

<p>ONEIDA TRIBE OF WISCONSIN STANDARD OPERATING PROCEDURE</p>	<p>TITLE: Exception to the GED Policy</p>	<p>SOP NO. 05-03 DATE: 09-30-99 REVISION DATE: 08-29-00</p>
<p><i>DIVISION:</i> Internal Services</p>	<p><i>APPROVED BY:</i> Manager/Supervisor</p>	<p>DATE:</p>
<p><i>DEPARTMENT:</i> HRD</p>	<p><i>APPROVED BY:</i> Director</p>	<p>DATE:</p>
<p>Author: Marianne J. Close</p>	<p><i>APPROVED BY:</i> Board Chair/Other <i>Barbara J. Connelley</i></p>	<p>DATE: 9-20-2000</p>
<p>PAGE NO: 1 of 2</p>	<p><i>REVIEWED BY:</i> HRD <i>Barbara Kelly</i></p>	<p>DATE: 9/21/00</p>

1.0. **PURPOSE:** To establish a process to waive the GED requirements for employees with a lack of cognitive ability to obtain a GED or HSED or High School Diploma.

2.0 **DEFINITIONS**

- 2.1. HSED - High School Equivalency Diploma
- 2.2. GED - General Equivalency Diploma
- 2.3. DVR - Department of Vocational Rehabilitation

3.0 **WORK STANDARDS**

- 3.1. Perspective employee's age fifty (50) and over are exempt from obtaining a High School Diploma or HSED or GED.
- 3.2. Employees below age 50 who are hired and do not have a High School Diploma or HSED, or GED will have one (1) year from their date of hire to obtain their High School Diploma or HSED or GED unless the employee is age 49 when hired.
- 3.3. Employees may request an exception to the GED Policy if they have been assessed by a certified Vocational Rehabilitation Counselor from a recognized institution and the assessment clearly indicates that he or she does not have the cognitive ability to obtain a GED or HSED or High School Diploma.
- 3.4. This Standard Operating Procedures does not apply to employees hired in positions in which the position requires a post-secondary degree of a vocational degree or associate degree or bachelors degree or masters degree, etc.

4.0. PROCEDURE

The Employee:

- 4.1. Obtains a GED Waiver Request Form from the Human Resources Department.
- 4.2. Complete Section A of the GED Waiver Request Form.
- 4.3. Attaches a copy of the employee's current job description to the GED Waiver Request Form.
- 4.4. Forwards the GED Waiver Request Form to a certified Vocational Rehabilitation Counselor to complete Section B.

The Vocational Rehabilitation Counselor:

- 4.5. Completes Section B. on the GED Waiver Request Form and attaches supporting documentation.
- 4.6. Forward GED Waiver Request Form with Section A and B completed and if applicable, additional documentation with the attached job description to the employee's supervisor.

The Supervisor:

- 4.7. Reviews the GED Waiver Request Form and if applicable, additional supporting documentation, and completes Section C.
- 4.8. Forward the GED Waiver Request Form and if applicable, additional supporting documentation, with the attached job description to the Human Resource Department Manager or designee.

The Human Resource Department Manager or Designee:

- 4.9. Reviews the GED Waiver Request Form and if applicable, additional supporting documentation, to insure the assessment was performed by a certified Vocational Rehabilitation Counselor,
- 4.10. Contacts the supervisor for more information on the request if there is missing documentation.
- 4.11. Completes Section D of the GED Waiver Request Form concurring or denying the employee's request for exception from the Tribal GED Policy.
- 4.12. Forward the GED Waiver Request Form and the attached Job Description to the Records Department Team Leader in HRD

The Records Department Team Leader in HRD:

- 4.13. Makes two (2) copies of the completed GED Waiver Request form.
 - 4.11.1 Send one (1) copy of the GED Waiver Request Form to the Supervisor
 - 4.11.2 Send one (1) copy of the GED Waiver Request Form to the Employee.
- 4.14. File the original GED Waiver Request Form in the Employee's File.

5.0 REFERENCES

GED Policy (OBC approved 10/21/92)

GED WAIVER REQUEST FORM

A. Name of Employee _____ Employee Number: _____
Position Title: _____ Position Number: _____
Department: _____ Division: _____

PLEASE ATTACH A COPY OF THE EMPLOYEE'S JOB DESCRIPTION

_____ (*Employee's Name*) requires an assessment on cognitive ability to obtain a High School Diploma or HSED or GED. The Oneida Tribe requires all employees below the age of 50 who are hired and do not have a High School Diploma or HSED or GED to acquire one of these within one (1) year of their date of hire.

B. Counselor's Report/Recommendations:

Assessment was completed on _____
(Month) (Date) (Year)

Counselor's Name: _____
(Please Print)

Counselor's Signature/Date: _____

C. Supervisor's Comments:

I received this GED Waiver Request Form and will forward it to the HRD Manager.

Supervisor's Signature/Date: _____

D. Human Resource Manager or Designee's Comment:

I agree with the above recommendations to waiver the GED requirement for the employee listed in A. on this form. YES or NO

Human Resource Manager or Designee's Signature/Date: _____

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GED POLICY
(OBC approved 10/21/1992)

The Oneida Tribe is a firm advocate of Education. All job descriptions that do not require additional training or education will allow perspective employees to obtain their High School Diploma, HSED or GED within one year of employment or be laid off from employment unless the following conditions are met:

1. Newly hired employees will have their probationary period of three months to enroll and actively participate, with a good faith effort, in an approved GED/HSED Program.
2. Good faith effort is determined as:
 - (1) Employee will have been registered with the Goal Lab at least three months prior to employment anniversary date;
 - (2) Employee will have taken the initial assessment to determine skill level;
 - (3) Employee is currently attending classes a minimum of three times per week.
3. Employees who have made a good faith effort to obtain their High School Diploma, HSED or GED will be granted an extension. The extension period will be determined by the Human Resources Manager/designee with consultation from appropriate department/agencies.
4. Good faith effort in reference to supervisor/manager is determined as:
 - (1) Supervisor will allow up to five hours a week to attend classes.
 - (2) Supervisor will keep employee on one shift so employee will have the opportunity to attend HSED/GED classes as scheduled.
5. Employees who transfer or obtain tribal employment (without a break in service) in another department/program will adhere to the one year GED time limit from the previous position.
6. Employees will make every attempt to schedule their classes outside their working hours. Management shall assist employee's who hold a position within the Tribe that requires shift changes. These employee's will be allowed up to five hours of work time until they receive their HSED/GED.
7. If the employee does not comply with the stated conditions, that employee will be laid off from their position until he/she furnishes the Human Resources Department with documentation that they have complied with the requirement.
8. An employee will be granted an extension if employee submits documentation that all GED classes are filled and when the first opening is available. Employee will keep immediate supervisor abreast of the situation.
9. Perspective employees age fifty and over are exempt from this requirement. Employees who reach the age fifty while employed will no longer be required to meet this requirement.

I acknowledge and understand the conditions of the GED Policy as stated above. I, hereby, accept and agree to these conditions of employment.

Employee Signature

Date

Print Name: _____

Employee #: _____

HRD OFFICE USE ONLY

Supervisor: _____

Employee Anniversary Date: _____
(1 year from start date)



GED/HSED EMPLOYEE CAREER PLAN

NAME: _____

EMP. # _____

DEPT: _____

HIRE DATE: _____

*****INSTRUCTOR'S USE ONLY*****

GED Enrollment Date: _____ Estimated completion date (month/day/year): _____

____ Clock Hours Completed as of _____.

Independent Study: ___ YES ___ NO

How many hours a week and/or month should this employee attend class to complete the GED within one (1) year of hire date? _____

Does this employee have to ability to complete the GED/HSED within one year from hire date? If no, why? _____

If all classes are currently filled, when will the next one be available? _____

Instructor's Signature

Date

*****EMPLOYEE/SUPERVISOR*****

Submitted, discussed and agreed upon between the employee and supervisor. (Will be subject to Gaming Human Resource review and approval)

Employee's Signature

Date

Supervisor's Signature

Date

***** HUMAN RESOURCES USE ONLY *****

____ Approved

____ Disapproved

Gaming Human Resources

Date

Reasons if denied: _____

(WHITE) HRD

(YELLOW) SUPERVISOR

(PINK) EMPLOYEE

(GOLDENROD) INSTRUCTOR