

Agenda
Bayshore Gardens Park & Recreation District
Policy and Procedure Committee Meeting
Wednesday; November 3, 2021 at 7 P.M.

1. Roll Call
2. Balance Daily Receipts - 1014DRP
3. Balance Daily Deposit - 1014DRD
4. Balance Daily Receipts Report - 1014DRF
5. Employee Complaint Form – 1014ECF
6. Employee Physical Altercation Complaint Form – 1014EPA
7. Additional Items as Needed
8. Adjourn

Pursuant to Section 286.26, Florida Statutes, and the Americans with Disabilities Act, any handicapped person desiring to attend this meeting should contact the District Manager at least 48 hours in advance of meeting to ensure that adequate accommodations are provided for access to the meeting.

Pursuant to Section 286.0105, Florida Statutes, should any person wish to appeal a decision of the Board with respect to any matter considered at this meeting, he or she will need to ensure that a verbatim record of the proceedings is made, including the testimony and evidence upon which the appeal is based.

**BAYSHORE GARDENS PARK AND RECREATION DISTRICT
BALANCING DAILY RECEIPTS**

1014 DRP

DAILY BALANCING 1014 DRF

District Office Manager shall be responsible for the collection of all monies received, cash, check, or credit card.

A receipt shall be written for every transaction. A copy of the receipt shall be placed in the receipt drawer. Credit Card receipts from the credit card machine shall be attached to the written receipt. If more than one receipt book used, record all numbers on report.

District Office Manager shall be responsible for the creation of a daily Receipt Report:

- ✓ The Credit Card Machine shall be batched out at the end of every business day and a copy of the report attached to the daily report.
- ✓ The receipts for cash shall be totaled and attached to the daily report
- ✓ The receipts for checks shall be totaled and attached to the daily report.
- ✓ If a refund is given in either cash or credit card, a receipt shall be written and attached to the daily receipt report. This refund is not recorded on the report, it will be included in the batch report.
- ✓ Every numbered receipt must be accounted for, if voided, attach one copy to the daily report and leave a copy in the receipt book clearly marked VOID.

District Office Manager shall be responsible to count down the receipts drawer and document on the daily report.

Overage or shortage shall be noted on the report

DEPOSIT REPORT 1014 DRD

The Deposit slip shall be created in duplicate when bank deposit is prepared.

- ✓ One copy of deposit slip to be attached to the deposit report
- ✓ One copy of deposit slip to the Accountant

The deposit report shall be completed for every deposit

- ✓ Attach a copy of each of the daily report included in this deposit
- ✓ Complete the Deposit Report 1014 DRD.

Approved _____
Revised _____

BAYSHORE GARDENS PARK AND RECREATION DISTRICT
DAILY RECEIPTS DEPOSIT

1014 DRD

TOTAL OF DEPOSIT _____

Period covered with this deposit M/D/YY From _____ to _____

Total M/D/YY _____ \$ _____

Total M/D/YY _____ \$ _____

Total M/D/YY _____ \$ _____

Total M/D/YY _____ \$ _____

Total M/D/Y _____ \$ _____

TOTAL OF THIS DEPOSIT \$ _____ (fill in amount at top of form)

**ATTACH EACH DAILY REPORT 1014 DRF AND A COPY OF DEPOSIT SLIP TO
THIS REPORT**

Prepared by _____

Date _____

Approved _____

Revised _____

**BAYSHORE GARDENS PARK AND RECREATION DISTRICT
BALANCING DAILY RECEIPTS REPORT**

1014 DRF

Month _____ Day _____ Year _____ **TOTAL LINE 7 \$** _____

RECEIPTS NUMBERS FROM _____ TO _____

1. Total of all receipts \$ _____ Attach tape

2. Total of Cash includes coin \$ _____ attach tape _____
3. Total of Checks \$ _____ attach tape
4. Total from Credit Card Machine \$ _____ attach batch report
5. **SUB-TOTAL**(cash, checks, cc's) \$ _____
6. **LESS CASH REFUNDS** \$ _____
7. **TOTAL** \$ _____

OVER \$ _____ **SHORT \$** _____

ATTACH COPY OF ALL DAILY RECEIPTS HERE

Prepared by _____ Date _____

Approved _____
Revised _____

BAYSHORE GARDENS PARK AND RECREATION DISTRICT

EMPLOYEE COMPLAINT FORM

1014ECF

Employee Manual Section 7.3 Procedure for Handling Complaints

Today's Date _____ Time _____

EMPLOYEE LODGING COMPLAINT _____

EMPLOYEE TO WRITE THE DETAILS OF THE COMPLAINT HERE. He/she may not consult with anyone prior to filling in this section. List witness to incident and their position in the District.

DISTRICT OFFICE MANAGER TO ASSIST THE EMPLOYEE WITH THIS SECTION

Use Employee Manual/Lifeguard Manual to identify specifically the violation by page and item number.

Use Employee Manual/Lifeguard Manual to identify if a Job description issue by page number and item number.

If Board of Trustee Policy, State number of policy as well as paragraph if applicable. _____

Issued resolved Yes _____ No _____

If yes, record the resolution here _____

If no, the District Office Manager shall make the arrangements to meet with the head of the Personnel and Salary Committee with the Employee on _____. The employee has been notified of the date for the meeting with Head of personnel and Salary on (date) _____. The Office Manager must include with his/her report to the Head of Personnel and Salary the recommended action from Employee Manual 3.13 Corrective Action.

A copy of this form to Employee, a copy to Employee Personnel file and a Copy to Trustee in charge of Personnel and Salary as well as the recommended action.

District Representative Employee I swear that All statements above are accurate Date

Approved _____
Revised _____

BAYSHORE GARDENS PARK AND RECREATION DISTRICT

EMPLOYEE PHYSICAL ALTERCATION COMPLAINT FORM

1014EPA

Employee Manual Section 7.3 Procedure for Handling Complaints

Today's Date _____ Time _____

EMPLOYEE LODGING COMPLAINT _____

If a physical altercation has occurred, the police should be called. The District has no authority in a criminal matter. When the police arrive, a copy of the employee statement and the witness statement/s (if available) must be available for the officer as well as the security footage available for Police Office to view/capture.

Employee requests the police be called. Signature of Employee _____

Employee declines assistance of police. Signature of Employee _____

District Office places a call for a Manatee County Deputy to respond and while waiting the Employee lodging the complaint completes the Employee Statement of Facts. The Security footage is not available to employee/s or the public. The Officer will determine the beginning and ending of the incident to be captured as evidence.

EMPLOYEE STATEMENT OF FACTS

Note anyone that was involved or witnessed the incident you are reporting as well as anyone you have discussed this incident with prior to coming to the District Office. This statement is to be completed prior to any discussion with anyone. **Viewing security footage or discussing with Office Manager prior to completing the STATEMENT OF FACT is strictly prohibited. If you have discussed with another person provide that information in your Statement of Fact.**

Date of Incident _____ Time of Incident _____ Other party involved _____

Witness/s _____

Any person the incident was discussed with prior to coming to the office. _____

Statement of FACTS

If there is a witness to the incident, the District Office Manager will contact that person/s for a statement. Employee and witness statements must be completed individually on separate forms. The complainant and the witness/s do not converse with each other until they receive permission to do so. *(Employee and witness/s cannot discuss the incident until completing their account of the incident.)*

A copy of this form to Employee, a copy to Employee Personnel file and a Copy to Trustee in charge of Personnel and Salary as well as the recommended action.

Employee Signature

District Representative

Approved _____

Revised _____

BAYSHORE GARDENS PARK AND RECREATION DISTRICT
NON-RESIDENT MARINA RAMP ACCESS CONTRACT

Contract # _____

FOB # _____

Decal # _____ Decal # _____ Decal # _____

1019 NRC

As A Non-resident of Bayshore Gardens a Special Tax District, I accept and understand the Rules and Regulation below and will produce documents required: I will be provided a copy of the Marina Rules and I understand those rules are a part of this agreement. The fiscal year for this agreement is October 1st thru September 30th. These contracts are not subject to being prorated and are non-refundable.

1. Copy of my current vessel/trailer registration, drivers' license, and proof of insurance on the vehicle, must be presented at the time of request for a FOB. Vehicle must be registered in my name and address.
2. One FOB per application
3. FOB is solely for the use of the contracted holder. Unauthorized or misuse of card will necessitate deactivation of the FOB. Loaning of gate FOB to unauthorized person will void contract. No refund will be issued for unused contract.
4. FOB held by owner trailering in their boats are subject to renewal yearly on October 1st. No notices will be sent out. Notices will be posted at the Marina gates, the launch ramp and published in the Bayshore Banner. Rates may be reviewed and increased on an annual basis.
5. A numbered Bayshore Gardens parking decal will be issued with each FOB. The decal must be displayed on the outside of back windshield of the registered vehicle. FOB holders may obtain additional parking decals. The same registration documentation, as cited in 1 above is required for each vehicle issued a decal. Tow vehicle not registered with the office and/or not displaying the proper numbered parking decal are subject to being impounded at owner's expense. Guests will not be allowed to park in Marina. (Past FOB gate)

THE RULES ABOVE WILL BE STRICTLY ENFORCED. I HAVE READ AND FULLY UNDERSTAND THE ABOVE RULES AND AGREE TO ABIDE BY THEM. I FURTHER UNDERSTAND AN ANNUAL FEE OF \$400.00 plus tax PER FOB WILL BE CHARGED TO NON RESIDENT, TRAIERED BOAT OWNERS (non-slip holders). **Lost FOB replacement will be \$100.00 and original FOB will be deactivated.** Copy of Marina Rules 1005 MRR have been provided and are a part of this agreement.

Signature: _____ Date: _____

Print Name: _____ Telephone: _____

Address: _____ Email: _____

Trailer Tag #: _____ Vehicle Tag #: _____

ATTACH A COPY OF DRIVERS LICENSE, AND PROOF OF INSURANCE

Accepted by District Representative: _____ Date: _____

Approved: 09/29/21
Effective: 09/29/21 *Melanie Woods*