

**City of New Orleans
Chief Administrative Office**

POLICY MEMORANDUM NO. 19(R)

February 24, 2021

TO: All Departments, Boards, Agencies and Commissions

From: Gilbert A. Montaña, Chief Administrative Officer



Subject: DOMICILE REQUIREMENTS FOR CITY EMPLOYEES

I. PURPOSE.

This policy memorandum is reestablished to conform to Ordinance No. 25, 242 M.C.S. of the City Code, Sections 2-971 through 2-978.

II. LEGAL SYNOPSIS.

- A. Attached to this memorandum is a copy of the City's complete domicile ordinance.
- B. All employees must be domiciled in Orleans Parish as of January 1, 2013, unless domiciled outside of Orleans Parish prior to the date.

III. DEFINITIONS.

- A. **Actual domicile** means a person's principal domestic establishment, the determination of which shall be based upon such actual facts as where a person sleeps, takes his meals, has established his household, and surrounds himself with his family and the comforts of home, as contrasted with a business establishment, a residence that is not a principal home, or a mere declaration of domicile.
- B. **City of New Orleans** or City means the municipal corporation of the City of New Orleans and all of the attached, unattached and departmental boards and commissions, independent agencies, instrumentalities, and public benefit corporations of the City, including the Sewerage and Water Board, the New Orleans Aviation Board, the Public Belt Railroad Commission, and the Audubon Park Commission. Also, any local public agencies that use employees in the City civil service, receive City appropriations, the proceeds of city taxes, city bonds or that are created, funded or subject to regulation by the City, including the offices of the Clerks of the Municipal Court and the Traffic Court.

IV. POLICIES AND REGULATIONS.

- A. The domicile requirement imposed by this article shall not apply to any employee of the New Orleans Aviation Board during the term of his or her employment with such board and for six

months thereafter, if the actual domicile of the employee is nearer to the employee's job site than the distance from the job site to the nearest point of Orleans Parish.

- B. Part-time employees, those who are not classified as full-time employees, shall be exempt from the domicile requirement imposed by the domicile ordinance.
- C. An additional exemption to the domicile requirement may be granted waiver upon the demonstration of extreme hardship by an employee, on an individual, case-by-case basis, by the appointing authority of the employee subject to the approval by the Chief Administrative Officer. Any employee who seeks to request an exemption must file an Exemption Request (Form D) with the employee's appointing authority and the Personnel Division, Chief Administrative Office.
- D. The domicile requirement shall not apply to any commissioned law enforcement officers hired by the New Orleans Police Department (NOPD), firefighters hired by the New Orleans Fire Department (NOFD), emergency medical technicians hired by New Orleans Emergency Medical Services (NOEMS) and the recruits for these positions hired by these departments.

V. DISTRIBUTION.

- A. All employees are to be issued a copy of the domicile ordinance attached and this policy. All departments, boards, agencies, and commissions shall distribute copies of the attached domicile acknowledgement and certification forms to each City employee in the employ of each department.
- B. The employee must sign the attached written acknowledgement of receipt of the City's domicile policy (Form A). A copy of the signed acknowledgement is to be retained in the employee's personnel file.
- C. The distribution process shall commence upon receipt of this policy memorandum and be completed (30) thirty days after the issuance date of this memorandum.
- D. Every appointing authority will be responsible for establishing an internal distribution process and for procuring each employee's signature on both the Acknowledgement and Declaration of Domicile forms (Forms A and B). It is recommended that departmental personnel sections be primary resources for the distribution and for monitoring the issuance and signing of employee's copies.
- E. A written report (Form C) indicating that the distribution has been completed by each department shall be submitted to the Personnel Division, Chief Administrative Office within ninety (90) days of the issuance date of this memorandum. The report will indicate the number of the department's employees who are domiciled in Orleans Parish and the number who maintained their domicile outside of Orleans Parish (but are exempted by Sec. 2-975 of the City Code as of December 31, 2012).

VI. ENFORCEMENT OF THE DOMICILE POLICY.

1. All employees are required to complete a Declaration of Domicile form (Form B). Failure to accurately complete the Declaration of Domicile form will result in disciplinary action, including but not limited to termination.
2. When the employee completes the Declaration of Domicile form, an Appointing Authority must sign the form. Only signatures from Appointing Authorities are to be entered on the Declaration of Domicile form in the space designated for this purpose.
3. If an employee fails, refuses, or is for any reason unable to complete the attached Declaration of Domicile form within the time specified by the Appointing Authority, or if the Appointing Authority is unable in good faith to certify the correctness of the employee's certification, a written report of such failure, refusal, or inability to do so should be attached to the employee's Declaration form and submitted to the Chief Administrative Office. This report should include whatever information is available as to the domicile of the employee in question.
4. After an employee has signed the Declaration of Domicile form, the original should be sent to the Civil Service Department, Transactions Section. This Declaration of Domicile form will become part of the employee's personnel file located in their department and the Civil Service record.
5. Appointing Authorities should inform each employee of the duty to file an amended Declaration of Domicile form whenever the previously certified address information changes. The amended form must be filed within ten (10) working days of an address change.
6. No officer or employee of the City who has responsibility for and authority over the hiring or supervision of employees of the City shall knowingly permit any person who does not have his domicile in Orleans Parish to commence city employment, unless the employee has been granted a 180 day period by the Appointing Authority and Chief Administrative Officer to relocate within Orleans Parish.
7. In the event of a State of Emergency declaration, the Mayor may by Executive Order suspend the domicile requirement of employees.

VII. VIOLATIONS OF THE DOMICILE POLICY.

- A. Knowing failure to comply with Sections 2-971 through 2-978 of the City Code by officers and employees of the City shall be cause for dismissal or other disciplinary actions.
- B. It shall be unlawful for any officer or employee to knowingly permit any person who does not have an actual domicile in Orleans Parish to commence, continue, or resume City employment in violation of City Code Section 2-974, if hired as of January 1, 2013 to fail to maintain continuously actual domicile within Orleans Parish, in violation of City Code Section 2-973, or for any person to do any act prohibited or fail to do any act required by this policy or knowingly to make any false representations to the Department of Civil Service, an appointing authority, or City officer in connection with the administration or enforcement of this policy.

VIII. INQUIRIES.

Any questions concerning this policy memorandum may be addressed to the Personnel Division, Chief Administrative Office, (504) 658-8600.

GAM/PMRC/zaf

Attachments: Sections 2- 971 through 2-978 of the City Code, and Forms A, B, C, and D

FORM A

**EMPLOYEE STATEMENT OF RECEIPT
DOMICILIARY REQUIREMENT**

EMPLOYEE NAME: _____

EMPLOYEE ID NO.: _____

DEPARTMENT: _____

ORGN CODE: _____

I, _____, hereby acknowledge that I have received a
copy of Policy Memorandum No. 19(R), amended in 2021 and issued by the Chief
Administrative Office, entitled "Domicile Requirements for City Employees."

Employee's Signature: _____

Date: _____

Supervisor's Signature _____

Date: _____

Attachment: CAO Policy Memo No. 19 (Revised) – February, 2021

FORM B

**DECLARATION OF DOMICILE
PURSUANT TO CITY CODE ARTICLE X, SECTION 2-971 et seq., as amended,
known as the CITY DOMICILE ORDINANCE**

A. DECLARATION OF ORLEANS PARISH DOMICILIARY

I, _____, Social Security Number _____-____-____, do hereby certify that I am domiciled at _____, New Orleans, Louisiana, _____.
(Zip code)

Date domicile began: _____.
(Day/Month/Year)

In support of your domicile certification PLACE YOUR INITIALS next to each one of the following that applies to the domicile you have claimed above.

- _____ I am registered to vote in Orleans Parish.
- _____ I usually sleep there.
- _____ I keep most of my clothing household appliances and other personal property there.
- _____ I have a telephone in my or my spouse's name that is not on call forward to another residence.
- _____ I receive most of my non-city mail addressed to me there.
- _____ I may enter the premises without notice or permission from others.
- _____ My spouse and minor children, if any, reside with me at this address.

Do you have any other residences or mailing addresses other than the domicile state above?

____ Yes ____ No

If yes, please list any and all residences or mailing addresses.

B. DECLARATION OF NON-ORLEANS PARISH DOMICILIARY

I, _____, Social Security Number _____-____-____, Do hereby certify that I am

Domiciled at: _____
(Municipal Street Address)

Date domicile began: _____,
(Day/Month/Year)

DECLARATION OF NON- ORLEANS PARISH DOMICILIARY (CONTINUED)

Do you have any other residences or mailing addresses other than the domicile stated above?

_____ Yes _____ No

If yes, please list any and all residences and mailing addresses.

C. VERIFICATION (TO BE SIGNED BY ALL EMPLOYEES)

I, certify that the information provided on this form is true and complete. I am aware of the penalties (including, but not limited to, disciplinary action or termination of employment) which will be invoked for the falsification, or omission, of any data requested on this form. I also understand that any changes in my domicile or residences as certified herein require me to complete an amended certification form within ten (10) working days of this change of domicile or residences. I understand that the Appointing Authority may verify information pertaining to my domicile or residences.

Signed: _____
(Employee Signature)

Date: _____

D. TO BE SIGNED BY APPOINTING AUTHORITY OR DESIGNATED REPRESENTATIVE

1. I am aware of the penalties (including, but not limited to, disciplinary action or termination of employment) that will be invoked for the falsification, or omission, of any data requested on this form.

I certify to the best of my knowledge, information, and belief that this employee has met the requirements of domicile as stipulated in the City Code Sections 2-971 et seq., as amended, known as the City Domicile Ordinance.

OR,

2. I certify to the best of my knowledge, information, and belief that this employee is domiciled in the Parish of _____, State of Louisiana.

Signed: _____
(Appointing Authority - Signature)

Date: _____

Print Name: _____
(Appointing Authority Print Name)

FORM C

Departmental Domicile Annual Report

DATE

DEPARTMENT/AGENCY

Listed below are domiciliary categories for employees as delineated in Chief Administrative Policy No. 19 (Revised).

1. Number of officers or employees who are domiciled in Orleans Parish.

OF THESE:

- _____ A. Number of employees hired before January 1, 2013 who are domiciled in Orleans Parish.
- _____ B. Number of employees hired on or after January 1, 2013 who are domiciled in Orleans Parish.

2. Number of officers or employees who are not domiciled in Orleans Parish.

OF THESE:

- _____ A. Number of part-time employees who are not domiciled in Orleans Parish. The City Domicile Ordinance does not affect these employees.
- _____ B. Number of employees hired prior to January 1, 2013 who are not domiciled in Orleans Parish AND were not domiciled in Orleans Parish prior to this date. The City Domicile Ordinance does not affect these employees.
- _____ C. Number of employees hired as of January 1, 2013 who are not domiciled in Orleans Parish AND are within one hundred eighty (180) days of "employment commencement" (hire date). The Domicile Ordinance does not affect these employees.
- _____ D. Number of employees hired prior to January 1, 2013 who are not domiciled in Orleans Parish but WERE domiciled in Orleans Parish prior to that date.

OF THESE:

- _____ i. Number of employees who have applied for and received approval from their Appointing Authority and the Chief Administrative Office to be exempted from the City Domicile Ordinance.
- _____ ii. Number of other employees in category "2D". These employees may be in violation of the Domicile Ordinance. If you believe that they are not in violation of this ordinance (e.g. they worked for the Aviation Board within the last six months), please explain below:

____ E. Number of employees hired as of January 1, 2013 who are not domiciled in Orleans Parish AND are BEYOND one hundred eighty (180) days of "employment commencing" as defined in the City Domicile Ordinance.

____ F. Number of employees hired before January 1, 2013 who are not currently led in Orleans Parish but were domiciled in Orleans Parish on or after January 1, 2013. These employees may be in violation of the Domicile Ordinance.

____ G. Number of employees hired on or after January 1, 2013 who are not domiciled in Orleans Parish AND are beyond one hundred eighty (180) days of their employment commencing (hire date). These employees may be in violation of the Domicile Ordinance.

If you believe that any of the employees in categories 2(F) or 2(G) are not in violation of this ordinance (e.g. they worked for the Aviation Board within the last six months), please explain below:

____ 3. Number of employees who have applied for and received approval from their Appointing Authority and the Chief Administrative Office to be exempted from the Domicile Ordinance.

Appointing Authority

Date

FORM D

DOMICILE EXEMPTION REQUEST

Employee Name: _____
(Please Print)

Employee ID No: _____

Department: _____

I, _____, request to be exempted from the domicile requirement of the City Ordinance (b), Exemptions: This provides for the granting of same upon demonstration of extreme hardship by an employee.

The circumstance(s) of my exemption request is/are as follows:

Documentation of my hardship is attached _____ or is not attached _____.

Employee Signature

Date

Appointing Authority Signature

Date

Chief Administrative Officer Signature
(Approved/Disapproved)

Date