

Jasper County Sheriff's Office
DEPUTY APPLICATION



Applicant Name:_____

Application Deadline: OCTOBER 10, 2025, 4:00 PM

Return application to:
Jasper County Sheriff's Office
2300 Law Center Drive
Newton, IA 50208
(641) 792-5912
OR email to:
employment@jaspersheriff.org



Jasper County Civil Service Commission

APPLICATION AND PROCEDURES FOR THE POSITION OF DEPUTY SHERIFF OF JASPER COUNTY



Notice is hereby given that physical fitness testing, written examination (P.O.S.T), and oral interviews will be administered for all **NON-CERTIFIED CANDIDATES**.

IOWA CERTIFIED OFFICERS in good standing are not required to participate in the physical agility testing, and are not required to take the written examination (P.O.S.T.).

Iowa Certified Officers who successfully complete the Civil Service interview will be considered for a lateral entry position, which can include a higher starting wage and additional vacation. Lateral entry position offers to include **up to a \$5,000 bonus** upon successful completion of field training program.

Current hourly pay scale: \$32.04 to \$40.82 per hour. (Effective 8/23/2025)

Testing activities will begin promptly at **7:30 AM on OCTOBER 24, 2025:**

(TESTING LOCATION to be determined at a later date.)

*(Address and a map to the testing location will be sent via EMAIL to the ****required email** you provide in the application.)*

Previous P.O.S.T. exam scores will be accepted if taken within the last year from JCSO's current testing date. There will be a **\$25.00 fee for the written P.O.S.T. exam:** exact change or check required the day of testing.

Please **bring your Drivers License** with you the day of testing.

Interviews will be the same day as testing. Following a successful completion of both the physical agility testing procedure and written examination, **all remaining applicants will be interviewed.** Applicants should plan to spend the entire day, possibly into the evening, if necessary, involved with such commission activities as exam, physical testing and interview. **Please bring appropriate clothing/footwear for all aspects of the process.** At minimum, "**business casual attire OR better**" should be observed for interviews.

The written P.O.S.T. examination, personal interview, background investigation, and physical agility test (non-certified) are mandatory for all persons interested in qualifying for inclusion on the eligibility list for the position of entry-level deputy sheriff in Jasper County, Iowa. Other minimum qualifications/standards are set forth in Iowa Code chapter 80B and in rules promulgated there under by the Iowa Law Enforcement Commission as published in chapter 501 of the Iowa Administrative Code.

In order to be entitled to participate in testing, complete applications must be either:

Hand-Delivered or Mailed to:

**Jasper County Sheriff's Office
2300 Law Center Drive
Newton, IA 50208**

OR Emailed to:

employment@jaspersheriff.org

APPLICATIONS WILL BE ACCEPTED NO LATER THAN 4:00 PM ON FRIDAY, OCTOBER 10, 2025.

For further information OR questions, contact us via email at:

employment@jaspersheriff.org

JASPER COUNTY, IOWA IS AN EQUAL OPPORTUNITY EMPLOYER



Jasper County Civil Service Commission

DEPUTY SHERIFF APPLICATION

JASPER COUNTY, IOWA

NOTICE:

In order that an applicant be eligible for the Civil Service testing, this application and any additional sheets used to answer questions shown herein must be **FULLY COMPLETED** and

hand-delivered or mailed to:

Jasper County Sheriff's Office, 2300 Law Center Drive, Newton, IA 50208

or EMAILED to: employment@jaspersheriff.org

Applications will be accepted no later than 4:00 PM Friday, October 10, 2025.

Civil Service (P.O.S.T.) examination, physical testing AND interviews will commence at

7:30 AM, October 24, 2025. (TESTING LOCATION to be determined at a later date.)

(Address and a map to the testing location will be sent via EMAIL to the **required email** you provide below.)**

For those taking the P.O.S.T. there will be a \$25 written P.O.S.T. exam fee due at the time of testing.

Questions can be emailed to: employment@jaspersheriff.org

Personal Information

Full Name:

Last

First

Middle

Alias(s):

Nicknames, Maiden, Prior Married Names

Present Address:

Street

City

County

State

Zip

How long have you lived at this Address?

Present **Mailing** Address:

(If different than above)

Mailing Address

City

State

Zip

Are you 18 years of age or older?

Yes

No

Place of Birth (City/State):

Social Security #:

Home Phone:

Cell Phone:

Driver's License #:

State License Issued in:

Email *
(required):**

Are you a U.S. Citizen?

Yes

No

Are you a resident of Iowa?

Yes

No

Height:

ft.

in.

Weight:

Tattoos:

Have you ever applied with the
Jasper County Sheriff's Office before?

Yes

No

If Yes, When?
Which position?

Are you currently a Certified
Peace Officer in the State of Iowa?

Yes

No

If Yes, Agency and
Certification date:

How did you hear about this opening?
(Check all that apply)

Jasper Co Website
College Website

Jasper Co Sheriff Facebook
College Facebook

INDEED
Other

Newton Daily News

JC Advertiser

Word of Mouth

Education					
If needed, list additional information on separate sheet of paper referencing "EDUCATION".					
HIGH SCHOOL	High School	Location	Diploma/Degree Attained		
COLLEGE	College	Location	Years Attended or Year Graduated	Major/Field of Study	Degree/Honors/Awards
VO-TECH	Vocational/Technical School	Location	Years Attended or Year Graduated	Major/Field of Study	Degree/Honors/Awards
OTHER	Other	Location	Years Attended or Year Graduated	Major/Field of Study	Degree/Honors/Awards
OTHER	Other	Location	Years Attended or Year Graduated	Major/Field of Study	Degree/Honors/Awards
OTHER	Other	Location	Years Attended or Year Graduated	Major/Field of Study	Degree/Honors/Awards

Military Service		
Yes No		
Branch	Location Served	Dates of Service
Final Rank	Specialty	Type of Discharge

References		
	Name	Relationship
	Address/City/State	Phone Number
	Name	Relationship
	Address/City/State	Phone Number
	Name	Relationship
	Address/City/State	Phone Number
	Name	Relationship
	Address/City/State	Phone Number

Employment History

If needed, list additional information on separate sheet of paper referencing "EMPLOYMENT HISTORY".

Provide your employment history the past 10 years, starting with the most recent. Include reasons for any periods of unemployment.

Most Recent Employer	Company name	Address, City & State of EMPLOYER	Phone number of EMPLOYER
	Position Held	Start Date / End Date	Supervisor
	Duties/Responsibilities		
Next Employer	Company name	Address, City & State of EMPLOYER	Phone number of EMPLOYER
	Position Held	Start Date / End Date	Supervisor
	Duties/Responsibilities		
Next Employer	Company name	Address, City & State of EMPLOYER	Phone number of EMPLOYER
	Position Held	Start Date / End Date	Supervisor
	Duties/Responsibilities		
Next Employer	Company name	Address, City & State of EMPLOYER	Phone number of EMPLOYER
	Position Held	Start Date / End Date	Supervisor
	Duties/Responsibilities		
Reason for leaving			
Reason for leaving			

Were you ever terminated or asked to resign from employment? Yes | No

Did you ever receive a suspension or disciplinary action from an employer? Yes | No

If yes to either question above, explain which job(s) and why:

Previous Application Processes

If needed, list additional answers or information on separate sheet of paper referencing "Previous Application Processes".

Please list any and all law enforcement agencies that you have applied with:

Agency	Address, City, State, Zip	Agency Phone Number
Date Applied	Current Status	Reason Not Hired

Agency	Address, City, State, Zip	Agency Phone Number
Date Applied	Current Status	Reason Not Hired

Agency	Address, City, State, Zip	Agency Phone Number
Date Applied	Current Status	Reason Not Hired

Financial History

Please list ANY financial obligations in which you are currently delinquent:

--

Criminal History

If needed, list additional answers or information on separate sheet of paper referencing "Criminal History".

List all Traffic Citations:

Date	Violation (Specific Charge)	Location (City, State)	Disposition	Police Agency

Has your driver's license ever been suspended, revoked or restricted?

Yes | No

If yes, please explain below:

--

Has your automobile insurance ever been refused or cancelled?

Yes | No

If yes, please explain below:

--

List ALL ARRESTS including juvenile arrests regardless of whether or not you were convicted:				
Date	Violation (Specific Charge)	Location (City, State)	Disposition	Police Agency

Explain any other time(s) you have been detained or question by police other than traffic violations:

Personal Questionnaire	
If needed, list additional answers or information on separate sheet of paper referencing "Personal Questionnaire" and question #.	
1. Do you drink alcoholic beverages? If yes, to what degree?	Yes No
2. Have you ever used marijuana? If yes, what were the circumstances? How many times have you used marijuana? When was the last time you used marijuana?	Yes No
3. Have you ever used, possessed, distributed or sold any illegal drugs, including but not limited to: marijuana, opiates, pills, heroin, cocaine, ecstasy methamphetamines, steroids, etc? If yes, what were the circumstances? When was the last time?	☐ Yes ☐ No

4. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?
If yes, what were the circumstances and drug(s)?

☐ Yes | ☐ No

When was the last time?

Additional Questions

If needed, list additional answers or information on separate sheet of paper referencing "Additional Questions" and question #.

1. Do you now, or have you ever had any mental disorders?
If yes, explain in full detail below:

Yes | No

2. Are you willing to submit to a polygraph test?

Yes | No

3. Are you, by reason of conscience or belief, opposed to use of force when appropriate or when necessary to fulfill your duties?
If yes, explain below:

Yes | No

4. Do you have normal COLOR vision?

Yes | No

PLEASE NOTE: Iowa Code requires NON-CERTIFIED candidates entering the Iowa Law Enforcement Academy to have: "UNCORRECTED VISION of not less than 20/100 in both eyes, corrected to 20/20".

5. Do you have CORRECTED vision? (wear glasses or contacts)

Yes | No

If yes, What is your UNCORRECTED vision (**WITHOUT** glasses or contacts)? Left eye: _____ Right eye: _____

What is your CORRECTED vision (**WITH** glasses or contacts)? Left eye: _____ Right eye: _____

6. Do you have normal hearing in each ear?

Yes | No

7. List any hobbies or outside interests, you may have:

8. Describe your lifestyle, personal interests, aims in life:
9. Describe any previous experience in law enforcement:
10. What motivates you to apply for the position of Deputy Sheriff, Jasper County Iowa?

Under penalty of perjury, I solemnly affirm or swear that the foregoing statements in answers to the questions on the Application for Jasper County, Iowa Deputy Sheriff, (including all attached items) are full, true and correct in every regard. I further understand and agree that I must meet minimum qualifications for an Iowa Peace Officer as required under the provisions of *Iowa Code Chapter 80B* and rules and regulations promulgated thereunder by the Iowa Law Enforcement Commission.

Signature of Applicant

Printed Name of Applicant

Date

Jasper County, Iowa
is an Equal Opportunity Employer

Pre-Employment / Post Job Offer
Drug Testing Required

JASPER COUNTY SHERIFF'S OFFICE

Applicant Investigation Section

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Jasper County Sheriff's Office, whether the records are of a public, private, or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

- Educational institution
- Utility company
- Financial or credit institution, to include records of any depository checking or savings account
- Commercial or retail credit agencies to include credit reports and ratings
- Medical, psychological and psychiatric reports of consultation, treatment and evaluation at or by any hospital, clinic, private practitioner and the US Department of Veteran's Affairs
- Employment and pre-employment records, to include salary records, background reports, polygraph examination reports and polygraph questions, pre-employment and promotional examination results, efficiency ratings, disciplinary actions, complaints or grievances filed by or against me, and internal affairs investigation reports
- Real and personal property tax statements and records, as well as other financial statements or records wherever filed
- Records of complaints, arrests, trials and convictions for alleged or actual law violations, including criminal or traffic records
- Records of civil complaints made by or against me, wherever located, to include the records and recollections of attorneys at law or other counsel, whether representing me or another person, in any case which I have ever been a party or had an interest

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated are not to deny access to any records that may not be specifically identified herein.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Jasper County Sheriff's Office to consider in determining my suitability for employment.

In the event my application is disapproved, any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his or her agents and employees from and against all claims, damages, losses or expenses, to include reasonable attorney's fees, arising out of or by reason of complying with this request.

This release form and any photocopy/fax of this release form, even though the said photocopy/fax does not contain an original writing of my signature, will be valid and should be honored for a period of one year from the date of my signature.

Signature

Date

Jasper County Civil Service Commission

INFORMATION AND CONSENT FOR THE HEALTH AND PERFORMANCE EVALUATION

(for non-certified applicants)

1. **Brief Overview of the "Health-fitness" and "Motor-fitness" Test Batteries:** The first sets of tests you will participate in have been designed to assess your overall health. The mile and a half run test has been selected to evaluate the efficiency of the heart, lungs and circulatory system. In the "Motor-fitness" test battery, you will be assessed to determine your muscular skeletal ability to perform job tasks. Push ups and sit ups will test muscular endurance. (Please also be certain to study the accompanying pamphlet published by the Iowa Law Enforcement Commission entitled, *"Iowa Law Enforcement Academy Physical Testing Standards"*).
2. **A Few of the Likely Risks and Discomforts:** There exists the possibility of certain physical changes occurring during the tests. They include abnormal blood pressure, fainting, disorders of heartbeat and, in rare instances, heart attack. Effort will be made to minimize these through on-going observation (by laypersons, but not by medically-trained individuals) during testing. Emergency equipment and trained emergency personnel will be available, but not on-site, to deal with unusual situations which may arise. The test events being administered to determine the muscular skeletal system could result in joint sprain and/or muscle/tendon strain; however, a pre-test warm-up session will be run to minimize these particular possibilities.

YOU ARE STRONGLY ADVISED THAT IF YOU HAVE ANY DOUBT
WHATSOEVER ABOUT YOUR ABILITY TO WITHSTAND THE
STRESSES OF THIS EXAMINATION, YOU SHOULD CONSULT
WITH YOUR PHYSICIAN BEFORE PROCEEDING.

3. **Benefits to be Expected:** The results obtained from the health and performance tests will assist the Jasper County Civil Service Commission in determining your overall health and state of physical performance readiness. The results obtained will also benefit you in that you will be consciously aware of your own physical health and motor ability. Having this awareness will help you target lifestyle activities to better balance your total well-being.
4. **Inquiries:** Any questions about the procedures used in the health and performance tests are encouraged. If you have any doubts or questions, please ask us for further explanations.
5. **Consent:** Your permission to perform the "Health-fitness" and "Motor-fitness" test batteries is voluntary, but is a condition for consideration as an application for the position of Jasper County Deputy Sheriff. You are free to deny consent if you so desire. However, in the event you deny consent, you cannot be considered for employment in positions requiring such health-fitness and motor-fitness screenings.

I HAVE READ THIS FORM AND I UNDERSTAND THE TEST PROCEDURES THAT I WILL PERFORM. I CONSENT TO PARTICIPATE IN THE TESTS.

In consideration of, and knowing that my participation in this test is for the benefit of the Jasper County Civil Service Commission and for my own benefit, on behalf of myself as well as my heirs, beneficiaries, executors, successors in interest and assigns, I hereby release and forever discharge the County of Jasper, Iowa, its officers and employees, the Jasper County Civil Service Commission and each of its members, and any and all other persons administering the aforementioned Health and Performance Evaluation in which I am voluntarily participating and any and all successors and assigns of the aforementioned, from any and all claims, demands, damages, and causes of action which may arise on account of any sufferings or injuries sustained by me as a direct or indirect result of my participation in this evaluation.

Signature

Printed Name

Date



IOWA LAW ENFORCEMENT ACADEMY

PHYSICAL TESTING STANDARDS

The Iowa Law Enforcement Academy Council, in recognizing the importance of physical fitness in job performance, established the physical test regimen as a pre-employment standard effective February 15, 1993. Provisions were modified and effective August 6, 2020.

No person can be selected or appointed as a law enforcement officer without first successfully passing all of the elements of this test, as prescribed in 501 IAC 2.1(6), adopted pursuant to Section 80B 11(5), Code of Iowa)

Upon entry into the Academy, every recruit will be given the same test as an assessment for training purposes and to ensure that each recruit can undergo the physical demands of the Academy without undue risk of injury. If, at the time of entrance to the Academy, an officer does not meet minimum standards, he or she will not be admitted.

The physical fitness test established by the Council consists of three events:

1. 1 Minute Push-Up Test

The push-up event measures the endurance of the chest, shoulder, and triceps muscles. Recruits will have one minute in which to do as many push-ups as they can.

2. 1 Minute Sit-Up Test

The sit-up event measures the endurance of the abdominal and hip-flexor muscles. Recruits will have one minute to perform as many sit-ups as they can.

3. 1.5 Mile Run

The 1.5 mile run is used to assess your aerobic fitness and your leg muscles' endurance. They must complete the run without any physical help. They are being tested on their ability to complete the course in the shortest time possible. Although walking is authorized, it is strongly discouraged.

STANDARDS

All recruits are required to meet the standards of the 40th percentile for each age and sex group.

Event	Age Group Repetitions/Run Time									
	M	F	M	F	M	F	M	F	M	F
	<20-29	<20-29	30-39	30-39	40-49	40-49	50-59	50-59	60-65	60-65
PU	29	15	24	11	18	9	13	12*	10	5*
SU	38	32	35	25	29	20	24	14	19	6
1.5 Mi Run	12:51	15:26	13:36	15:57	14:29	16:58	15:26	17:54	16:43	18:44
*Females in excess of 49 years of age may conduct pushups on their knees.										



IOWA LAW ENFORCEMENT ACADEMY

PHYSICAL TESTING STANDARDS

TEST ADMINISTRATION

At the beginning of each physical test, the grader will provide the following directions:

1 Minute Push-Up Test

On the command 'get set,' assume the front leaning rest position by placing your hands where they are comfortable. Your feet may be together or up to 12 inches apart. When viewed from the side, your body will form a generally straight line from your shoulders to your ankles. On the command 'go,' begin the push-up by bending your elbows and lowering your entire body as a single unit until your upper arms are parallel to the ground. Then, return to the starting position by raising your entire body until your arms are fully extended. Your body must remain rigid in a generally straight line and move as a unit while performing each repetition. If you fail to keep your body generally straight, to lower your whole body until your upper arms are parallel to the ground, or to extend your arms completely, that repetition will not count, and the scorer will repeat the number of the last correctly performed repetition.

An altered, front-leaning rest position is the only authorized rest position. That is, you may sag in the middle or flex your back. When flexing your back, you may bend your knees, but not to such an extent that you are supporting most of your body weight with your legs. You must return to, and pause in, the correct starting position before continuing. You may not rest on the ground or raise either hand or foot from the ground. You may reposition your hands and/or feet during the event as long as they remain in contact with the ground at all times. You will have one minute in which to do as many push-ups as you can. Watch this demonstration.

1 Minute Push-Up Test

The sit-up event measures the endurance of the abdominal and hip-flexor muscles. On the command "get set", assume the starting position by lying on your back with your knees bent at a 90-degree angle. Your feet may be together or up to 12 inches apart. Another person, or object, will hold your feet or ankles. The heel is the only part of your foot that must stay in contact with the ground. Hands must remain on or about the head. On the command "go", begin raising your upper body to the up position. In the up position, elbows should touch the knees or the upper portion of the thigh. In the down position, the back must come down so that shoulder blades touch the floor. Your arms and elbows need not touch the ground. A repetition will not count if you fail to reach the up position, fail to keep your hands on your head, arch or bow your back and raise your buttocks off the ground to raise your upper body, or let your knees exceed a 90-degree angle. If a repetition does not count, the scorer will repeat the number of your last correctly performed sit-up. The up position is the only authorized rest position. You may not stop and rest in the down position. You must make a continuous physical effort to sit up. You may not use your hands or any other means to pull or push yourself up to the up position or to hold yourself in the up position to rest. You will have one minute to perform as many sit-ups as you can. Watch this demonstration.

1.5 Mile Run

The 1.5-mile run is used to assess your aerobic fitness and your leg muscles' endurance. You must complete the run without any physical help. At the start, line up behind the starting line. On the command 'go,' the clock will start. You will begin running at your own pace. To run the required 1.5-miles, you must complete (describe the number of laps, start and finish points, etc.). You are being tested on your ability to complete the course in the shortest time possible. Although walking is authorized, it is strongly discouraged. You may not be physically helped in any way (for example, pulled, pushed, picked up, and/or carried) or leave the designated running course for any reason. Note: It is legal to pace during the run as long as there is no physical contact and it does not physically hinder others taking the test.



Jasper County Sheriff's Office Benefits Summary

AS OF SEPTEMBER 2025

All newly hired employees with Jasper County will be subjected to a 6-month probationary period. This probationary period may be extended to a maximum of one year by the discretion of the Department Head or Elected Officials.

HEALTH INSURANCE: Qualified full-time employees will be eligible for health insurance benefits at the first of the month following 30 consecutive days of employment. Jasper County will pay a designated percentage of the premium based on current plan design for eligible employees to obtain health insurance through a major medical provider chosen by the Jasper County Board of Supervisors. Options for Traditional coverage or High Deductible Health Plan will be available.

DENTAL INSURANCE: Jasper County will pay the premium for each eligible employee towards the single dental group plan chosen by the Jasper County Board of Supervisors. Individuals electing family coverage will pay the difference between plan premiums.

VISION INSURANCE: Jasper County will pay the premium for each eligible employee towards the single vision group plan chosen by the Jasper County Board of Supervisors. Individuals electing family coverage will pay the difference between plan premiums.

ADDITIONAL VOLUNTARY SUPPLEMENTAL INSURANCES: Jasper County will make available a payroll deduction plan for any employee wishing to subscribe to policies/benefits provided by designated companies.

LIFE INSURANCE: Jasper County provides at no cost for each eligible employee a \$30,000 Group Term Life, AD&D, and a Long-Term Disability policy. *LTD has a 90-day elimination period.

RETIREMENT: Jasper County participates in IPERS (Iowa Public Employer's Retirement System). Based on the individual's classification and earnings, a structured contribution is paid by Jasper County and the employee has an amount deducted from their wages. IPERS is a separate entity which invests the contributions and provides a structured benefit upon a qualifying retirement or approved disability.

*Also available are recognized organizations to assist with additional retirement savings plans for employees through payroll deductions with no matching funds paid by Jasper County.

PAID HOLIDAYS: Jasper County Sheriff's Office provides 10(+) designated paid holidays to qualified employees. Regular full-time employees will be compensated at their regular time for the designated holidays. Individuals designated to work on recognized holidays will be compensated at time and one half (1½) the employee's straight time rate or double time (2.0) for selected holidays. Designated Holidays: New Year's Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas Day, the day before or after Christmas as designated by the Jasper County Board of Supervisors, plus Veteran's Day (only if a veteran). Qualified employees will also receive a bank of 11 holidays to use at their discretion.

VACATION: Employee's anniversary date shall be used to compute vacation. Accruals are:

First month through 4th year – 10 days or 2 weeks (3.08 hours per pay period)

5th year through 9th year – 15 days or 3 weeks (4.62 hours per pay period)

10th year through 14th year – 17.5 days or 3 weeks, 2.5 days (5.38 hours per pay period)

15th year through 19th year – 20 days or 4 weeks (6.15 hours per pay period)

20 or more years – 25 days or 5 weeks (7.69 hours per pay period)

SICK LEAVE: Employees are allowed to accrue sick leave to be used when unable to work, attend medical appointments or provide care for qualifying immediate family member. Employees accrue sick leave at the rate of 5.54 hours per pay period until they reach 720 hours (90 days). After that, accruals are reduced to 2.77 hours per pay period until 1440 hours are reached. After that, accruals are reduced to 1.38 hours per pay period. Employees are authorized to use up to 40 per year for immediate family care. Carryover of family sick time cannot exceed 80 hours. Upon qualifying retirement, employees may bank up to a maximum of 720 hours of sick time at their current rate of pay to be utilized to offset the premium cost of health insurance provided by Jasper County until age 65 or Medicare eligibility.

BEREAVEMENT LEAVE - A period not to exceed 40 hours with pay shall be granted to a qualified employee upon their request due to the death of an immediate family member as defined by County policy. In the event of the loss of an extended family member as defined by the County policy, qualified employees shall be allowed up to 24 hours of paid time when attending funeral services. Employees may be granted up to 4 hours of paid time for attending the funeral of a fellow department employee or known County employee.