**SAMPLE POLICY TEMPLATE**

**EMPLOYEE AND FAMILY WELLNESS**

**Disclaimer and Scope of this Sample Policy**

The materials provided in this correspondence are for general informational and educational purposes only and are not intended to be and should not be considered legal advice or opinions. Prior to making any policy or rule changes seek the advice of your municipal attorney.

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The agency leader should ensure that in addition to issuing an appropriate policy, all personnel must be appropriately trained concerning the provisions of the final agency policy. Furthermore, this sample policy template will require significant review and agency title position changes to be effective.

The development of a progressive, practical, and sound policy that effectively assists an agency leader and all its members in building and maintaining a workplace that is “Well” requires collaboration with many stakeholders. The information contained in this document is best utilized as part of a process of developing a culture of wellness within the agency in consideration of how a healthy climate can impact every employee, employee’s families, and the community at large. Agency leaders should consider bringing together the necessary partners to learn of unique agency needs, available resources, challenges, and assets specific to the agency that may be included in this policy as part of an overall goal of addressing wellness.

Agency Leaders should review the many listed resources at the end of this document, including applicable New Jersey Attorney General Directives, IACP Wellness Resources, links to other sample policies, training opportunities, and more. A wellness policy alone will not be sufficient in promoting officer wellness and safety. Agency policies governing an effective Internal Affairs Process, Early Warning System, Training Function, Body Worn Camera Review Program, and Emergency Vehicle Response Procedures, as well as effective supervision training can help build and maintain a culture of wellness.

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**Agency leaders should strive to ensure that a wellness as well as other agency policies address the below critical safety and wellness functional areas:**

1. **Operational and Emergency Responses:**
2. **Injuries and death due to gunfire and felonious assault.**
3. **Premediated and unprovoked ambush situations.**
4. **Threats from rifle/ long guns/ assault weapons.**
5. **Violent offenders (Incident history).**
6. **Motor vehicle response and driving behaviors.**
7. **Leadership and Management:**
8. **Leadership and safety practices.**
9. **Equipment.**
10. **Deployment strategies and communications.**

**3. Mental and physical health and wellness:**

**a. Physical health (i.e. fatigue, weight, nutrition, fitness, etc.).**

**b. Mental health (Stress management and health coping skills).**

**c. Maintaining good physical health.**

**d. Addressing sources of past trauma and PTSD.**

**4. Training:**

**a. Education and training (i.e., Below 100, Supervisor Training, Defensive Tactics, and more).**

**b. Emergency vehicle operation and safety.**

**c. Foot pursuit safety.**

**d. Best Practices (i.e., Agency Accreditation)**

1. **Purpose:**

The men and women of the (Insert Agency Name) put their lives on the line every day to protect the citizens of New Jersey.  Often the first to respond to a scene, our officers regularly encounter some of the most traumatic events affecting communities.  They also typically operate in a state of hyper-vigilance while on duty.  Additionally, routine daily and interpersonal stressors can significantly impact an officer and their family. The emotional and mental toll of this work can build over time and contribute to a range of health issues, including increased blood pressure, heart disease, diabetes, substance misuse, family and relationship stress, self-harm, and risk of suicide.

It is imperative that, as an agency, we ensure that all officers, employees, and family members are equipped with the tools they need to cope with the unique stressors of their work which include easy access to an Employee Assistance Program (EAP) designed to provide professional consultation, counseling, and in some instances referrals for employees and their families who are experiencing personal problems of such significance that satisfactory job performance could be impaired.

Additionally, this policy is provided so that procedures are uniformly applied to the management of stress resulting from critical incidents. Providing support following any critical incident will assist in minimizing the chances that involved personnel will suffer from adverse physical, cognitive, emotional, and behavioral reactions.

It is essential that a "Culture of Resiliency" is created and maintained within the (Insert Agency Name).

The past and the present idea that police officers should deal with stress as simply a "Part of the job" or have the "Warrior Mentality" is dated and must be changed so we can positively deal with the real issues that affect employee performance, wellness, and longevity.

Employees must feel free to raise concerns regarding policies, procedures, or any act that they believe is unsafe. Every leader and employee of the (Insert Agency Name) has a responsibility to ensure attention is always focused on the issues involved in the safety and well-being of every employee.

1. **Policy:**

Establishing a culture of safety and wellness within the (Insert Agency Name) requires leadership from the Chief of Police in cooperation with every member of the(Insert Agency Name), union leaders, frontline supervisors, training personnel, and human resources staff. The responsibility for developing and maintaining a focus on safety and wellness must be shared at every level.

1. **Definitions:**
2. Post-Traumatic Stress Disorder: An anxiety disorder that can result from exposure to a traumatic event and is diagnosed as such if symptoms persist after 30 days.
3. Acute Stress Disorder: An anxiety disorder that can result from exposure to a traumatic event and occurs within 30 days of exposure.
4. Critical Incidents: An incident that is unusual, violent, and involves a perceived threat to or actual loss of human life that may overwhelm an individual's normal coping mechanisms and cause extreme psychological distress.
5. Critical Incident Stress Management (CISM): A formal process used to assist an individual who has been involved in a traumatic event to return to or maintain an effective level of functioning.
6. Critical Incidents Stress Debriefings: A formal one-on-one or group discussion conducted by a qualified mental health professional and, where possible, an appropriately trained peer support officer that is designed to assist participants in understanding their emotions and strengthening their coping mechanisms following a critical incident.
7. Qualified Mental Health Professional (QMHP): Any individual who is licensed as a mental health professional and has an in-depth understanding of the law enforcement culture.
8. Involved Personnel: Any employee who is directly affected by a critical incident. This may include officers who are on the scene at the time of the incident, individuals who respond to the scene immediately following the incident, and/ or support personnel participating in the response to the incident, such as emergency dispatchers.
9. EAP Eligible Employee: All full-time sworn officers, all Special Law Enforcement Officers, and all Telecommunicators (Part and Full-time). (If the agency has an EAP Program, list all of those who are entitled to this benefit here – often, it may be believed that only sworn officers will need EAP)
10. Employee Assistance Program Self Referrals: Employees who voluntarily participate in the Employee Assistance Program.
11. Employee Assistance Program Supervisor Referrals: Employees who are referred to the EAP but are not required to attend; however, satisfactory work performance is always mandated.
12. Employee Assistance Program Chief of Police Mandatory Referral: Employees who are referred to EAP by the Chief of Police and are required to attend.
13. Personal Problem: Is any emotional or behavioral condition that may interfere with an employee's ability to satisfactorily perform their assigned job duties.
14. Resiliency Program Officer (RPO): A designated law enforcement officer responsible for the training and implementation of the NJRP-LE within their agency. The RPO shall make him or herself available to law enforcement officers in their agency, or from any agency in the State, for assistance regarding the NJRP-LE and its techniques, as well as provide resource referral assistance to law enforcement officers. The RPO position is not designed to supplant the duties and responsibilities of already implemented counseling and support programs; rather, the RPO is responsible for providing the contact information for such programs to a law enforcement officer if requested. An RPO may also serve as a State RPO Trainer or County RPO Trainer upon the approval of the Chief of Police.
15. Resiliency: The ability to cope with and recover from stress, adversity, trauma, tragedy, or significant threats
16. Chief Resiliency Officer: A detective or deputy attorney general assigned to the Division of Criminal Justice, who is designated by the Director of the Division of Criminal Justice, to ensure implementation of this Directive and oversee the Division's efforts to strengthen resiliency among state, county, and local law enforcement officers in New Jersey.
17. New Jersey Resiliency Program for Law Enforcement (NJRP-LE): A training program developed by experts in academia, the military, federal, and state law enforcement that is comprised of specific domains and tenets. The NJRP-LE instills a positive culture for law enforcement officers by providing them with the tools to withstand, recover, and grow in the face of stressors, trauma, and the changing demands of their unique work.
18. County RPO Trainer: An active or retired law enforcement officer or an active or retired assistant prosecutor designated by their County Prosecutor to participate in the NJRP-LE train-the-trainer program developed by the Division of Criminal Justice.
19. State RPO Trainer: An active or retired law enforcement officer or an active or retired assistant prosecutor or deputy attorney general designated by the State Agency's Director or Superintendent/ Colonel, as appropriate, to participate in the NJRP-LE train-the-trainer program developed by the Division of Criminal Justice.
20. **Procedures:**
21. The purpose of the EAP program offered by the (Insert Agency Name) is to assist employees and their families with personal and stress-related issues that may impact work performance or emotional well-being.  The mere furnishing of EAP services is not an admission by the (Insert Agency Name) of a work-related claim for purposes of the New Jersey Workers' Compensation Act.  Decisions on the compensability of stress claims, like other workers' compensation claims, will be made by the (Insert Agency Name) in consultation with the Human Resources Department and/ or legal counsel.
22. An Employee Assistance Program is being provided to assist with counseling for circumstances that affect or could affect an employee's health, personal life, or job performance. For instance, the following potential concerns or problems may be treated by the Employee Assistance Program: marital or family difficulties, parental responsibilities, financial pressures, stress, depression, loss/ grief, anger management, anxiety, serious illness in the family, alcohol, cannabis, drug abuse, and more.
23. Contacting the Employee Assistance Program- the Employee Assistance Program offers 24-hour access to a QMHP to aid the employee or an immediate family member. Contact information for the (Insert Agency Name) Assistance Program is listed in Appendix A.
24. There is no cost to an employee for the first (five) (Insert agency-specific number here) visits with a QMHP. Problems are frequently resolved within the five sessions, but referrals will be provided when continued treatment is deemed necessary. The employee is responsible for the cost of continued treatment. However, the employee may likely be able to process claims in accordance with the terms and conditions of their health insurance plan.
25. Referrals:
26. Employee Assistance Program Self Referrals:
	1. Employees are encouraged to seek assistance on their own initiative before problems begin to affect their work. Early resolution of personal problems is in the employee's, their families, and the (Insert Agency Name) best interest.
	2. These issues may or may not affect job performance.
	3. Specific Details and contact information for the EAP are detailed in Appendix A and the Employee Wellness Booklet (Appendix E).
27. Employee Assistance Program Supervisors Referral:
28. An employee is responsible for and shall be held accountable for fulfilling the requirements of their job description; it is the supervisor’s responsibility to identify and attempt to correct unsatisfactory work performance. As part of a comprehensive performance improvement plan, a supervisor can make a referral to the Employee Assistance Program. The employee is NOT obligated to follow through with the supervisor's recommendation; however, the employee is still accountable for satisfactory work performance and can be subject to disciplinary action in accordance with the department's policies and procedures should work performance not improve.
29. Whenever a supervisor recommends the Employee Assistance Program to an employee, the supervisor shall notify the Duty Officer without delay, document the facts and circumstances surrounding the reasons for such notifications, and forward such report to the Chief of Police via the chain of command.
30. Employee Assistance Program Chief of Police Referral
31. Mandatory Employee Assistance Program visits shall only be required by the Chief of Police or, in their absence, their designee.
32. **Confidentiality:**
33. The Employee Assistance Program is bound by professional ethics as to the identity of the "Self Referrals" participating in the program and information derived therein. The Employee Assistance Program has no duty to disclose to the employer information regarding the Self-Referral. The Employee Assistance Program will not release any information without the client's expressed written or verbal consent.
34. The Employee Assistance Program will inform the (Insert Agency Name) of any behavior divulged by an employee that could constitute a clear and present danger to the safety of the employer or any employee.
35. **Job Performance:**
36. While the (Insert Agency Name) encourages employees to use the services of the Employee Assistance Program when necessary, nothing in this policy precludes ABC Police Department or its management team from requiring satisfactory job performance at all times and in conformance to (Insert Agency Name) policies and procedures.
37. **Resiliency Protection Officer (RPO) and Program:**
38. The Administrative Services Commander shall obtain the compilation of Statewide RPO’s, an updated statewide list containing the names and contact information for all RPO’s, and shall provide this list to all sworn officers of the department.
39. (Insert Agency Name) RPO(s) are listed in the statewide list located in the DMS (Insert agency-specific location here) system as well as in Resources (Appendix A) and the Employee and Family Wellness Guide (Appendix E).
40. Resiliency Protection and Training Program:
41. Each County Prosecutor will:
	1. Appoint one or more County RPO Trainers and each State Law enforcement agency shall appoint one or more State RPO Trainers.
	2. Create a two-day "Train–the–trainer" program to implement the NJRP-LE. All County RPO Trainers and State RPO Trainers shall complete this program no later than December 31, 2020. Upon completing the train-the-trainer program, County RPO Trainers shall be responsible for training the RPOs.
	3. (Insert Agency Name) Officers who are designated as RPOs, once trained by the County RPO Trainers, will be directed to train all members of this agency in the New Jersey Resiliency Program for Law Enforcement which shall take place no later than December 21, 2022.
42. RPO Confidentiality:
	1. All interactions between a law enforcement officer and an RPO, in the RPO's official capacity, are confidential unless disclosure is otherwise required by applicable laws, guidelines, or an agency's internal policies.
43. Universal access to RPO’s:
	1. An officer seeking the assistance of an RPO may contact the designated (Insert Agency Name) RPO(s) or any other law enforcement agency RPO in New Jersey.
44. Other resources:
	1. The NJRP-LE is designed to equip officers with the necessary tools to cope with

the unique stressors of their job. There are times, however, when an officer may want or need support services not offered by the RPO or the overall NJRP-LE. This policy details a wide variety of support programs for officers, including Cop2Cop, where officers can talk to their peers in a safe outlet without judgment, and chaplain services, where they can confidentially speak with a clergy member who has completed the Police Chaplain Training Program.

* 1. Contact information for Cop2Cop is detailed in Appendix A, and the Employee and Family

 Wellness Guide (Appendix E).

* 1. Contact information for the Police Chaplains is located in Appendix A, and the Employee

And Family Wellness Guide (Appendix E).

1. **Critical Incidents Stress Management Program:**
2. It is the responsibility of the (Insert Agency Name) to manage critical incident stress by providing personnel with a Critical Incident Stress Management (CISM) Program. The Critical Incident Stress Management Program shall be utilized to provide personnel with information on reactions to the trauma associated with critical incidents and assist in the deterrence of negative responses. This department's policy is to take immediate action after such incidents when necessary to safeguard the continued mental well-being of all involved personnel.
3. CISM/ CISD Program:
4. Immediate Response Following a Critical Incident:
	1. During any period where it is reasonable to believe that involved personnel may experience physical, cognitive, emotional, and/ or behavioral reactions to a critical incident, the department shall provide personnel with the proper mental health training, which may include one or more of the following:
		* 1. Referral to the Employees Assistance Program.
			2. Activation of a Critical Incident Stress Debriefing (CISD).
			3. Referral to the Police Chaplain.
			4. Notice given to the Police Chaplain.
			5. Administrative Leave for the remainder of the work shift as authorized by the Duty Officer.
			6. (Insert Agency Name) RPO’s.
5. Whenever possible, the supervisor shall meet with involved personnel to:
	1. Ask supportive questions concerning the critical incident.
	2. Discuss any standard investigations that will occur concerning the incident.
	3. Advise the involved personnel that they may seek legal counsel, for example, when the officer has utilized force resulting in significant injury or death to a person.
6. At all times, when at the scene of an incident, the supervisor(s) should interact with all involved personnel in a manner that acknowledges the potential stress caused by the incident and refrain from passing judgment regarding the critical incident or the reactions of individuals.
7. Post-Critical Incident Procedures:
8. The Watch Commander (Insert agency-specific titles and structure here) shall notify the Duty Officer (Insert agency-specific titles and structure here) to discuss the need to initiate a Critical Incident Stress Debriefing or other services of a Critical Incident Stress Debriefing. The Duty Officer (Insert agency-specific titles and structure here), in consultation with the Chief, shall initiate a Critical Incident Stress Debriefing.
	1. It is incumbent upon the Watch Commander or their supervisory designee, whenever possible, to speak with all employees or volunteers involved in a critical incident to assess the overall situation and determine if a CISD should be considered. The Watch Commander should not wait until a member of the agency requests a CISD to initiate an assessment to have a CISD take place.
	2. It is encouraged that any officer advise their supervisor when they believe that a CISD may be helpful for any member of this agency. When such notification by an officer to a supervisor occurs, the supervisor shall notify their next level of command up to the Chief of Police.
9. When determined necessary, all involved personnel shall be encouraged to attend a one-on-one and/ or group debriefing provided by the department's QMHP, Police Chaplain, or other professional as appropriate as soon as reasonably possible. After a QMHP or other person(s) meets with the involved personnel, and with the involved personnel's understanding and release, the department shall be advised of;
	1. Whether it would be in the best interest of specific individuals to have time off work
	2. The best-continued course of counseling and intervention
10. Follow-up counseling services should be made available as necessary to every individual who was involved in the critical incident. This follow-up may be conducted by the Employees Assistance Program or Workers Comp Professionals as directed by the Chief of Police and as necessary in consultation with the Human Resources Department.
11. In order to promote trust and encourage the use of Critical Incident Stress Management services, all one-on-one debriefings and other individual counseling sessions shall be kept confidential. They shall not have any bearing on the involved personnel's fitness-for-duty evaluation. Any information provided to the QMPH will be used solely for return-to-work status recommendations. Whenever possible, the QMPH involved in the Critical Incident Stress Management program should not conduct this department's fitness-for-duty examinations.
12. The (Insert Agency Name) strongly encourages the families of the involved personnel to take advantage of the Employees Assistance Program, Police Chaplain Services, or the RPO(s). It is recommended that family/relationship joint counseling services be offered to the involved personnel and their families or significant others whenever possible.
13. Any (Insert Agency Name) investigation of the incident shall be conducted as soon as practical. They shall make every effort to expedite the completion of any administrative or criminal investigation with the understanding that it can decrease the negative distress reactions that the involved personnel may experience.
14. The Critical Incident Stress Debriefing will be required whenever an employee of this department is involved in a use of force incident involving the discharge of a firearm or use of force that involves significant injury to any person. It shall also be used on an individual case basis with consideration given to the shock and human tragedy involved in the investigation. In certain situations, the employee's immediate family members may wish to use this service in order to aid and deal with the emotional suffering of the employee. Members of this department shall never consider an employee's use of this program as a sign of weakness and should remain supportive at all times.
15. Employee Responsibilities:
16. If at any time an employee is involved in an investigation that causes the employee emotional trauma, that employee should convey the concern to their supervisor and/ or the RPO(s).
17. Since each person is affected emotionally in different ways by human tragedy, it may go unnoticed. An employee suffering from emotional trauma should make use of the resources available to them under this policy.
18. **Daily Stress Recognition:**
19. Physical, cognitive, emotional, and behavioral reactions or problems may not arise immediately. In addition, involved personnel may attempt to hide their negative responses to the critical incident. Supervisors are responsible for monitoring the behaviors of personnel for any adverse reactions or symptoms:
20. All personnel are encouraged to understand the warning signs associated with a person who may be under stress or anxiety. They must report their concerns to their immediate supervisor whenever they have concerns about an employee's well-being or mental health.
21. Appendix B of this policy contains a list of some indications that may be present in a person experiencing stress that may require the Employee Assistance Program or Critical Incident Stress Debriefing Program's services.
22. Training:
23. This department shall provide employees with training on the adverse physical, cognitive, emotional, and behavioral reactions that may occur following a critical incident and the uniform procedures contained in this policy.
24. Supervisors and administrators shall be trained to identify physical, cognitive, emotional, and behavioral reactions to critical incidents.
25. Supervisors are responsible for making available to their personnel information about the department's peer support, chaplains, mental health services, and RPO.
26. **(Insert Agency Name)** **Officer and Family Wellness Guide:**
	* 1. All Employees shall receive the (Insert Agency Name) Officer and Family Wellness Guide upon initial hiring (Appendix E).
		2. The (Insert Agency Name) Officer and Family Wellness Guide is also available in the DMS System (Insert agency-specific access here)
27. **Line of Duty Death Guide:**
	* 1. All Sworn Officers shall be provided access to the Line of Duty Death Guide (Appendix D).
		2. The completion of the Line of Duty Death Guide is optional. Officers who complete the guide should place the completed package in a sealed envelope (List agency-specific secure location here).
28. **Officer Wellness Committee and RPO Responsibility:**
29. An Officer Wellness Committee shall meet at a minimum of once per year, and members shall be appointed by the Chief of Police and will include at a minimum (Modify the below to meet agency positions):
30. *Two patrol officers.*
31. *One Sergeant.*
32. *One Lieutenant.*
33. *One Police Chaplain.*
34. *One Civilian Employee (Non-Dispatcher).*
35. *One Telecommunicator.*
36. *One SLEO.*
37. *One Union or Bargaining Unit Representative appointed by the Union/Bargaining Unit Leader.*
38. **New Officer Mentorship:**
39. All new employees shall be assigned an (Insert Agency Name) Mentor in addition to their FTO. Whenever possible, the Mentor shall be trained as an RPO. The Mentor shall be designated as their Mentor until the Officer's Working Test Period is completed.
40. Employee Emergency Contact Information:
41. All employees must complete a current (Insert Agency Name) Employee Personnel Form (Appendix C).
42. This form shall be completed any time information is changed, such as but not inclusive of the employee's home address, home phone, and emergency contact information.
43. Reporting Unsafe Conditions and Equipment Concerns:
44. Employees shall follow the procedures detailed in (Insert Agency Name) Policy, *Equipment, and Maintenance* (Insert agency-specific policy or procedure reference on how to report unsafe or equipment concerns) to report equipment in need of repair. However, if the employee finds that the process has failed to correct the issue adequately, the employee shall inform their supervisor, who shall report such concerns to the next level of command, up to and including the Chief of Police, via written memo or email. However, in the event that the supervisor determines that the equipment has not been repaired and is such a safety concern or inhibits an employee from performing their duty, the supervisor shall notify his Division Commander or the Duty Officer, who shall notify the Chief of Police (Insert agency specific positions or structure here).
45. Employees shall report to their supervisor any condition, equipment, policy, or procedure that they feel is unsafe and shall report any equipment that is in service but expired. No employee shall ever be criticized, ridiculed, or disciplined for reporting in the proper manner any condition, equipment, policy, or procedure that is unsafe. Every supervisor receiving information concerning any condition, equipment, policy, or procedure that is unsafe, believed to be unsafe, or expired shall report such to the next level of command, including the Chief of Police, via written memo or email. However, in the event that the supervisor determines that the equipment or issue has not been rectified and is such a safety concern or inhibits an employee from performing their duty, the supervisor shall notify their Division Commander or the Duty Officer, who shall notify the Chief of Police (Insert agency specific positions or structure here).
46. Safety Meetings:
47. The (Insert Agency Name) participates in periodic Safety Meetings to discuss accidents, injuries, safety procedures, training issues, policy provisions, and more. Such Safety Meetings assist this agency in developing and maintaining a culture of wellness. The provisions of Section XV, Reporting Unsafe Conditions and Equipment concerns, apply to Safety Meetings. Such provisions also include that no employee shall ever be criticized, ridiculed, or disciplined for reporting in the proper manner any condition, equipment, policy, or procedure that is unsafe.
48. Agency Wide Specific Wellness:
49. The (Insert Agency Name) provides a broad range of policies, procedures, rules, and regulations to guide employees as they perform their duties. Easy access to such documents can greatly assist in creating a culture of safety and wellness for every employee.

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**Appendix A**

**Resources**

**Employee Assistance Program**

(Insert agency-specific EAP contact information here)

**Cop 2 Cop**

1-866-COP-2Cop (267-2267)

COP 2 COP is a free and confidential 24-hour telephone helpline that is available exclusively for law enforcement officers and their families to help deal with personal or job-related stress and behavioral healthcare issues. Trained, retired law enforcement officers’s staff it.

**(Insert Agency Name)** **Police Chaplains**

(Insert agency-specific Police Chaplain contact information here)

**Appendix B**

**Potential Signs of a Troubled Employee**

The following is a list to assist personnel and help supervisors identify employees who may be suffering from a chronic problem. These problems may include substance abuse, mental illness, anxiety, stress, etc.

CHANGES IN:

1. Absenteeism:
2. Multiple instances of unauthorized leave.
3. Excessive sick leave.
4. Frequent Monday and/ or Friday absences.
5. Repeated absences, particularly if they follow a pattern.
6. Excessive tardiness, especially on Monday mornings or returning from lunch.
7. Leaving work early.
8. Peculiar and increasingly improbable excuses for absences.
9. Higher absenteeism rate than other employees for colds, flu, gastritis, etc.
10. Frequent unscheduled short-term absences (With or without medical explanation).
11. "On-the-job" Absenteeism:
12. Continued absences from the office or post more than the job requires.
13. Frequent trips to the water fountain or restroom.
14. Long coffee breaks.
15. Physical illness on the job.
16. High Accident Rate (And consequently, more accident claims):
	1. Accidents on the job.
	2. Accidents off the job.
	3. Frequent trips to company medical facility (nurse, etc.).
17. Difficulty in Concentration:
	1. Assignments and tasks take more time.
	2. Hand tremor when concentrating.
18. Confusion:
	1. Difficulty in recalling instructions, details, etc.
	2. Jobs take more time.
	3. Difficulty in recalling own mistakes.
19. Erratic Work Patterns:
	1. Alternate periods of high and low productivity.
20. Physical Appearance:

a. Coming to/ returning to work in an obviously abnormal condition.

1. Generally Lowered Job Efficiency:
	1. Misses dead lines.
	2. Mistakes due to inattention or poor judgment.
	3. Wasting materials.
	4. Making bad decisions.
	5. Complaints from co-workers.
	6. Improbable excuses for poor performance.
	7. Resistance to change.
2. Poor Employee Relationships on the Job:
	1. Overreaction to real or imagined criticism.
	2. Wide Swings in morale and mode.
	3. Borrowing money from co-workers.
	4. Unreasonable resentments.
	5. Avoids Co-workers.
3. Attitude:
	1. Increased cynicism.
	2. Expressing cold, callous, or hostile feelings about others.

**Appendix C**

**Personnel Information Form**

 (Insert agency-specific personnel form or fields here)

**Appendix D**

**(Insert Agency Name)** **Line of Duty Death Guide**

The information you provide below is **confidential** and will be used only in the event of your serious injury or death in the line of duty. Please fill out the form as accurately as possible; if you are injured or killed during the execution of your duty, the information provided will be of extreme comfort to your family and the law enforcement agency in following your wishes.

This form will be reviewed/revised by the member for any status changes. **Please PRINT or TYPE all responses.**

1. First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Division Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Spouse’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Children's Names Date of Birth

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1. Addresses/Phone Numbers of children not living at home:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CONFIDENTIAL INFORMATION**

1. Name, address, and phone number of key relatives (parents, siblings, in-laws)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you are divorced and want your ex-spouse(s) notified, please provide the following information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL INFORMATION**

1. Is there a living will? Yes 🞎 No 🞎

If so, do we have a copy: Yes 🞎 No 🞎

1. Are you an organ donor? Yes 🞎 No 🞎

If so, do we have a card on file? Yes 🞎 No 🞎

1. In the event you are unable to communicate after a severe accident, do you wish extraordinary efforts to be used to prolong your life? Yes 🞎 No 🞎

List below if you wish to leave this decision to a family member:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the event of your death, whom would you prefer to inform your immediate family?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL INFORMATION**

1. Please list any preferences you may have regarding funeral arrangements:

Name of funeral home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Religious Site (name of church, synagogue, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presiding Clergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Cemetery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Has a plot been purchased? Yes 🞎 No 🞎

If so, indicate plot number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you wish to have calling hours? Yes 🞎 No 🞎

If so, for how many evenings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a veteran of the Armed Services? Yes 🞎 No 🞎

If so, do you wish for a military funeral? Yes 🞎 No 🞎

1. Do you wish for a law enforcement funeral? Yes 🞎 No 🞎
2. Do you wish your remains to be:

Buried? 🞎 Cremated? 🞎

 If you wish to be buried, how do you prefer to be buried?

 In uniform 🞎 In civilian clothes 🞎

**CONFIDENTIAL INFORMATION**

1. Do you wish for an open casket? Yes 🞎 No 🞎

If cremated, do you have any wishes regarding remains?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List any preference you have to serve as pallbearers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If you wish any particular songs or hymns to be played at the religious service, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you wish a eulogy to be delivered? Yes 🞎 No 🞎

If so, who should deliver the eulogy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL INFORMATION**

1. Do you wish flowers to be omitted in place of charitable contributions? Yes 🞎 No 🞎

If so, list charity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name, address, and phone number of your attorney:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a will? Yes 🞎 No 🞎

If so, where is it located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List any insurance policies you may have:

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List membership in law enforcement organizations that may provide assistance to your family:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CONFIDENTIAL INFORMATION**

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1. Do you have any personal requests for the future (for example, a particular song to be played in your memory at the marriage of your children, thoughts on the remarriage of your spouse, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have any personal possessions you wish to be given to specific individuals?

If so, please indicate below:

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL INFORMATION**

**OPTIONAL VOLUNTARY INFORMATION**

Please list any accounts (including certificates of deposit, safe deposit boxes, etc.) you have in banks or other financial institutions:

 Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form will be placed in a sealed envelope and marked: "**TO BE OPENED ONLY IN THE EVENT OF SERIOUS INJURY OR LINE-OF-DUTY DEATH."** The sealed envelope will be kept in the Chief's office in a secure cabinet. The member should review these guidelines each year and changes made if required.

**Appendix E**

**Officer and Family Wellness Guide**

**See the IACP Family and Wellness Guide to assist in building a custom agency Officer and Family Wellness Guide:**

[**IACP EMPLOYEE AND FAMILY WELLNESS GUIDE**](https://www.theiacp.org/resources/document/employee-and-family-wellness-guide)

RESOURCE CONSIDERATIONS THAT MAY BE HELPFUL IN FORMULATING AN AGENCY-SPECIFIC WELLNESS POLICY:

**[New Jersey Counties Excess Joint Insurance Fund](https://njce.org/)**

[**NJCE Law Enforcement Section**](https://njce.org/safety/law-enforcement/)

[**Promoting Law Enforcement Resiliency (2019-1)**](https://www.nj.gov/oag/dcj/agguide/directives/ag-directive-2019-1.pdf)

[**IACP Officer Safety and Wellness**](https://www.theiacp.org/topics/officer-safety-wellness)

[**IACP Injury Tracking**](https://www.theiacp.org/projects/ROI)

[**N.J. Cop 2 Cop**](https://njcop2cop.com/)

[**LEO Near Miss**](https://www.leonearmiss.org/)

**[No Cost Training for Law Enforcement Officers](https://melsafetyinstitute.org/law-enforcement-2/%22%20%5Cl%20%22training)**

[**No Cost Training for Police Civilian Personnel**](https://melsafetyinstitute.org/law-enforcement-2/#training)

[**NJCE – JAM – Risk Safety Analysis Bulletins**](https://njce.org/safety/law-enforcement/)

[**NJCE - JAM – Messages and Bulletins**](https://njce.org/safety/law-enforcement/)

[**NJCE-JAM Training Videos**](https://njce.org/safety/law-enforcement/)

[**Law Enforcement Sample Policies**](https://njce.org/safety/law-enforcement/)

[**Preventing Problematic Alcohol Abuse Among Police - IACP**](https://www.theiacp.org/sites/default/files/Alcohol%20Use%20Agency_Final.pdf)

[**Guidance for Law Enforcement Officers – Preventing Problematic Alcohol Use - IACP**](https://www.theiacp.org/sites/default/files/2022-03/259348_IACP_LE_Preventing_Problematic_Alcohol_Use_p1%5B1%5D.pdf)

[**Learn About Marijuana Risks – Substance Abuse and Mental Health Services Administration**](https://www.samhsa.gov/marijuana)