

STATE OF COLORADO  
COUNTY OF GILPIN  
CITY OF BLACK HAWK

COUNCIL BILL NUMBER: 27

ORDINANCE NUMBER: 2022-27

**TITLE: AN ORDINANCE AMENDING SECTION 107 AND SECTION 502 OF THE CITY OF BLACK HAWK EMPLOYEE HANDBOOK**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF BLACK HAWK, GILPIN COUNTY:

Section 1. Section 107 of the City of Black Hawk Employee Handbook is amended to read as follows:

**107 ELECTED OFFICIAL & STAFF RELATIONSHIPS**

The City shall not hire immediate family of members of the City Council. If an immediate family member of an employee is elected or appointed to the City Council, the *member of the City Council shall declare a conflict of interest on any matter which may constitute a direct or indirect conflict of interest under applicable law as it relates to the employment of the City Council member's immediate family* employee must resign their position with the City prior to the commencement of the term of office of the elected relative.

Section 2. Section 502, Section 1 of the City of Black Hawk Employee Handbook is amended as follows:

**502 WORK RELATED INJURIES/ILLNESSES**

**Section 1 – Reporting Work-Related Injuries/Illnesses**

Employees shall immediately report every work-related injury or illness, regardless of severity, to the Authorized Supervisor. The supervisor shall immediately or by the beginning of the next business day report the incident to their Department Director and Employee Services by submitting the completed Workers' Compensation First Report of Injury. *In no event shall the reporting of any such injury be made in excess of ten (10) calendar days from the date of the injury, and an employee may have his or her compensation reduced by one's day's compensation for each day the employee fails to report such injury after the tenth day.* Other required reports pursuant to the City's Loss Control Standards may be submitted within two (2) business days following the incident. Based on the information provided, Employee Services shall submit a Workers' Compensation First Report of Injury form to the City's workers' compensation administrator by the next business day of the occurrence. ~~In the event an employee is able~~

~~to inform the Authorized Supervisor and does not do so or fails to do so in a timely manner, that employee may be denied coverage and the City may take other appropriate action as it determines necessary.~~

*In addition, the City shall physically provide the following notice within each workplace where the City provides required workplace notices stating as follows:*

#### **NOTICE**

**IF YOU ARE INJURED ON THE JOB, YOU HAVE RIGHTS UNDER THE COLORADO WORKERS' COMPENSATION ACT. YOUR EMPLOYER IS REQUIRED BY LAW TO HAVE WORKERS' COMPENSATION INSURANCE. THE COST OF THE INSURANCE IS PAID ENTIRELY BY YOUR EMPLOYER. IF YOUR EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION INSURANCE, YOU STILL HAVE RIGHTS UNDER THE LAW.**

**IT IS AGAINST THE LAW FOR YOUR EMPLOYER TO HAVE A POLICY CONTRARY TO THE REPORTING REQUIREMENTS SET FORTH IN THE COLORADO WORKERS' COMPENSATION ACT. YOUR EMPLOYER IS INSURED THROUGH PINNACOL ASSURANCE.**

**IF YOU ARE INJURED ON THE JOB, NOTIFY YOUR EMPLOYER AS SOON AS YOU ARE ABLE, AND REPORT YOUR INJURY TO YOUR EMPLOYER IN WRITING WITHIN 10 DAYS AFTER THE INJURY. IF YOU DO NOT REPORT YOUR INJURY PROMPTLY, YOU MAY STILL PURSUE A CLAIM.**

**ADVISE YOUR EMPLOYER IF YOU NEED MEDICAL TREATMENT. IF YOU OBTAIN MEDICAL CARE, BE SURE TO REPORT TO YOUR EMPLOYER AND HEALTH-CARE PROVIDER HOW, WHEN, AND WHERE THE INJURY OCCURRED.**

**YOU MAY FILE A WORKER'S CLAIM FOR COMPENSATION WITH THE DIVISION OF WORKERS' COMPENSATION. TO OBTAIN FORMS OR INFORMATION REGARDING THE WORKERS' COMPENSATION SYSTEM, THE CUSTOMER SERVICE CONTACT INFORMATION FOR THE DIVISION OF WORKERS' COMPENSATION IS (888) 390-7936 OR VIA ELECTRONIC MAIL AT [cdle\\_wccustomer\\_service@state.co.us](mailto:cdle_wccustomer_service@state.co.us).**

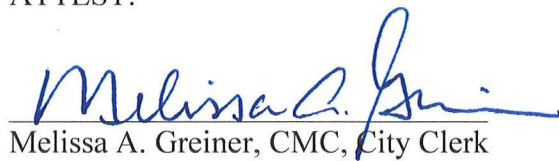
Any fraudulent claim for Workers' Compensation benefits or any claim filed against the City for an injury or illness incurred while working for another employer, while engaged in self-employment, or a personal business activity shall be grounds for immediate dismissal.

Neither the City nor the insurance carrier will be liable for the payment of workers' compensation benefits for injuries that occur during an employee's voluntary participation in any off-duty recreational, social, or athletic activity sponsored by the City.

RESOLVED AND PASSED this 7<sup>th</sup> day of December, 2022.

  
David D. Spellman, Mayor

ATTEST:

  
Melissa A. Greiner, CMC, City Clerk

