



Eric Hawkins
Chief of Police

ALBANY, NEW YORK
POLICE DEPARTMENT
165 HENRY JOHNSON BOULEVARD
ALBANY, NEW YORK 12210



1789

COMPENSATION, BENEFITS AND CONDITIONS OF WORK
GENERAL ORDER NO: 2.3.45

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Distribution: All Personnel	Page: 1 of 6
Issuing Authority: Chief Eric Hawkins	

PURPOSE: The purpose of this policy is to outline employee compensation, benefits, and conditions of work.

POLICY: It is the policy of the Albany Police Department to provide a compensation and benefits package designed to attract and retain qualified employees, and to provide career advancement and promotional incentives.

I. COMPENSATION

A. Salaries for position within the department can be located in the following:

1. Collective bargaining agreements; and
2. Job postings.

B. Salary programs will be based upon levels. Not all levels pertain to all job classifications. The levels are categorized by the following:

1. Entry-level salary;
2. Salary differential within ranks;
3. Salary differential between ranks; and
4. Salary augmentations.

a. Salary augmentations could be described as, but not limited to, clothing allowance, longevity pay, command stipend, plain clothes duty pay, and shift differential pay.

C. Employees authorized for overtime pay shall refer to their respective collective bargaining agreements or the [City of Albany Policy and Procedures Manual](#) for further detailed information.

1. This shall also pertain to those employees who are eligible for compensatory time in lieu of monetary compensation for overtime worked.

II. BENEFITS

- A. The [City of Albany Policy and Procedures Manual](#), as well as current collective bargaining agreements, detail the benefits and leave programs employees are entitled to.
- B. Employees are enrolled in the New York State Employees' Retirement System at the time of hire. A full explanation of retirement benefits and contributions is provided when an employee is hired.
 - 1. Employees may also refer to their respective collective bargaining agreement, if they so apply.
- C. A health insurance program is available to eligible employees. It provides employees and their families with comprehensive health insurance protection. Eligible employees are offered the opportunity to enroll for health insurance at the time of employment.
 - 1. Employees may also refer to their respective collective bargaining agreement, if they so apply.
- D. Employees are covered under Worker's Compensation plans regarding disabilities or death that may occur as a result of an occupational injury or illness.
 - 1. Employees may also refer to their respective collective bargaining agreement, if they so apply.
 - 2. The City of Albany also offers to its eligible employees a discount life insurance program.
- E. Eligible employees are afforded liability protection through indemnification.
 - 1. Employees will be covered from any judgment against them based on actions taken in performance of their duties or within the scope of their employment.
- F. The City of Albany encourages its' employees to pursue educational activities that are directly related to their jobs during off-duty hours at accredited higher or secondary educational institutions.
 - 1. Eligible employees shall refer to the [City of Albany Policy and Procedures Manual](#), as well as the employee's current respective collective bargaining agreement, if applicable, for further detailed information.

III. LEAVE PROGRAMS

- A. Employees are entitled to certain leave programs; depending on their job title and position.
 - 1. Employees shall refer to the [City of Albany Policy and Procedures Manual](#), as well as the employee's current respective collective bargaining agreement, if applicable, for detailed information regarding types of leave, accrual rates, limitation rates, and circumstances and conditions under which leave would be afforded. This includes the following leave

programs:

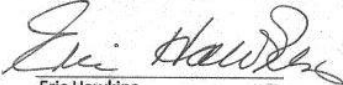
- a. Administrative leave;
 - b. Holiday leave;
 - c. Sick leave;
 - d. Vacation (annual) leave;
 - e. Family medical leave; and
 - f. Short-term military leave.
2. Employees shall also refer to the [City of Albany Policy and Procedures Manual](#), as well as applicable collective bargaining agreements for detailed descriptions on how leave is applied for and granted.

IV. CLOTHING AND EQUIPMENT

- A. Approved uniforms and equipment shall be furnished by the Albany Police Department. Uniforms shall be worn in the appropriate manner set forth in [General Order 3.2.00 – Uniforms and Grooming Standards](#).
1. Certain uniform items may be purchased privately by employees with prior approval from the Chief of Police or his/her designee.
- B. Employees are responsible for the proper maintenance, care, safe keeping, and authorized use of their uniforms and equipment.
1. Employees that are eligible for a uniform allowance shall refer to their respective collective bargaining agreement for detailed information regarding amounts and the period for which it will be provided.

V. PHYSICAL EXAMINATIONS

- A. It is the policy of the Albany Police Department to encourage its employees to seek annual physical examinations in an effort to maintain the highest level of physical fitness possible. This is a benefit to both the employee and the department.
- B. Some positions within the department may subject its employees to hazardous chemicals or substances. Any employee who so chooses to be examined for possible contamination may document the results on an [Albany Police Department Exposure Form](#), APD Form # 452 shown on pages 4 and 5 of this order.
- C. Employees are also provided with the option to participate in a pre-cancer medical screening. Employees may do so by completing the [City of Albany Pre Cancer Screening Form](#) shown on page 6 of this order.


Eric Hawkins
Chief of Police

ALBANY POLICE DEPARTMENT

Side 1 of 2 sided form

EXPOSURE INCIDENT REPORT
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)
PLEASE PRINT + SUPERVISOR MUST REVIEW +

DATE COMPLETED _____ INCIDENT # _____
EMPLOYEE'S NAME _____ SS# _____
HOME PHONE # _____ BUSINESS PHONE # _____
DOB _____ JOB TITLE _____ SHIFT TIMES _____

EMPLOYEE VACCINATION STATUS _____

DATE OF EXPOSURE _____ TIME OF EXPOSURE _____

LOCATION OF INCIDENT (HOME, STREET, ETC.) _____

NATURE OF INCIDENT (COMPLETE CIRCUMSTANCES OF INCIDENT MUST BE
PLACED HERE, ALL DETAILS MUST BE INCLUDED) _____

DESCRIBE WHAT TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE
OCCURRED (BE SPECIFIC, MAKING AN ARREST, ASSISTING A PARTY, ETC.) _____

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (GLOVES, MASK) (IF
YES WHAT KIND OF EQUIPMENT) _____ IF YES, DID THIS EQUIPMENT
FAIL (TORN GLOVE), EXPLAIN _____

WHAT SPECIFIC BODY FLUIDS WERE YOU EXPOSED TO (BLOOD, SALIVA, ETC.)
MUST BE SPECIFIC _____

WHAT PART OF YOUR BODY WAS EXPOSED (HAND, FACE, UPPER ARM, ETC.) AND GIVE APPROXIMATE SIZE OF AREA EXPOSED _____

DO YOU HAVE AN OPEN WOUND IN THE SPECIFIC AREA EXPOSED, IF YES GIVE COMPLETE EXPLANATION _____

DID A FOREIGN OBJECT PENETRATE YOUR BODY (NEEDLE, NAIL, ETC) (IF YES) GIVE TYPE OF OBJECT _____

WAS ANY FLUID INJECTED INTO YOUR BODY (IF YES) GIVE TYPE OF FLUID AND APPROXIMATELY HOW MUCH _____

DID YOU RECEIVE MEDICAL ATTENTION (HOSPITAL/EMS) _____ (IF YES) DATE(S) OF TREATMENT _____ LOCATION OF TREATMENT _____

NAME OF PERSON WHO TREATED YOU (DOCTOR, EMS) _____

DATE OF TREATMENT _____ TYPE OF TREATMENT _____

WERE YOU HOSPITALIZED OVERNIGHT (IF YES, GIVE DATES) _____

WAS FURTHER TREATMENT PRESCRIBED (IF YES) EXPLAIN _____

ANY OTHER PERTINENT INFORMATION THAT YOU FEEL IS NECESSARY _____

OFFICER SIGNATURE, BADGE & PIN _____ DATE _____

SUPERVISOR SIGNATURE & PIN _____ DATE _____



Kathy M. Sheehan, Mayor
City of Albany

Mayor's Campaign for a Health Conscious Year Pre-Cancer Screening Participation Form

Employee Name: _____

Department/Work Location: _____

Dear Health Care Professional:

Please complete this form on behalf of our City employee to confirm that this individual has participated in cancer and/or cancer related screening. Thank you.

This is to confirm that on _____, the following individual:
(insert date)

_____, received cancer or cancer-related screening services.
(insert name)

Physician Signature: _____

Physician Name: _____
Please Print

Address: _____

Date: _____

**Please return completed form to the City of Albany Department of
Administrative Services, City Hall, Room 301, Albany, NY 12207.**