

# Kansas Department of Administration

## Policy on Professional Conduct

As a condition of employment, all employees of the Department of Administration are to be appropriate in their behavior and be respectful of their co-workers and the customers served by the department. Inappropriate, insulting, demeaning, or threatening behavior in the workplace will not be tolerated.

In particular, employees shall not engage in or tolerate any form of harassment, including sexual harassment, as defined below, or behavior that demonstrates hostility towards another individual because of race, color, religion, sex, age, national origin, or disability. Harassing behavior may include slurs, telling or circulating jokes, sharing inappropriate materials or making comments of a sexual nature, or making what could be reasonably determined to be inappropriate comments based on a person's race, color, religion, sex, age, national origin, or disability.

Additionally, the department will not tolerate inappropriate conduct that by itself does not rise to legally definable harassment. The Kansas statutes set forth personal conduct that may be grounds for formal disciplinary action. Specifically:

- K.S.A. 75-2949e(a)(4) "failure to maintain satisfactory and harmonious relationships with the public and fellow employees,"
- K.S.A. 75-2949f (f) "participation in any action that would in any way seriously disrupt or disturb the normal operation of the agency....,"
- K.S.A. 75-2949f(p) "exhibiting other personal conduct detrimental to state service which could cause undue disruption of work or endanger the safety of persons or property of others, as may be determined by the appointing authority."

Employees who experience or observe conduct they believe to be contrary to this policy must immediately report that conduct to their supervisor, Office Director, or the Department's Personnel Office. Employees working shifts outside of 8:00A.M. to 5:00P.M. can, in instances in which reporting an alleged act cannot/should not be delayed, contact the Communications Center (24/7) to have a Capitol Police Officer dispatched to the employee's work location. Instances of inappropriate behavior observed by or reported to supervisors and/or Office Directors must be immediately reported to the Department's Personnel Office for investigation.

It shall also be contrary to this policy to retaliate against any person who files a complaint, appears as a witness or provides information in the investigation of a complaint.

Any employee who has been found in violation of this policy may be subject to appropriate disciplinary action, up to and including termination.

### Sexual Harassment

Sexual harassment is unlawful and contrary to the equal employment opportunity policy of the Department of Administration. Unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment,
- (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
- (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment can be experienced by third party individuals who may see, hear or feel the effects of such behavior between individuals.

  
Sarah L. Shipman, Secretary  
Department of Administration

3/4/16  
Date

## UNDERSTANDING & ACCEPTANCE OF POLICY

I have received a copy of the Department of Administration's policy on Professional Conduct.

I have read the policy in its entirety and have been provided with the opportunity to ask questions about it.

I fully understand this policy and my responsibility to seek clarification from my supervisor if at any time I am unclear about the policy's requirements.

I fully understand that compliance with this policy is a condition of employment.

\_\_\_\_\_  
Employee's State ID

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/DofA Representative

\_\_\_\_\_  
Date

.....  
*Must be completed by Employee and Supervisor. Please return this completed form to D of A Personnel Office.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date