workplace Law and this policy.
Facilities Operations and Development, building coordinators	1. Communicate policy expectations to individuals. 2. Install and maintain signage. 3. Communicate policy violations to leaders and managers in specific areas where problems occur.
Individuals	1. Comply with the policy. 2. Inform others about the policy when possible. 3. Use cessation resources as desired.

Applies to: Faculty, staff, students, vendors, volunteers and visitors

Resources

- Addressing Violations of the Ohio Smoke Free Workplace Law, **hr.osu.edu/public/documents/policy/resources/720smokefreelaw.pdf**
- Approved Exceptions, **hr.osu.edu/public/documents/policy/resources/720exceptions.pdf**
- Boundary Map, **hr.osu.edu/public/documents/policy/resources/720map.pdf**
- Engaging the University Community, **hr.osu.edu/public/documents/policy/resources/720community.pdf**
- Frequently Asked Questions, **hr.osu.edu/public/documents/policy/resources/720faq.pdf**
- Guide to Successful Implementation, **hr.osu.edu/policy/resources/720implementation.pdf**
- Leader/Supervisor Toolkit, **hr.osu.edu/public/documents/policy/resources/720toolkit.pdf**
- Ohio Smoke Free Workplace Law (ORC 3794), **codes.ohio.gov/orc/3794**
- Sample Email Regarding Tobacco Free Policy and Ohio Smoke Free Workplace Law, **hr.osu.edu/public/documents/policy/resources/720email-policylaw.pdf**
- Sample Letter of Response to an Allegation of Violation of the Ohio Smoke Free Workplace Law, **hr.osu.edu/public/documents/policy/resources/720letter-smokefreelaw.pdf**
- Talking With Individuals Who Use Tobacco on University Property, **hr.osu.edu/public/documents/policy/resources/720talkwithusers.pdf**
- Tobacco Cessation and Stress Management Resources, **hr.osu.edu/public/documents/policy/resources/720cessation.pdf**

Contacts

Subject	Office	Telephone	E-mail/URL
Concerns regarding faculty	Office of Academic Affairs	614-292-5881	**oaa.osu.edu**
Policy questions, concerns regarding staff and student employees	Employee and Labor Relations; Office of Human Resources	614-292-2800	**hr-elr@osu.edu** **hr.osu.edu**
Policy questions, corrective action for Health System staff	Employee Relations, Health System Human Resources	614-293-4988	
Concerns regarding students in the non-employment setting	Student Conduct, Office of Student Life	614-292-0748	**studentconduct@osu.edu** **studentconduct.osu.edu**
Signage and other facilities issues	Facilities Operations and Development, Administration and Planning	614-292-4357	**service2facilities@osu.edu** **fod.osu.edu**

History

Issued: 07/01/1987 Issued as Nonsmoking
Adopted: 06/01/2013 Name changed to Tobacco Free Ohio State
Edited: 10/25/2013
Effective: 01/01/2014 As Tobacco Free Ohio State
Edited: 03/21/2014
Edited: 04/15/2014

UNIVERSITY POLICIES

Drug-Free Workplace

THE OHIO STATE UNIVERSITY

Drug-Free Workplace
7.30
Office of Human Resources

Applies to: Faculty, staff, graduate associates and student employees

POLICY

Issued: 10/16/1992
Edited: 04/15/2014

The university supports and maintains a drug-free work and living environment to provide for the health and safety of students, employees and visitors. This policy prohibits: the unlawful manufacture, distribution, dispensation, possession or use of alcohol, illegal drugs, intoxicants or controlled substances; inappropriate use of prescription drugs at work; unauthorized use of alcohol by university employees on university premises or in university vehicles on or off campus; and working under the influence of alcohol or while unlawfully using controlled substances. The consumption of alcohol at events when the university has authorized such use is permitted. Use must be sanctioned by the university, permitted by the appropriate state agency when applicable and only individuals of legal drinking age may consume alcohol at such events. This policy provides minimum standards; university departments or contracts may impose stricter standards.

Definitions

Term	Definition
Controlled substances	Include and are not limited to: A. narcotics, such as propoxyphene, opium, heroin, morphine and synthetic substitutes; B. depressants, such as chloral hydrate, barbiturates, benzodiazepines and methaqualone; C. stimulants, such as cocaine (and any derivatives) and amphetamines; D. hallucinogens, such as LSD, mescaline, PCP, peyote, psilocybin, Ecstasy and MDMA; E. cannabis, such as marijuana and hashish; and F. any chemical compound added to federal or state regulations and denoted as a controlled substance.
Criminal drug statute conviction	When an employee is convicted of or pleads guilty to a drug statute under federal, state or local laws or regulations.
Medical Review Officer (MRO)	Physician officially designated by regulated agency with specific training in Department of Transportation drug and alcohol regulations and drug testing requirements.
Reasonable suspicion testing	Testing that is conducted after there is reasonable cause for suspicion of using or being under the influence of drugs or alcohol while at work.
University premises	Any building or land owned, leased or used by the university.
University vehicle	Any vehicle owned, leased or operated by the university.

PROCEDURE

Issued: 10/16/1992
Edited: 04/15/2014

I. Drug/Alcohol Testing

Federal, state and/or local laws and regulations regarding drug/alcohol testing and monitoring will be followed when applicable. All information pertaining to an individual's drug/alcohol tests or results will be kept as confidential as possible, with only individuals who have a need-to-know being provided information or as required by law. All testing conducted under this policy will be done in accordance with standards established by the Office of OSU University Health Services. There are four situations when the university may conduct tests as defined within this policy:

A. Pre-employment testing. Applicants to specific safety-related and other designated positions at Ohio State will be drug tested after receiving a final offer of employment and prior to beginning work. Applicants will be notified at the time of application that testing for drugs is a requirement of the employment process. Offers of employment are contingent upon successfully passing a drug test in such situations.

B. Random testing. This testing occurs with safety-related and other designated positions as required by law and under individual agreements with the university. Employees in this group are subject to random testing as a condition of continued employment.

C. Ordered testing. Departments within the university can establish testing standards that are more rigorous than outlined in this policy, with the approval of the Office of Human Resources, Employee and Labor Relations (e.g. testing required by federal regulations, licensure boards, other legal or regulatory entities, etc.).

D. Reasonable suspicion testing.

1. Drug/alcohol testing of employees may be conducted if there is reasonable suspicion of working under the influence of alcohol or drugs. Testing must be based on objective facts or circumstances including and not limited to, aroma of alcohol on breath, directly observed using drugs or drinking alcohol, erratic/strange behavior in the workplace, self-disclosure of selling or taking drugs or alcohol, diversion of medications or upon verification of a drug or alcohol related conviction.

2. Testing may be ordered by a supervisor, chair or other university administrator, in consultation with OHR Employee and Labor Relations, when feasible. Individuals testing positive should be referred to the Ohio State Employee Assistance Program (Ohio State EAP) or a Substance Abuse Professional (SAP) if an external expert is used for evaluation. The evaluation will determine and recommend if substance abuse treatment or education is appropriate and/or necessary. Employee and Labor Relations and the designated Medical Review Officer (MRO) will review the recommendation. The MRO may determine that treatment is a requirement for any current employee who has an alcohol or drug problem that affects job performance.

3. If the supervisor or manager is unclear that testing is merited, they should consult with their senior human resource professional and a counselor from the Ohio State EAP at the next possible opportunity to explore the best options moving forward.

E. Refusal to undergo reasonable suspicion testing. An employee will be subject to corrective action up to and including termination if the employee refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen, sends an imposter or refuses to cooperate in the testing process in such a way that prevents completion of the test.

II. Arranging a Drug/Alcohol Test

When a supervisor, chair or other university administrator believes that reasonable suspicion exists for drug/alcohol testing, they must follow the established process.

III. Self-Disclosure of Convictions

Employees are required by federal regulations to report any drug or alcohol related convictions occurring in the workplace to the university. These must be reported consistent with the Self-Disclosure of Criminal Convictions and Background Check Policy. This information may subject the employee to corrective action, random testing requirements and may be reported to the appropriate licensing authority.

IV. Notifying University Police

Any individual observed unlawfully manufacturing, distributing, dispensing, using or possessing alcohol or possessing controlled substances on university premises is to be reported immediately to the University Police. Regional campuses and extension operations should contact campus police, security and/or local law enforcement.

V. Corrective Action

Corrective action may include actions up to and including termination, required participation in an evaluation by Ohio State EAP or an external Substance Abuse Professional (SAP) and/or follow through with an education/treatment program. If an employee refuses to participate or does not satisfactorily complete a required education/treatment program the employee may be subject to corrective action up to and including termination.

Applies to: Faculty, staff, graduate associates and student employees

Responsibilities

Position or Office	Responsibilities
Office of Human Resources	A. Inform all employees of the Drug-Free Workplace policy upon employment through the employment website and annually through usual employee communication mechanisms. B. Consult with units regarding compliance with this policy. C. Provide access to training for supervisors and managers. D. Provide a Drug-Free Workplace awareness program in collaboration with the Ohio State EAP. E. Refer and provide appropriate support for employees after drug/alcohol testing and/or substance abuse education/treatment, facilitate arrangements for testing when there is reasonable suspicion and consult with departments on individual work agreements for approved returning employees.
Ohio State EAP	A. Provide a Drug-Free Workplace awareness program. B. Provide counseling and assessment for faculty and staff.
College/VP Unit	A. Supervisors with reasonable suspicion that a substance abuse problem may be resulting in unsatisfactory work performance should review those problems with their department manager. Supervisors should refer the employee to an Ohio State EAP counselor and keep the referral confidential. Workplace performance issues should be documented. If an employee self-reports a substance abuse problem or issue, the employing unit should refer the employee to an Ohio State EAP counselor. B. Supervisors must follow the reasonable suspicion testing process which requires a witness (such as a supervisor, manager or human resource professional) to determine if a drug/alcohol test is merited. C. Consult with OHR Employee and Labor Relations on appropriate corrective action for any violation of this policy, including refusal to undergo reasonable suspicion testing. D. Write an individual work agreement when appropriate, in consultation with OHR Employee and Labor Relations. E. Supervise employees in accordance with individual work agreements. F. Take appropriate actions with the employee within thirty days of notification of an employee's criminal drug statute conviction, in consultation with OHR Employee and Labor Relations. G. Provide access to Office of Human Resources training for supervisors and employees.
Employee	A. Report any alcohol/drug related conviction consistent with the Self-Disclosure of Criminal Convictions and Background Check Policy. B. Report any Drug-Free Workplace policy violation that you observe to University Police.
University Health Services	A. Provide Medical Review Officer services. B. Provide drug/alcohol testing services or contract with outside entities to do so. C. Interpret drug/alcohol test results. D. Maintain records relating to drug/alcohol testing. E. Report drug/alcohol test results to appropriate entities.

Resources

- Drug-Free Workplace Act of 1988, **dol.gov/elaws/asp/drugfree/screen4.htm**
- Policy 7.30 – Drug-Free Workplace Frequently Asked Questions, **hr.osu.edu/public/documents/policy/resources/730faq.pdf**
- Procedure for Requesting Permission to Serve Alcohol, **legal.osu.edu/legaltopics.php**
- Reasonable Suspicion Testing Checklist, **hr.osu.edu/public/documents/policy/resources/730rstchecklist.pdf**
- Reasonable Suspicion Testing Consent form, **hr.osu.edu/public/documents/policy/resources/730rstconsent.pdf**
- Reasonable Suspicion Testing Process, **hr.osu.edu/public/documents/policy/resources/730rstprocess.pdf**
- U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, **www.transportation.gov/odapc**

Training:

- Reasonable Suspicion Testing Training:
  - as an audio/visual presentation, **hr.osu.edu/public/media/policy730/rstp/index.html**
  - as a PowerPoint presentation, **hr.osu.edu/public/media/policy730/rstp/rstp.ppt**

- Understanding Drug and Alcohol Problems Training:
  - as an audio/visual presentation, at hr.osu.edu/public/media/policy730/dfwt/index.html
  - as a PowerPoint presentation, at hr.osu.edu/public/media/policy730/dfwt/dfwt.ppt
  - as a Podcast:
    - Why Have a Drug Free Workplace Policy?
      - Audio – hr.osu.edu/public/media/policy730/dfwt/podcasts/dfwp_audio_01.mp3
      - Transcript – hr.osu.edu/public/media/policy730/dfwt/podcasts/dfwp_audio_01_transcript.pdf
    - University Drug and Alcohol Testing
      - Audio – hr.osu.edu/public/media/policy730/dfwt/podcasts/dfwp_audio_02.mp3
      - Transcript – hr.osu.edu/public/media/policy730/dfwt/podcasts/dfwp_audio_02_transcript.pdf
    - Use, Abuse and Addiction
      - Audio – hr.osu.edu/public/media/policy730/dfwt/podcasts/dfwp_audio_03.mp3
      - Transcript – hr.osu.edu/public/media/policy730/dfwt/podcasts/dfwp_audio_03_transcript.pdf
    - Recognizing Signs and Symptoms
      - Audio – hr.osu.edu/public/media/policy730/dfwt/podcasts/dfwp_audio_04.mp3
      - Transcript – hr.osu.edu/public/media/policy730/dfwt/podcasts/dfwp_audio_04_transcript.pdf
    - Enabling vs. Referring
      - Audio – hr.osu.edu/public/media/policy730/dfwt/podcasts/dfwp_audio_05.mp3
      - Transcript – hr.osu.edu/public/media/policy730/dfwt/podcasts/dfwp_audio_05_transcript.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
Policy issues	Employee and Labor Relations, Office of Human Resources	614-292-2800	hr-elr@osu.edu hr.osu.edu/services/elr/
Policy issues – health system employees	Employee Relations, Medical Center Human Resources	614-293-4988	
Alcohol use on campus	Office of Legal Affairs	614-292-0611	legal.osu.edu/olaindex.php
Alcohol use on campus	Student Conduct, Office of Student Life	614-292-0748	sja.osu.edu
Counseling and support for faculty and staff	Ohio State Employee Assistance Program, The Ohio State University Health Plan, Inc.	614-292-0748	osuhealthplan.com/members/ohio-state-employee-assistance-program-eap
Counseling and support for students	Counseling and Consultation Service, Office of Student Life	614-292-5766	ccs.osu.edu
Drug/alcohol testing	University Health Services	614-293-8146	

History

Issued:	10/16/1992	(Issued as Drug-Free Campus)
Edited:	01/15/1997	
Edited:	10/31/1997	
Edited:	09/06/2002	
Revised:	01/01/2005	(Renamed Drug-Free Workplace)
Revised:	03/01/2005	
Revised:	09/12/2011	
Edited:	12/01/2011	
Edited:	01/18/2012	
Edited:	01/20/2012	
Edited:	02/03/2012	
Edited:	09/17/2013	

Applies to: Faculty, staff, graduate associates and student employees

Edited: 04/15/2014

UNIVERSITY POLICIES

Reporting & Investigating Financial Fraud Policy

THE OHIO STATE UNIVERSITY

Reporting and Investigating Financial Fraud

University Policy

Applies to: Faculty, staff, students, visitors.

Responsible Office

Office of Business and Finance

POLICY

Issued: 02/01/2006
Revised: 02/01/2008
Edited: 06/01/2019

The university will take appropriate disciplinary and legal action against employees, students, and visitors who commit financial fraud. This may include termination and/or criminal prosecution.

Purpose of the Policy

To define the university community's responsibility for reporting financial fraud and to establish procedures for addressing wrongful acts.

Definitions

Term	Definition
Financial fraud	A deliberate act or deliberate failure to act that is contrary to law, rule, or policy with the intent to obtain unauthorized financial benefit from the university for oneself, one's family, or one's business associates. Financial fraud includes, and is not limited to, misappropriation of university funds or property, authorizing or receiving compensation or reimbursement for goods not received or services not performed or hours not worked, or unauthorized alteration of financial records. Examples of financial fraud include and are not limited to: 1. Embezzlement or other financial irregularities; 2. Misappropriation, misapplication, destruction, removal, or concealment of property; 3. Forgery, falsification, or alteration of documents (e.g., checks, bank drafts, deposit tickets, promissory notes, time sheets, time and effort reporting, travel expense reports, contractor agreements, purchase orders, electronic files, etc.); 4. Improprieties/misrepresentation in the handling or reporting of money or financial transactions, including procurement card; 5. Theft, destruction, or misappropriation of funds, securities, supplies, inventory, or any other asset (including furniture, fixtures or equipment, trade secrets, and intellectual property); 6. Authorizing or receiving payment for goods not received or services not performed; 7. Authorizing or receiving payment for hours/time not worked; 8. Misuse of university facilities, such as vehicles, telephones, mail systems, or computer-related equipment; 9. Intentional violation of university purchasing requirements; 10. Bribery, kickbacks, or rebates; 11. Assigning an employee to perform non-employment-related tasks by a person in a supervisory or management position; and 12. Actions related to concealing or perpetuating above mentioned activities.

Policy Details

I. Employee Responsibility
   A. All employees of The Ohio State University, regardless of rank or position, have a stewardship responsibility with regard to university funds and other assets.
   B. University employees are responsible for safeguarding university resources and ensuring that those resources are used only for authorized purposes, in accordance with university rules, policies, and applicable federal and state laws.
   C. It is a violation of university policy for any employee, regardless of rank or position, to receive or use university resources for non-university purposes or personal gain.
   D. Any employee who has reason to believe, or has knowledge that financial fraud has occurred, is required to report the incident(s) and all relevant information to an appropriate university authority.

E. Reporting requirements are outlined in the Procedure section below.

II. Management Responsibility
   A. All management personnel are responsible for detecting fraudulent activities in their areas of responsibility.
   B. Each manager should be familiar with the types of improprieties which might occur in her/his area of responsibility and be alert for any indication that improper or dishonest activity is or was in existence in her/his area.
   C. When dishonest or improper activity is detected or suspected, management should determine whether an error or misunderstanding occurred or whether financial fraud exists.
   D. Management reporting requirements are outlined in the Procedure section below.

III. Internal Audit and University Police are responsible for conducting investigations. Investigation requirements are outlined in the Procedure section below.

PROCEDURE

Issued: 02/01/2006
Revised: 02/01/2008
Edited: 06/01/2019

I. Reporting Requirements
   A. When financial fraud is suspected, observed, or otherwise made known to an employee, the employee must report the activity to her/his supervisor.
   B. If the employee has reason to believe her/his supervisor may be involved in the financial fraud, the employee is obligated to report the fraudulent activity to the next higher level of management or to other university officials such as the Department of Internal Audit, University Police, or the university's confidential reporting line at:
      1. 866-294-9350, or
      2. ohio-state.ethicspoint.com.
   C. The reporting employee shall refrain from further involvement in the matter unless directed otherwise by Internal Audit or University Police.
   D. In addition to, or instead of, filing a report with your supervisor, the appropriate office, or the university's confidential reporting line, you may:
      1. File a written report with the Ohio Auditor of State's Office, Special Investigations Unit, 88 East Broad Street, P.O. Box 1140, Columbus, OH 43215, or
      2. Call the Ohio Auditor of State's Fraud Hotline at 866-372-8364.

II. Management will cooperate with Internal Audit, University Police, or Legal Affairs, and other units and law enforcement agencies in the detection, reporting, and investigation of the fraud, including prosecution of offenders.

III. Management Reporting Requirements
   A. If a member of management has reason to believe that financial fraud has occurred, she/he must contact her/his immediate supervisor.
   B. When a supervisor is informed that financial fraud has potentially occurred, the supervisor must contact Internal Audit, who will consult with Legal Affairs and University Police.
   C. The supervisor must also contact Human Resources Employee and Labor Relations, who in conjunction with University Police and Legal Affairs will determine the appropriate administrative action.

IV. Investigation Requirements
   A. Internal Audit and/or University Police must conduct an investigation with the appropriate units.
   B. Internal Audit must report the outcome of the investigation to all the appropriate units.
   C. Management must refrain from any involvement in the investigation unless directed otherwise by Internal Audit, University Police, or Legal Affairs.
   D. If the investigation determines that criminal activity has occurred, University Police must report this information to the local prosecuting attorney.

Applies to: Faculty, staff, students, visitors.

Responsibilities

Position or Office	Responsibilities
Employees	1. Safeguard university resources and ensure they are used only for authorized purposes. 2. Refrain from receiving or using university resources for non-university purposes or personal gain. 3. Report suspected or known instances of financial fraud to the supervisor. If the supervisor may be involved, report it to the next higher level of management, Internal Audit, University Police, or the university confidential reporting line. 4. Refrain from further involvement unless directed by Internal Audit or University Police.
Management	1. Cooperate with Internal Audit, University Police, Legal Affairs, other units and law enforcement agencies. 2. Contact the supervisor for suspected or known instances of financial fraud. 3. Refrain from further involvement unless directed by Internal Audit, University Police, or Legal Affairs.
Supervisor	1. Contact Internal Audit when informed by management that fraud has potentially occurred. 2. Contact Human Resources Employee and Labor Relations when fraud has potentially occurred. 3. Cooperate with Internal Audit, University Police, Legal Affairs, other units and law enforcement agencies. 4. Contact the supervisor for suspected or known instances of financial fraud. 5. Refrain from further involvement unless directed by Internal Audit, University Police, or Legal Affairs.
University Police	1. Conduct investigations with internal Audit. 2. Consult with Legal Affairs and Human Resources Employee and Labor Relations regarding appropriate administrative action. 3. Report to the local prosecuting attorney if an investigation determines that criminal behavior occurred.
Legal Affairs	1. Consult with Internal Audit and University Police on fraud investigations. 2. Consult with University Police and Human Resources Employee and Labor Relations regarding appropriate administrative action.
Human Resources Employee and Labor Relations	Determine the appropriate administrative action in conjunction with University Police and Legal Affairs.
Internal Audit	1. Consult with Legal Affairs and University Police in the investigation of potential financial fraud. 2. Conduct investigations with University Police. 3. Report investigation findings to all appropriate units.

Resources

University Rule 3335-5-04, Faculty, Governance, and Committees, trustees.osu.edu/bylaws-and-rules/faculty-rules

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	University Controller, Office of Business and Finance	614-292-6220	busfin.osu.edu/controller
Administrative action; employment action	Employee and Labor Relations, Office of Human Resources	614-292-2800	hr-elr@osu.edu hr.osu.edu/services/elr/
Anonymous reporting	University Anonymous Reporting Line	866-294-9350	ohio-state.ethicspoint.com
Investigation	University Police, Department of Public Safety, Office of Administration and Planning	614-292-2121	dps.osu.edu/
Investigation, financial fraud	Internal Audit, Office of Business and Finance	614-292-0680	busfin.osu.edu/internal-audit
Legal issues	Office of Legal Affairs	614-292-0611	legal.osu.edu/

History

Issued: 02/01/2006
Revised: 02/01/2008
Edited: 01/01/2016
Edited: 08/20/2018
Edited: 06/01/2019 (number removed from title)

Responsible Use of University Computing and Network Resources

University Policy

Applies to: Faculty, staff, students, agents, suppliers/contractors, volunteers, sponsored guests of academic and administrative units, and affiliated entities.

Responsible Office

Office of the Chief Information Officer

POLICY

Issued: 05/10/2000
Revised: 02/01/2013
Reviewed: 05/16/2016

This policy provides guidance for establishing responsibilities and limitations associated with the use of university computing resources. The general guiding principle behind the policy is that "cyberspace is not a separate legal jurisdiction;" that existing, generally applicable laws, rules, and policies apply equally to the use of university computing resources.

Adherence to this policy will require compliance with all applicable laws and university policies, and all applicable restrictions, whether or not they are built into the operating system or network and whether or not they can be circumvented by technical means.

Purpose of the Policy

To provide expectations to support the responsible use of university computing resources.

Definitions

Term	Definition
Computing resources	Computers, computer systems, networks, and devices including but not limited to mobile phones, smartphones, and other mobile devices, and the institutional data they contain.
College, department and unit policies	Colleges, departments and units may have policies that provide for additional rights, restrictions and/or responsibilities that augment the university policy and apply to specific computers, computer systems, or networks, or to users within their specific units. These policies require approval by the chief information officer or the chief information officer's designees.

Policy Details

I. As a part of the physical and social learning infrastructure, Ohio State acquires, develops, and maintains computers, computer systems, and networks. These **computing resources** are intended for university-related purposes, including direct and indirect support of the university's teaching, research, and service missions; university administrative functions; student and campus life activities; and the free exchange of ideas among members of the university community and between the university community and the wider local, national, and world communities.

II. The rights of academic freedom and freedom of expression apply to the use of university computing resources. So, too, however, do the responsibilities and limitations associated with those rights. The use of university computing resources, like the use of any other university-provided resource and like any other university-related activity, is subject to the requirements of legal, regulatory, and ethical behavior within the university community. Responsible use of a computing resource does not extend to whatever is technically possible. Although some limitations are built into computer operating systems and networks, those limitations are not the sole restrictions on what is permissible. Users must abide by all applicable restrictions, whether or not they are built into the operating system or network and whether or not they can be circumvented by technical means.

UNIVERSITY POLICIES

Responsible Use of University Computing and Network Resources

THE OHIO STATE UNIVERSITY

Applies to: Faculty, staff, students, agents, suppliers/contractors, volunteers, sponsored guests of academic and administrative units, and affiliated entities.

III. Colleges, departments, and units may have policies that provide for additional rights, responsibilities, and/or limitations that augment this policy and apply to specific computers, computer systems, or networks, or to uses within their specific units. These policies require approval by the Chief Information Officer or the Chief Information Officer's designees. Consult the operators or managers of the specific computer, computer system, or network or the management of the unit for further information.

IV. This policy covers use of university computing and network resources, regardless of location or device.

PROCEDURE

Issued: 05/10/2000
Revised: 02/01/2013
Reviewed: 05/16/2016

I. All users of university computing resources must:

A. Comply with all federal, Ohio, and other applicable law; all generally applicable university rules, policies, and other governing documents; and all applicable contracts and licenses.

1. Examples of such laws, rules, policies, contracts, and licenses include: the Family Educational Rights and Privacy Act (FERPA); Health Insurance Portability and Accountability Act (HIPAA); laws and regulations governing export control, which prohibit the electronic transmission of certain types of information to citizens of specified countries; laws governing libel, privacy, copyright, trademark, obscenity, and child pornography; the Electronic Communications Privacy Act and the Computer Fraud and Abuse Act, which prohibit hacking, and similar activities; the Americans With Disabilities Act as reflected in the Web Accessibility Policy; Code of Student Conduct; Sexual Misconduct Policy; Institutional Data Policy; Disclosure or Exposure of Personal Information Policy; and all applicable software licenses.
2. Users who engage in electronic communications with persons in other states or countries or on other systems or networks should be aware they may also be subject to the laws of those other states and countries and the rules and policies of those other systems and networks. Users are responsible for ascertaining, understanding, and complying with the laws, rules, policies, contracts, and licenses applicable to their particular uses.

B. **Use only those computing resources they are authorized to use and use them only in the manner and to the extent authorized.** Ability to access computing resources does not, by itself, imply authorization to do so. Users are responsible for ascertaining what authorizations are necessary and for obtaining them before proceeding.

C. **Respect the privacy of other users and their accounts, regardless of whether those accounts are securely protected.** Ability to access other persons' accounts does not, by itself, imply authorization to do so. Users are responsible for ascertaining what authorizations are necessary and for obtaining them before proceeding.

D. **Respect the finite capacity of the computing resources and limit use so as not to consume an unreasonable amount of those resources or to interfere unreasonably with the activity of other users.** Although there are no set bandwidths, disk space, CPU time, or other limitations applicable to all uses of university computing resources, the university may require users of those computing resources to limit or refrain from specific uses in accordance with this principle, using only those resources authorized for use. The reasonableness of any particular use will be judged by the university in the context of the relevant circumstances.

E. **Refrain from using those resources for personal commercial purposes or for personal financial or other gain.** Personal use of university computing resources for other purposes is permitted when it does not consume a significant amount of those resources, does not interfere with the performance of the user's job or other university responsibilities, and is otherwise in compliance with this policy. Further limits may be imposed upon personal use in accordance with normal supervisory procedures or as a matter of college, department, or unit policy.

F. **Refrain from stating or implying that they speak on behalf of the university and from using university trademarks and logos without authorization to do so.** Affiliation with the university does not, by itself, imply authorization to speak on behalf of the university. This also extends to the use of social media. Authorization to use university trademarks and logos on university computing resources may be granted only by University Communications or Trademark and Licensing, as appropriate. Contact these offices for further information and authorization.

G. FAQs regarding this policy (see Resources section) are provided for additional clarification and are incorporated by reference as part of this policy.

II. Security and Privacy

A. The university employs various measures to protect the security of its computing resources and of their users' accounts. Users should be aware that the university cannot guarantee such security. Users should engage in "safe computing" practices by establishing appropriate access restrictions for their accounts, guarding their passwords, and changing them regularly. Accounts and passwords may not be shared with, or used by, persons other than those to whom they have been assigned by the university.

B. While the university does not routinely monitor individual usage of its computing resources, the university may specifically monitor the activity and access the accounts of individual users of university computing resources, including individual login sessions and communications, without notice, when:

1. The user has given permission or has voluntarily made them accessible to the public, for example by posting to a publicly-accessible web page or providing publicly-accessible network services.
2. It reasonably appears necessary to do so to protect the integrity, security, or functionality of the university or other computing resources or to protect the university from liability.
3. There is reasonable cause to believe the user has violated, or is violating, this policy.
4. An account appears to be engaged in unusual or unusually excessive activity, as indicated by the reviewing of general activity and usage patterns.
5. Access is necessary and conducted pursuant to applicable university rules, policies or procedures.
6. It is otherwise required or permitted by law.

Any such individual monitoring, other than that specified above, required by law, or necessary to respond to perceived emergency situations, must be authorized in advance by the Chief Information Officer or the Chief Information Officer's designees (see Contacts section below).

C. Users should be aware the use of university computing resources may not be private. For example, the normal operation and maintenance of the university's computing resources require the backup and caching of data and communications, logging of activity, reviewing of general usage patterns for the unauthorized disclosure of institutional data, scanning of systems and network ports for anomalies and vulnerabilities, and other such activities that are necessary to render service or to meet university legal obligations

D. The university, in its discretion, may disclose the results of any such general or individual monitoring, including the contents and records of individual communications, to appropriate university personnel or law enforcement agencies and may use those results in university disciplinary proceedings. Communications made by means of university computing resources are also generally subject to Ohio's Public Records Act to the same extent as they would be if made on paper.

III. Enforcement

A. Users who violate this policy may be denied access to university computing resources and may be subject to other penalties and disciplinary action, both within and outside of the university. Violations will normally be handled through the university disciplinary procedures applicable to the relevant user. For example, alleged violations by students will normally be investigated, and any penalties or other discipline will normally be imposed, by the Office of Student Conduct.

B. The university may temporarily suspend or block access to an account, prior to the initiation or completion of such disciplinary procedures, when it reasonably appears necessary to do so to protect the integrity, security, or

Applies to: Faculty, staff, students, agents, suppliers/contractors, volunteers, sponsored guests of academic and administrative units, and affiliated entities.

functionality of university or other computing resources or to protect the university from liability. The university may also refer suspected violations of applicable law to appropriate law enforcement agencies.

Responsibilities

Position or Office	Responsibilities
Office of the Chief Information Officer (OCIO)	1. Manage policy inquiries. 2. Review and respond to requests for approval of unit policies. 3. Coordinate prior authorization for investigatory monitoring. 4. Manage policy enforcement.
Colleges, VP units and regional campuses	1. Comply with applicable laws; this policy; university rules, policies, and other governing documents; contracts; and licenses. 2. Seek approval from the OCIO for any governing document related to university computing and network resources. 3. Work with the OCIO and coordinating university offices on policy enforcement. 4. Confer with the OCIO to designate specified individual within areas to handle monitoring authorization requests. 5. Contact the chief information officer or the chief information officer's designees to request investigatory monitoring. 6. Issue corrective action as appropriate under university policies.
Faculty, staff, students and other users of university computing resources	1. Ascertain, understand, and comply with applicable laws; this policy, university rules, policies, and other governing documents; contracts; and licenses. 2. Ascertain, understand, and comply with applicable unit policies. 3. Use only those computing resources you are authorized to use and only in the manner and extent authorized. 4. Respect the privacy of other users and their accounts. 5. Limit use so as not interfere unreasonably with the activities of other users. 6. Refrain from using university resources for personal commercial purposes or for personal financial or other gain.
Office of Legal Affairs	Provide advice and legal oversight when applicable.
Office of Human Resources	1. Provide guidance related to university policies issued by the Office of Human Resources. 2. Conduct fact-finding investigations and issue findings and action steps. 3. Issue corrective action as appropriate.

Resources

University Policies, policies.osu.edu/
Web Accessibility policy, ada.osu.edu/resources/osu-web-accessibility-policy.pdf
Disclosure or Exposure of Personal Information policy, ocio.osu.edu/assets/Policies/disclosurepolicy.pdf
Institutional Data policy, go.osu.edu/idp-document
Public Records policy, compliance.osu.edu/PublicRecordsPolicy.pdf
Sexual Misconduct Policy, hr.osu.edu/policy/policy115.pdf

Cloud Computing Guidelines, ocio.osu.edu/assets/Policies/ccgV7.pdf
FAQ for Responsible Use of University Computing and Network Resources, ocio.osu.edu/policy/policies/responsible-use/faq
Federal Export Control Regulations, orc.osu.edu/regulations-policies/exportcontrol/
FERPA, ocio.osu.edu/policy/policies/regulations/
HIPAA, ocio.osu.edu/policy/policies/regulations/
Information Security, ocio.osu.edu/itsecurity

Applies to: Faculty, staff, students, agents, suppliers/contractors, volunteers, sponsored guests of academic and administrative units, and affiliated entities.

Office of Trademark and Licensing, trademarklicensing.osu.edu/
Office of University Communications, ucom.osu.edu/
Ohio Public Records Act, compliance.osu.edu/public-records/
Virtual Legality: An Overview of Your Rights and Responsibilities in Cyberspace, ocio.osu.edu/policy/policies/responsible-use/virtual-legality/

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions, authorization for investigatory monitoring	Office of the Chief Information Officer, Director, Information Technology, Risk Management, and Governance	614-292-1508	ITPolicy@osu.edu
Academic issues	Office of Academic Affairs	614-292-5881	oaa.osu.edu
Legal issues	Office of Legal Affairs	614-292-0611	legal.osu.edu
Corrective action	Office of Human Resources, Employee and Labor Relations	614-292-2800	ohrc@hr.osu.edu hr.osu.edu/elr

History

Issued: 05/10/2000
Revised: 02/01/2013
Edited: 01/25/2016
Reviewed: 05/16/2016

UNIVERSITY POLICIES

University Provided Clothing and Uniforms

THE OHIO STATE UNIVERSITY

University-Provided Clothing and Uniforms

University Policy

Applies to: Units, faculty, staff, graduate associates, and student employees

Responsible Office

Office of Business and Finance

POLICY

Issued: 01/01/2020

The value of any clothing and uniforms provided by the university to **employees** will be treated as taxable income to the employee, unless certain exclusions apply.

Purpose of the Policy

To provide guidance on the taxability of university-provided clothing and uniforms to ensure consistency across the university and compliance with tax and other applicable laws.

Definitions

Term	Definition
Employee	Faculty, staff, student employees, and graduate associates.
Unit	College or administrative unit.

Policy Details

I. General
   A. All units are required to follow applicable Internal Revenue Service (IRS) rules that pertain to the tax treatment of employer-provided clothing and uniforms.
   B. The fair market value of any item of clothing or uniform provided by the university to an employee must be treated as taxable income to that employee unless an exclusion described in Policy Details II applies.
   C. If an item of clothing or a uniform is treated as taxable and the university pays to launder or provides laundering for that clothing or uniform, the value of laundering also must be treated as taxable income to the employee.

II. Exclusions
   A. Working condition fringe benefit exclusion
      1. The value of an item of clothing or a uniform provided by the university to an employee will be treated as non-taxable and thus excludable from income if the following requirements are met:
         a. The employee must wear the clothing or uniform as a condition of employment. To meet this requirement, the university must specifically require the employee to wear the clothing or uniform as a working condition; and
         b. The clothing or uniform must not be suitable for everyday wear. To meet this requirement, the clothing or uniform must not be suitable for taking the place of regular clothing.
      2. Examples of clothing and uniforms that meet the working condition fringe benefit exclusion include, and are not limited to:
         a. Uniforms worn by certain law enforcement officers, certain delivery workers, certain health care professionals, certain food service workers, and certain transportation workers (e.g., air and bus); and
         b. Clothing that is required to be worn for the employee's safety and protection while on the job, including, and not limited to, steel-toed boots, work gloves, hard hats, and safety glasses.
      3. Any reimbursements to an employee for the employee's purchase of clothing or uniforms will be treated as non-taxable and thus are excludable from income if:
         a. The expense meets the requirements of this working condition fringe benefit exclusion; and
         b. The employee substantiates the expense with a detailed record, including the equivalent of the original receipt(s) with the amount of the expenditure, dates and location of the expenditure, and business purpose of the expenditure, within 60 days of the expenditure.

4. Any reimbursement amounts paid by the university to an employee that are in excess of the substantiated expense determined in Policy Details II.A.3 must be returned to the university within 90 days following the date of reimbursement.

B. De minimis fringe benefit exclusion

1. Clothing and uniforms provided by the university to an employee will be treated as non-taxable and thus are excludable from income if the following requirements are met:
   a. The clothing and uniforms are provided to the employee infrequently; and
   b. The aggregate value of the clothing and uniforms provided to the employee, plus the value of certain non-cash awards (see Expenditures policy) provided to the employee, is less than $100 per calendar year.

III. Any cash allowance provided to an employee for clothing or uniforms must be treated as taxable income to the employee. There are no exclusions to cash allowances.

PROCEDURE

Issued: 01/01/2020

I. Application of Working Condition Fringe Benefit Exclusion

A. If a unit desires to treat the value of an item of clothing or a uniform provided to an employee as non-taxable under the working condition fringe benefit exclusion, the unit must submit a Determination of Taxability Form to Tax Compliance at tax@osu.edu for a tax determination.

B. Questions regarding the Determination of Taxability Form are to be directed to Tax Compliance at tax@osu.edu.

C. Tax Compliance will determine taxability in accordance with this policy and applicable law when a Determination of Taxability Form is received.

D. Tax Compliance must document any decisions regarding taxability and provide a copy of the documentation to the unit submitting the request.

II. Tracking the Provision of Clothing and Uniforms

A. Any item of clothing or uniform provided by a unit to an employee that has not been determined by Tax Compliance to meet the working condition fringe benefit exclusion must be tracked by the unit and reported to Payroll Services.

B. To track and report on such clothing and uniforms, the unit must timely complete and submit an Employee Non-Cash Reporting Form.

C. Procedures for completing and submitting the Employee Non-Cash Reporting Form, which is used to report all types of non-cash awards/items, are set forth in the Expenditures policy.

III. Payroll Processing

A. Taxable clothing and uniforms

1. Payroll Services will aggregate information reported on all Employee Non-Cash Reporting Forms and will determine when clothing and uniforms reported on the forms exceed the de minimis threshold.
2. If the cumulative value of all items reported on the Employee Non-Cash Reporting Forms for an employee equals or exceeds $100 in a calendar year, the value of all items reported on those form(s) for that employee during the calendar year will be treated as taxable to the employee.
3. If items reported on the Employee Non-Cash Reporting Forms are determined to be taxable to an employee, Payroll Services will add the value of those items to the payroll system for inclusion in the employee's paycheck.

B. Cash allowances and reimbursements

1. If a reimbursement for clothing or uniforms has been determined by Tax Compliance to meet the working condition fringe benefit exclusion, the reimbursement will be distributed to the employee through Accounts Payable.
2. Units must report any cash allowances or taxable reimbursements for clothing or uniforms to Payroll Services via a Human Resource Action Request (HRA) using the Taxable Reimbursement (TXR) earnings code.

Applies to: Units, faculty, staff, graduate associates, and student employees

Payroll Services will distribute the cash allowance or taxable reimbursement to the applicable employee through the employee's paycheck.

Responsibilities

Position or Office	Responsibilities
Accounts Payable	Distribute reimbursements to employees for clothing or uniforms determined to meet the working condition fringe benefit exclusion.
Employee	1. Substantiate the expense of the item meeting the working condition fringe benefit exclusion with a detailed record, including the equivalent of the original receipt(s) with the amount of the expenditure, dates and location of the expenditure, and business purpose of the expenditure, within 60 days of the expenditure. (only applicable when employee purchases clothing or uniforms) 2. Return reimbursement amounts paid by the university that are in excess of the substantiated expense determined in Policy Details II.A.3 to the university within 90 days following the date of reimbursement.
Payroll Services	1. Aggregate information from all Employee Non-Cash Reporting Forms and determine when clothing and uniforms exceed the de minimis threshold. 2. Treat as taxable to the employee the cumulative value of information reported on the Employee Non-Cash Reporting Form if it equals or exceeds $100 in a calendar year. Add value to the payroll system. 3. Distribute cash allowances or taxable reimbursements through the employee's paycheck.
Tax Compliance	1. Determine taxability when Determination of Taxability Forms are received. 2. Respond to questions regarding Determination of Taxability Forms.
Unit	1. Follow IRS rules pertaining to tax treatment of employer-provided clothing and uniforms. 2. Submit any Determination of Taxability Form to Tax Compliance. 3. Direct questions about the Determination of Taxability Form to Tax Compliance. 4. Track items of clothing or uniforms provided to employees that do not meet the working condition fringe benefit exclusion by using and submitting the Employee Non-Cash Reporting Form. 5. Consult Expenditures policy for procedures to complete/submit the Employee Non-Cash Reporting Form. 6. Report any cash allowances or taxable reimbursements to Payroll Services via an HRA using the TXR earnings code.
University	1. Treat as taxable income any item of clothing or uniform determined to not fulfil an exclusionary requirement. 2. Treat as taxable the laundering value for any item of clothing or uniform determined to be taxable. 3. Treat as non-taxable clothing and uniforms that meet the requirements under Policy Details II.

Resources

University Policies, policies.osu.edu/
Expenditures, busfin.osu.edu/sites/default/files/411_expenditures.pdf

Forms
Employee Non-Cash Reporting Form, busfin.osu.edu/sites/default/files/employee-non-cash-reporting-form.xlsx
Determination of Taxability Form, busfin.osu.edu/sites/default/files/determination-of-taxability-form.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions and tax	Tax Compliance, Office of the Controller, Office of Business and Finance	614-292-0355 Fax: 614-688-3572	tax@osu.edu busfin.osu.edu/tax-compliance
Payroll processing	Payroll Services, Office of Business and Finance	614-292-2311 Fax: 614-688-3640	payrolloffice@osu.edu busfin.osu.edu/payroll-services

History

Issued: 01/01/2020

ADMINISTRATION & PLANNING / UNIT POLICIES

Administration & Planning Workplace Civility

THE OHIO STATE UNIVERSITY

Workplace Civility

Policy

The purpose of this policy is to reinforce our commitment to the university values of acting with integrity and personal accountability, to support a culture of inclusion, and to establish guidelines for civility and professionalism in the workplace.

Civility in the Workplace

Employee Responsibility - All employees are expected to conduct themselves in a professional manner that promotes a safe, healthful, inclusive and productive work environment. Employees are expected to exhibit a high degree of personal integrity, civility and professionalism at all times while on the job. This expectation applies to all interactions with coworkers, supervisors, subordinates, customers, vendors, contractors, students, and/or visitors. Interactions may be verbal, nonverbal, physical, written, through imagery, electronic or digital means.

Disrespectful, unprofessional, and/or uncivil behavior is unacceptable and may result in corrective action, up to and including termination. Such behavior includes but is not limited to behaviors that a reasonable person would find embarrassing, offensive, or humiliating, such as:

- Use of profanity or otherwise offensive language or jokes
- Obscene or indecent gestures
- Shouting, yelling or other aggressive behavior
- Degrading, demeaning, humiliating or insulting comments
- Discriminatory remarks
- Racist, sexist or other slurs or symbols
- Name-calling
- Horseplay
- Harassment
- Retaliatory actions
- Personal attacks
- Acts of insubordination

Further, acts that constitute a violation of the University's Non-Discrimination/Harassment policy (1.10), Sexual Misconduct, Sexual Harassment and Relationship Violence policy (1.15), or the Workplace Violence policy (7.05) could lead to corrective action up to and including termination.

Supervisor Responsibility - Supervisors are expected to demonstrate leadership in exhibiting and promoting professionalism, civility and respect. This includes setting clear expectations and managing performance of those they supervise in accordance with these standards through regular communication and performance feedback. Supervisors are expected to address professionalism, civility and respect concerns and deficiencies through coaching and/or corrective action as appropriate.

Resources and Additional Information

OSU Policy 1.10
OSU Policy, 1.15
OSU Policy, 7.05

ADMINISTRATION & PLANNING / UNIT POLICIES

Scrap and Salvageable Material and Equipment FOD

THE OHIO STATE UNIVERSITY

Purpose

To provide procedures that will ensure that all surplus and salvageable material and equipment are first utilized to the fullest and most reasonable extent possible within the university. In addition regulate the disposal and reuse of surplus, scrap, and non-capitalized material and equipment no longer needed or usable within FOD or the university. These procedures provide economical and ecological transfer or sale of materials and items and accounts for all financial entries.

Definitions

Term	Definition
Capitalized Equipment	Includes all moveable items that have a probable useful life of one or more years, original cost or value of $5,000 or more, and must have a University Capitalized Equipment Tag.
Non-Capitalized Equipment	Includes all moveable items that have a probable useful life of one or more years, original cost or value is less than $5,000. For FOD, items valued between $150 and less than $5,000.
Scrap	Saleable for scrap value only. Items in this category have no future value as a usable commodity to other departments/units in its present condition. This includes scrap metal.
Surplus	Usable in its present condition but no longer useful to a particular department and/or unit.
Trash	Materials and equipment that has no residual value. This material is not recyclable and poses no danger to the environment.

Under the direction of the Associate Vice President, the Senior Leadership Team of Facilities Operations and Development (FOD) is delegated the authority and responsibility for procedures related to the disposal and reuse of surplus, scrap, and unusable material and equipment. These procedures will apply to all Facilities Operations and Development employees while performing work for The Ohio State University. Facilities Operations and Development is a professional service organization that supports all aspects of university operations.

I. Disposition of University Assets

A. The Ohio State University has existing procedures for the disposal of tagged capital equipment and tagged non-capital equipment through OSU Surplus. These procedures should be observed at all times. These procedures can be viewed on the OSU Asset Management website.
B. No individual employee may personally benefit from the sale of university or contractor-owned material or equipment. Individuals or groups who take, sell, or benefit from the sale of such items will be subject to criminal prosecution and/or corrective action up to and including termination.
C. Items owned by another entity but located on university property cannot be reused, salvaged, or sold by any university employee or department.
D. Equipment containing refrigerants, such as freezers, water fountains, etc., must be evacuated before disposal or disposed of through Surplus.

II. Determination of value and recovery of assets

A. When a building or area is scheduled for demolition, the Senior Directors of Operations, Utilities, and Energy Services & Sustainability should be notified.
B. Arrangements will be made for staff to enter the building or area and remove all items that are determined to be usable in other areas of FOD or moved to space that is maintained by FOD for use at a future date.
C. For any computer equipment, the Director of BFAP-IT should be notified. Arrangements need to be made to either drop off or have the items delivered to the Surplus Materials Disposal for disposition.
D. The Project Manager is responsible for notifying appropriate parties of the opportunity to salvage items.
E. It is the responsibility of the FOD group that will benefit from the items to identify, transport, and document in accordance to these procedures.
F. Movement of any item(s) shall be completed by two or more staff as directed by a supervisor (Assistant Director or Director).
G. Identified item(s) must be removed before the project bid advertisement, unless the project contract documents indicate otherwise.
H. Any item(s) not removed before the bid advertisement becomes the responsibility of the successful bidder and disposed of by the contractor, unless project documents indicate otherwise.

Resources

Appendix A – Disposition of Scrap and Salvageable Material and Equipment Process
Appendix B – Disposition of Scrap and Salvageable Material and Equipment Inventory Tool (worksheet)

For questions regarding these procedures, contact:
• Senior Directors, Operations
• Senior Director, Business Management

APPENDIX A - PROCESS

Purpose

Outline the disposition of scrap and salvageable material and equipment procedures for all FOD employees.

Process

Scrap materials removed by FOD staff in the execution of work are to be disposed of via the Solid Waste Trash & Recycling Yard. FOD staff handling scrap materials will complete the following process:

A. Identify and collect scrap materials produced on the jobsite.

B. Obtain supervisor's documented approval that scrap materials are properly accounted for.

C. Dispose of scrap items. Scrap materials are collected at the Solid Waste Yard and disposed of through FOD's authorized scrap dealer. Assistant Directors and Directors have the discretion to stage scrap materials locally and contact the Solid Waste Shop for hard trash collection or direct staff to transport the materials to the Solid Waste Yard to be placed in the appropriate container.

D. An individual unit within FOD may have a large amount of scrap produced at a location(s). If the unit wishes to recover this scrap value for their unit, they need to meet the following conditions:

1. Obtain written authorization from the unit's Senior Director.
2. Secure the scrap materials until they can be disposed of in compliance with FOD procedures.
3. Schedule pick-up of scrap material with FOD's authorized scrap dealer.
4. Obtain a copy of the Bill of Lading at the time of the scrap collection. The driver must be instructed to note the unit's name and chartfield information on the Bill of Lading. This will allow the check to be deposited for credit to the correct Org-Fund-Account-Program when it is received.

E. In construction demolition work, either work done internally or performed by a contract managed through Design and Construction (FDC), if deemed appropriate by FOD managers at the Assistant Director level or higher, items that are considered to be usable may be salvaged before bid advertisement, unless the project contract documents indicate otherwise. Items salvaged in these situations need to be accounted for in one of two processes:

<u>Option A – Salvage for Immediate Reuse</u>. Items taken for immediate installation into another building or system require the shop or unit recovering the item to complete the attached form and the required fields, including the signature authorization.

<u>Option B – Salvage for General Reuse</u>. Items that are salvaged for possible reuse at a later date must be taken to the stockroom, inventoried, and accounted for in that system. This process should be utilized only if the salvaged materials are likely to be used within the next year, hold a value greater than the warehousing costs it is creating, or are no longer available. Items too large or heavy (examples are large utility switches, light poles) that are difficult to transport and store at the stockroom may be stored and accounted for at other authorized campus locations. Once relocated, these items become the responsibility of the group who authorized their salvage. They will need to document these inventory locations, maintain the inventory, and account for their inventory in compliance with university procedures. By authorizing the removal of these assets, the unit now accepts the liability as the custodian.

F. Unit is responsible for retaining all documents of reused items. Retain all records for possible audit.

THE OHIO STATE UNIVERSITY

Facilities Operations and Development

Scrap and Salvageable Material and Equipment

Org Fund Account

Item Description	Number of Items	Originating Location	Date Removed	Disposition	
				Solid Waste	Scrap Vendor
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Authorization	
Assistant Director or Director	Date

Verification	
Supervisor	Date

Scrap Vendor Transporter Verification	
Company Name	Bill of Lading #
Driver Name	Attached ☐ yes ☐ no

Material Receipt		
Fax #	Initials	Attached ☐ yes ☐ no

ADMINISTRATION & PLANNING / UNIT POLICIES

Attendance Policy for my Unit Provided by Supervisor

THE OHIO STATE UNIVERSITY