



CETPA TEAM MEMBER HANDBOOK

SECTION C: Team Member Position

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3/1/2011

CETPA TEAM MEMBER HANDBOOK

Team Member Position (Section C)

JOB DESCRIPTION

[ATTACHED – YOUR JOB]

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TRAINING REQUIRED

[ATTACHED – YOUR TRAINING NEEDS]

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Team Member Work Schedule

Team Member Name: _____

Department/Supervisor: _____

Number of Hours Required: _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time In							
Time Out							

NAME OF TEAM MEMBER (PRINT)

DATE

SIGNATURE OF TEAM MEMBER

Clarification: This does not include the lunch hour. As an example a full day at work may be 10am to 7pm (8 work hours + 1 lunch hour.) The lunch hour will not be paid regardless of the number of hours you are scheduled to work.

All private and personal work (evaluations, groups) that is not part of your CETPA duties, MUST be outside of these hours.

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PASSWORD ACKNOWLEDGEMENT FORM

"I hereby acknowledge that CETPA is providing me the USER NAME and PASSWORDS necessary to enter each of the systems that I will need to use at CETPA as per my Job Description. I acknowledge and agree to accept responsibility of maintaining confidentiality of the security code (or user name) and/or passwords. I understand and accept the consequences that may take place if this confidentiality is broken. I acknowledge that all files, programs, and data within my computer/laptop are the property of CETPA, and that CETPA can remove me at any time from any systems in the process of doing my work. I acknowledge that I will not keep any of CETPA's files on my personal computer or personal laptop. I further acknowledge that my computer/laptop is the property of CETPA and must be returned to CETPA if termination procedures are started. I acknowledge that the employment relationship may be terminated, with or without cause or notice, at any time, at the option of either the Company or myself. I also acknowledge that only the Executive Director can enter into an employment contract or agreement with me. Final check will not be distributed until all equipment is returned to Human Resources."

SYSTEM:	USER NAME:	TEMP. PASSWORD:

Team Member's Signature

Print Name

Date

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CETPA's Performance Evaluation - SAMPLE

Name: _____ Personnel #: _____ Revised 1/27/10

Department: _____ Title: _____

Evaluation Type: () Annual Anniversary Evaluation (based on HIRE date)

Evaluation Period: __/__/____ to __/__/____

Instruction: Performance Evaluations are held by the Supervisor and their Team Member in a discrete area. They are for the use of understanding the expectation the Supervisor has over the Team Member. These expectations can be Qualitative (Punctuality, Team Work, etc.) or Quantitative (a specific task).

Section I (Qualitative) of this evaluation will be 35% of your final score. Section II (Quantitative) of this evaluation will be 65% of your final score.

A total score of 5 is considered "outstanding work"

A total score of 4 is considered "good work"

A total score of 3 is considered "needs improvement"

A total score of 0-2 is considered "unsatisfactory performance"

SECTION I:

Instructions: Your Supervisor will be grading each of the following 10 areas from a number of 1-5. The numbers will then be totaled and divided by 10. This will be your Qualitative Score (or number) and is worth 35% of your total score.

A "1" is Unsatisfactory performance: Seldom meets established standards; must improve for continued employment.

A "2" is Needs improvement: Sometimes meets established standards but lacks consistency; seldom exceeds and often falls short of desired results; must improve for continued employment.

A "3" is Good performance: Meets and occasionally exceeds established standards.

A "4" is Very good performance: Consistently meets and frequently exceeds expected levels of performance.

A "5" is Outstanding performance: Consistently meets and almost always exceeds expected levels of performance.

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___ **1. Job Performance:** Did the Team Member complete the essential duties of his/her job, including the goals that were agreed to by the Supervisor and Team Member?

___ **2. Reliability/Independence:** Can the Team Member be relied upon to complete their essential duties with little or no supervision?

___ **3. Punctuality:** Does the Team Member get to work at their assigned work schedule? Do they finish their essential duties in a timely manner? Do they arrive to meetings on time?

___ **4. Time Management:** Does the Team Member effectively use time in completing their essential duties? Do they use all resources available to effectively meet deadlines?

___ **5. Adherence to Policy:** Does the Team Member follow all of the established policies and procedures of CETPA?

___ **6. Initiative:** Does the Team Member take appropriate action in the absence of specific direction from Supervisors? Are they creative, proactive and decisive?

___ **7. Communication:** Does the Team Member use oral and written communication methods appropriate to professional relationships? Does he/she use "active listening?" Do they attentively listen? Do they write clearly and accurately?

___ **8. Loyalty:** Does the Team Member have faithfulness to the organization, superiors, and peers?

___ **9. Judgment:** Does the Team Member recognize and defines problems? Do they develop a workable solution with a particular problem or social situation?

___ **10. Growth Potential:** Has the Team Member demonstrated potential for growth? Do they pursue increased responsibility in the organization?

Add all scores = _____ Divide by 10 = _____ Multiply by .35 = _____*

*** This represents your score for SECTION I.**

SECTION II:

(1-5?) ___ A. Job Performance: Did the Team Member perform the assigned duties reflected in the Job Description? Was the end result completed accurately and within a timely basis? If there were any additional "goals" added to this Team Member, were they done accurately and within a timely basis.

Note: The remarks provided below must be justified by the rating given in this section. Using a bullet format is acceptable and encouraged.

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(1-5?) ___ B. Professional Development: Did the Team Member undergo all required training? Was there any training opportunities suggested by the Supervisor that the Team Member did not attend?

Note: The remarks provided below must be justified by the rating given in this section. Using a bullet format is acceptable and encouraged.

Add the Scores in Section II A and B = _____ Divide by 2 = _____

Multiply by .65 = _____*

*** This represents your score for SECTION II.**

_____ + _____ = _____
Section I Score + Section II Score = Evaluation Score

Team Member Signature / Date

Supervisor Signature / Date

Team Member Comments:

To Team Member: Please initial this section.

Initials: _____

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Team Member Development Plan:

Working with the Team Member, in the box below please write all areas in which the team member may need to improve in the form of clear goals. Agree on any training courses being recommended to the Team Member.

Team Member Signature / Date

Supervisor Signature / Date

Evaluations:

At 90 days, you will be advised by your supervisor on your job performance. This is your probationary period.

Evaluations will take place on your start-date anniversary every year.

Evaluations are used only to improve your job performance; they do not necessarily guarantee an increase in pay, a title change, or new responsibilities.

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TEAM MEMBER RECOGNITION PROGRAMS

1) TEAM MEMBER RECOGNITION – TEAM MEMBER OF THE MONTH

- a. To submit a nomination for Team Member of the week, please write paolo@cetpa.org.
- b. Each month a **Team Member of the Month** will be chosen from various suggestions submitted to the address above.
- c. **Anyone can nominate anyone** based on “something” the recognized person did for a client, the company or for you.
- d. The action should take into consideration the following:
 - i. Excellent Treatment to our Clients
 - ii. Excellent Treatment to our Team Members
 - iii. Excellent Skills of your Supervisor or Team Member
 - iv. Teamwork Philosophy
 - v. Prevention Act of Excellence
 - vi. Clubhouse Act of Excellence
 - vii. Respect towards CETPA and each other
 - viii. Integrity towards CETPA
 - ix. Superior Performance
 - x. Revenue Generating Acts
 - xi. Or anything else you would like to recognize.
- e. The Team Member of the Month will have his/her name carved in a plaque that will hang in our office.
- f. They will also receive **\$100 as a reward for Excellence.**
- g. They will also get to participate in the **Employee of the Year** award. (section 2)

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h. Employee of the Month Schedule:

- i. 12/01/10 to 12/31/10 – January
 - ii. 01/01/11 to 01/31/11 – February
 - iii. 02/01/11 to 02/28/11 – March
 - iv. 03/01/11 to 03/31/11 – April
 - v. 04/01/11 to 04/30/11 – May
 - vi. 05/01/11 to 05/31/11 – June
 - vii. 06/01/11 to 06/30/11 – July
 - viii. 07/01/11 to 07/31/11 – August
 - ix. 08/01/11 to 08/31/11 – September
 - x. 09/01/11 to 09/30/11 – October
 - xi. 10/01/11 to 10/31/11 – November
 - xii. 11/01/11 to 11/30/11 – December
 - xiii. 12/01/11 to 12/31/11 – January 2012
- i. So what do I do?
 - i. Write to paolo@cetpa.org from your CETPA EMAIL.
 - ii. Tell us WHO you are recognizing.
 - iii. Tell us WHY you are recognizing them (be specific, do not use general statements.)
 - iv. Tell us the MONTH of the activity.
 - j. So, for February, you can recognize someone from January or February. Just let us know.

2)TEAM MEMBER RECOGNITION – TEAM MEMBER OF THE YEAR

- a. The **Team Member of the Year** will be selected from the twelve (12) winners of the Employee of the Month contest.
 - i. Period: 12/01/10 to 11/30/11.
- b. The **Team Member of the Year** will have his/her name carved in a plaque that will hang in our office.
- c. They will also receive the awesome amount of **\$500 as reward for Excellence.**

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3)TEAM MEMBER “NO-BUSINESS” MONTHLY LUNCH

- a. Each month, we will assign a date for our Team Member Luncheon compliments of CETPA.
- b. The December “no-business” lunch will be a pot-luck lunch based on the country from where your family is.

4)TEAM MEMBER BIRTHDAY

- a. During the Team Member Lunch, your birthday will be announced and celebrated.
 - i. So, during the lunch in January, all January birthdates will be celebrated from 01/01/10 to 01/31/10 and so on.

5)TEAM MEMBER ANNIVERSARY

- a. During the Team Member Lunch, your anniversary will be announced and celebrated.
 - i. So, during the lunch in January, all January birthdates will be celebrated from 01/01/10 to 01/31/10 and so on.

6)TEAM MEMBER ANNOUNCEMENTS

- a. During the Team Member Lunch, please feel free to announce any good news from any of our Team Members. For example: a new birth, a graduation, a completion of a certificate course, a marriage, etc.

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CLIENT'S GRIEVANCE PROCESS

1. When a patient has a grievance during their treatment at CETPA, the following procedure is to be followed:
Cuando un paciente tiene un agravio/problema con CETPA o sus empleados, se debe utilizar el siguiente procedimiento:
2. The patient approaches his/her Case Manager and informs him/her of the grievance.
El paciente informa a su consejero del agravio/problema.
3. The Case Manager will discuss the grievance with the patient and any clinical staff appropriate.
El consejero discutirá el agravio con el paciente y cualquier miembro de los empleados que estén envueltos.
4. The Case Manager and the patient will build a plan to resolve the grievance.
El consejero y el paciente desarrollarán un plan para resolver el agravio.
5. If the grievance is not resolved within seven (7) days, then the Case Manager will forward such grievance to the Executive Director.
Si el agravio no está resuelto dentro de siete (7) días, el consejero enviará el caso al Director Ejecutivo.
6. If the grievance is with the Case Manager, then, the patient can approach the Director directly.
Si el agravio es con el consejero, el paciente puede acercarse al Director directamente.
7. The patient can directly contact the licensing board of this facility, Office of Regulatory Services, Department of Human Resources at (404) 657-5728 or the Metro Regional MHMRSA Board at (770) 414-3052.
El paciente puede directamente contactar a la oficina que licencia esta clínica, Office of Regulatory Services, Sección de Recursos Humanos al (404) 657-5728, o a la Junta Regional del Sector Metro para servicios de Abuso de Sustancias al (770) 414-3052.
8. I understand that there will be no repercussions from filing a grievance.
Yo entiendo que no habrá retaliación debido a mi reporte de agravio.

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TERMINATION OF EMPLOYMENT

Employment relationships are entered into for mutual benefits. Thus, unless there is a written agreement to the contrary at any time, you may resign to pursue other opportunities or CETPA may determine that your services are no longer required at any time.

Sometimes it is necessary to terminate an employment relationship as a result of changing business conditions, reorganizations, or a purchase or sale resulting in the elimination or modification of a job or changes in job functions or technology. Should CETPA terminate your employment for one of the above or a similar reason, CETPA in its sole discretion, may choose to give pay in lieu of notice or any combination of pay and notice as CETPA may deem appropriate. You will not receive pay or notice in the event a CETPA business is acquired and the new owner continues your employment.

If you voluntarily terminate your employment, please give at least two (2) weeks notice to the Executive Director stating the reasons for resignation. Provided, the Executive Director shall have the discretion of requesting that such team member leave prior to the termination of such two (2) weeks period, with payment in full of all applicable monies due.

EXIT INTERVIEWS

When you leave CETPA' employ, CETPA may ask that you participate in an exit interview, usually with the Human Resources Department. The purposes of this interview include:

- Reviewing the reasons for your termination, layoff or resignation,
- Complete all final paperwork, and
- Ensuring the return of all CETPA property (which may include: keys, badge, corporate credit cards, home-based equipment, etc.)

Team Member's Signature

Print Name

Date