

PROVOST LEVEL EMPLOYEE COMMUNICATION COUNCIL
March 13, 2002
Meeting 103

Attendees: Annamarie Black, Jan Cornell, Tom Farruggio, Susan Fogler, Mary Gentry, Pat Hartsook, Vincent Kois, Roger Morris, Doug Moseley, Lewis Steva, Glenn Taylor, Sue Wharam,

The 103rd meeting of the Provost's Employee Council was called to order at 8:30 a.m. by chair Susan Fogler. Attendees were introduced.

Ms. Fogler opened the meeting with the following:

- Received text for the Employee Council brochure yesterday. Will forward via e-mail to Council members after it has been edited and proofed
- Employee Council will participate in the New Faculty/Staff Welcome and Resource Fair on April 17 at Newcomb Hall
- Next month we will have a representative from ISP at the meeting to discuss the phase in of the HR Oracle module in July
- Future meetings of the Employee Council will be held in Zehmer Hall, Conference Room F.
- The chair took a Facilitator Workshop with John Lord and Tara Telfair and found it very worthwhile.

Human Resources Report - Jackie Cooke

- New Employee Resource Fair is on April 17 for new employees and any other interested employees.
- Service Award Program for 10, 15, 20 and 25, etc. years will be held on Tuesday, May 21, 2002. Invitations will be sent out next month. For employees with 10, 15 and 20 years of services the ceremony will be held in Cabell Hall.
- Nominations for the Employee Outstanding Contribution Award are being taken until March 31, 2002. Completed forms should be returned to Human Resources.

University Ombudsman & ADA Coordinator Report - Brad Holland

- Gave report on status of Climate Study. The Steering Committee has chosen two possible vendors to conduct the study. Due to lack of budgetary approval the Study has been put on the “shelf”.

Human Resources Guest Speakers: Tom Gausvik, Linda Way-Smith, Ann Goodson, and Gary Helmouh

A list of questions was presented to Mr. Gausvik from the Provost Employee Communications Council constituents. The following text represents those questions and answers:

1. Acquiring maternity leave information has become a chore, as Human Resources seems to be lacking in communication between departments. I do not know whether or not other HR contacts in the university have been updated on new policy, or if there is a misunderstanding in policy, but I have been told two different stories in the past five months as to what the process is for maternity leave. It was only after being given information from a friend currently on maternity leave that I knew to contact the Leave Office and find out the real deal. Needless to say, and much to my dismay, after speaking with them my plans for maternity leave are being forced to change.

Two separate people told the first scenario to me. This version being the first 5 days (which were sick days) paid at 100%, the next 20 days at 80% and the next 60 days at 60% pay. Only after hearing from a friend who found out after she had the baby, this was not correct did I call the Leave Office. It was explained to me that the first 6 weeks is considered short-term leave, whereas the first week is sick time, the next week is a “waiting period” for paperwork to go through, so it’s sick/free at 100% pay. The next 4 weeks are at 80% pay. Then the next awakening hit – after this 6 weeks is when the Family Medical Leave begins. As previously explained I would receive 80% or 60% pay, but under Family Medical Leave I either take time as unpaid, or use any leave time I have available. The 60% is only valid for women who are still under their doctor’s care, not for those who have recovered in a timely manner. This will cause me to have to reevaluate what I will be able to do in order to stay home with my newborn as long as I can.

Accessing this information on the Human Resources Web site is near impossible. Yes, there is a mention of short-term leave and yes there is an entire section of the family medical leave. However, there is no mention of “This is what happens for women who take maternity leave.” No one knows to combine the two leave times. It is not an obvious procedure, but extremely ambiguous. For a first time parent, this information is all too overwhelming and there is minimal guidance. I received the same paperwork from the two same people who told me the wrong information and it was all about the family medical leave, no mention of short-term leave.

Pregnant women, especially those who are doing this for the first time, need information readily available and not left to their own wit to try to decipher what may or may not be considered

maternity leave. A link on the leave Web site specifically for maternity leave is needed. There needs to be full explanation of the two leave types AND there needs to be a timeline of what paperwork is necessary, when to turn it in and who to turn it in to. Just stating policy is not helpful and although I tried to make the necessary contacts to make sure I was on target, the people I contacted were misinformed and therefore, so was I.

Could you please address this point at your next Employee Council meeting? I feel this is something that would greatly benefit women in the future and spare them all this confusion. Your attention is appreciated.

Response to 1: The reason why it is difficult to get a clear answer on questions about maternity leave is that the University no longer has “maternity leave” per se. Instead, it has “disability leave” provided by VSDP for any period of time that you are incapacitated as a result of a medical condition of any type, including giving birth. In addition, pursuant to federal law, there is unpaid Family and Medical Leave (FMLA) of twelve weeks for birth or adoption. These two things toll together, so if your physician found you OK to return to work after 6 weeks, you could still take 6 weeks of unpaid leave, but you wouldn’t qualify for any additional paid leave. Unfortunately, getting to the bottom of the system sometimes depends on asking the question in just the right way, a situation that is untenable. After all, how can you ask the right questions if you do not have the information you need in the first place?

We understand and agree with your concern about how difficult it is to obtain this information. We are revising the benefits portion of the University Human Resources web site (<http://www.hrs.virginia.edu/benefits.html>) that will provide “Life Event” specific information. So, for example, there will be a link titled “Marriage” that will prompt employees about all the considerations they need to make if they get married, such as adding a spouse to the health plan, purchasing optional life insurance coverage, or changing beneficiaries on retirement plans. One of the events will be “Birth or Adoption of a Child”, and will include information about the types of leave and how they work together. I do not have a specific date at this time as to when we will be complete these revisions. Thanks for bringing this issue into focus for us. Your input will help us as we build this new element to our web pages.

2. I would like to know why UVA (and only UVA) added an extra layer to the QualChoice referral process. For example, I was referred by my surgeon for physical therapy, but I still have to get a referral from my PCP who knows nothing about the surgery. And why weren’t we notified about this new process in a more orderly, public way? Even the doctor’s offices weren’t aware of this change.

Response to 2: The UVA Health Plan did not add an additional layer to the referral process. For those that have been at UVA for a while will remember that the state moved from Key Care, which was an indemnity style plan and we did not have PCPs, to Key Advantage in which referrals were required from the Primary Care Physician (PCP). This was before we started the UVA Health Plan. The UVA Health Plan like the state’s Key Advantage Plan has the PCP responsible for overseeing your entire health care regime, not just one aspect (like

your surgeon). For example, suppose your surgeon recommended physical therapy for your knee without knowing about your prior history of stroke or heart disease. The therapy could create a terrible risk to your health. Or, suppose your physician has started his/her own clinic, and in order to pump up the revenue, refers all patients for therapy whether it is appropriate or not. Your PCP saves you and the plan money, which helps to hold the down the premiums that you and the University pay. There is no requirement that you use a referral at all; you simply pay the higher co-payment.

Please remember that your health care claims are paid from premiums you and UVA pay.

UVA Health Insurance Rates (effective 1/1/02)

	Employee Share	Employer Share
Employee only	\$15/month	\$206/month
Employee plus one	\$103/month	\$328/month
Family	\$196/month	\$436/month
Double State (2 full-time salaried state employees with children)	\$105/month	\$525/month

3. When a supervisor or manager compiles a performance evaluation on an employee should they not be held accountable in some way for the statements and ratings they assign to the employee in a similar way that students are held to the “Honor Code” system?

Response to 3: Managers and supervisors are accountable for all employment actions taken with their classified employees. There are numerous policies and procedures that managers, supervisors must follow in performance management, and if an employee believes that the appropriate rules have not been followed or disagrees with an action of management, the employee has a variety of informal and formal means to address the concerns. In the Performance Evaluation and Planning process, employees have two formal ways to challenge any content or application of the evaluation. One is an appeal to the Reviewer and the other is the utilization of the State Grievance Procedure. Informally, employees could work within their own management structure to resolve concerns, elevate concerns through the appropriate “chain of command,” and/or utilize the services of University Employee Relations, the University Ombudsman, the University EEO Office or any of the State offices that specialize in employment dispute resolution.

4. I have heard a rumor that, soon, employees will be able to evaluate managers and supervisors. Is this true and if so, when will this become procedure?

Response to 4: Under the new pay plan, there is an option for agencies to implement an upward feedback program for supervisors/managers for developmental purposes initially, not evaluative purposes. The state has been working to identify third-party vendors that may provide the necessary tools (feedback instruments) to ensure the appropriate information is gathered, analyzed and reported in a confidential manner.

Procuring a vendor is still in the works. If properly implemented and conducted, I see upward feedback as a valuable way for supervisors/managers to gain important insight into how they are viewed by those they supervises. At UVA, we are looking at how we may conduct upward feedback in a manner to provide the greatest value to all parties involved. We have done some initial assessments of third-party feedback tools. We are looking at piloting upward feedback within the University in 2003.

5. I have some questions concerning the new Southern Health Program. Being in Roanoke makes it a little different:

- Do we still get our mail order prescriptions from Pharmacare?
- I would like to have a list of dentists and eye doctors that we should use in Roanoke.
- Also, now that we have the referral form, do we need a form every time we visit another doctor when we are involved in a series of treatments?
- I don't want to find out, after the fact, that I was not covered for something.

Response to 5: Mail order is still from PharmaCare. Eye doctors who participate with FAVS can be found at www.eyebenefits.com. There are no network dentists in Roanoke, but you can receive reimbursement up to the allowable charge at any dentist. We recommend that you ask a non-network dentist whether he or she is willing to take the allowable charge as full payment – many are if they are asked! If he or she isn't, you will be responsible for costs incurred above the allowable charge. This is the same for most health plans where dental coverage is offered. We will be looking at new dental vendors this year, and coverage throughout the state will be considered.

Paper referrals are no longer necessary. Generally, your PCP will either refer you for a number of visits, or for the period of one year for the treatment of a specific condition. If your referral is for the latter, then you need not get a new one at each visit provided that, your series of visits relates to the same condition. You should be receiving a letter in the mail from Southern Health stating that they are returning to the referral process that was in place previously.

6. To use a dentist on Southern Health Care, do we have to get a dentist that is a provider or can we go to any dentist? If we have to go to special Southern Health care approved dentists, then where is the list of dentists? Why on this plan do we all of a sudden have to pay \$50 when we go to the dentist for the first time? Used to be the usual \$10 co-pay.

Response to 6: You may use any dentist you wish, but it could increase your costs. Network dentists agree to accept the allowable charge as payment in full. If you do not choose a network dentist, that dentist could charge you for amounts above the allowable charge, but as answered under Question 5, many dentists are willing to take the allowable charge as full payment if they are asked. The plan has always had a \$50 deductible each year that applies to services known as Type B and C (restorative, periodontics, etc.) There has never been a \$10 co-payment for dental services.

7. Orientation is very confusing for new employees, both faculty and staff. The health care benefits are not explained thoroughly and most times people have to call back to get more info. In most cases, the new employee is handed a packet of things and asked “do you have any questions”? Well, how could they have any questions when they haven’t even been able to read over the materials? You could probably save yourself hours of having people call back with questions if the questions were addressed at the orientation. Or send the new employee the packet of materials BEFORE their orientation so they can look it over and ask questions in the orientation.

Response to 7: Thanks you for your comments about the orientation process. We are always reviewing our programs and processes. We have tried to send orientation materials to newly hired employees in advance in the past, and found that the vast majority of people lose it or fail to read the materials (and orientation packets are expensive to produce and to mail!). In fact, recent surveys of orientation attendees determined that 99% of attendees are “very comfortable” (53%) or “have a basic understanding” (46%) of the health plan. Only 1% stated that they need more education. Orientation is a 2 to 4 hour program, and employees are permitted to stay as long as they like for assistance with filling out forms or having their questions about their individual situation answered.

8. We were told that Southern Health Care was IDENTICAL to QualChoice, which we know for a fact that is not true. Why didn’t HR send out a list of changes or a comparison of QualChoice vs. Southern Health Care? This whole changing of health care administrators has been extremely confusing for the employee. Just the immense change in our prescription plan and the referral debacle has been a nightmare in itself.

Response to 8: Let me first state that your plan is IDENTICAL. The changes to the prescription plan were part of Open Enrollment materials sent to you in the fall of 2001, and would have taken place regardless of whether or not we got a new third-party administrator (TPA). Admittedly, there have been some transitional issues; most notably the in-network referral process was changed to conform to Southern Health’s process, which was inconsistent with how our plan network referrals in our plan were to be handled. This situation has been corrected and Southern Health is returning to the previous referral process. All plan members should receive a letter in the mail stating that this is occurring. Article will also be in the Health System Link and in Inside UVA in the coming weeks. However, we are very satisfied that our TPA’s increased training and education efforts and growing experience with our plan, which is resulting in fewer complaints from participants. I should mention that last year’s customer satisfaction survey with our TPA was at 89 percent, which is excellent. In prior year’s, the rating has been at 90 percent or above. Customer satisfaction surveys are conducted by an outside third-party and look specifically at the customer’s experience with services such as timely claims payment, response to customer questions or concerns, etc. (this is not a survey of the satisfaction with the benefit provisions of the UVA Health Plan).

9. There continues to be the huge problem of not being able to find doctors in regions other than Charlottesville. For our outlying centers, for when we travel, for our children that are attending

college away from Charlottesville. WHEN is UVA going to get a portable health care plan? This has been going on for years; the problem is especially bad in Northern Virginia. Is there any chance of every getting back on the state health care plan? Blue Cross? Many wonder why we can't have a choice. Many also see what a huge mistake it was for UVA to become self-insured.

Response to 9: We disagree that it was a mistake for UVA to create a self-funded plan. Since the implementation of the UVA Health Plan, UVA employees have paid less in premiums, less in co-pays and have received richer benefits in their health plan than other state employees. There is no chance of returning to the state's plan. To do so would mean that UVA employees pay higher premiums and have fewer benefits than they do today. We are addressing issues in Northern Virginia and a very creative solution has been discussed with NoVA employees that should take this summer. It should be noted that the state is having so much trouble serving employees in outlying areas that legislation has been passed to appoint a committee to make suggestions.

10. Can you demonstrate that at any point in the past two years have you or any officer or agent(s) of UVA requested of any delegate, senator, or governor or their agent(s) that the state fully and fairly fund its portion of the "no pay plan"?

Response to 10: First, I disagree with the characterization of the Classified Compensation Plan as the "No Pay Plan". If one stops to consider the facts, then one cannot conclude that this is a "No Pay Plan". Since implementation of the new plan in September 2000, over 2000 UVA classified employees have received a pay increase under the new plan. Approximately 1,200 in-bands adjustments have been processed and approximately 800 roles changes, transfers and promotions, etc. have been processed to the tune of over \$6,000,000 in additional salary and fringe benefits costs in the first sixteen months of the new pay plan. The 2000 UVA classified employees have received an average increase of six (6%) percent, not to include the 3.25% increase all classified salaried employees received on November 25, 2000. Thus, it is unfair to characterize the pay plan in a manner that the facts show otherwise. The majority of these base salary increases would not have occurred if it were not for the new pay plan. Remember under the previous pay plan, UVA averaged only \$1,500,000 annually in salary/fringe benefit increases for classified employees outside of the November 25 increase.

My staff and I have participated in meetings in Richmond over the past two years in which we expressed a need for funding of pay practices. Based on these discussions, the state adopted a process to allocate a percentage of the total end of year increase to the funding of pay practices. Approximately .5 percent (one-half percent) was identified in last year's state appropriations to be used for funding the pay practices; however, this did not come to past due to the state's budget crisis. Had this taken place, UVA would have received approximately \$500,000 to use to fund pay practices above and beyond what it has spent from existing resources.

I should mention that when the new pay plan was developed, one of the charges to the committees and the commission that worked on developing the new plan was to examine ways to establish a permanent stable funding mechanism for employee salaries. The

various entities working on this looked at how other states and private/public employers approached funding employee compensation. The conclusion was, there was no effective means to create a permanent guaranteed funding mechanism, in essence a permanent set aside for salary increases, that would be above all other state priorities that was not contingent on state revenues. However, the Governor and the General Assembly approved in the new pay plan to permit each agency the authority to existing funds to fund pay practices in a fully decentralized manner.

Lastly, it is important to state that no matter the pay plan, whether it is has fixed pay-steps, no pay steps, many pay grades, few pay grades, etc. -- the resources to compensate employees will be subject to economic, political and business factors based on the limits of tax revenue, student tuition, sponsored program funding, patient care revenues, etc. Although it would be nice to have a permanent funding source(s) that would ensure employee increase each year, the reality is, that is it not a reality when one understands the working of state government and that the tax-payer is ultimately who we as state employees (public servants) are accountable to.

11. Not long ago HR wrote to those of us who DID NOT opt for the UVA short and long term disability program, but remained with the old system of acquiring sick leave, that UVA MIGHT consider picking us up on their policy because they knew that the insurance carried through Colonial and UNUM had rose so much it became unaffordable. I and most others had to drop the insurance coverage and I now feel very vulnerable. I would lose everything if I got sick for any length of time. Are the “powers to be” still thinking of letting us into the UVA disability program? NOTE: the disability program will probably be reinstated again according to the legislature—do we know if that passed?

Response to 11: From time to time, I need to remind people that they made a choice in 1998 to either enroll in the Virginia Sickness and Disability Program (VSDP) or to remain in the state’s accrual-based sick leave program. We made it known at that time, that we could not guarantee that the University could indefinitely offer an employee-paid group long-term disability policy, as the group policy was contingent on a percentage of the UVA population participating in the employee-paid UNUM LTD plan. As more employees have been hired and automatically enrolled in VSDP since 1998, the numbers of people enrolled in UNUM has decreased. A significant decrease in UNUM participants occurred when the Medical Center implemented its own employer-paid LTD program. As a result, only a small number of employees in the Academic Division remain in the UNUM plan.

Having said this, I believe that the Virginia Sickness and Disability Program (VSDP) is the best state employee benefit program to come along in the past quarter century. I think everyone knows that VSDP is not UVA’s plan; rather it is a state program that was passed by the General Assembly. It provides employer-paid income replacement based on service for short-term and long-term disability, provides long-term care, and provides additional family and personal days annually. The long-term care benefit was recently added this March 1. A memo has been to employees about this new benefit. Unfortunately, the only way for employees who did not join VSDP during the 1998 Open

Enrollment period is for the state to pass legislation providing a new Open Enrollment. Such legislation has been proposed and favorably treated during this Session of the General Assembly, but has not yet been signed into law. The bill numbers are SB 120 and HB 197. You should check out <http://www.virginia.edu/~govrel/home.htm> for more information on this year's legislative sessions or to follow the progress of these bills. I am very hopeful that this legislation will pass. I also hope and strongly encourage all classified employees and research assistants who are eligible to enroll, will enroll, as I do not know if or when VSDP will be opened up ever again.

12. For those of us that don't want to join the state disability program, have any new vendors been determined to offer us long-term disability? If not, why not? We should have an option to buy long and short term on a group rate, like with Colonial and UNUM.

Question 12: New vendors will not be available for employee-paid group long-term disability (LTD), as the number of employees interested in such coverage is no longer large enough to make it attractive to vendors. This is because the LTD claims experience of the UVA group was so poor. The number of participants was significantly impacted by VSDP and the Medical Center's plan, which provided employer-paid LTD. Consequently, we believe no vendor will wish to assume the risk of a small group with high actuarial risk (poor claims experience). If you remember, UNUM and Colonial Life were procured as stopgap measures until employer-provided coverage was extended. Through the VSDP, employer provided coverage was made available in 1998 to existing employees and all new employees since then have been automatically enrolled. Colonial, which is currently not a group plan, will continue to be available. Please note that because of the UNUM UVA group's poor experience, it is likely that a healthy person could buy LTD on the open market for LESS than what they paying on the group rate.

13. When will the salary study (how we compare to private business counterpart) be available and what is the process for an employee to see how their job compares? I am curious about the study, seems like they have been working way to long on it.

Response to 13: The state is in the process of making labor market comparisons. Once this becomes available, we will find out how this information will be made available. We believe that the market data will look at private and public sector jobs performing similar duties as state jobs and will compare weighted salary averages paid. If you are interested in viewing labor market data, there are a number of sources on the Internet that may be used. For example, there is Salary.com at http://swz.salary.com/salarywizard/layoutscripts/swzl_newsearch.asp and the National Compensation Survey at <http://www.bls.gov/ncs/>.

14. Since we're not getting any raises, why not give the employee the day off on their birthday?

There are no provisions under state policy that permit the awarding of time off for events such as birthdays. Suffice it to say, the state provides a generous annual leave policy. On July 10, 2000, the state increased annual leave benefits for long-term state employees (see below table).

Service	Hours per <i>semi-monthly</i> pay period	Maximum carryover
0-5 years	4 hours	192 hours
5-10 years	5 hours	240 hours
10-15 years	6 hours	288 hours
15-20 years	7 hours	336 hours
20-25 years	8 hours	384 hours
25+ years	9 hours	432 hours

In addition, on July 1, 2001, the University implemented the New Classified Pay Plan's, Rewards and Recognition Policy that provides an additional "compensation tool" to recognize performance on the part of an individual employee or team of employees. Under the policy, University management may grant up to \$1000 in monetary or non-monetary awards and/or 5 days of recognition leave in a fiscal year (see <http://www.hrs.virginia.edu/mgrmemos/emprewards.html>).

15. I have heard that during the town meeting talk, there was much discussion of having to fill out a form during the open enrollment period if an employee wishes to remain on the old leave system and not change to the SDP? Can you find out if indeed this is the case, what the time frame is and where forms can get gotten?

Question 15: If legislation passes for another VSDP Open Enrollment, we will be sending out information to all eligible employees. We believe that the "opt out" period will be sometime in the fall—October/November 2002. Enrollment information and forms when they are available will be sent to eligible employees and made available on the UHR website and available in the UHR Benefits Office. Again, I want to strongly encourage all eligible employees to enroll in VSDP, as I believe it is the best protection of one's income against a prolonged short-term or long-term disability. We will not be able to provide a stopgap employee-paid group LTD policy for employees who do not enroll.

16. Why are the eligibility requirements for applying for the faculty/staff scholarship so arbitrary? You have to have worked 365 days before you can apply; also long-term staff that happen now to have half-time positions are ineligible to apply for this scholarship. Couldn't HR be more flexible on eligibility, or at least accept our applications, then weigh them?

Response to 16: FALLS UNDER FINANCIAL AID --- NOT HR

17. Does Mr. Gausvik oppose having even a non-voting staff member on the Board of Visitors? If he does, what are his reasons against it?

Response to 17: I really do not have an opinion on this. I believe the Governor and the General Assembly determine the make up of the Board of Visitors. There was legislation (HB 538) proposed this session to place a non-voting faculty member of the Boards of Visitors of state colleges and universities. A summary report of legislation may be found

on UVA's State Governmental Relations website at <http://www.virginia.edu/%7Egovrel/home.htm> .

18. Could Mr. Gausvik recap the history of classified employee raises, raise-reversions, and freezes since the beginning of the 90s (roughly from Gov. Wilder's tenure), comparing these figures to private sector raises over the same period?

Response to 18: A history of classified and faculty salary increases can be located on the University Budget web site at <http://www.virginia.edu/budget/fringe.html>. I have copied it from this site as shown below.

University of Virginia Salary Increase Data (1)

	Classified	Comments	Faculty	Comments
2000-01	3.25%	merit (meets expectations or better)	3.0% 4.6%	Admin, professional, PT,GTA Full-time instructional
1999-2000	4.50% 2.25%	across the board merit (meets expectations or better)	4.0% 6.5%	Admin, professional, PT,GTA Full-time instructional
1998-99	4.55% 2.25% 0.00%	exceptional/exceeds expectations meets expectations evaluation fair or does not meet expectations evaluation	3.1% 6.5%	Admin, professional, PT,GTA Full-time instructional
1997-98	4.00%	across the board(11/25)	4.00% 5.00%	Administrative/Professional Instructors
1996-97	4.35%	across the board(12/1)	4.00%	1
1995-96	2.25%	across the board	2.25%	1
1994-95	3.57%	merit average	3.50%	1
1993-94	2.00% 4.71%	across the board merit increase	5.50%	1
1992-93	2.00%	across the board	2.00%	1
1991-92	0.00%	1	0.00%	1
1990-91	3.00%	across the board	2.50% -2.00%	reduction Dec. 1st
1989-90	3.50% 4.50%	across the board merit increase	6.00% 7.00%	Administrators Instructors
1988-89	3.50% 4.50%	across the board merit increase	6.20%	1
1987-88	4.56% 4.50%	across the board merit increase	5.00% 6.00%	Administrators Instructors

1986-87	4.57% 4.50%	across the board merit increase	10.00%	1
1985-86	6.00% 4.50%	across the board merit increase	10.00%	1
1984-85	0.00%	UVa picked up life insurance(<1%)	10.00%	
1983-84	0.00%	UVa picked up retirement contribution (=5%)	0.00%	UVa picked up retirement contribution (=5%)

1) Salary increases were effective July 1st of each year through fiscal year 1990-91 unless otherwise noted. Beginning in fiscal year 1992-93, salary increases were effective December 1st. With the shift to lag pay in June of 1997, Salary increases become effective on November 25th in fiscal year 1997-98.

19. What issues does Mr. Gausvik want to pursue on the new state committee on reviewing employee compensation to which he's been appointed? Does he or the committee feel it appropriate to solicit employee opinions on their compensation package, either at UVA or on a statewide level?

Response to 19: The committee continues to routinely meet, assess and refine the new plan based on feedback from agencies, including managers and employees. For example, based on feedback, the state modified the in-band adjustment policy to allow agencies to provide not only base salary increases but also lump sum wage payments for IBAs. If employees have suggestions and/or comments, they may send them to us. We have an email address that may be used – hrdept@virginia.edu. On the UHR Homepage, the “Feedback for HR” can be used to ask a question, make a suggestion or offer a comment. There is a drop down menu that provides a blank form and provides a list of topics such as “compensation”(<http://as400.hrs.virginia.edu/cgi-bin/db2www/jobs/feedback.mac/input>).

20. Why are Mr. Gausvik and our local benefits committee penalizing UVA employees for the rise in prescription drug prices? Many employees have seen steep rises in their co-pays as their medications have been moved to a tier 2 or 3 designation. Some employees depend on a drug for which no generic exists. Prescription drugs are cost-effective in that they allow some staff to avoid acute illness or costly hospital stays. Also I was told by my pharmacist that non-UVA employees in the QualChoice plan who moved into Southern Health have lower co-pays for drugs than do we UVA employees. Why aren't our drug benefits as good as other persons being insured through Southern Health? Instead of penalizing its employees for drug price inflation, couldn't the University find a drug plan that negotiates cheaper deals with the pharmaceutical companies?

Response to 20: It is virtually impossible to compare the benefits of the UVA Health Plan to other Southern Health Services (SHS) plans in the way that your pharmacist did. SHS has a range of plans, as part of its HMO product line. Our plan has co-payments of \$8, 16, and \$32. SHS’ “standard” plan has co-payments of \$5, \$15, and \$40, but has

hundreds more at the \$40 level than the UVA Health Plan. Its most popular drug plan has co-payments of \$10, \$20, and \$45. We moved very few drugs to tier three, and no drugs are in tier 3 if there is not a therapeutic substitution in either tier 1 or 2. We even moved some drugs from tier 3 to tier 2!

Our drug costs have increased astronomically in the last year several years – more than 20 percent per year. (In contrast, health costs have increased less than 5 percent.) Participants can control their own costs through their choice of tiered drugs. It is unfair to assess higher premiums to informed cost conscious consumers who take the time to discuss alternative pharmaceutical therapies with their physician, when the costs are being driven by those who refuse to take those steps. We feel comfortable that we are getting the best deal we can. We continually monitor what is available, and do not feel that we can do any better right now. We encourage all employees to become consumers that are more informed so that they may make better decisions.

21. I appreciated the budget update from Colette Sheehy last month, but it made me feel as if we staff have no input into decisions about the University's spending or service priorities. At our local community college, PVCC, President Friedman is currently leading discussions with all his staff on PVCC's budget and gathering an inclusive consensus for his budget adjustments. If we are all stakeholders in the success of UVA, why couldn't we have input into what our priorities should be, or where cuts can best be made? As Frank Friedman is doing with his staff?

Response to 21: I will pass this question along to the vice presidents, as they would be better able to answer this.

22. I never get to meet or talk in person with senior University management like Mr. Gausvik or Mr. Sandridge. It makes a difference when you talk to someone face-to-face and look them in the eye, and I could maybe understand better the reasons for certain policies or decisions if I heard it direct from them. Why couldn't we have something like a "University Town Meeting", say quarterly, where staff could meet and interact with senior management? It could be scheduled fairly early in the morning so we wouldn't miss time from work, and maybe include coffee and a light breakfast--we could meet at Alumni Hall or the remodeled Colonnade Club.

Response to 22: I appreciate the feedback. I believe is important to get out and meet with employees and supervisors on a regular basis. I try to do this as much as possible, but will do more. I have asked my staff to develop a plan so that I may be able to have gatherings – informal or formal -- with employees regularly around the University.

23. I have had personal stresses and family illness in my life recently that I wished I could have talked to someone about. I know we have the FEAP, but I am a Christian and I would feel more comfortable talking with someone with understanding of a spiritual outlook. I've read that many businesses are beginning to hire chaplains to counsel with employees who request this service--the chaplains come from contract firms I think. We have a chaplain available for UVA Hospital patients and family who request it, could this service be expanded for those staff and faculty who would welcome it--especially if they have a death in their family? The article I read said that businesses that have hired contract chaplains for their employees have enjoyed lower turnover

and lower absenteeism, which would help the University also. I don't think this would violate church-state separation, or if so, how are we paying the Hospital chaplains? On a side matter, I attended the memorial service last September for the World Trade Center/Pentagon victims, but it seemed lacking in any meaningful spiritual dimension. I appreciate it that our staff and faculty come from many different religious backgrounds, or none, but how can you deal with life and death and ignore the place of faith? I've also heard some of my co-workers say there is an "anti-Christian" bias in the UVA workplace, do you feel that comment is accurate?

Response to 23: I will speak with Alan Cohn, the Director of FEAP and the Chaplin's Office in the Health System to see what we may do.

24. What does Human Resources think about the new staff union at UVA (SUUVA)? Would they be willing to talk with SUUVA about various staff issues?

Response to 24: First let me state that I believe we have had an excellent structure in place for addressing employee concerns across the University, through the Employee Communication Councils, a University Ombudsman, a Health Plan Ombudsman, the EOP Office, and University Employee Relations. However, let me speak specifically about the ECCs. In my two decades at UVA, I have seen the ECCs grow in number and voice many issues and concerns. Management has taken these issues and concerns seriously. Several years ago, I observed that the ECCs operated more as islands and there was little interaction among them and little if any sharing and addressing of concerns and issues. To strengthen the effectiveness of the ECCs, I took forward a proposal to establish an Executive Committee of Employee Communication Councils, which was adopted. Today, the ECC chairs and vice chairs routinely meet with Leonard Sandridge, the Executive Vice President and Chief Operating Officer. My sense is that the ECCs serves as an excellent forum for employees and administration to discuss and resolve issues. I believe that our current structure works well with some 125 elected representatives serving on the five councils.

As for SUUVA, I believe employees are free to join whatever organization they wish, including employee associations or unions such as VGEA, VASE or SUUVA, on their own time. It is important to state that Virginia law prohibits state agencies, including public colleges and universities, from reaching an agreement through collective bargaining. In other words, collective bargaining over pay rates or employee benefits is not permitted. As for my willingness to talk to SUUVA, I am willing to talk to any employee or employees.

25. How is the HR conversion to Oracle in July going to affect staff/impact us? Will we have a paycheck on the 1st of July? Will the HR portion of Oracle have less glitches than the financial portion of it?

Response to 25: The change from the current legacy HR/Payroll System should be transparent to employees, or to those not being trained to use it in their job. There will be some nice features for employees such as Employee Self-Service. Self-Service will permit employees to look up information on himself or herself in Oracle and to update

this information. As for glitches, there are no second chances when running a payroll. You have to get it right the first time, so the standard is zero errors, which is the way it is today. My staff is working very hard to make the implementation go without any glitches. We have a good record in implementing systems. We brought live the current HRS in July 1994 for the Medical Center and then in July 1998 for the Academic Division. In 1990, we implemented the University On-line Employment System and in 1995, we implemented the On-line Personnel Action System (OPAS). In fact, UHR wrote both of these systems from scratch. We also had a major role in implementing the Medical Center's People Soft HR/Payroll System in January 2001. Suffice it to say, the UHR staff is "veterans" at doing this, and we have some of our best and brightest assigned fulltime to the ISP Oracle HR/Payroll Team to implement this new system.

26. Why aren't our doctors being paid? Why is it taking months for this to be done? They say that they aren't taking on any new UVA patients! Why is it that we didn't get a raise but our insurance went up and our prescriptions?

Response to 26: Delays in payments to doctors are primarily due to transition issues from the sale of QualChoice to Coventry (Southern Health Services). In fact, notwithstanding the rough period this fall, SHS has reduced the amount of time for claims paid significantly. If you have contacted a physician and he or she says they won't take you because you are from UVA, call Ann Goodson, the UVA Health Plan Ombudsman at 924-4346, and she will see that that the situation is addressed with SHS and the physician.

27. Does Mr. Gausvik and our UHR dept. have a philosophy or "best practice" on hiring and promoting staff? In other words, is it the UHR's main goal to just hire the best-qualified applicant, to open up promotion opportunities to well-qualified applicants who are already working for UVA, to promote diversity in our workforce, to secure positions for faculty spouses when they relocate to Charlottesville, or some mix of these and other goals?

Response to 27: Our legal obligation is to hire the best-qualified applicant. Determining the best-qualified applicant is a combination of objective and subjective factors. My staff and I routinely advise hiring officials that their best source of talent is within the University. For example, in the past 12 months, there have been 804 promotions, role changes and competitive transfers. There have been 1,252 in-band adjustments where employees have been compensated for changes in duties or demonstrating higher performance due to additional education and training, etc. Would I like to see more internal promotions? – ABSOLUTELY! I believe that each employee can improve their opportunity for advancement or finding his or her dream job (if they have not already done so) by continuing to development him or herself professionally and personally. Some of this may done during working hours and some may need to be done on your own time. Recently, we created the Division of Employee Career Services in UHR to assist employees with developing plans to achieve their goals. Before we only had a few program offerings that employees could go to and no real program to assist with long-term career planning. We said that, if employees are our greatest assets at the University, then we need to make a visible statement about their importance, so we developed a plan

and dedicated resources towards making this become a reality. We believed that making this become a reality required our creating an organizational entity, which resulted in the establishment of the Division of Employee Career Services that is equal to the divisions of Staffing, Employee Relations, Benefits, Payroll, etc. I know that Emily Bardeen presented to the council on the programs and services her division is offering. I want to encourage everyone to take advantage of ECS' programs and services. They are receiving rave reviews from those that have attended.

28. I have more of a comment than a question for Mr. Gausvik--recently I ran into a neighbor who's been laid off from DuPont and one who's worried about getting furloughed from GE/Fanuc, and it made me appreciate that I work for the University, where I have had a steady career where I have gotten to take classes and learn new skills, and where I am looking forward to retiring soon, and traveling with my husband, maybe on a UVA trip overseas.

Response to 28: I appreciate the feedback. We work at a great institution! How many people can say they work for a place like the University of Virginia -- rich in its history and traditions.

29. I read in the newspaper where the administration of Mary Washington College has just mailed a gift card, good at Hecht's Dept. Store, to each of its state employees, using MWC's own discretionary funds, to show their staff they are appreciated, even though raises are not possible this year because of the state budget. Is this an HR "best practice" that we should consider here at UVA this year?

Response to 29: I have not heard about this. I think it is nice for MWC to do this. We can certainly speak to them about what they did. With 13,000 employees at UVA, I am not sure what something like this would cost. We will check into it. If you have other ideas, please let us know.

30. I like to go on trips with my UVA friends, but I have not been able to afford the overseas trips that you all sponsor, like to Barcelona next week. They usually cost around \$1,000 a person, which I hear is a good deal for a week in Europe with airfare, but it's a lot of money for me to put out at one time, especially if my spouse comes along. I would like to have a choice, say once a year, where we could go on a cheaper trip, here in the USA (I'm a little nervous about flying overseas now anyway) say to NYC over the weekend for a Broadway show, or to the Grand Canyon, or to Charleston, S.C. for the Spoleto Music Festival. I suggested this to my Council rep., but he told me the Trip Committee didn't think these types of "local trips" would fly. Could we do a survey to see if there would be interest among staff and faculty in regional, less-expensive tours? Or could we also consider a payroll-deduction arrangement, like we can use to pay for a UVA gym membership, to pay a set amount each month for a year, to get into one of your overseas trips, so we wouldn't have one or two large lump payments to make?

Response to 30: We tried short, inexpensive trips twice before and after a couple of successful trips there was little interest. The result was that we would offer trips and we would to cancel them. We would have to notify 15-20 people who wanted to go that we had to cancel, which resulted in a lot of effort with no positive outcome, i.e., a negative

program. We do not know why this happened except that perhaps the trips offered were those that people felt they could do cheaper themselves. We have asked the Travel Committee twice if they wanted to offer cheaper trips within the USA and they said they didn't want to because of past experiences and because people could do them on their own.

31. I have been an employee here at the university for several years now. I come from the private sector and wanted a job at an educational institution thinking that it would be a nurturing place where I could expand my horizons and work in an atmosphere of excellence. I am an alumni of the university and I have always felt a sense of pride when it comes to UVA. Since arriving I have seen many things that would not be acceptable in just about any other place. Leaving specifics aside, I have seen a director that has no business or leadership training. I have seen employees abuse the state generous leave and attendance policy to the point of being illegal at times. There are classic symptoms of workplace malfeasance such as low moral and high turnover and above all apathy. This is not a place of professional excellence nor is it a place where people can be treated fairly and be rewarded for hard work and devotion to the university. I don't know if this is reflective of the whole or not but it is the case where I work. I have gone to human resources and they have said that they could do nothing, that because of autonomy a director is free to supervise in a manner of his or her choosing no matter how bad it is. I have also gone to the EOE office and the response was the same. In fact they both told me that the best solution was to get another job. I can honestly say that this has been the worst work experience I have had and I will use the university's generous tuition reimbursement plan to gain a masters and leave for greener pastures. This is the path many people choose, and the only thing that suffers because of this is the university. My questions are these. Is it the policy of the university HR office to allow managers and directors to behave in ways that promote worker discontent and in ways that resemble the antiquity of the bureaucratic south, if they so choose. If not, what mechanisms of accountability are in place to avoid this type of behavior and to help the employees find justice if need be? And do you see telling someone to find another job as a good solution or even a solution to a problem that plagues the university in more areas than my own?

Response to 31: University administration does not endorse or support poor management practices. When issues are brought forward, the concerns are explored and appropriate resolution is sought. Because the cases, which come to UHR or EEO, are confidential, outcomes are often not known and not discussed with other than the involved parties. Not all suggested resolutions are pleasing to all parties. Sometimes, removing one's self from a situation is the only real solution.

There are as many "styles" of management as there are managers. Some managers are admittedly better at the job than others. The University strives to educate its managers on the proper application of the State's and University's policies and procedures and on the best practices for successful managers. There are numerous classes offered to managers to help improve their skills in working with their employees. This is an area, which UHR intends to devote even greater attention in its future training initiatives. There are also informal opportunities to help managers develop and both UHR and EEO try to turn difficult situations into "educating" opportunities.

However, there are times when despite the efforts of both parties, a good working relationship appears impossible. If that is the case, then finding another more satisfactory environment might be the suggested solution. That option might be suggested to either or both parties as a last resort.

Meeting adjourned at 10:55 a.m.