

SUBJECT: PERFORMANCE EVALUATIONS

PROCEDURE NO.: 780,000

Divisions Affected: All DHS Facilities/Programs Related DHS Policy(ies): DHS Policy 780.000

PURPOSE:

To provide guidelines for completing performance evaluations for DHS workforce members and to ensure DHS workforce members are appropriately evaluated in accordance with the rating standards set forth by Civil Service Rules, Memorandum of Understanding (MOU), and Physician Pay Plan requirements.

POLICY:

Management shall evaluate the performance and competency of all DHS workforce members based on the standards of efficient performance for the function/duties of the position in accordance with all regulatory requirements. All DHS workforce members shall be evaluated at least once each year and probationary employees by the end of the specified probationary period. A revised rating may be submitted by the appointing power at any time. Each workforce member's performance evaluation shall include a signed copy of the related job description. Exception: Physician's and mid-level providers must comply with privileging requirements.

Although non-County workforce members are not governed by Civil Service Rules, appropriate evaluation of performance, commensurate to that of County workforce members must be conducted. Non-County workforce members must receive performance assessments at 6months and 12-months from the beginning of their assignment, and annually thereafter, including competency assessment, as applicable. Certain contract agencies have been approved to independently be responsible for conducting performance assessments of their own staff and to certify that their employees are performing competently. Contract agencies must make the performance evaluations of contract staff available upon request

Note: Any exceptions to this policy with respect to who is evaluated and/or who is responsible for providing the evaluation must be approved by DHS Administration.

The immediate supervisors shall communicate to the workforce members the Department's expectations, the performance standards and expectations for the workforce member's

APPROVED BY:

JUNA JULIUM EFFECTIVE DATE: July 15, 2010

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position, and shall provide the necessary leadership and direction needed by their subordinates to meet and maintain the required performance standards.

In accordance with Memoranda of Understanding, annual step advancement for employees is contingent upon a current performance evaluation with a rating of "competent" or better. Physicians subject to the Physician Pay Plan and Management Appraisal and Performance Plan (MAPP) participants must achieve a rating of "met expectations" or better to receive their step/merit increase. If no performance evaluation is on file by the appropriate date, or if an employee receives a "needs improvement" or "failed to meet expectations" rating, the employee will not receive a step advance on their step anniversary date or merit increase, as applicable.

All managers and supervisors are expected to ensure performance evaluations are completed and fully executed on time. Managers and supervisors who fail to adhere to the performance evaluation policy and procedures will be subject to disciplinary action in accordance with DHS Policy 747, Disciplinary Action. MAPP managers/supervisors are subject to monetary penalties for late submissions of MAPP evaluations.

All managers and supervisors are required to attend performance evaluation training and, if applicable, MAPP orientation and goal writing training as determined by, offered by or coordinated through DHS Human Resources or the Los Angeles County Department of Human Resources.

DEFINITION:

Workforce member includes employees, contract staff, affiliates, volunteers, trainees, students, and other persons whose conduct, in the performance of work for DHS, is under its direct control, whether or not they receive compensation from the County.

Fully-executed performance evaluation is one that has been completed and signed by the rater, reviewer (as required), Department Head, and workforce member by the due date and in the correct order.

PROCEDURES:

I. Annual Report on Performance

Overall ratings should be expressed by the following terms:

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RATING	DESCRIPTION	DOCUMENTATION
Outstanding	This rating is used when all of the workforce member's work performance is consistently above the standards of the position. A substantial part of the performance exceeds supervisory and management expectations most of the time.	Factual evidence must be documented in writing to substantiate the rating
Very Good	This rating is used when a substantial part of the workforce member's work performance is well above the standards of performance required for the position and all other parts are at least competent.	Factual evidence must be documented in writing to substantiate the rating.
Competent	This rating is assigned when the workforce member's work performance is consistently up to or somewhat above the standards of performance required for the position.	This is the performance which is expected of a trained and qualified workforce member.
This rating is given when a significant part the workforce member's overall performant below the minimum standard for the position and it is reasonable to expect that the employee will bring performance up to an acceptable standard.		Factual evidence must be presented in writing to substantiate this rating. A new evaluation must be made within a period not to exceed six months from the day on which the workforce member is served with the "improvement needed" evaluation
Unsatisfactory	This rating should be given when a substantial part of the workforce member's work performance is inadequate and definitely inferior to the standard of performance required for the position.	Factual evidence must be presented in writing to substantiate this rating. This rating is accompanied by a discharge or reduction.

It is recommended that managers/supervisors provide the employee with a mid-point review during the probationary and annual rating period to ensure the employee is working at the expected level of performance, to provide an opportunity to review and obtain status of goals and objectives and make any necessary revisions, and to communicate additional expectations and provide positive feedback.

"Improvement needed" and "Unsatisfactory" ratings must be completed and fully executed **prior to** the performance evaluation ending date. An "improvement needed" rating is a transitional rating. It is an official notice to the employee that performance at this level cannot be continued and indicates that immediate and sustained improvement is required if the employee's performance is not to be considered unsatisfactory. Every possible means should be used to help the employee improve his/her performance. An "Improvement needed" rating requires implementation of a six-month performance improvement plan. Supervisors must

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keep thorough records during this period and keep the employee informed of his/her progress. If no follow-up rating is submitted at the end of six months, the employee will revert to his/her immediately prior status.

Management must consult with DHS Human Resources, Performance Management Unit at least three (3) months prior to the performance evaluation ending date to ensure the "Improvement Needed" or "Unsatisfactory" evaluation meets all Civil Service guidelines.

II. Physician Performance Evaluation Ratings

RATING	DESCRIPTION	DOCUMENTATION
Far Exceeded Expectations	All work performance is consistently above expectations	Factual evidence must be documented in writing to substantiate the rating.
Exceeded Expectations	A substantial part of the work performance is well above expectation	Factual evidence must be document in writing to substantiate the rating.
Met Expectations	Work performance is consistently up to expectations	This is performance which is expected of a trained and qualified workforce member. Documentation is not required, but recommended.
Needs Improvement	A significant part of the work performance is below expectations	Factual evidence is required in writing. A plan for improvement is required.
Failed to Meet Expectations	A substantial part of the work performance is inadequate and below expectations	Factual evidence is required in writing. This rating is accompanied by a discharge or reduction.

III. Management Appraisal Performance Plan Ratings

RATING	DESCRIPTION	DOCUMENTATION
Far Exceeded Expectations	Recognizes exceptional, unexpected, and highly successful outcome of performance, special assignments, or unusual opportunities. Significantly exceeds performance requirements on all job responsibilities, job skills, expectations and goals. Performance and quality of work are at such a high level that the manager is performing substantially beyond the scope normally expected of the present position	Factual written documentation is required to justify this rating. Performance and quality of work are at such a high level that the manager is performing substantially beyond the scope normally expected of the present position. This rating category is reserved for recognition of extraordinary performance.
Exceeded Expectations	Performance exceeded most and met all other performance requirements on all job responsibilities, job skills, behaviors,	Factual written documentation is required to justify this rating.

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Met Expectations	expectations and goals as defined in the performance plan. Performance met goals, behaviors and expectations as defined in the performance plan.	No documentation is required, but always recommended.
Needs Improvement Meeting Expectations	Performance failed to meet some of the goals, behaviors and expectations as defined in the performance plan. Performance or quality of work is slightly below the satisfactory level and must be improved to the level of "Met Expectations."	Factual written documentation is required to justify this rating. This performance rating requires a remedial performance plan, and within six months, a review and rating of performance with an overall rating of other than "Needs Improvement Meeting Expectations."
Failed to Meet Expectations	Performance failed to meet most of the goals, behaviors, and expectations as defined in the performance plan.	Factual written documentation is required to justify this rating. When performance receives this rating, the employee must receive a notice of reduction or discharge if still in service in accordance with the provisions of Civil Service Rule 18.

IV. Report on Probationer

The probationary period provides the employee with an opportunity to learn the duties and responsibilities of the position and to demonstrate his/her capabilities in carrying them out. The department uses this period to judge an employee's competence and make a determination to grant or withhold final appointment to that position.

The standard probationary period is 6-months, beginning on the employee's start/promotion date. Some classifications have a 12-month probationary period, as noted in the attachment.

Management should review the employee's work performance with him/her at least midway through the probationary/assessment period to provide the employee with constructive feedback and to take timely corrective action regarding problems with work performance. If the employee is going to fail his/her probationary period, the probationary report must be discussed with DHS HR Performance Management Unit at least three (3) months **prior to** the probationary ending date. If the Report on Probationer is not completed and fully executed before the rating period is over, the County workforce member automatically becomes permanent.

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Extending Probationary Periods

The probationary period may be extended by the appointing power only when the probationer has been on an approved extended leave of absence during the probation. If the probationary period needs to be extended, the manager must immediately notify DHS HR Operations Unit. The DHS HR Operations Unit will prepare a letter to the employee with a copy to the immediate supervisor, informing him/her that the length of the probationary period will be extended as determined by the return date of the employee. Once the employee returns, the supervisor shall immediately contact the Operations Unit who will in turn, prepare a subsequent letter to the employee indicating the new probationary period as calculated by the employee's return date.

V. Out-of-Service and Terminated Workforce Members

When an employee terminates employment, his/her most recent rating on file shall be the rating of record, and no additional rating need be made unless the performance has changed to "Unsatisfactory" or, as for MAPP employees and physicians, "Failed to Meet Expectations." If a new rating is to be given, the report must be completed, fully-executed and mailed by certified mail within 30 days of the employee's termination date.

VI. Signature Process

The workforce member being evaluated is the last person to sign the performance evaluation. The performance evaluation shall be signed in the following order:

Signature Order	County employees	County staff supervised by Non- County workforce members	Non-County Staff Supervised by County Employees
Rater	X	X	X
Reviewer	Optional	X	Optional
Department Head	X	X	X
Workforce Member	X	X	X

A performance evaluation is not fully executed until all signatures have been received.

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Note: A non-County workforce supervisor may sign a performance evaluation as a rater, but the reviewer and Department Head signature must be a County employee.

If an employee is unavailable to sign due to an extended leave of absence, a notation that the employee is "unavailable to sign due to extended leave" should be written on the employee signature line.

A workforce member may refuse to sign a performance evaluation. In such case, the rater or reviewer shall indicate such in the workforce member signature block, initial, and have a witness also sign and date.

VII. Due Dates

Annual performance evaluations must be completed, fully executed, and on file in DHS Human Resources thirty (30) days after the employee's PE Ending date, as noted below, and within a period that does not exceed one year prior to that date. For example, an employee whose employee number ends in "1" PE Ending Date is April 30. The PE rating period will be May 1 – April 30, and the rating will be due in HR by May 30. Performance evaluations must be submitted as follows:

Last Digit of Employee Number	Rating Period	PE Ending Date	DHS HR Submission Date
0	April 1 – March 31	March 31	April 30
1	May 1 – April 30	April 30	May 30
2	June 1 – May 31	May 31	June 30
3	August 1 – July 31	July 31	August 30
4	September 1 – August 31	August 31	September 30
5	October 1 – September 30	September 30	October 30
6	November 1 – October 31	October 31	November 30
7	December 1 – November 30	November 30	December 30
8	February 1 – January 31	January 31	February 28
9	March 1 – February 28	February 28	March 30

The MAPP rating period begins July 1 and extends through June 30 of the following year. MAPP self-assessments are due based on instructions provided by the Department of Human Resources. The MAPP merit increase date is October 1.

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Non-County workforce member performance is assessed at six (6) months and twelve (12) months of assignment and annually on their anniversary date.

VIII. Interim Reports

An employee who is transferred or promoted during the rating period must be rated for his or her performance during the period prior to the transfer or promotion. If the employee is promoted to an item in which the probationary period ends prior to the end of the employee's rating period, the employee will also need to be rated for the period between the end of probation to the end of the rating period. For example: Sally's employee number ends in "3", her PE Ending Date will be July 31, and the annual rating period is August 1 – July 31. Sally was promoted on October 15. Sally must be rated for the following periods:

- August 1 October 14
- Her 6-month probationary period October 15 April 14
- April 15 July 31 to complete her entire rating period.

MAPP participants may be familiar with the term "interim review." An interim review with respect to MAPP is a review of the employee's performance and goal status mid-way through the probationary and annual rating periods, not to be confused with the interim reports above that also apply.

IX. Out-of-Class Assignments

Performance evaluations shall clearly document any out-of-class assignment where the employee is required to perform the duties of a higher-level classification. The documentation must include a description of all the out-of-class duties, the period of time during which the duties were performed, who authorized the out-of-class duties, the reason why the out-of-class assignment was necessary, and an evaluation of the employee's job performance in the out-of-class assignment.

DIRECT PATIENT CARE PROVIDERS

The performance evaluation of all direct patient care providers who do not have clinical privileges will address the population of the patients they serve. Direct patient care providers who are not subject to the credentialing and clinical privileging process (i.e. registered nurses,

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licensed vocational nurses, respiratory care practitioners, radiologic technologists, etc.) must be evaluated relative to their competency to provide specific care, treatment, service and/or assessment of the patients in their care.

PHYSICIAN PERFORMANCE EVALUATION & PERFORMANCE EXPECTATIONS

A probationary performance evaluation is required for County physicians and annually, thereafter. Six (6) month and annual performance assessments are also required for non-County physicians.

Physicians contracted to provide services to DHS patients must undergo an annual performance evaluation within the last 12 months prior to contract renewal. The performance evaluation form used for County physicians will also be used to evaluate contract physicians

All Department Chairs are responsible for ensuring that the performance evaluation process is completed and the fully-executed performance evaluation, inclusive of performance expectations, is on file in Human Resources at the appropriate time (i.e., 30 days prior to PE ending date). Contract physician performance evaluations should be maintained in the department/area file. Failure to complete or untimely completion of performance evaluations will be noted in the Department Chair's performance evaluation.

In addition to the annual performance evaluation, all attending staff (i.e. physicians, podiatrists, dentists, and clinical psychologists) shall be subject to the credentialing and privileging process in accordance with Medical Staff By-Laws and/or legal/regulatory mandates.

If the physician does not receive a performance evaluation by the due date, the physician may submit a written request to the Department Head or designated representative to issue a performance evaluation. The Department Head or designated representative shall issue a performance evaluation within five (5) days of the physician's request. If the rating is "met expectations" or better, the physician shall be granted a step advance effective on his step advance anniversary date.

NON-COUNTY WORKFORCE MEMBERS

A Non-County workforce member must receive a written job description detailing the functions, duties and responsibilities of the assignment.

A Non-County workforce member must receive a performance assessment at 6-months and 12-months beginning from the day assigned, and annually thereafter. The performance

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evaluation form used for County employees will also be used to evaluate non-County workforce members. The notation "Non-County Workforce Member" must be noted at the top of the performance evaluation form.

Management should review the workforce member's performance with him/her midway through the initial 6-month and annual assessment period to provide constructive feedback. If the workforce member is assessed at an "improvement needed" or "unsatisfactory" level and/or is unable to satisfactorily complete the competency assessment process, he/she should be released from assignment and placed in a "Do Not Send" status.

Non-County workforce members must participate in competency assessments, as applicable. Failure to satisfactorily complete competency assessments will result in release from assignment.

Management must follow DHS HR policies and procedures pertaining to exit clearance for Non-County workforce members who fail to exhibit the appropriate level of performance for their assigned position.

Performance assessments for Non-County workforce members shall be kept in the department/area file.

MANAGEMENT APPRAISAL AND PERFORMANCE PLAN (MAPP)

Management employees who are part of the County's Management Appraisal and Performance Plan (MAPP) shall be evaluated according to the provisions of the Los Angeles County Code and applicable Department of Health Services' guidelines. The MAPP rating period begins on July 1 and ends on June 30 of the following year. Each MAPP employee/participant is required to develop goals that are representative of their job responsibilities and also reflect management, departmental and County goals and objectives. At the end of the rating period, the MAPP participant is required to complete a self-assessment detailing his/her accomplishments in relation to his/her goals as well as a reflection of certain established work standards and behaviors. The MAPP participant will then be rated by his/her supervisor based on the employee's self-assessment and the manager's general knowledge of the employee's work performance. MAPP evaluations are completed online on the Los Angeles County Performance Net. Probationary MAPP employees will either have a 6-month or 12-month probation depending upon the classification. Probationary MAPP employees must also have an Interim Review conducted by the supervisor midway through the probationary period, in accordance with Civil Service Rule 20.11.

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GRIEVANCES

Grievances pertaining to performance evaluations may be filed in accordance with applicable Memorandum of Understanding (MOU) and/or DHS grievance procedures. An employee may attach an addendum/rebuttal to the performance evaluation as part of the grievance process.

PROCEDURE:

MANAGER/SUPERVISOR RESPONSIBILITIES

- 1. Supervisors and/or managers shall be responsible for completing the performance evaluation/assessment for all workforce members for whom they sign a timecard, time sheet or applicable documentation.
- 2. Each manager or supervisor is responsible for developing an individual or area specific job description detailing the assigned functions of each classification/workforce member. The job description shall include the duties and responsibilities relative to the population of the patients served, if applicable. Each workforce member shall be evaluated based upon the issued job description.
- 3. Job descriptions will be issued to each workforce member, modified, and reissued as necessary (i.e. changes in assignment, promotions, demotions, prolonged assignment to a special unit/project, etc.) and shall be reviewed with the workforce member upon hire/assignment, annually or as necessary. This is especially important if an employee is assigned to and is performing out-of-class duties, or receiving a bonus for additional responsibilities.
- 4. Performance evaluations must be submitted in accordance with the defined due dates to DHS HR with the appropriate signatures and attachments (Form HS-1025) as required by this policy. If applicable, all licensure/certification/registration/permit information should be submitted with the performance evaluation and shall include a copy of the primary source verification from the issuing agency. A copy of the valid driver license must be submitted for workforce members who drive County vehicles and/or personal vehicles on County business.
- 5. Performance evaluations must reflect, at a minimum, the signatures of the rater and department head. If the rater is the department head, the performance evaluation must also be signed by the person to whom the department head reports. **Signatures of the**

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rater, reviewer (optional), and department head must be obtained prior to discussing the evaluation with the workforce member.

- 6. Performance evaluations should be discussed with the workforce member. At the conclusion of the discussion, a true copy of the full report shall be handed or mailed to the workforce member within 20 days from the date the report is presented to the workforce member for signature, unless a revised report is being prepared, in which case such revised report shall be handed or mailed to the workforce member. Management should contact DHS HR/facility HR if a copy of the performance evaluation needs to be mailed to the workforce member.
- 7. If the employee has been on leave 9 consecutive months or more, the rater must note on the performance evaluation that he/she is unable to rate the employee due to an extended leave. The following phrase should be noted on the performance evaluation, "Unable to rate due to extended leave of absence."
- 8. If a workforce member has been assigned to a supervisor/manager less than 90 days, the previous supervisor/manager must complete the performance evaluation. If the assignment has been between 90 and 180 days, the supervisor/manager must obtain input from the workforce member's previous supervisor/manager. This must be noted on the performance evaluation. If the former supervisor/manager is not available, another manager familiar with the workforce member's performance can complete the evaluation or provide input.

DHS HUMAN RESOURCES (DHS HR) RESPONSIBILITIES

- 1. DHS HR and facility HR offices will provide supervisor with a reminder to complete performance evaluations 90 days prior to the date the workforce member's performance evaluation is due.
- 2. DHS HR will generate a monthly delinquency report and instruct supervisors/ managers to submit delinquent performance evaluations. Performance evaluations should be submitted immediately after receipt of the delinquency report.
- 3. Upon receipt of a performance evaluation submitted by the responsible supervisor/manager, DHS HR will review each one for completeness. This includes ensuring the Agreement of Understanding (HS-1025) form is appropriately completed, verification was conducted of licensure/certification/ registration/permit and health

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screening of appropriate workforce members, emergency and home contact information is completed, and signatures and/or initials are obtained on all pages.

- 4. DHS HR/facility HR Operations units will input performance evaluation information into CWTAPPS or other applicable database and file the original performance evaluation in the workforce member's official personnel folder.
- 5 For workforce members on leave, DHS HR will mail a copy of the performance evaluation to the workforce member's last known address via certified mail.

ATTACHMENTS (Agreement of Understanding, Form HS-1025)

It is the supervisor's responsibility to include all licensure/certification/registration/permit information, if applicable, and verified health clearances. A copy of the primary source verification printout must also be included. The printout must be obtained at the onset of employment/assignment, transfer, promotion and/or prior to the expiration date of the license/certificate/registration/permit.

A completed performance evaluation will include a check-off list (Form HS-1025) signed by both the employee and supervisor, which acknowledges that the following information was received by and obtained from the workforce member, as applicable, and submitted with the performance evaluation.

Note: In lieu of the HS-1025 form, Non-County workforce members must receive the DHS Non-County Workforce Member Comprehensive Policy Statement (CPS) and sign the appropriate acknowledgment form with the annual performance evaluation.

PEFORMANCE EVALUATION ATTACHMENTS (Must be submitted with completed Performance Evaluation)

- 1. Signed HS-1025 (Agreement of Understanding) Form.
- Attestation that the County workforce member reviewed all DHS polices and procedures listed on the Form HS-1025. The attestation must be signed by the County workforce member and supervisor.
- 3. Verification of License/Certification/Registration/Permit. Driver License must be verified if the workforce member actually drives on County business. Manager/supervisor shall view

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the original Driver License, note expiration date on Form HS-1025 and sign to verify. A copy of the Driver License and the Driver License number is not required to be recorded.

- 4. Verification of Health Evaluation, annual or as applicable.
- 5. Current Contact Information.
- 6. Current Emergency Contact Information

All pages of the HS-1025 form must be signed and/or initialed, as applicable, by both the workforce member and the supervisor.

HS-1025 form requirements are subject to change. It is recommended that the latest version of the original form or web printout be used, not a photocopy, and facilities/units only keep a minimal supply on hand. The most current revision of the HS-1025 form will be posted to the DHS Intranet and facilities/units will be notified by e-mail when new forms are available. The Performance Evaluation forms and applicable DHS policies and procedures can be obtained from the DHS Intranet.

REFERENCES:

California Code of Regulations, Title 22, Section 70719(a)(3)
Los Angeles County Code, Title 5, Appendix
Civil Service Rule 20
Joint Commission Standards (Management of Human Resources)
Centers for Medicare and Medicaid Services (CMS) Standard
DHS Employee Evaluation and Discipline Guidelines
Applicable Memorandum of Understanding (MOU)
Physician Pay Plan

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CLASSIFICATIONS WITH 12-MONTH PROBATIONARY PERIOD

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0722	SENIOR HLTH SERVS FISCAL ANALYST
0747	FINANCIAL SPECIALIST I
0755	FISCAL OFFICER II, HEALTH SERVICES
0895	ADMINISTRATIVE INTERN I
0909	COMMISSION ASST, SUBSTANCE ABUSE
0923	SUPVG STAFF ASSISTANT, NURSING
0926	SENIOR STAFF ASSISTANT, NURSING
0927	CREDENTIALING SPECIALIST
0928	MEDICAL STAFF COORDINATOR
0979	PROG MANGER III HEALTH SVS
0998	MANAGEMENT FELLOW
1004	ADMINISTRATIVE SERVICES MANAGER III
1036	CHIEF, FISCAL SVCS, SUBSTANCE ABUSE
1070	CHIEF, PUBLIC HEALTH, ADMINISTRATION
1077	HD,MGT SERVS,HLTH SERVS
1189	ADMITTING SUPERVISOR
1190	BILLING SUPERVISOR
1396	MEDICAL RECORDS DIRECTOR III
1397	HEALTH INFO MGMT DIRECTOR, MED CTR
1517	DISASTER SERVICES SPECIALIST
1599	SENIOR PUBLIC INFORMATION ASSISTANT
1602	PUBLIC INFORMATION REPRESENTATIVE
1611	PATIENT RELATIONS SPECIALIST
1759	EPIDEMIOLOGIST
1761	CHIEF EPIDEMIOLOGIST
1874	EMPLOYEE DEV SPECIALIST, HLTH SVCS
1882	HD DEPARTMENTAL CIVIL SERVICE REP
1888	TRAINING COORD,M L KING JR HOSP
2156	SECRETARY, HEALTH SERVICES COMMIS.
2390	SERVICE UNIT MATERIALS MANAGER II
2391	SERVICE UNIT MATERIALS MANAGER III
2396	MATERIALS MGT OPER ANALYST, MED CTR
2397	WAREHOUSING & SUPPLY OPS.,MED.CTR.
2398	PURCHASING SPECIALIST, MED. CENTER

Item No.	Classification
2399	STANDARDIZ.& SPEC.COORD.,MED.CTR.
2400	ASST STANDARD & SPEC COORD, MED CTR
2402	PROCUREMENT SUPERVISOR, MED CTR
2404	HOSPITAL MATERIALS MANAGER
2405	MEDICAL CENTER MATERIALS MANAGER
2622	MATERIALS MNGT SYSTEMS COORD.
2624	DATA ELEMENTS CRD,HLTH SRVS
2681	VOLUNTEER PROGRAMS COORDINATOR I
4118	CHIEF, FACILITIES PLANNING, HS
4354	HEAD TOXICOLOGIST
4396	HEAD,OCCUPATIONAL HEALTH SERVS
4569	EXECUTIVE MANAGER, HS
4573	CHIEF, PUBL HLTH RECORDS & RESEARCH
4575	CHIEF, CONTRACT MONITORING, H.S.
4581	CHF., MGT. SYS., HEALTH SVCS.
4582	SUPVR, CONTRACTS & GRANTS, H.S.
4585	CHIEF FINANCIAL MGMT, HEALTH SERVS.
4586	ADMIN, CONTRACT PGMS & SPEC. SVCS.
4591	CHIEF, AUDIT AND COMPLIANCE, HS
4594	SENIOR STAFF ANALYST, HEALTH
4596	EMERGENCY MEDICAL SYSTEMS PROG HD
4597	SENIOR EMERGENCY MED SYS PROGRAM HD
4598	PROG DIR,OFC ALCHL PGMS, H.S.
4600	EMERGENCY MED SERVS ASST DIRECTOR
4601	AREA HEALTH OFFICER, PUBLIC HEALTH
4603	ADMR, SPECIALIZED HEALTH PROGRAM
4604	PROGRAMS ADMINISTRATOR,HLTH SERVS
4605	CHF,BUDGET MGMT,HEALTH SERVS
4606	CHF,EXPENDITURE MGMT,HLTH SERVS
4607	CHF,PROG REIMBURSEMENT,HLTH SERVS
4608	CHF,REVENUE MGMT,HEALTH SERVICES
4609	ASST PGM DIR, OFC ALCHL PGMS, H.S.
4610	ASST PGM DIR, DRUG ABUSE. HLTH SVCS
4612	EMERGENCY MEDICAL SERVICES DIRECTOR

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CLASSIFICATIONS WITH 12-MONTH PROBATIONARY PERIOD

Item No.	Classification
4615	SENIOR CONTRACT PROGRAM AUDITOR
4618	CHIEF, DRINKING DRIVER PROGRAMS
4619	HEAD CONTRACT PROGRAM AUDITOR
4622	AREA ADMINISTRATOR, PUBLIC HEALTH
4628	SPECIAL ASST II, HEALTH SRVS
4630	ADMINISTRATOR, COLLEGE OF NURSING + ALLIED HEALTH
4769	HEAD DENTIST
4777	DENTAL DIRECTOR II
4855	HEALTH EDUCATION COORDINATOR
4866	OCCUPATIONAL HEALTH PHYSIOLOGIST
4868	EXERCISE PHYSIOLOGY TECHNICIAN
4898	LABORATORY DISTRIBUTION CTR SUPVR
4899	MEDICAL TECHNOLOGIST, DATA SYSTEMS
4907	CLINICAL LAB SCIENTIST ASST ADM SUPVR
4908	CLINICAL LAB SCIENTIST ADMV SUPERVISOR
4986	PHLEBOTOMY SERVICE SUPERVISOR
4987	PHLEBOTOMY SERVICE SUPERVISOR (NON-MEGAFLEX)
5005	PUBLIC HEALTH LABORATORIES ASST. DIRECTOR
5006	PUBLIC HEALTH LABORATORIES DIRECTOR
5051	SENIOR PHYSICIAN'S ASSISTANT
5079	CENTRAL SERVICES MANAGER I
5080	CENTRAL SERVICES MANAGER II
5089	HOME NURSING ATTENDANT
5096	UNIT SUPPORT ASSISTANT
5108	REHABILITATION ASSOCIATE
5174	SUPERVISING NURSE-ANESTHETIST
5287	ASSISTANT NURSING DIRECTOR, EDUCATION
5288	NURSING DIRECTOR, EDUCATION
5295	ASSISTANT NURSING DIRECTOR, ADMINISTRATION
5296	NURSING DIRECTOR, ADMINISTRATION
5297	NURSING DIRECTOR, RESEARCH
5298	CLINICAL NURSING DIRECTOR I
5300	CLINICAL NURSING DIRECTOR III
5304	CHIEF NURSING OFFICER I

Item No.	Classification
5308	CHIEF NURSING OFFICER II
5309	CHIEF NURSING OFFICER III
5314	ASSISTANT NURSING DIRECTOR I
5415	SUPERVISOR OF RESIDENTS,MD
5508	INTERN PHARMACIST
5515	DRUG INFORMATION CENTER COORDINATOR
5517	PHARMACY SUPERVISOR II
5525	ASST CHIEF,PHARMACY SERVS,MED CNTR
5528	PHARMACY SERVICES CHIEF I
5535	HEALTH FACILITIES CONSULTANT,PHARM
5536	DIRECTOR, PHARMACY SERVICES, HS
5572	CHIEF,PULMONARY PHYSIOLOGY LAB
5592	RESPIRATORY SERVICES MANAGER
5624	EMERG PT TRANSFER COORD (NON-MEGAFLEX)
5625	EMERGENCY PATIENT TRANSFER COORD
5627	SR. EMERGENCY PATIENT TRANS. COORD
5650	CHIEF, PUB HEALTH INVESTIGATION
5676	CHIEF VECTBORNE DISEASE SURVEILANCE PROGRAM
5680	ENVIRONMENTAL HEALTH TRAINING COORDINATOR
5687	DIR,ENVIRON PLANNING & EVALUATION
5688	ENVIRONMENTAL HEALTH SERVICES MGR
5689	DIR, DISTRICT ENVIRONMENTAL SERVICES
5692	ENVIRONMENTAL HEALTH DEPUTY
5697	HEALTH FACILITIES EVALUATOR TRAINEE
5702	HEALTH FACILITIES EVALUATOR I
5706	HEALTH FACILITIES PROGRAM MANAGER
5712	ASST CHF,HLTH FACILITIES INSPN DIV
5713	CHIEF HLTH FACIL INSPECTION DIV
5732	SENIOR VETERINARIAN
5734	CHIEF VETERINARIAN
5751	PODIATRIST
5779	HEAD MEDICAL RADIATION PHYSICIST
5815	CHIEF RADIOLOGIC TECHNOLOGIST I
5816	CHIEF RADIOLOGIC TECHNOLOGIST II

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CLASSIFICATIONS WITH 12-MONTH PROBATIONARY PERIOD

Item No.	Classification
5820	THERAPY SERVICES CHIEF,CMS
5821	OCCUPATIONAL THERAPY CHIEF III
5822	RECREATION THERAPY CHIEF
5823	OCCUPATIONAL THERAPY CHIEF I
5826	REHABILITATION THERAPY CHIEF
5827	PHYSICAL THERAPY CHIEF I
5828	PHYSICAL THERAPY CHIEF II
5831	PHYSICAL THERAPY CHIEF III
5877	PODIATRY SERVICES COORDINATOR
5880	PODIATRIST
5881	DRIVING INSTRUCTOR, HANDICAPPED PAT
5886	SPEECH PATHOLOGY CLINICAL FELLOW
5893	AUDIOLOGY CLINICAL FELLOW
5897	CHIEF, COMM DISORDERS, RANCHO
6687	MGR III, FACILITIES OPNS & CRAFTS
6688	MANAGER IV, FACILITIES OPERATIONS AND CRAFTS
6805	MGR,AREA CUSTODIAL OPERATIONS
6808	CONTRACT SVCS ANALYST, BLDG SVCS
6886	LAUNDRY COORDINATOR
7088	DIRECTOR OF MEDICAL PHOTOGRAPHY
8038	ASSISTANT HOSPITAL ADMINISTRATOR I
8040	LABORATORY SERVICES MANAGER
8041	ASSISTANT HOSPITAL ADMINISTRATOR II
8044	ASSISTANT HOSPITAL ADMINISTRATOR IV
8048	ASST ADMN, COMPREHEN AMBULATORY HCC
8049	ADMR,COMP AMB HEALTH CARE CENTER
8054	ASST REHABILITATION CENTER MANAGER
8055	REHABILITATION CENTER MANAGER
8058	CHIEF, REHABILITATION CENTERS
8059	HEALTH SERVICES MANAGEMENT FELLOW
8062	SR COMMUNITY LIAISON REP
8063	REVENUE MANAGER I
8065	REVENUE MANAGER II

Item No.	Classification
8070	FINANCE MANAGER, LAC+USC MED CTR
8072	DIR, ADMISSIONS & PT FIN SVCS
8073	ASSOCIATE HOSPITAL ADMINISTRATOR I
8074	MEDICAL CTR UNIT ADMINISTRATOR I
8075	ASSOCIATE HOSPITAL ADMINISTRATOR II
8076	MEDICAL CTR UNIT ADMINISTRATOR II
8077	ASST HOSP ADMINISTRATOR, GEN HOSP
8081	HOSPITAL ADMINISTRATOR I
9020	CLINICAL SOCIAL WORK CHIEF I
9021	CLINICAL SOCIAL WORK CHIEF II
9022	CLINICAL SOCIAL WORK CHIEF III
9023	ASST CHIEF, CLINICAL SOCIAL WORK
9043	CHIEF,PSYCHIATRIC SOCIAL WORK
9144	STAFF DEVELOP SPECIALIST, HS
9188	PATIENT FINANCIAL SVCS CTRL WKR (NON-MEGAFLEX)
9190	CHF, ADMISSIONS & PATIENT FIN SVS
9191	PAT FINANCIAL SERVS CONTROL SUPV
9196	HEAD PATIENT FINANCIAL SERVICES WKR

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