

Department Manual

(Effective 9/01/04)

TABLE OF CONTENTS

| | | |
|------------|--|---|
| 1.0 | <u>GENERAL INFORMATION</u> | |
| 1.1 | Purpose of Departmental Manual | 1 |
| 1.2 | Mission of the Department of Family Practice | 1 |
| 1.3 | Method of Accomplishing Mission | 1 |
| 1.4 | Organizational Chart | 1 |
| 2.0 | <u>PERSONNEL POLICIES AND PROCEDURES</u> | |
| 2.1 | Employee Ethics and Standards of Conduct | 1 |
| 2.2 | Conflict of Interest | 2 |
| 2.3 | Recruitment and Appointment Procedures | 2 |
| 2.4 | Personnel Records | 2 |
| 2.5 | Job Manuals | 2 |
| 2.6 | Time Sheets | 3 |
| 2.7 | Procedures for Requesting and Reporting Vacation and Sick Leave | 3 |
| 2.8 | Procedures for Approval and Reporting of Compensatory Time | 3 |
| 2.9 | Performance Evaluations | 4 |
| 2.10 | Training and Development | 4 |
| 2.11 | Reporting Professional Services and Outside Activities | 4 |
| 2.12 | Outside Employment and Non-elective Positions of Honor, Profit, or Trust | 4 |
| 2.13 | Legislative Lobbying | 5 |
| 2.14 | Promotions and Transfers of Classified Employees | 5 |
| 2.15 | Salary Increases | 5 |
| 2.16 | Clinical Incentive Program | 5 |
| 2.17 | Faculty Development Program | 5 |
| 2.18 | Workload Distribution | 6 |
| 2.19 | Resignation of Appointment | 6 |
| 3.0 | <u>OPERATIONAL POLICIES AND PROCEDURES</u> | |
| 3.1 | Work Schedules, Lunch, and Breaks | 6 |
| 3.2 | Flex Time | 6 |
| 3.3 | Personal Phone Calls | 6 |
| 3.4 | Dress Code | 6 |
| 3.5 | Telecommuting | 7 |
| 3.6 | Long Distance Access Codes and Telephone System | 7 |
| 3.7 | Cellular Phones | 7 |
| 3.8 | Time and Effort Reports | 7 |
| 3.9 | Fire Drill/Emergency Procedures | 7 |
| 3.10 | Equipment Management | 7 |
| 3.11 | Consultant/Prior Approval Forms | 8 |
| 3.12 | Travel Requests | 8 |

| | | |
|------------|--|----|
| 4.0 | <u>COMPUTERIZED RECORDS</u> | |
| 4.1 | Software and Computer Hardware Requests | 8 |
| 4.2 | Use of Department Software | 8 |
| 4.3 | Location of Department Software | 8 |
| 4.4 | Installation of Non-departmental Software | 9 |
| 4.5 | Computing Resource Accounts | 9 |
| 4.6 | Department System Directories | 9 |
| 4.7 | Access Control and Password Management | 9 |
| 4.8 | Back-Ups | 9 |
| 4.9 | E-Mail Use | 10 |
| 4.10 | Internet Use | 10 |
| | | |
| 5.0 | <u>FISCAL POLICIES AND PROCEDURES</u> | |
| 5.1 | Segregation of Duties | 10 |
| 5.2 | Petty Cash Fund | 10 |
| 5.3 | Petty Cash Purchase/Reimbursements | 10 |
| 5.4 | Receipt of Checks | 10 |
| 5.5 | Professional Income and Distribution | 10 |
| 5.6 | Check Distribution Policy | 11 |
| 5.7 | Inter-Departmental Transfer | 12 |
| 5.8 | State or Local Vouchers | 12 |
| 5.9 | Accounting Ledger Reviews | 12 |
| 5.10 | Department Account Reconciliations | 13 |

[APPENDIX I – Department Organization Chart](#)

[APPENDIX II – Faculty Leave Policy](#)

1.0 GENERAL INFORMATION

1.1 Purpose of Departmental Manual

This manual is designed to supplement the official University of Texas Health Science Center at San Antonio Handbook of Operating Procedures (HOP). A copy of the HOP is available on line by accessing the Health Science Center's web page at www.uthscsa.edu/hop2000/. The primary rules and regulations will remain in that manual and will be referenced, as appropriate.

1.2 Mission of the Department of Family & Community Medicine

The mission of the Department of Family & Community Medicine is to demonstrate excellence in education, research, clinical care, and community service as we train future physician leaders in the tradition of Family Medicine so that they may craft new models of care to eradicate health disparities in the communities they serve.

1.3 Method of Accomplishing Mission

The department seeks to accomplish its mission by:

- (1) providing an innovative and supportive, university-based, family practice residency training program;
- (2) supporting state-of-the-art research activities that result in new knowledge that is contributed to the discipline of Family Medicine;
- (3) providing a supporting educational environment that emphasizes to medical students, residents, and faculty the acquisition of new knowledge, attitudes and skills necessary to be a family physician; and,
- (4) providing excellent clinical care and understanding of our patient population with emphasis on eradicating health disparities.

The goals and objectives of the department are set out annually in the Annual Report provided by the Chairman to the Dean. This document may be viewed via the Department of Family & Community Medicine's website located at : www.familymed.uthscsa.edu.

1.4 Organizational Chart

A copy of the department's organizational structure is attached as Appendix I.



2.0 PERSONNEL POLICIES AND PROCEDURES

2.1 Employee Ethics and Standards of Conduct (See HOP, 2.4.1)

"Ethics and Standards of Conduct: A Reference Guide" can be read online at www.uthscsa.edu/HOP2000/, click on Chapter 2, and go to 2.4.1. All employees are expected to read and comply with the guide. If any questions should arise, employees should feel free to contact directly either the institutional ethics officer, Mr. Jack Park (Ext. 7-2020) or Gayle Knight, Compliance Officer (Ext. 7-2014). An Ethics hotline is (1-800-500-0333) is available if you wish anonymity when reporting any violation of fraud, theft, waste, non-compliance or abuse of University property by University personnel. All professionals (physicians, physician assistants, nurse practitioners, nurses, managers) are expected to abide by the ethics defined by their professional association.

2.2 Conflict of Interest (See HOP 2.4.5, 2.4.6, and 4.5.13)

University employees may accept outside employment or consultation as long as:

- such additional responsibilities do not conflict with their primary obligations to the University of Texas Health Science Center,
- provided all such activities are approved in advance by the Office of the President,
- conform with all applicable State laws and University regulations, and
- do not constitute a conflict of interest.

2.3 Recruitment and Appointment Procedures

FACULTY (See HOP 3.3.1, 3.4.1)

Faculty recruitment and appointments will be handled following the procedures outlined in the HOP sections noted above. University requires that the position be posted for a minimum of 30 days prior to offering the position to a faculty member either part-time or full-time. The Dean's office requires that the fully completed appointment packet be in their office a minimum of 30 days prior to the initial date of the appointment.

CLASSIFIED AND A&P STAFF (See HOP 4.3.2 to 4.6.3, as applicable)

Classified employees will be hired following procedures outlined in the HOP. Official job offers may only be made by Human Resources.

2.4 Personnel Records

All personnel records are considered extremely confidential and will be treated as such.

FACULTY

- a. All faculty records, including but not limited to initial faculty appointment data, are maintained in the Chairman's suite, 610L. Faculty records are released only to the Chairman, the Administrator, or the faculty member requesting his/her own file. The Chairman's administrative support team is responsible for assembling faculty appointment packets, and therefore must have access to these files to maintain and readily extract information.
- b. Volunteer faculty records are also maintained in the Chairman's suite. Access to these files is limited, and these records may be released only to the Chairman, Administrator, predoctoral director, residency director, or the faculty requesting his/her own file. The Chairman's administrative support team is responsible for the overall appointment process of volunteer faculty appointments. This team has access to the records to maintain and readily extract information.
- c. Written authorization from either a paid or volunteer faculty member must be obtained prior to releasing any information to external sources.

CLASSIFIED AND A&P STAFF

- d. Classified staff records are maintained in the Chairman's suite, 610L. Staff records are released only to the Chairman, the Administrator, the employee's direct supervisor, or the employee requesting his/her own file. The Human Resources Assistant is responsible for assembling classified staff files, and therefore must have access to these files to maintain and readily extract information.

2.5 Job Manuals

CLASSIFIED STAFF ONLY

Each classified staff member will have a job manual at his or her workstation which must be updated as procedures or responsibilities change. Although a specific format has not been delineated, the manual should contain enough information to permit any other department employee to perform the basic

functions of the job. Those individuals functioning in security sensitive positions must ensure that the security of the position is not compromised through their manuals.

2.6 Time Sheets

FACULTY, CLASSIFIED, AND A&P STAFF

ALL salaried employees are responsible for preparing a timesheet reflecting their use of accrued vacation, sick, and personal leave time. This includes faculty, administrative & professional, and classified positions. All employees must sign their time sheet, confirming that they are honestly and accurately reporting their hours. Classified staff must also obtain their direct supervisor's signature. All timesheets need to be completed and submitted to the official timekeeper by the 5th day of the following month.

2.7 Procedures for Requesting and Reporting Vacation and Sick Leave (See HOP 4.7.11 and 4.7.12)

FACULTY – vacation leave

Faculty requests for vacation must be submitted within a specific time frame. A copy of the request, approved by appropriate mission vice- or deputy-chair, must be received by the Chairman by the last work day of the month two months prior to the month in which the absence will occur (i.e., January 31 for an absence in March, February 28 for an absence in April, etc.). All faculty with clinical responsibilities must ALSO submit vacation requests via the web-based When to Work scheduling software and/or directly to their medical director, depending upon the preference of their medical director.

FACULTY – sick leave

Each faculty member is responsible for immediately reporting the necessary use of sick leave to both the official timekeeper as well as to the appropriate medical director or designee (if they have clinical responsibilities). The faculty member is personally responsible for notifying the medical director or designee in any clinic which will be affected by their absence or late arrival. Notification of sick leave usage to the official timekeeper is a duty that may be delegated to a member of the faculty's administrative support staff. However, each individual faculty member is ultimately responsible for accurately reporting their use of sick and vacation time via the monthly timesheet.

CLASSIFIED STAFF and A&P STAFF – vacation and/or personal leave

All classified staff members will submit a request for preplanned absences. The appropriate faculty must be informed of the time away and their concurrence obtained. Approval of any other staff designated with responsibility for overseeing the individual's time and leave must be secured as well. The faculty member or appropriate designee is responsible for ensuring that adequate staffing is available, barring unexpected emergencies, to perform the required work of the program.

CLASSIFIED STAFF and A&P STAFF – sick leave

Unexpected absences due to illness will be reported to the employee's immediate supervisor no later than 8:15 a.m. Voice mail may be used for initial notification but, with the exception of a late arrival, the employee must call back and speak directly to his/her supervisor within a reasonable period of time.

The University retains the right to request proof that any absence was necessary due to illness or injury.

It is expected that employees will schedule non-emergent appointments early in the morning or late in the afternoon in order to minimize absence from work. Supervisors should receive at least one week's advance notice for doctor or dentist appointments except in the case of an emergency.

2.8 Procedures for Approval and Reporting of Compensatory Time (See HOP 4.7.3 and 4.7.4)

CLASSIFIED STAFF ONLY

In order to earn Compensatory time, the anticipated additional hours must get supervisor-confirmed approval prior to the performance of the work. Per the individual supervisor's needs, this permission may be written or verbal. If permission is granted, institutional procedures will be followed.

Overtime pay for an employee may be requested only by the Administrator following procedures outlined in the HOP.

2.9 Performance Evaluations (See HOP 4.9.1)

FACULTY

The Chairman will evaluate each faculty member annually using information from peer, student, and resident evaluations submitted during the year, coupled with reports on scholarly activity and evaluations by Deputy- and/or Vice Chairs. The performance review of faculty and faculty administrators is described in Chapter 3 of the HOP.

CLASSIFIED AND A&P STAFF

New employees are evaluated on standard Health Science forms at the end of two months and again at the end of 5 months. It is anticipated that if the employee has not developed to the level that the supervisor feels is appropriate, the employee should be notified at the 5th month evaluation period.

Annually – between October 1 and December 31 - the employee will receive a performance evaluation. Performance standards are included in each position's job description, available at the Human Resources website at: <http://www.uthscsa.edu/HR/> Copies of this job description should be provided to any and all faculty with whom the employee works, so that the faculty get an opportunity to provide input that can be considered when the supervisor completes the annual evaluation. A copy of the completed performance evaluation is retained in the employee's departmental personnel file.

2.10 Training and Development (4.10.2 and 4.10.3)

All faculty and staff are encouraged to attend the in-house programs offered by the Office of Employee Development and Training.

FACULTY

Faculty will negotiate attendance, presentation of a paper, or presentation of a session at a scientific conference with the Department Chairman, or appropriate Deputy- or Vice-Chair. Limits on the use of Administrative Leave for such activities are covered in the Faculty Leave Policy (appendix II). Annually, the department budgets a small professional development fund for use by each faculty member. Details on this fund are available through the Department Administrator.

CLASSIFIED AND A&P STAFF

Secretarial and administrative staff members who have not worked in the Health Science Center previously are expected to attend the appropriate Travel, Purchasing, and Accounting workshops as soon after the initial hire date as they are offered.

Staff may attend outside training programs at department expense provided the activity is job related, the employee's supervisor and the Administrator concur, and funds are available.

Requests showing the course content and cost should be directed to the immediate supervisor. It is the responsibility of the supervisor to discuss this with the Administrator in order to reach a mutual decision.

2.11 Reporting Professional Services and Outside Activities (See HOP 2.4.5 and 4.5.13)

A Request for Approval of Outside Employment, Consultation, or Related Activities must be initiated by the faculty member, approved by the Chairman, and forwarded for administrative approval. Care must be taken to ensure no conflict of interest exists.

2.12 Outside Employment and Nonelective Positions of Honor, Profit, or Trust

Because administrative approval of such activity is a docket item for the Board of Regents, a specific form is required for processing such a request. The form is available on UTHSCSA's master list of forms, available from the University's home page. Steps which must be taken are:

1. The employee completes and signs the Request for Approval of Appointment Form, which indicates that the proposed appointment is either (1) of benefit to the State of Texas or required by state or federal law and (2) that holding the office or position is not in conflict with the employee's salaried position.

2. Upon approval by the Executive Vice President for Academic and Health Affairs, the proposed appointment will be submitted to the Office of the Board of Regents as a docket item.
3. Upon notification of approval by the Board of Regents, the Executive Vice President for Academic and Health Affairs will notify the employee that he or she has been approved to accept the appointment. At that time, the EVP/PAHA will also notify the Office of External Affairs so that publicity about the appointment can be coordinated.

2.13 Legislative Lobbying

Chapter 556 of the Government Code prohibits the use of any state telephone, stationary, or e-mail in an attempt to influence the passage or defeat of a legislative measure. Such activity also violates the Regents' Rules and Regulations, Chapter III, Section 35 which states that faculty and staff may not participate in political activities conducted during working hours, nor may they involve the use of equipment, supplies, or services of the System or a component institution.

2.14 Promotions and Transfers of Classified Employees (See HOP 4.5.10)

Classified employees receive a "promotion" only when they successfully compete for a higher level position. A departmental position may be audited if the level of responsibility has significantly increased. The employee in the position may or may not be promoted into the new position.

Classified employees may request for transfer within the Health Science Center. These requests are filed with the Human Resources department.

2.15 Salary Increases

FACULTY (See HOP 3.2.4)

Merit increases and/or market pay adjustments may be provided only once per year and only if approved by the UTHSCSA. The UTHSCSA will also designate fund sources which are to be used. In those instances where practice plan funds are to be used, only participants in the plan are eligible for the increase.

CLASSIFIED AND A&P STAFF (See HOP 4.6.3)

Salary increases will be given in compliance with the University policies issued annually. Even if additional funding is available from a non-State funding source to exceed the limits placed by the University, University policies will prevail.

If a job is audited to a higher level and the individual in the job is retained in the newly audited position, then the employee's salary will be increased to the base level of the new title.

2.16 Clinical Incentive Program

Clinical faculty members are eligible to receive a quarterly bonus payment if the department's actual clinical revenue exceeds budgeted revenue. Bonuses are calculated based upon individual faculty productivity toward that excess revenue.

2.17 Faculty Development Program

The department has an ongoing faculty development program under the Education mission. A periodic needs assessment is conducted to evaluate faculty needs. The results are used to formulate a schedule of workshops.

2.18 Faculty Workload Distribution

Faculty are assigned to the various missions within the department when they are employed. It is the responsibility of the Deputy- and Vice Chairs of each mission to ensure that work is distributed in an equitable manner over time.

2.19 Resignation of Appointment

FACULTY

Upon decision to resign a faculty position, the individual is required to submit a letter of resignation to the department Chairman; this letter must include an effective date. Due to the time necessary to identify and recruit replacement faculty, resigning faculty are requested to provide 2 months notice of their intention to resign their current position.

CLASSIFIED AND A&P STAFF

Upon resignation of a classified staff or A&P position, the individual is required to submit a letter of resignation to their immediate supervisor; this letter must include an effective date. Two weeks notification prior to resignation is considered customary professional behavior.



3.0 OPERATIONAL POLICIES AND PROCEDURES

3.1 Work Schedules, Lunch, and Breaks (See HOP 4.7.1)

Administrative areas of the department are open from 8:00 a.m. to 5:00 p.m., Monday through Friday. All staff are expected to be at their work station ready to work at 8:00 a.m. and will not leave prior to 5:00 p.m.

A one hour lunch break will be scheduled between 11:30 a.m. and 1:30 p.m. Staff are responsible for ensuring that someone is always in the main reception area(s) and available to answer questions during lunch. Exceptions may be made only with prior approval of the appropriate supervisor or the Administrator.

Lunch hours may not be used to make up a late arrival or an early departure. Lunch must be taken away from the employee's work area unless the employee has a private office with a door that may be closed.

If an employee arrives late four or more times in any month, s/he will be given a verbal warning. A continued pattern of tardiness during the next three months or four tardies in any one month during the next three months will be grounds for a written warning which will be forwarded to the employee's University file. Continued tardiness beyond the written warning may be grounds for dismissal.

3.2 Flex Time

Flex time is a privilege that MAY be extended to classified staff under the policies set forth in HOP 4.7.8. and with the approval of the appropriate Deputy- or Vice-Chair, or their designee.

3.3 Personal Phone Calls

All personal phone calls should be limited in length and not interfere with the normal business operations or an individual's ability to complete his/her assignments.

3.4 Dress Code

On Fridays, employees will be allowed to wear professional casual attire. Employees are permitted to wear blue jeans, walking shorts not more than 3" above the knee, athletic shoes and/or sandals.

Unacceptable attire includes work-out clothes, spandex, t-shirts with offensive writing, stretch pants, cut offs, or revealing clothing.

3.5 Telecommuting (See HOP 4.7.10)

The Department of Family and Community Medicine does not permit telecommuting, unless with prior approval from the Chair in extenuating circumstances.

3.6 Long Distance Access Codes and Telephone System (See HOP 5.2.6)

The University's phone system is not to be used for personal long distance calls. Faculty and staff will use only their own access code number when placing long distance business calls.

Clinic staff will be issued long distance access codes for the continental United States because of their need to call patients, call for pertinent information, and call for student information.

Only the department Chairman will have access codes permitting international access. If any other faculty or staff member must place a business call outside the range of their approved code, the Chairman's Office must place the call for them.

Each employee with an access code is required to reconcile their employee telephone log with their monthly telephone bill. Each employee must initial the bill after the review, indicating that the charges are all business related, and return the signed cover sheet to the Administrator or designee. The logs must be kept in a 36 month rolling file, available for audit. If discrepancies are noted, a copy of the bill with a description of the problem should be sent to the Administrator.

3.7 Cellular Phones (See HOP 5.2.7)

Requests for a cellular phone may be approved only by the Chairman. State funds will not be used to pay for either the instrument or the service. Grant funds may be charged only if the expense has been specifically costed in the grant and has received federal approval.

Personal calls received or made must occur only infrequently and cannot exceed 10% of total usage on total minute plans. When they do, however, the faculty member must identify each instance of a personal call and note it on a copy of the telephone bill. The copy and a personal check for the expense must be forwarded to the department accounting coordinator. The check will be deposited to the account where the expense occurred.

3.8 Time and Effort Reports

All employees paid from grant-funded sources are required to complete a time and effort report. Faculty reports will be completed twice a year, while classified employees will complete their report on a monthly basis. Employees and faculty will receive electronic notification when their report is awaiting preparation. A password is required to access the system which, like the mainframe system password, expires after 90 days and must be changed. Please go to <http://www.uthscsa.edu/ogm/effort.htm> to see the available information..

3.9 Fire Drill/Emergency Procedures

When the alarm sounds, employees are required to leave the building immediately. Elevators should not be used. Prior to leaving their offices, employees should close the door. Please follow designated emergency exit procedures for your particular site and location.

3.10 Equipment Management (See HOP 6.3.5 to 6.3.8)

All requests for equipment will be submitted via requisitions through the Peoplesoft system. Approval responsibility will lie with the Administrator and the Chairman. The Chairman's administrative support team will verify that all equipment is included in the department inventory and is properly accounted for. If department equipment is to be removed from the department premises, an Authorization For Removal of Property must be completed and signed by either the Chairman, the Administrator, or the designated staff member at the Brady Green site before that equipment is removed. According to the HOP, a pink copy of the Removal Permit must be kept with the equipment at all times. The other copies will be forwarded as indicated in the HOP.

3.11 Consultant/Prior Approval Forms (See HOP 6.2.10)

A Consultant Prior Approval form and Sanction check will be generated each time the department requests services from a non-UTHSCSA employee. The form will be completed following the instructions in the HOP and signed by the requesting faculty member and routed to the Administrator. The form will be forwarded to the Chairman for approval. After approval by the Chairman, the form will be routed to the Executive Vice-President for approval. Two copies of the form are returned to the department and one of those will be routed to the secretary of the requesting faculty member. The approved copy of the form will be attached to the voucher that is used to pay the consultant for the services.

3.12 Travel Requests (See HOP 6.2.9)

All faculty, staff, and residents are required to submit a Request for Travel Authorization (RTA) for any travel outside of San Antonio city limits). The RTA should be forwarded to the department administrative offices for approval. If a request will be late (arrives less than 24 hours before the start date of the travel), the reason for the late request must be typed in the description part of the RTA.

When an RTA is initiated, an electronic copy will be forwarded to the Administrator for approval. That approval will take place only when a hard copy of the RTA is also received. The hard copy will be maintained in both the accounting records and a log book for audit purposes.



4.0 COMPUTERIZED RECORDS

4.1 Software and Computer Hardware Requests

All requests for software or hardware must be put in writing and submitted to the department's Technical Support Representative (TSR) who will evaluate the product and determine if it will work within the structure of the department's network. Other options may be provided. After approval, software or hardware may then be ordered - provided funding is available - through a purchase requisition. All software and hardware must be delivered to the department's TSR so that it can be given a quality control check (hardware) and appropriate information can be logged into the department hardware/software inventory. UNDER NO CIRCUMSTANCES should software be paid for directly by the faculty member and reimbursement requested.

4.2 Use of Department Software (See HOP 5.5.8)

Institutional rules prohibiting copying software except as provided in the vendors' written license agreement for that product will be followed. Please read the HOP section noted above for penalties.

4.3 Location of Department Software

Original software disks for the medical school based staff will be kept in a fireproof locked box in the closet in 619L. Original software disks for University Health Center-Downtown staff will be kept in a fireproof locked box in the TSR's office on the 4th floor of the University Health Center-Downtown offices.

Each product will be recorded in the software log. The TSR will be responsible for ensuring that the software is checked out appropriately, and only for reasons approved under the specific licensing agreement. The date of check-out should be noted, as well as the date of return.

4.4 Installation of Non-Departmental Software

Faculty and staff are prohibited from loading any software not owned by the department on departmental computers. A request for any exception must be made to the department Administrator and requires a copy of the licensing agreement. If approved, a copy of the agreement must be maintained with the department computer on which it is loaded and in the software licensing box. Actual loading of the software will be done only by the Technical Support Representative.

4.5 Computing Resource Accounts

Faculty and staff will have appropriate directories and accounts with the HSC Computing Resources area. The Administrator is responsible for authorizing an account to which any associated costs will be charged. Only the minimum number of blocks will be permitted in order to ensure that storage charges do not accrue.

Because a directory permits access to the Internet, faculty and staff are reminded that if they download information, it must reside on their desk or laptop PC, not on the University's mainframe. Prior to downloading any file, department policy requires that it be run through an updated virus checker. Staff are reminded that they must always scan a disk given to them by a faculty member prior to opening any file on that disk.

4.6 Department System Directories

The TSR will establish a departmental account for new faculty or staff on the department system at the request of the Administrator or designee. S/he will provide basic instruction to the faculty or staff on use of the network, but not on software usage.

4.7 Access Control and Password Management (See HOP section 5.8.2)

All files containing pertinent patient, personnel, or budget information must be secured with a password. Passwords must be at least 8 characters in length AND combine at least three out of four of the following: uppercase letters, lowercase letters, numbers, and special characters (i.e. punctuation marks). Passwords cannot be a word found in the dictionary, or be any proper name.

The Health Science Center's system requires a password change every 90 days. The system will remind you when it is time to change your password. Passwords must be kept confidential. If data or files must be accessed by more than one person, then shared files on the network should be used. However, backup disks or zip disks of important information should be immediately available to cover possible unexpected absences.

4.8 Back-Ups

Each employee is required to back-up their own files on disk or to a server at least once every week. Important data should be backed up on a daily basis. Files that have been inactive for three months must be archived to a disk and deleted from the system.

4.9 E-mail Use (See HOP 5.5.9)

All permanent full and part time employees will have an e-mail account established to facilitate their University and department activities. Limited personal use is permitted within institutional guidelines. Employees should know that the State of Texas Department of Information Resources considers all e-mail residing on University owned computers to be the property of the State and, thus, can be viewed at any time by management.

4.10 Internet Use (See HOP 5.5.10)

Internet usage should be for the purpose of legitimate state business, although occasional personal use during lunch periods or before or after work can be allowed. Again, employees should understand that they have no right to privacy when using the Internet from University owned computers. Management has the right to view all usage patterns and paths.



5.0 FISCAL POLICIES AND PROCEDURES

5.1 Segregation of Duties

To see that UT System internal control requirements are met, the following individuals will be responsible for ensuring that appropriate preparation, authorization, approval, and reconciliation of all fiscal and asset materials and records occurs:

Administrator: final approval on all payroll, vouchers, requisitions, RTA's, IDT's or petty cash reimbursements; reviews all monthly account reconciliations done by Accountant III.

Accountant III: Assigns IDT numbers, reconciles each account on monthly basis, reconciles check log to monthly ledgers.

Accounting Coordinator: Enters payroll transactions; prepares check deposits & hand carries to appropriate receiver (Bursar, Accounting)

Administrative Secretaries: Stamp & log and incoming checks; assign internal requisition numbers for Bookstore, Physical Plant orders.

5.2 Petty Cash Fund

The Department does not maintain a petty cash fund. Some research projects require payment to a patient at the time of participation. When this action is specifically funded in a grant, only the principal investigator will be authorized to assume responsibility for a petty cash fund.

The request for the fund should be made to the Administrator. The payment to each patient and number of patients to be seen in a 2 week period must be identified. The Administrator will sign the form requesting that a petty cash fund be established and that the principal investigator be the responsible individual. The PI will be required to see a film on handling a fund and then will be issued an official University receipt book. Responsibility for the fund cannot be delegated.

5.3 Petty Cash Purchase/Reimbursements (See HOP 6.4.3)

Following the procedures outlined in the HOP, items other than computer software costing less than \$100.00 may be purchased through the institutional Petty Cash fund. Receipts should be attached to the Petty Cash fund reimbursement form and the amount minus any tax paid should be noted on the form. The Administrator will note the account to be charged. Only the Administrator or the Chairman may

approve Petty Cash Reimbursement requests. Tax exemption certificates are available upon request from the Chairman's administrative support team.

5.4 Receipt of Checks (See HOP 6.4.2)

On receipt of any check, the individual opening the mail is to stamp the check with the University endorsement stamp and log it into the check register. It is then given to the Accounting Coordinator for preparation of deposit forms. The Accounting Coordinator is responsible for hand-carrying any checks other than MSRDP patient payments to either the Cashier's Window or Grants Management within the time frames established by the institution.

On a monthly basis, the department Accountant will reconcile the register with deposits made to the respective accounts.

5.5 Professional Income & Distribution

Per the University of Texas Bylaws (Section 4.30), all professional Income generated by faculty must be included in the medical practice plan (MSRDP). This INCLUDES professional fees generated for all patient care services rendered by full-time faculty (regardless of where rendered) and by all part-time faculty who are Members of the Plan; fees for all court appearances, depositions, or legal consultations. With both department chair and Dean's office approval, 50% of any income generated outside of regular business hours may be paid to faculty as additional service income.

The following income is NOT INCLUDED: honoraria, royalties, non-professional retainers, payment for editing of scientific publications, non-medical professional consultation fees (honoraria). This income is to be paid directly to the faculty member, outside of the UT system.

5.6 Check Distribution Policy

Internal Handling

1. An individual who prepares a voucher or other document that will generate a reimbursement of cash or a check for another individual may not handle funds.
2. When picked up, all checks and petty cash reimbursements will be entered in the reimbursement log by the receptionist.
3. After logging, cash and reimbursements will be locked up. Only the receptionists and accounting coordinator (as back up) will have a key to access the locked cabinet.

Check Distribution

1. **Monthly paychecks** are verified using the payroll listing provided in advance by Payroll. They are not required to be logged in, and will continue to be distributed as they have been in the past.
2. **Annuity checks** must be picked up in 610L, and signed for personally.
3. **Supplemental paychecks** (for new employees whose paperwork did not meet payroll deadlines) will be logged in and then distributed to the employee. A signature is not required.

4. **Supplemental paychecks** for OB services, hourly, or overtime payrolls will be logged in. See process below in #6.
 5. **Petty cash reimbursements** must be logged in and signed for personally. See process below in #6. The amount noted in the log must be balanced against the blue cashier's receipt when accounts are reconciled each month by the department accountant.
 6. Brady Green assigned faculty/staff:
 - a. Checks or funds from #4 and/or #5 for faculty and staff at the Brady will be logged in to the master log in 610L.
 - b. Employee(s) acting as couriers who pick up these checks will photocopy the log, and then sign out the checks on the master log to take to the Brady.
 - c. The employee will sign the copy of the master log as he/she picks up the check or funds from the designated courier.
 - d. The completed log will be hand carried to 610L, and put in place with the sheet in the master log from which it was copied.
 7. Standardized patients
 - a. The master log sheet for checks for standardized patients will be photocopied, and then the standardized patient coordinator will sign out the checks *for those individuals who have indicated that they will be available at a specific examination session* on the master log and will take the checks to the Brady.
 - b. The employee will sign the copy of the master log as he/she picks up the check from the coordinator.
 - c. Any checks not picked up from the coordinator by the end of the examination session will be returned to 610L.
 - d. The log will be hand carried to 610L and put in place with the sheet in the master log from which it was copied.
 8. STEER faculty or staff
 - a. Checks or funds from #4 and/or #5 for faculty and staff who are part of the STEER program will be logged in to the master log in 610L.
 - b. The Academic Coordinator will xerox the log, and sign out the checks on the master log to take to the STEER off-campus offices.
 - c. Checks for staff away from San Antonio will be mailed, the mailing date noted on the log, and the log will be handcarried to 610L and put in place with the sheet from the master log from which it was copied.
 - d. When a petty cash reimbursement is picked up for staff away from San Antonio, a copy of the log will be mailed or handcarried with the petty cash reimbursement to the employee.
 - e. The employee is responsible for signing the log, indicating receipt of the petty cash, and then for mailing the signed log directly to the department.
- 5.7 Inter-Departmental Transfer (See HOP section 7.1.6, 7.1.6.1, and 7.1.6.2)
- Only the Chairman or the Administrator may approve an Inter-Departmental Transfer (IDT).
- 5.8 State or Local Vouchers
- Only approved signatories may authorize state, local, travel, or petty cash vouchers.
- 5.9 Accounting Ledger Review

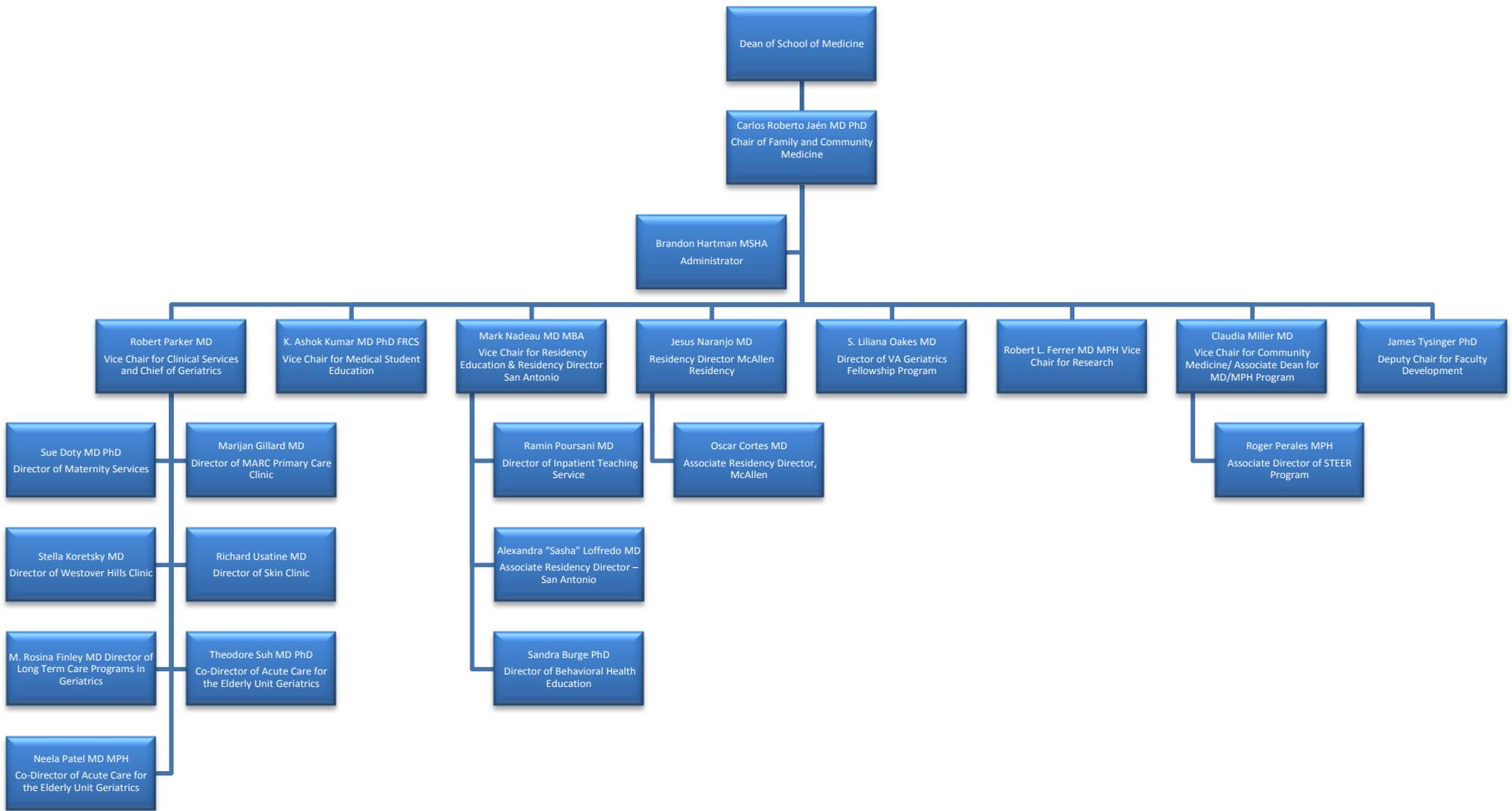
As required by institutional policy, a copy of the monthly accounting ledgers will be forwarded to each PI as they are received. It is the PI's responsibility to review the ledgers, question entries, sign each ledger sheet as reviewed and approved, and return a copy back to the department accountant. The department Accountant will research and respond to any questions noted. Review sheets will be maintained in a separate file.

Accounting ledgers for State, restricted, and designated accounts will be reviewed by the department Administrator. Each ledger sheet will be signed, questions noted on the review sheet, and the sheets will be maintained in the specific account book for review. The department Accountant will research and respond to any questions noted.

5.10 Department Account Reconciliations

All accounts will be reconciled to the institutional ledgers by the department Accountant on a monthly basis. Reconciliations are completed once the appropriate PI or Administrator has reviewed the accounting ledger. The Administrator then reviews all reconciliations completed by the Accountant III. Signed reconciliations will be maintained on file for review, as necessary.





Department of Family Medicine – Faculty Leave Policy
Effective for Fiscal Year 2007

This policy pertains to leave for paid UTHSCSA faculty who report to the Department of Family & Community Medicine for authorization of leave. The policy deals with (a) vacation leave, (b) sick leave, (c) administrative leave, and (d) continuing medical education leave. Annual leave allotments occur in conjunction with the UTHSCSA fiscal year (September 1 to August 31).

For all categories of leave (except unscheduled sick leave), the faculty member involved must assure that their clinical, educational, and research responsibilities have been designated to another faculty member who will accept those responsibilities. In addition, they must complete a Faculty & Staff Absence Request form. “Approval” in the When to Work Scheduling Software does not substitute nor supercede this step.

VACATION LEAVE

Vacation is to be approved in advance by the department head or his designee. Amount and accrual of vacation leave must occur in accordance with UTHSCSA policies. Faculty are not expected to “make up” clinical work when absent because of vacation; computations of total annual wRVU expectation already account for vacation.

SICK LEAVE

Amount and accrual of sick leave must occur in accordance with UTHSCSA policies. Faculty will be excused from “making up” clinical work when absent because of genuine illness; annual computations of wRVU expectations will be adjusted at the discretion of the Vice Chair for Clinical Services based upon the nature of the illness and extent of the absence(s).

ADMINISTRATIVE LEAVE

The category of “administrative leave” is *only assigned by the Chair* or designee, in rare or highly unusual situations. The use of “administrative leave” to account for absences can only be done with prior approval and signature of the Chair or designee.

CONTINUING MEDICAL EDUCATION (CME)

Each full-time faculty member is allowed a maximum of 3 weeks (15 work days) of continuing medical education/discretionary professional leave each fiscal year (part-time faculty’s allowance will be prorated as appropriate). This leave is not accruable from year to year. CME is intended for activities such as (a) travel for development and administration of UTHSCSA educational programs, (b) funded research, education, or service projects for which travel is an integral part of the project plan, and travel funding is provided by the project’s sponsor, (c) service on state or federal grant review or expert panels, (d) presenting papers or speaking at professional meetings, (e) consulting for outside organizations that does not involve funds managed by the university, (f) attending meetings of non-federal, non-state, non-UTHSCSA committees, panels, editorial boards, work groups, task forces, etc., (g) medicolegal testimony, (h) continuing medical

education conferences, and (i) other approved professional activities not required by the department.

CME can only be applied to week days during these officially scheduled activities as well as travel to/from on day-prior and day-after the scheduled event. Otherwise, your accrued time (vacation, personal) would need to be applied to any week day absences around these events (but not fitting this criteria). In other words, you may extend your trip to include additional days before/after CME activities, but this will be charged as vacation or personal time, and you will be responsible for hotel and food costs.

All CME must be approved in advance by the department chair and/or designee.

Additional CME activities beyond the maximum 15 days will require use of accrued vacation or personal leave to cover the absence.