# *Emergency Management*

# Michael Johnson Emergency Management Director

107West Main Street Phone (507) 444-2454

Owatonna, Minnesota 55060-2913 mike.johnson@ci.owatonna.mn.us

March 12, 2020

Please take a moment and fill out this form regarding your department Continuity of Operations Plan. Please return the form to me at: mike.johnson@ci.owatonna.mn.us

DEPARTMENT: Human Resources

SERVICE PRIORITIES

Please designate what services your department provides and the priority.

Priority Definition

1. Services that remain uninterrupted (services that are not closed on a weekend or holiday).
2. Services that need to be reestablished within a few days.
3. Activities that can be disrupted temporarily (a few days or weeks)
4. Activities that can be suspended during an emergency (6-8 weeks).

|  |  |  |  |
| --- | --- | --- | --- |
| Priority | Service | Minimum Staff | TelecommuterOption? |
| **1** | **Communications to department heads, supervisors, commissioners, employees, community partners, job applicants, other government agencies** |  **1** | **Yes** |
| **1** | **Employee leave administration (timesheets, short term disability, FMLA, benefit carrier communication, communication with employees and health care providers)**  | **1** | **Yes** |
| **2** | **Employee benefit administration (enrollments, changes, life events, all other)** | **1** | **Yes** |
| **2** | **Workers Compensation (claim submission, accident reports, communications)** | **1** | **Yes** |
| **2** | **Casualty, Property, Auto Insurance (claim submission, reporting, communication, documentation)** | **1** | **Yes** |
| **2** | **House & safeguard official employee personnel files (currently all hard-copy)** | **1** | **No** |
| 1-2 | **Remote Access-VPN Processes & ID Badge/Building Access Processes** | 1 | Yes |
| 2 | Provide information needed for payroll processing | 1 | Yes |

SUCCESSION

This section should identify orders of succession to key positions within your department. Orders should be of sufficient depth (at least three) to ensure the organizations ability to manage and direct its essential functions and operations

|  |  |  |  |
| --- | --- | --- | --- |
| Successor | Name/Title | Contact- Cell Phone | Contact- Desk Phone |
| 1 | Julie Johnson | 507 – 383 - 9196 | 507 – 444 - 7429 |
| 2 | Gina McGuire | 507 – 838 - 5829 | 507 – 444 - 7423 |
| 3 | Sara David | 507-330 - 3459 | 507 – 444 - 7413 |
| 4 | Bobbie Herzog | 507 – 456 - 0901 | 507 444 - 7401 |
| 5 | Click here to enter text. | Click here to enter text. | Click here to enter text. |

CRITICAL SYSTEMS

This section should identify the departments’ critical systems necessary to perform essential functions and activities.

|  |  |  |
| --- | --- | --- |
| System | Current Location | Other Location |
| Steele County Network |   |   |
| Steele County Email |   |   |
| Steele County & Dept. Files/Documents |   |   |
| Kronos |   |   |
| Personnel Files | Sara David’s Office (current employees) & Annex Basement Storage Area (former employees) |   |
| Telephone  |  |  |
| Internet |  |  |
| Paper Files & Records | Individual Offices & File Cabinets |  |

Communication: Does your dept have a quick way to communicate w/ employees?

**YES**

**Primary: Text**

**Secondary: Email**

Other Comments or Considerations?

Completed by: Date:

Julie Johnson \_\_\_\_03/18/2020\_\_\_

If you have any questions, please contact the Steele County Emergency Management at 444-2454

Sincerely,

Mike Johnson

Michael Johnson,

Emergency Management Director, Steele County