

“Keep Orlando a safe city by reducing crime and maintaining livable neighborhoods.”

ORLANDO POLICE DEPARTMENT POLICY AND PROCEDURE
1606.7, EMPLOYEE INFORMATION UPDATE AND SECURITY

EFFECTIVE:	1/10/2019
RESCINDS:	1606.6
DISTRIBUTION:	ALL EMPLOYEES
REVIEW RESPONSIBILITY:	SUPPORT SERVICES MANAGER
ACCREDITATION CHAPTERS:	26
CHIEF OF POLICE	ORLANDO ROLÓN

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2. EMPLOYMENT STATUS UPDATES
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POLICY:

It is the responsibility of each employee to ensure that their personal/professional information is kept up to date at all times. This policy establishes guidelines for updating all vital employee information.

PROCEDURES:

1. UPDATING PERSONAL INFORMATION

Employees will document any changes to their personal information on a Personnel Transaction Form (PTF). This form (Attachment A) is available under the Word Add-Ins menu under Administrative Forms, and in PowerDMS. The completed form shall be forwarded electronically to the Support Services staff assistant.

Employees shall update personal information by logging in to Workday and selecting the “Personal Information” worklet or by selecting the “cloud” icon, then clicking on the “actions” button under their name, then selecting the appropriate information to change. Employees must provide supporting documents when applicable. Submitted changes will be routed via the Workday business process for review and final approval.

2. EMPLOYMENT STATUS UPDATES

When an employee is promoted, transferred or demoted, the staff/administrative assistant in the division from which the affected employee is being promoted, transferred or demoted will prepare the PTF and send it electronically to the Support Services staff assistant, Payroll, and the Professional Standards Specialist.

The Special Operations Division staff/administrative assistant will prepare the PTF for employees retiring from full-time status and joining the Reserve Unit.

3. MODIFIED DUTY STATUS UPDATES

Each division staff/administrative assistant will keep a weekly count of any modified duty status persons assigned to their respective division. This information shall be forwarded by the division staff/administrative assistant on a Weekly Update Modified Duty Status form (Attachment B) to their bureau office every Monday morning by 1000 hours.

4. SECURITY OF EMPLOYEE PERSONAL INFORMATION

It is the responsibility of each employee of this Department to maintain security of information relating to Department membership/employment, employees' home addresses and home telephone numbers by only releasing this information to active employees of the Department. The current status of the requesting employee will be determined prior to any release of information. Requests from other persons (including other law enforcement agencies) shall be referred to a supervisor.

If the requestor's identity is in question, proceed as follows:

- a. Ask for OPD identification.
- b. Ask for OPD employee number and home telephone number or cell number.
- c. Contact the employee and have the employee contact the requesting party.

1606.7 P&P 1/2019

ATTACHMENT A
OPD PERSONNEL TRANSACTION FORM

CURRENT STATUS			
<input type="checkbox"/> Professional Staff	<input type="checkbox"/> Permanent	<input type="checkbox"/> Contract	<input type="checkbox"/> Temporary
<input type="checkbox"/> Civil Service	<input type="checkbox"/> Perm. P/T		<input type="checkbox"/> Seasonal
_____	_____	_____	_____
Employee Name	Employee #	Current Cost Center #	Effective Date
<input type="checkbox"/> Transfer <input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Recl. <input type="checkbox"/> To Perm. <input type="checkbox"/> Rank Cert. <input type="checkbox"/> Reinst. <input type="checkbox"/> Step. Incr.			
FROM		TO	
Division Name & Cost Center #	_____	_____	_____
Supervisor's Name/Extension	_____	_____	_____
Squad Name & Rotation/Unit Number	_____	_____	_____
Sgt and Above only	Desk number	_____	_____
Sgt and Above only	Unit numbers, if more than one	_____	_____
Position Title	_____	_____	_____
Grade/Step	_____	_____	_____
Hourly Pay Rate	_____	_____	_____
Shift	<input type="checkbox"/> 8-hr <input type="checkbox"/> 10-hr <input type="checkbox"/> 12-hr	<input type="checkbox"/> 8-hr <input type="checkbox"/> 10-hr <input type="checkbox"/> 12-hr	
STATUS/CHANGE:			
<input type="checkbox"/> Professional Staff	<input type="checkbox"/> Permanent	<input type="checkbox"/> Contract	<input type="checkbox"/> Temporary
<input type="checkbox"/> Civil Service	<input type="checkbox"/> Perm. P/T		<input type="checkbox"/> Seasonal
<input type="checkbox"/> Leave of Absence Reason: _____	Leave Date: _____	Return Date: _____	
CIVIL SERVICE ONLY			
	ADD	DELETE	
SWAT Compensation*	<input type="checkbox"/>	<input type="checkbox"/>	*SWAT Commander's Signature _____
Special Pay	<input type="checkbox"/>	<input type="checkbox"/>	
Patrol Compensation	<input type="checkbox"/>	<input type="checkbox"/>	
Investigative Compensation	<input type="checkbox"/>	<input type="checkbox"/>	
Clothing Allowance	<input type="checkbox"/>	<input type="checkbox"/>	
Temp. Police Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	
Light Duty	<input type="checkbox"/>	<input type="checkbox"/>	
SPECIAL SALARY CHANGE			
HOURLY RATE FROM: _____	TO: _____	% OF INCREASE _____	
REASON: _____			
Send changes to Sections 2 and 3 above via Email to:			
OPD Payroll (opdpayroll@cityoforlando.net), Support Services Assistant, and Professional Standards Specialist			
PERSONAL CHANGES:			
NAME CHANGE(S): FROM: _____	TO: _____		
ADDRESS CHANGE: (NEW)	_____	_____	_____
	Street	City	State Zip Code
PHONE NUMBER: _____	_____	Employee Signature	Date
RESIDES IN CITY OF ORLANDO LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH COUNTY? _____		
EMERGENCY CONTACT/Relationship*: _____	PHONE NUMBER: _____		
*NOTE: Does not change insurance beneficiary			
Changes made to Section 4 ONLY should be sent to the Support Services Assistant			

