



Successful Youth • Strong Leaders • Safer Communities

## **POLICY**

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**SUBJECT: Payment for Membership in Professional Organizations**

**NUMBER: MGT-641-18**

**APPLICABLE TO: All DJS staff**

**APPROVED:** \_\_\_\_\_ /s/ signature on original

**Sam Abed, Secretary**

**DATE:** \_\_\_\_\_ 5/18/18

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**I. POLICY**

It is the policy of the Department of Juvenile Services (DJS) to pay for an employee's memberships in professional organizations at the Secretary's direction when the membership is job-related and funds are available.

**II. AUTHORITY**

A. MD. CODE ANN., HUM. SERVS. §§ 9-203, -204.

**III. DIRECTIVES/POLICIES RESCINDED**

A. Payment for Membership in Professional Organizations, 01.02.10.

**IV. FAILURE TO COMPLY**

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

**V. STANDARD OPERATING PROCEDURES**

Standard operating procedures have been developed.

**VI. REVISION HISTORY**

| DESCRIPTION OF REVISION   | DATE OF REVISION |
|---|------------------|
| Old policy rescinded and new policy issued.<br>Updated the reimbursement procedure and defined<br>“professional organizations.” | 5/18/18          |
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## PROCEDURES

**SUBJECT: Payment for Membership in Professional Organizations**  
**NUMBER: MGT-641-18**  
**APPLICABLE TO: All staff**

**APPROVED:** \_\_\_\_\_ /s/ signature on original  
**Lynette Holmes, Deputy Secretary**  
**DATE:** \_\_\_\_\_ 5/9/18

### **I. PURPOSE**

To implement guidelines for the payment to staff for membership in job-related organizations when the membership is directed by the Secretary.

### **II. DEFINITIONS**

*Membership* means an individual DJS employee's membership in a professional organization from which the Department obtains services, privileges, or benefits.

*Job-related* means pertaining to the work performed and/or responsibilities assigned to an individual, the profession in which an individual is trained and employed, or the special skills required by an employee to perform their assigned tasks.

*Professional organization* means an entity or other organized body or association, except a labor union, that seeks to further a particular profession, the interests of individuals engaged in that profession, or the public interest.

### **III. PROCEDURES**

- A. The Secretary will identify and select DJS staff persons for paid membership in job-related professional organizations when funds for the membership are available in the Department's budget.
- B. The identified staff person shall complete an approved **State of Maryland Expense Account form (GAD X-5), Appendix 1**, by indicating "Other – Membership in Professional Organization" and the cost of the membership on the expense account form. Staff shall forward the completed expense account form along with the paid invoice or receipt to the DJS Office of Budget and Finance.
- C. The Secretary shall maintain a record of employee memberships.

**IV. RESPONSIBILITY**

Administrators are responsible for implementation and compliance with this procedure within 30 days of issuance.

**V. INTERPRETATION**

The Deputy Secretary for Support Services shall be responsible for interpreting and granting any exceptions to these procedures.

**VI. LOCAL OPERATING PROCEDURES REQUIRED**

No

**VII. DIRECTIVES/POLICIES REFERENCED**

No policies referenced.

**VIII. APPENDICES**

1. [State of Maryland Expense Account form \(GAD X-5\)](#)



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## **DJS POLICY AND STANDARD OPERATING PROCEDURES**

### **Statement of Receipt and Acknowledgment of Review**

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**APPLICABLE TO: All staff**

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I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WORK LOCATION

***SEND THE ORIGINAL, SIGNED COPY TO DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.***