

Washtenaw County Community Mental Health

**WCCMH TEAM BUILDING and RECOGNITION FUNDS – (procedures/guidelines)**

These procedures are to create a clear and equitable way team building and recognition funds are to be utilized. Team building activities are designed to provide ways to increase employee morale and to strengthen the work relationship between the employees and their supervisors. Team building activities are to be within the guidelines of County and CMH policies. The funds that are used cannot purchase anything that would be against those guidelines. For example, funds cannot be used to purchase cigarettes, recreational drugs, alcohol, explicit items, etc...

<b><u>Who:</u></b>	<b><u>Does What:</u></b>
<b>CMH HR</b>	<ul style="list-style-type: none"> <li>▪ Annually identifies the number of FTE positions assigned to each supervisor at the beginning of the fiscal year. Gives the breakdown of supervisor and positions to CMH Finance.</li> </ul>
<b>CMH Finance</b>	<ul style="list-style-type: none"> <li>▪ Annually verifies the total dollar amount allocated to each team based on the number of FTE positions assigned to each supervisor as listed from CMH HR.</li> <li>▪ The amount will be determined and approved by the CFO each year.</li> <li>▪ The approved budget will be given to the PA and the Team Supervisor.</li> <li>▪ Gives final approval on E-procurement requests</li> <li>▪ Reviews to ensure that the approved E-Procurement request falls within guidelines of County and CMH policies.</li> <li>▪ Monitors team funds in conjunction with the team supervisor.</li> <li>▪ Will process Team Supervisor BER form within 2 weeks after receiving the request for reimbursement of the team building activity</li> </ul>
<b>Team Supervisor</b>	<ul style="list-style-type: none"> <li>▪ Identifies how the team would most appreciate using the funds.</li> <li>▪ Works and schedules with team to discuss team building activities.</li> <li>▪ Prior to requesting funds, discusses how the funds would like to be used with their PA to ensure appropriateness.</li> <li>▪ Submits request for team building activity by utilizing an E-Procurement form at least two weeks in advance to the activity</li> </ul>

	<p>date. They will select grant funds and the account number to be used for any clinical team is: 10-160-01-71085. Once it is approved, they will proceed to purchase the approved items for team building activity.</p> <ul style="list-style-type: none"><li>▪ They will not proceed with purchasing items for team activity without the E-procurement form being approved. Should this take place, Team Supervisor acknowledges that the team activity will not be reimbursed.</li><li>▪ Will submit for reimbursement on the BER form immediately after team building activity is completed. Will attach receipts and approved E-procurement form to the BER and submit it to CMH Finance.</li><li>▪ If the team activity exceeds the approved amount, the Team Supervisor acknowledges that the excessive amount will not be reimbursed.</li><li>▪ If a team activity does not take place or is less than the approved amount for the fiscal year, the Team Supervisor acknowledges that there will not be any additional funds distributed to the Team. Team Supervisor acknowledges that budgeted amount can change every year and that budgeted funds from prior years do not carry over to the next fiscal year</li></ul>
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