EXPLANATION: THE UPDATED FBI CJIS SECURITY POLICY CHANGES THE TRAINING REQUIREMENTS FROM EVERY TWENTY-FOUR (24) MONTHS TO EVERY TWELVE (12) MONTHS.

FINANCIAL IMPLICATIONS: MORE FREQUENT TRAINING

# PERSONNEL E03.11 AP.2521

Criminal History Record Information

Purpose

The NKCES may use Criminal History Record Information (CHRI) obtained from the Kentucky State Police (KSP) to check qualification for employment or service as provided in KRS 160.380 and related policies and for authorizing personnel who will make fitness determinations. CHRI may not be used for any other purpose.

Authority

The NKCES has the authorization to submit fingerprints to KSP for a fee-based state and federal background check pursuant to KRS 160.380.

Noncriminal Justice Agency Contact (NAC) & Local Agency Security Officer (LASO)

The Superintendent will designate employee(s) to serve as the NAC and LASO points of contact with KSP through which communication regarding audits, NKCES personnel changes, training, and security are conducted. The NAC and LASO will receive and disseminate communication from KSP to all authorized NKCES personnel. Additionally, the LASO shall where applicable:

1. Identify who is using the Criminal Justice Information Services (CJIS) Systems Agency (CSA) approved hardware, software, and firmware and ensure no unauthorized individuals or processes have access to the same.
2. Identify and document how the equipment is connected to the state system.
3. Ensure that personnel security screening procedures are being followed as stated.
4. Ensure approved and appropriate security measures are in place and working as expected.
5. Support policy compliance and ensure the CSA Information Security Officer is promptly informed of security incidents.

Authorized Personnel

Authorized personnel will be given access to view and handle CHRI after completing the required Security Awareness Training and any additional training required by KSP. Only authorized personnel may access, discuss, use, possess, disseminate, or destroy CHRI.

The NKCES will keep an updated list of authorized personnel that will be available to the KSP Auditor during the audit process.

Training of Authorized Personnel

The NKCES will ensure all persons authorized to have CHRI access will complete Security Awareness Training via CJIS Online immediately upon hire or appointment to access CHRI. The NAC will keep on file the Security Awareness Training certificate on all authorized personnel.

The NKCES will ensure authorized users complete recertification of Security Awareness Training every twelve (12) months.

Authorized personnel will review the KSP website Noncriminal Justice Agency (NCJA) section for policies, procedures, and forms necessary for CHRI handling and fitness determination.

# PERSONNEL E03.11 AP.2521

# (Continued)

Criminal History Record Information

Fingerprint Card Processing

The NKCES requires that all covered persons for whom fingerprint check is required must provide a valid, unexpired form of government-issued photo identification prior to fingerprinting to verify their identity.

A copy of the FBI Privacy Rights Notification will be provided to the covered persons prior to fingerprinting. Covered persons will also be advised of the process regarding a challenge of the criminal history record.

Covered persons that have disclosed a conviction must still be fingerprinted. Proper reason for fingerprinting must be documented in the “Reason for Fingerprinting” box.

Proper chain of custody procedures protecting the integrity of the covered person’s fingerprints prior to submission will include maintaining fingerprints in a secure environment, in a sealed envelope.

Communication

Authorized personnel may discuss the CHRI results with covered persons in a secure, private area. Extreme care will be taken to prevent overhearing, eavesdropping, or interception of communication.

The NKCES will not allow a covered person to have a copy of their record or take a picture of it with an electronic device.

The NKCES will provide the covered person with required forms and options to obtain their record if a record is to be challenged.

Physical Security

The NKCES will ensure that information system hardware, software, and media are physically protected through access control measures by ensuring the perimeter of a physically secured location shall be prominently posted and separated from non-secure locations by physical controls. The NKCES will control all access points (except for those areas within the facility officially designated as publicly accessible) and will verify individual access authorizations before granting access. The NKCES will control physical access to information system distribution and transmission lines within the physically secure location. The NKCES will control physical access to information system devices that display Criminal Justice Information (CJI) and will position information system devices in such a way as to prevent unauthorized individuals from accessing and viewing CJI. The NKCES will monitor physical access to the information system to detect and respond to physical security incidents. The NKCES will control physical access by authenticating visitors before authorizing escorted access to the physically secure location (except for those areas designated as publicly accessible) and will escort visitors in a secured location.

# PERSONNEL E03.11 AP.2521

# (Continued)

Criminal History Record Information

Storage and Retention of CHRI

The fingerprint results from KSP should only be handled by authorized personnel.

During the fitness determination:

* CHRI will be stored in a locked drawer/container at the Central Office and only accessible to authorized personnel.
* CHRI will be stored in a separate file that cannot be released for any public records request and will not be archived in a publicly accessible location.
* CHRI results will be stored electronically the agency using proper security and encryption methods.
* If stored electronically, the NKCES will ensure compliance of CJIS Security Policy for the Network Infrastructure to include the following:

1. Network Configuration
2. Personally Owned Information Systems
3. Publicly Accessible Computers
4. System Use Notification
5. Identification/User ID
6. Authentication
7. Session Lock
8. Event Logging
9. Advance Authentication
10. Encryption
11. Dial-up Access
12. Mobile Devices
13. Personal Firewalls
14. Bluetooth Access
15. Wireless (802.11x) Access
16. Boundary Protection
17. Intrusion Detection Tools and Techniques
18. Malicious Code Protection
19. Spam and Spyware Protection
20. Security Alerts and Advisories
21. Patch Management
22. Voice over Internet Protocol (VoIP)
23. Partitioning and Virtualization
24. Cloud Computing

* Per KRS 61.878, CHRI is not subject to disclosure under the Kentucky Open Records Act and will not be archived in a publicly accessible location.

# PERSONNEL E03.11 AP.2521

# (Continued)

Criminal History Record Information

Media Transport

The NKCES will protect and control digital and physical media during transport outside of controlled areas and will restrict the activities associated with transport of such media to authorized personnel.

Disposal of Media CHRI

The NKCES will properly sanitize or destroy physical or electronic CHRI per the Kentucky Department of Libraries and Archives (KDLA) Public School NKCES Records Retention Schedule. If a third party performs the destruction, an authorized person shall accompany the CHRI through the destruction process. For electronic media, the NKCES shall overwrite three (3) times or degauss digital media prior to disposal or release, inoperable digital media shall be destroyed; cut up, shredded, etc. The NKCES shall ensure the sanitation or destruction is witnessed or carried out by authorized personnel.

Misuse of CHRI

In the event of deliberate or unintentional misuse of CHRI, the NKCES will subject the employee to disciplinary action per Board policy and procedures, up to and including termination, or request for criminal investigation/charges.

EXPLANATION: HB 319 REMOVES THE REQUIREMENT THAT AN AFFIDAVIT BE SUBMITTED FOR SICK (INCLUDING EMERGENCY LEAVE USED FOR THIS PURPOSE) AND PERSONAL LEAVE AND REPLACES AFFIDAVIT WITH STATEMENT.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# PERSONNEL L03.123 AP.2

Leave Request Form

The statement is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principal/designee.

===========================================================================================

🞏 PERSONAL LEAVE: Granted under the terms of Policies 03.1231/03.2231.

Date(s) of Personal leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

==========================================================================================

🞏 SICK LEAVE: Granted under the terms of Policies 03.1232/03.2232.

Date(s) of sick leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

Check one: 🞏 Employee’s illness 🞏 Illness of family member 🞏 Mourning

Is sick leave used for emergency leave purposes, per policy? 🞏 Yes 🞏 No

==========================================================================================

🞏 MATERNITY/ADOPTION/CHILDREARING LEAVE: Granted under the terms of Policies 03.1233/03.2233.

Estimated date(s) of leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

🞏 paid maternity leave /number of sick leave days \_\_\_\_\_\_\_ 🞏 unpaid maternity leave

🞏 paid birth or adoption leave, not to exceed 30 days/number of sick leave days \_\_\_\_\_\_\_\_\_

🞏 unpaid childrearing leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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🞏 JURY LEAVE: Granted under the terms of Policies 03.1237/03.2237.

Date(s) of jury leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

🞏 Employee Signs Over Court-Issued Jury Duty Check.

🞏 Employee Reimburses District.

==========================================================================================

🞏 MILITARY/DISASTER SERVICES LEAVE: Granted under the terms of Policies 03.1238/03.2238.

Date(s) of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

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🞏 EMERGENCY LEAVE: Granted under the terms of Policies 03.1236/03.2236.

Date(s) of emergency leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

🞏 Bereavement 🞏 Disasters

🞏Court /Legal 🞏 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is sick leave being used for emergency leave purposes, per policy? 🞏 Yes 🞏 No

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Executive Director/designee’s Signature Date***

The information I have provided is true and, under provisions of law and NKCES policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Employee’s Signature Date***

EXPLANATION: HB 32 AMENDS KRS 161.011 TO PERMIT HIRING OF CLASSIFIED PERSONNEL WITHOUT A HIGH SCHOOL DIPLOMA IF OPPORTUNITY TO OBTAIN A HIGH SCHOOL EQUIVALENCY DIPLOMA IS PROVIDED BY THE DISTRICT AND PERMITS CERTAIN GOVERNMENT ISSUED CERTIFICATIONS OR LICENSES TO SUBSTITUTE.

FINANCIAL IMPLICATIONS: POTENTIAL COSTS ASSOCIATED WITH ADMINISTERING THE EQUIVALENCY PROGRAM.

EXPLANATION: HB 13 AMENDS KRS 281A.175 RELATED TO THE PHYSICAL EXAM REQUIREMENT FOR SCHOOL BUS DRIVERS. IT CHANGES THE REQUIRED PHYSICAL EXAM FROM EVERY YEAR TO EVERY TWO (2) YEARS.

FINANCIAL IMPLICATIONS: LESS FREQUENT EXAMS COULD BE A COST SAVINGS.

# Draft 8/2/23

# PERSONNEL BJ03.221 AP.22

‑ Classified Personnel ‑

Personnel Documents

|  |  |  |
| --- | --- | --- |
| Name: | DOB: | Social: |
| Hire Date: | Dept: | Position: |
| Daily Rate: | AOD # | Phone: |
| Benefits Effective: | Email: | |
| Recommendation for Employment |  |  |
| Remove Job Posting |  | Website: Social Media: |
| Setup Email |  | To Technology & Supervisor |
| Application |  |  |
| Resume |  |  |
| Job Description |  |  |
| Contract Signed by Executive Director |  |  |
| High School Diploma, GED, License, or Credential |  |  |
| Emergency Contacts |  |  |
| Copy of Driver’s License |  |  |
| Copy of Social Security Card |  |  |
| I-9 Employment Eligibility |  |  |
| W-4 Federal Tax |  |  |
| K-4 or IT-4 State Tax |  |  |
| Direct Deposit |  |  |
| C/AN Background Check |  | To KY Cabinet: |
| C/AN Report from KY Cabinet |  |  |
| Fingerprint Background Check |  | To Employee |
| KSP Report from KYCHIRP |  |  |
| Physical Report KDESHS001 |  |  |
| TB Report TB-3 |  |  |
| Verification of Professional Experience |  | Years Approved |

# PERSONNEL BJ03.221 AP.22

# (Continued)

Personnel Documents

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| --- | --- | --- |
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|  |  |  |
| KPPA Application & Beneficiary |  | To KPPA: |
| KEHP New Employee Checklist |  |  |
| KEHP Benefit Application |  | To KEHP: |
| Marriage / Birth Certificates |  | To KEHP: |
|  |  |  |
| Met Life Insurance Application & Beneficiary |  | To KDC: |
| Nationwide Life Insurance Beneficiary |  | To KEHP: |
| Houchens Insurance Application |  |  |
| NKCES Handbook & Acknowledgement |  |  |
| Timekeeping and Attendance Policy |  |  |
| NKCES Financial Procedures |  |  |
| Calendar (Non-Contract Days) |  |  |
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# PERSONNEL BJ03.221 AP.22

# (Continued)

Personnel Documents

|  |  |  |
| --- | --- | --- |
| Benefits List to Payroll |  |  |
| Press Release |  | Supervisor |
| Hotspot |  | Supervisor |
| Business Cards |  | Supervisor |
| Name Tag |  | Supervisor |
| Computer Equipment |  | Supervisor & Technology |
| Setup Email |  | Technology |
| Setup Computer Access, Google Suite |  | Technology |
|  |  |  |
| Add to Phone List |  | Front Desk |
| Add to Birthday List |  | Front Desk |
| Fingerprint Setup – Front Door |  | Front Desk |
| Welcome Gift |  | Front Desk |
| Setup Mailbox |  | Front Desk |
| Sign for Office Door |  | Front Desk |
| Add to Voxer |  | Supervisor Assistant |
| Add to Google Drives / Calendars |  | Supervisor Assistant |
| Add to Email Distribution Lists |  | Supervisor Assistant |
| Add to Technology List |  | Supervisor Assistant |
| Add to Website Staff List (Dept Heads) |  | Supervisor Assistant |
| Send invites to team meetings etc. |  | Front Desk |

EXPLANATION: HB 331 AMENDS KRS 158.162 TO REQUIRE EACH SCHOOL TO HAVE A WRITTEN CARDIAC EMERGENCY RESPONSE PLAN. IT ALSO REQUIRES THE DISTRICT TO MAINTAIN A PORTABLE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IN EVERY MIDDLE AND HIGH SCHOOL BUILDING, AND AS FUNDS BECOME AVAILABLE, AT SCHOOL-SANCTIONED MIDDLE AND HIGH SCHOOL ATHLETIC PRACTICES AND COMPETITIONS, AND TO ADOPT PROCEDURES FOR THE USE OF AEDS DURING EMERGENCIES.

FINANCIAL IMPLICATIONS: COSTS OF PURCHASING, MAINTAINING AEDS, COPYING AND DISTRIBUTING PLANS, AND PERSONNEL TRAINING COSTS

# SCHOOL FACILITIES $05.4 AP.1

Use of Automated External Defibrillators (AEDs)

Each school’s emergency plan shall include procedures to be followed in case of a medical emergency, a written cardiac emergency response plan, and a diagram that clearly identifies the location of each AED. Procedures for the use and training of AEDs shall be included in the emergency response plan.

explanation: HB 331 amends KRS 158.162 to require each school to have a written cardiac emergency response plan. IT also requires The district to maintain a portable automated external defibrillator (AED) in every middle and high school building, and as funds become available, at school-sanctioned middle and high school athletic practices and competitions, AND to ADOPT procedures for the use of AEDs during emergencies.

FINANCIAL implications: Costs of purchasing, maintaining aeds, copying and distributing plans, and personnel training costs

Draft 5/16/23

# SCHOOL FACILITIES C05.4 AP.23

Compliance with Automated External Defibrillator (AED) Requirements

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Training: \_\_\_\_\_\_\_\_\_\_

Having completed the required AED training, I hereby confirm that I have read and understand the policies and procedures for use of AEDs for the District.

Should I have questions at any time while serving as an Expected AED User, I shall contact the designated AED contact for clarification. I agree to follow the terms and guidelines set forth in policy and procedures for this District.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected AED User’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/designee’s Signature Date

explanation: HB 331 amends KRS 158.162 to require each school to have a written cardiac emergency response plan. IT also requires The district to maintain a portable automated external defibrillator (AED) in every middle and high school building, and as funds become available, at school-sanctioned middle and high school athletic practices and competitions, AND to ADOPT procedures for the use of AEDs during emergencies.

FINANCIAL implications: Costs of purchasing, maintaining aeds, copying and distributing plans, and personnel training costs

Draft 5/16/23

# SCHOOL FACILITIES D05.4 AP.231

Automated External Defibrillator (AED) Reporting Form

**Submit this form to Executive Director/designee within forty-eight (48) hours of AED use.**

AED User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of AED Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident: \_\_\_\_\_\_\_\_\_\_

🞏 Staff Member 🞏 Student 🞏 Parent/Visitor

Condition upon arrival (check all that apply)

🞏 unconscious

🞏 not breathing

🞏 no pulse and/or shows signs of circulation such as normal breathing, coughing or

movement

Number of Defibrillations: \_\_\_\_\_\_\_\_\_\_

Please describe the incident from the beginning of the emergency until its conclusion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Were efforts terminated? 🞏 Yes 🞏 No If yes, please explain.

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Signature of AED User Date

explanation: HB 331 amends KRS 158.162 to require The district to maintain a portable automated external defibrillator (AED) in every middle and high school building, and as funds become available, at school-sanctioned middle and high school athletic practices and competitions.

FINANCIAL implications: Costs of purchasing, maintaining aeds, copying and distributing plans, and personnel training costs

# SCHOOL FACILITIES $05.4 AP.232

Automated External Defibrillator Inspection Log

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Inspected/ In-Service | Inspected/Out- of-Service | Supt/Designee &Site /Supervisors Notified and Date | Missing/Faulty Equipment (list) | Initials of Inspector |
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EXPLANATION: SB 5 CREATES A NEW SECTION OF KRS 158 TO REQUIRE THE BOARD TO ADOPT A COMPLAINT RESOLUTION POLICY FOR PARENTS OR GUARDIANS ALLEGING THAT MATERIAL, A PROGRAM, OR AN EVENT THAT IS “HARMFUL TO MINORS” HAS BEEN PROVIDED OR IS CURRENTLY AVAILABLE TO THEIR STUDENT ENROLLED IN THE DISTRICT.

FINANCIAL IMPLICATIONS: TIME SPENT INVESTIGATING, RESPONDING TO APPEALS, COST OF NEWSPAPER ADVERTISEMENT REGARDING FINAL OUTCOME

# STUDENTS $08.23 AP.21

“Harmful to Minors” Complaint Resolution Process

This parent or guardian complaint must be submitted in writing to the Principal of the school where the student is enrolled alleging that material, a program, or an event that is “harmful to minors” has been provided or is currently available to the child of the parent or guardian.

**“Harmful to minors” is defined in KRS 158.192 and Policy 08.23**.

Complainant (Parent or Guardian)

Complainant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaint(s)

A reasonably detailed description of the material, program, or event that is alleged to be “harmful to minors,” and how the material, program, or event is believed to be “harmful to minors.” (Use additional sheet if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Complainant’s SignatureDate

Level one: School Principal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Within seven (7) business days of receiving a written complaint, the Principal shall review the complaint and take reasonable steps to investigate the allegations in the complaint, including but not limited to reviewing the material, program, or event that is alleged to be “harmful to minors;”

Per **KRS 158.192**, the Principal shall determine whether:

* The material, program, or event that is the subject of the complaint is “harmful to minors;”
* Student access to material that is the subject of the complaint shall remain, be restricted, or be removed;
* A program or event that is the subject of the complaint shall be eligible for future participation by students in the school.

# STUDENTS $08.23 AP.21

# (Continued)

“Harmful to Minors” Complaint Resolution Process

Complaint(s) (continued)

Within ten (10) business days of receiving the complaint, unless another schedule is mutually agreed to by the parent or guardian and the Principal, the Principal shall confer with the parent or guardian and inform him or her whether the material, program, or event that is the subject of the complaint was determined to be “harmful to minors” and what the resolution will be.

Principal’s Determination (Use additional sheet if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Principal’s SignatureDate

A parent or guardian not having filed the appeal may request in writing access to the appealed materials, programs, or events for review and shall abide by the school's and District's policies and procedures when requesting and reviewing such information.

=====================================================================

Level Two: Appeal of the Principal’s Determination to the Board

Complainant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date appeal received at this level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The parent or guardian shall make any appeal within ten (10) days. The appeal shall:

* Be subject to full administrative and substantive review by Board and shall not be delegated;
* Include an opportunity for the parent or guardian to provide input during public comment at a Board meeting;
* Be completed within thirty (30) calendar days of receiving the written appeal unless another time frame is mutually agreed upon by the parent or guardian and the Board; and
* Be discussed and voted on during a meeting of the Board subject to the open records and open meeting requirements under KRS Chapter 61.

# STUDENTS $08.23 AP.21

# (Continued)

“Harmful to Minors” Complaint Resolution Process

Level Two: Appeal of the Principal’s Determination to the Board (continued)

(Use additional sheet if necessary.)

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Complainant’s SignatureDate

The Board's final disposition of the appeal shall be made in writing and shall state whether the material, program, or event was determined to be “harmful to minors” and whether student access to the material will remain, be restricted, or be removed and whether the program or event shall be eligible for future participation by students in the school.

Within fifteen (15) business days from the date of a final disposition, the title of the material or a description of the program or event submitted for appeal, whether the material, program, or event was determined to be “harmful to minors,” whether student access to the material will remain, be restricted, or be removed or whether the program or event shall be eligible for future participation by students in the school, and the vote cast by each individual Board member shall:

* Be published on the website of the Board where it shall remain available for review; and
* Be published in the newspaper with the largest circulation in the county.

Board’s Final Disposition (Use additional sheet if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Board Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vote:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Board Chair’s SignatureDate

LEGAL: HB 538 AMENDS KRS 158.150 TO INCLUDE BEHAVIORS THAT OCCUR OFF SCHOOL PROPERTY IF THE INCIDENT IS LIKELY TO SUBSTANTIALLY DISRUPT THE EDUCATIONAL PROCESS AND OPTIONS FOR REMOVAL OF STUDENTS.

FINANCIAL IMPLICATIONS: COST OF EDUCATING EXPELLED STUDENTS AND CONDUCTING HEARINGS

Draft 8/2/23

# STUDENTS Q09.425 AP.21

Record of Removal

(Utilize if Student Information System is not accessible.)

An employee who removes a student, or causes a student to be removed, from a classroom setting or NKCES transportation system shall complete and submit this form to the Principal/designee as soon as practicable following the removal. Per KRS 158.150, a student who is removed from the same classroom three (3) times within a thirty (30) day period shall be considered “chronically disruptive” and may be suspended from school and no other basis for suspension shall be deemed necessary.

|  |
| --- |
| **Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**  ***Last Name First Name Middle Initial***  **School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (if known) \_\_\_\_\_ Date of Removal \_\_\_\_\_\_\_\_**  **Classroom/NKCES vehicle from which the student was removed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Site to which the student was removed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Employee who removed the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Cause(s) for Removal**

🞏 Disrupting the classroom environment and educational process or challenging the authority of a supervising adult.

🞏 Threatening behavior, such as verbal or written statements or gestures by the student indicating intent to harm themselves, others or property.

Describe (*Use additional sheet(s) if necessary.*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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🞏 Violent behavior, such as a physical attack by the student so as to intentionally inflict harm to himself/herself, others or property.

Describe (*Use additional sheet(s) if necessary.*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# STUDENTS Q09.425 AP.21

# (Continued)

Record of Removal

**Witness(es) *(Use additional sheet(s) if necessary.)***

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***Name Note if student/employee/other (specify)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name Note if student/employee/other (specify)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

***Employee’s Signature Date***

# Draft 8/2/23

# POWERS AND DUTIES OF THE BOARD OF EDUCATION C01.6 AP.2

Inspection of Board Records

Inspection of Records

Residents\* of the Commonwealth desiring to examine records that are not exempt from public disclosure may do so during regular working hours. Regular working hours shall be posted at the main entrance of the NKCES Office.

The principal office of the NKCES is located at 5516 East Alexandria Pike, Cold Spring, KY 41076.

The HR Coordinator is the official custodian/designee to whom requests for access to records should be submitted. The HR Coordinator’s information can be found by calling the office at 859-442-8600.

Fees for hard copies shall be 10 cents a page. Fees for other media (if applicable) shall be based on actual cost to the NKCES.

The requesting party shall submit a written application that shall:

* be signed;
* include the applicant’s name printed legibly;
* include mailing address (and email address if applicable); and
* include a statement of the manner in which the applicant is a resident of the Commonwealth of Kentucky.\*

The applicant shall hand deliver, mail, send via facsimile, or send via email the written application to the custodian/designee at the above address describing the records the applicant wishes to access. Written requests comporting with the above or the written form set forth in regulation by the Kentucky Attorney General may be utilized by the requesting party.

Unless a longer period applies under state law or Executive Order, a response by or on behalf of the NKCES is due within five (5) days (not including weekends or holidays) of receipt of the request. If records are in active use or storage or otherwise unavailable, the NKCES response will explain in detail the cause for a delay beyond five (5) days and state the earliest date on which the records will be available. Requests may be denied if the records are exempt from disclosure under KRS 61.878 or if the request imposes an unreasonable burden or is intended to disrupt essential functions of the NKCES as provided in KRS 61.872.

A resident of the Commonwealth may inspect public records during regular office hours. If s/he resides outside the county and precisely describes the responsive records, s/he may receive responsive, nonexempt records by mail upon the District’s receipt of copying fees and costs of mailing.

# POWERS AND DUTIES OF THE BOARD OF EDUCATION C01.6 AP.2

# (Continued)

Inspection of Board Records

Inspection of Records (continued)

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the NKCES stating the commercial purpose for which the records shall be used and shall be required to enter into a contract with the NKCES. The contract shall state the fee required by the NKCES to produce copies to be used for a commercial purpose.

**\***Resident is defined under KRS 61 870(10) as: an individual residing in the Commonwealth; a domestic business entity with a location in the Commonwealth; a foreign business entity registered with the Kentucky Secretary of State; an individual that is employed and works at a location or locations within the Commonwealth; an individual or business entity that owns real property within the Commonwealth; any individual or business entity that has been authorized to act on behalf of an individual or business entity described above; or a news-gathering organization as defined in KRS 189.635(8)(b)1.a. to e.

# Draft 8/2/23

# PERSONNEL CB03.11 AP.242

Verification of Employment

# (Educational Experience)

**Northern Kentucky Cooperative for Educational Services**

5516 East Alexandria Pike, Cold Spring, KY 41076

Phone: (859) 442-8600 Fax: (859) 442-7038

The following individual has applied for employment at NKCES. They reported that s/he was formerly employed by your school district/agency. Verification of professional experience is necessary for the computation of salary. Please complete the following information thoroughly & return to the employee. Thank you!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Former Employee) (Last 4 SS#)

Employee has years of professional experience under contract with your school district/agency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School, Agency or Employer** | **School Year** | **Actual # Days Paid** | **# Days in Contract** | **Position**  **Full-Time, Part-Time, Substitute** |
|  |  |  |  |  |
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🞏 Public School 🞏 Private School Contract: 🞏Limited 🞏Continuing (Tenure)

Please provide the number of accumulated days when employee left your school system (KY school districts). \_\_\_\_\_\_\_\_\_\_Sick Days

**OPEN RECORDS REQUEST**

**Please provide any information contained in this individual’s personnel record evidencing any disciplinary action taken while s/he was employed by your district/agency.** 🞏 **Information enclosed/attached** 🞏 **No disciplinary action on record for this individual**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Completing Form Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Phone #

To the employee: It is your responsibility to give this form to your previous employer(s) & to follow up to make sure we receive this information. Your contract with NKCES is contingent upon it. Thank you!

# PERSONNEL CB03.11 AP.242

# (Continued)

Verification of Employment

(Non-Educational Experience)

Northern Kentucky Cooperative for Educational Services

5516 East Alexandria Pike, Cold Spring, KY 41076  
Phone: (859) 442-8600 Fax: (859) 442-7038

The following individual has applied for employment at NKCES. They reported that s/he was formerly employed by your company. Verification of professional experience is necessary for the computation of salary. Please complete the following information thoroughly & return to the employee. Thank you!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Former Employee) (Last 4 SS#)

Employee has years of professional experience with your company.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Business** | **Start Date Month/Year** | **End Date Month/Year** | **Full Time Part Time** | **Position & Job Duties** |
|  |  |  |  |  |
|  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Completing Form Date

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Title Phone #

To the employee: It is your responsibility to give this form to your previous employer(s) & to follow up to make sure we receive this information. Your contract with NKCES is contingent upon it. Thank you!

# Draft 8/2/23, Revised 8/7/203

# PERSONNEL BK03.121 AP.1

- Certified Personnel -

Salaries and Payroll Distribution

A Recommendation for Employment form is completed and signed by the Program Director prior to personnel actions resulting in hiring new employees. It is then forwarded to the finance office and is verified and approved then forwarded to the Executive Director for final approval. The following will be done:

* The Human Resources Coordinator will prepare an Employee Personnel File with the necessary paperwork to begin the onboarding process. The Bookkeeper will prepare a contract or probationary agreement following the constraints of the Recommendation for Employment.
* The Human Resources Coordinator will file the original and one copy of the Recommendation for Employment form in the employee’s personnel file and maintain the files in the department. Program Directors upon receipt of an approved Recommendation for Employment form will contact the employee and work with the Human Resources Coordinator to set up the onboarding process.

The Human Resources Coordinator is responsible for conducting the new employee onboarding process. As part of the orientation, the Human Resources Coordinator shall obtain the following documents to be kept in the employee’s personnel file:

* Central Registry Background Check Release
* Fingerprint Card Release for Federal Background Check
* Physical & TB Test Form
* Teaching Certificate
* Verification of Professional Experience
* Employment Eligibility Verification - I9 Form
* Copy of Current Driver’s License & Social Security Card OR Copy of Passport
* Federal Tax Withholding – W4 Form
* State Tax Withholding – K4 or IT4 Form
* Banking Information for Direct Deposit
* TRS (Teacher’s Retirement) Information
* Employment Not Covered by Social Security SSA-1945 Form
* Health Insurance Application (including marriage & birth certificates)
* Life Insurance Forms
* Elective Benefits Forms
* Emergency Contacts
* Time Keeping & Attendance
* NKCES Handbook & Acknowledgement Form
* NKCES Financial Procedures
* Link to NKCES for all Policies & Procedures [www.nkces](http://www.nkces).org

The Human Resources Coordinator will set-up employee information in the payroll system. Entry of new employees and payroll changes to existing employees are calculated and checked by the Bookkeeper for accuracy.

# PERSONNEL BK03.121 AP.1

# (Continued)

Salaries and Payroll Distribution

Payroll

NKCES employees will be paid by direct deposit on a semi-monthly basis. Direct deposits are issued on the 15th and the last day of month. If payday occurs on a weekend, then they are issued the Friday before. If it occurs on a holiday the payroll checks and direct deposits are issued the day before. The following shall apply to the Cooperative’s payroll procedures:

Time sheets or Calendars, showing hours or days worked, signed by the supervisor and properly dated are required by all the Cooperative’s employees. The following procedures apply to time sheets:

* Employees are responsible for submitting an accurately completed time sheet to their supervisor.
* The Program Directors are responsible for assuring that time sheets are submitted in a timely manner by their staff. Time sheets will be reviewed by the Program Director to determine if they are properly prepared, reviewed, and that hours appear reasonable.
* The Program Director or Supervisor is responsible for the correctness of the time sheets of his/her staff.

Payroll Processing – During the processing of payroll, edits and reviews will be made prior to running payroll to assure that no errors have been made. Payroll will be edited, reviewed, and then submitted to the payroll company by either the HR Coordinator or the Bookkeeper. The procedures for payroll checks and direct deposits are as follows:

* The Payroll Journal, created by either the HR Coordinator or the Bookkeeper, will be sent to the Executive Director for review and signature.
* Employee paystubs can be found on the payroll company's portal and can be downloaded by the employees.

# Draft 8/2/23

# PERSONNEL R03.121 AP.2

‑ Certified Personnel ‑

Timekeeping and Attendance

Policies & Procedures for Timekeeping & Attendance

1. Introduction. The FLSA distinguishes between exempt and non-exempt employees. Exempt employees are not paid for the time that they work, but for the work that they do. Exempt employees are salaried, and they are exempt from the overtime requirements of FLSA. Non-exempt employees, on the other hand, are paid for the time that they work, and NKCES is required by FLSA to pay time and one-half for all hours worked over forty (40) hours.

The purpose of these policies and procedures, therefore, is to set forth rules for employees who log their time in Payroll Partners web clock and attendance reporting.

1. Regular Work Shift. Classified employees (who are subject to overtime provisions of FLSA) are required to enter the start/end shift time daily, unless required to work pre-approved overtime or unless on approved leave. Employees are required to document shift time no sooner than fifteen minutes prior to the beginning of their shift and to document shift time no later than fifteen minutes after their shift ends. Employees who do not fulfill the complete shift will have compensation for such lost time deducted from their paychecks. Certified employees are required to log their start and stop work time for each day.
2. Lunch and Break Periods. All employees (classified & certified) are required by law to take a minimum of a one-half (½) hour lunch period and not permitted under any circumstances to “work through” their lunch period. The electronic timekeeping and attendance system will automatically deduct one-half (½) hour from each work period that exceeds five (5) hours for a lunch period. Employees are not permitted to work through lunch to leave early. Employees are not permitted to work over their scheduled shift without written approval of the Principal/supervisor.
3. Keeping time other Employees Prohibited. Under no circumstance will an employee log time worked for another employee.
4. Employees on Leave. Employees who are on personal, sick leave, or other approved special leave, are not required to enter the time while on such approved leave; however, all documentation for leave must be submitted to the immediate supervisor, in accordance with the NKCES’ leave policies.

# PERSONNEL R03.121 AP.2

# (Continued)

Timekeeping and Attendance

I certify by my signature that I have received a copy of Policies and Procedures for use of the current electronic timekeeping and attendance system; that these policies and procedures have been explained to me; and further that I have had an opportunity to ask questions about the policies and procedures.

Employee Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Draft 8/2/23

# PERSONNEL BM03.121 AP.22

‑ Certified Personnel ‑

Personnel Documents

|  |  |  |
| --- | --- | --- |
| Name: | DOB: | Social: |
| Hire Date: | Dept: | Position: |
| Daily Rate: |  | Phone: |
| Benefits Effective: | Email: | |
| Recommendation for Employment |  | To Rick Wolf: |
| Remove Job Posting |  | Website: Social Media: |
| Setup Email |  | To Technology & Supervisor |
| Application |  |  |
| Resume |  |  |
| Job Description |  |  |
| Contract Signed by Executive Director |  |  |
| Contract Signed by Employee |  |  |
| Teaching Certificate/License |  | Exp Certificate List |
| Emergency Contacts |  |  |
| Copy of Driver’s License |  |  |
| Copy of Social Security Card |  |  |
| I-9 Employment Eligibility |  |  |
| W-4 Federal Tax |  |  |
| K-4 or IT-4 State Tax |  |  |
| Direct Deposit |  |  |
| C/AN Background Check |  | To KY Cabinet: |
| CA/N Report from KY Cabinet |  |  |
| Fingerprint Background Check |  | To KSP: |
| KSP Report from KCHIRP |  |  |
| Physical Report KDESHS001 |  |  |
| TB Report TB-3 |  |  |
| Verification of Professional Experience |  | Years Approved |
|  |  |  |
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|  |  |  |
|  |  |  |
| TRS Application & Beneficiary |  | To TRS: |

# PERSONNEL BM03.121 AP.22

# (Continued)

Personnel Documents

|  |  |  |
| --- | --- | --- |
| Job Not Covered by Social Security SSA-1945 |  | To TRS: |
| KEHP New Employee Checklist |  |  |
| KEHP Benefit Application |  | To KEHP: |
| Marriage / Birth Certificates |  | To KEHP: |
|  |  |  |
| MetLife Insurance Application & Beneficiary |  | To KEHP: |
| KY Deferred Comp |  | To KDC |
| Houchens Insurance |  |  |
| NKCES Handbook & Acknowledgement |  |  |
| Calendar (Non-contract Days) |  | To Employee & Supervisor: |
| Benefits List to Payroll |  |  |
| Transfer Info Request form to previous employer |  | Date emailed |
| Press Release |  | To Supervisor |
| Hotspot |  | To Supervisor: |
| Business Cards |  | To Supervisor: |
| Name Tag |  | Supervisor: |
| Computer Equipment |  | Supervisor & Technology |
| Setup Email |  | Technology |
| Setup Computer Access, Google Suite |  | Technology |
| Add to Phone List |  | Front Desk |
| Add to Birthday List |  | Front Desk |
| Fingerprint Setup – Front Door |  | Front Desk |
| Welcome Gift |  | Front Desk |
| Setup Mailbox |  | Front Desk |
| Sign for Office Door |  | Front Desk |
| Add to Voxer |  | Supervisor Assistant |
| Add to Google Drives/Calendars |  | Supervisor Assistant |
| Add to Email Distribution Lists |  | Supervisor Assistant |
| Add to Technology List |  | Supervisor Assistant |
| Add to Website Staff List (Dept Heads) |  | Supervisor Assistant |
| Send invites to team meetings etc. |  | Front Desk |

# Icon Description automatically generatedDraft 8/1/23, Revised 8/7/23

# PERSONNEL E03.125 AP.1

Financial Forms Instructions

Overnight Travel Request

* Fill in all requested info on form.
* ESTIMATED EXPENSES: These are items that will be reserved and/or paid for in advance. They REQUIRE A PURCHASE ORDER REQUEST. Fill out separate PO Requests for Registration Fees, Lodging, Rental Car & Airfare.
* REIMBURSEMENT AFTER TRAVEL: These are estimates only so your Program Director knows a ballpark figure of what this trip is going to cost.
* Attach supporting documents with PO Requests (flyers for conference registration, hotel info, rental car, airfare or anything with useful info to help make your travel arrangements).
* If flying, fill out FLIGHT FORM.
* Submit Overnight Travel Request, along with the PO Requests in the Electronic Purchase Order System for approval.
* Once approved, they are submitted to the Department Assistant to create PO.
* The Department Assistant will handle all registrations & make all reservations. When complete, a folder is createdwith your itinerary & confirmation info. Allow 2 weeks for this process.

Travel Voucher Reimbursement

* Complete this form upon returning from overnight travel, for any EXPENSES THAT ARE TO BE REIMBURSED TO YOU. You must ATTACH ALL ITEMIZED RECEIPTS for documentation. We WILL REIMBURSE TAX ON MEAL ITEMS ONLY.
* This form REQUIRES you to indicate dates, departure & arrival times.
* This form REQUIRES your SIGNATURE, PROGRAM NAME / # and GL #, SIGNATURE OF YOUR PROGRAM DIRECTOR.
* Once approved, they are submitted to the Accounts Payable Coordinator to process the check & obtain signatures.
* A check will be placed in your mailbox. Allow two (2) weeks for this process.

MILEAGE REIMBURSEMENT – Due by the 10th of the Following Month

* Fill in all requested info on form.
* This form REQUIRES your SIGNATURE, PROGRAM NAME / # and GL #, SIGNATURE OF YOUR PROGRAM DIRECTOR.
* Once approved, they are submitted to the Accounts Payable Coordinator to process the check & obtain signatures.
* A check will be placed in your mailbox. Allow two (2) weeks for this process.

# PERSONNEL E03.125 AP.1

# (Continued)

Financial Forms Instructions

Purchase Order Request

* Log in to the Electronic Purchase Order System and enter a request for a purchase order.
* See the Electronic Purchase Order Program Request Information/New Request directions page.
* If New Vendor
* Honor Tax Exempt
* On KPC Bid List
* Know our terms (Accept Check – paid within 30 days of receipt of invoice after material received)
* Get a W9
* Attach supporting documents showing pricing (emails, quotes, etc.).
* Make sure you are including shipping charges
* Include all information required to place order (discount codes, food delivery/pickup, etc.)
* Once you submit the request, it will be sent to your program director for approval.
* After the program director’s approval, it will travel through the appropriate chain for final approval.
* The Department Assistant will be responsible for placing your order. Allow two (2) weeks for this process.

Reminders

* Get an itemized receipt for expenses you incur for NKCES (hotel, parking, baggage) except for food.
* We are a tax exempt organization
* Kentucky hotels should not be charging you state tax. Check your receipt BEFORE you leave the hotel. It is the traveler’s responsibility to have the tax removed.
* If you cancel a trip for ANY reason, notify the Department Assistant so plans can be cancelled for the corresponding PO’s for hotel, airfare & registration.
* Please be aware that if any of the information is missing on any of these forms, it can delay the process an additional week or more while we wait on that needed info.

I have received a copy of the NKCES Financial Forms Instructions and understand and agree that I am to review this information in detail. I am to consult the NKCES Board Policies and Procedures and/or contact my supervisor if I have any questions concerning its contents.

# PERSONNEL E03.125 AP.1

# (Continued)

Financial Forms Instructions

I understand and agree that these instructions are intended as a general guide to the NKCES Financial Policies and Procedures and are not intended to create any sort of contract between the NKCES and any one or all of its employees.

I understand and agree that an approved Purchase Order authorizes an employee to spend funds on behalf of the organization. If I make a purchase or sign a contract without an approved Purchase Order, I understand I could be held financially responsible for the transaction.

I understand that as an employee of the NKCES I am required to review and follow these instructions, which support the NKCES Board Policies and Procedures and I agree to do so.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee Date

Return this signed form to the HR Coordinator.

# Date 8/2/23, Revised 8/7/23

# PERSONNEL ED03.125 AP.22

Travel Voucher Reimbursement

The expenses on this form are to be reimbursed for items the TRAVELER PAID FOR PERSONALLY. INCLUDE ALL RECEIPTS with this form (including Lodging, Rental Car, etc.).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In State: | |  | Out of State: |  | | Meals will be reimbursed as follows - MUST be an overnight stay or prior approved travel by director, traveling between these times: | | | | | |
|  | | | | | | Breakfast, Lunch, Dinner | | | **In State** | **Out of State** |  |
| Traveler's Name: | | | | | |  | | |  |  |  |
|  | | |  |  |  |
| Traveler's Home Address: | | | | | |  | | |  |  |  |
|  |  |  | **$36.00** | **$44.00** | \*Gratuities/tips included |
| Meeting/Conference Attended: | | | | | | **NOTE:** Employees MUST be traveling the entire day.  **NOTE: For other allowable expenses please refer to NKCES Financial Procedures.** | | | | | |
|  | | | | | | | | | | | |
| Mo | Day | Time of | | Location | | | Taxi Uber Parking | Luggage | Other  (Lodging, Airfare, etc. **IF** being reimbursed to traveler) | Meal Reimbursement | Totals |
| Departure | Arrival | From | To | |
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| Mo | Day | Time of | | Location | | | Taxi Uber Parking | Luggage | Other  (Lodging, Airfare, etc. **IF** being reimbursed to traveler) | Subsistence | Totals |
| Departure | Arrival | From | To | |
|  |  |  |  |  |  | |  |  |  | B |  |
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| D |
|  | | | | | | | | | | | |
| Mo | Day | Time of | | Location | | | Taxi Uber Parking | Luggage | Other  (Lodging, Airfare, etc. **IF** being reimbursed to traveler) | Subsistence | Totals |
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| Mo | Day | Time of | | Location | | | Taxi Uber Parking | Luggage | Other  (Lodging, Airfare, etc. **IF** being reimbursed to traveler) | Subsistence | Totals |
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| Mo | Day | Time of | | Location | | | Taxi Uber Parking | Luggage | Other  (Lodging, Airfare, etc. **IF** being reimbursed to traveler) | Subsistence | Totals |
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|  | | | | | Sub Totals | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Totals from all continuation pages | |  |
|  |  |  |  |  |  |  |  |  |  | Grand Total |  |
| By signing, I hereby certify, subject to the provisions of KRS 523:100(unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge. | | | | | | | | | | | |

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Traveler’s Signature Date Program Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature Date G/L#

# PERSONNEL EM03.125 AP.22

# (Continued)

Mileage Reimbursement

**NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES**

5516 East Alexandria Pike, Cold Spring, KY 41076

Phone: (859) 442-8600 Fax: (859) 442-7038

Employee Name: Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name & #: GL #: \_\_\_\_\_\_\_\_\_\_\_\_

MILEAGE: Mileage may be claimed only for the shortest distance from either your worksite or your home to the destination .

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| --- | --- | --- | --- | --- |
| DATE | FROM | TO | PURPOSE | MILES |
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|  |  |  | SUBTOTAL: |  |
|  |  |  | MILEAGE RATE: |  |
|  |  |  | TOTAL: |  |

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Draft 8/2/23

# PERSONNEL H03.271 AP.21

‑ Classified Personnel ‑

Continuous Active Service List

By September 15th of each school year, NKCES shall complete this list for each classified job classification. This list shall be kept current throughout the year. By December 15, a copy shall be forwarded to the Executive Director/designee that is current through November 30.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Job Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_\_\_ of \_\_\_\_\_ | | | | | | | | | | |
| Name | Employee ID # | Date of Hire | Dates/Breaks in-Service | Full/ Part-time | Job Site | Pay Grade | Certification/ Licensure | More than 4 Years Service? | Notification Date\* | Comments |
|  |  |  |  | 🞏 F 🞏 P |  |  |  | 🞏 Yes 🞏 No |  |  |
|  |  |  |  | 🞏 F 🞏 P |  |  |  | 🞏 Yes 🞏 No |  |  |
|  |  |  |  | 🞏 F 🞏 P |  |  |  | 🞏 Yes 🞏 No |  |  |
|  |  |  |  | 🞏 F 🞏 P |  |  |  | 🞏 Yes 🞏 No |  |  |
|  |  |  |  | 🞏 F 🞏 P |  |  |  | 🞏 Yes 🞏 No |  |  |
|  |  |  |  | 🞏 F 🞏 P |  |  |  | 🞏 Yes 🞏 No |  |  |
|  |  |  |  | 🞏 F 🞏 P |  |  |  | 🞏 Yes 🞏 No |  |  |
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**\* RIF/Nonrenewal Notice**

Explanation: HB 522 AMENDS KRS 45A.385 INCREASING THE aggregate contract amount maximum for small purchase TO $40,000.

Financial implications: larger amount for small purchase procedures

Draft 8/2/23

# FISCAL MANAGEMENT DU04.31 AP.1

Purchasing

For the procurement of equipment, merchandise or services, the following documents and procedures will be used for all purchases and are the primary documents to be used by staff for any purchase of goods and services.

Expenditures, individually or in the aggregate, which exceed $40,000 shall be subject to the bidding process or competitive pricing (obtaining at least three [3] quotes).

After a purchase order (PO) is submitted by a Program Director, the Accounts Payable Coordinator will check the purchase order to ensure policies and procedures for purchasing are being followed. Purchase Order Requests must be filled out completely and include:

* Name and mailing address of vendor
* Name of person requesting goods/services
* Program name and # to be charged
* General ledger (GL) #
* Quantity, price, brief description of each item
* Attached documentation to support purchase
* Shipping costs if applicable

Additional info needed for food purchases:

* Name of event
* Date of event
* Location of event
* Pickup or delivery
* Time of pickup or delivery

Employees will enter the Purchase Order Request into the electronic PO system Once approved, the request is converted to a purchase order and ordering can begin.

# FISCAL MANAGEMENT DU04.31 AP.1

# (Continued)

Purchasing

Once the order is placed, an order confirmation is attached to the original purchase order in the electronic PO system. When the goods or services are received, a packing slip or receipt will be used to document on the original purchase order that the goods and services have been received. Upon request, the electronic PO system is updated to reflect good/services have been received..

When the invoice is received, the Accounts Payable Coordinator will review the purchase documentation and prepare the check for payment.

For all contracts funded in whole or in part by NKCES, the reciprocal preference for resident bidders required by law shall be applied. Geographical preferences relating to school nutrition service purchases may be utilized only as permitted by applicable federal law.

# Draft 8/2/23

# FISCAL MANAGEMENT H04.311 AP.1

Accounts Payable

Expenditures shall be made in accordance with the budget approved by the Board. All purchases shall require prior approval of the Executive Director/designee. NKCES shall not be responsible for expenditures not properly authorized and not made according to purchasing procedures.

The standard system used by NKCES requires that a form be prepared for each purchase. An employee enters a Purchase Order (PO) Request in the electronic PO system.

Based on an approved purchase request, the Accounts Payable Coordinator shall approve a purchase order based on the Purchasing Procedure 4.31 AP.1.

Because NKCES is tax exempt, purchases in the state of Kentucky shall not include sales tax.

The Accounts Payable Coordinator is responsible for the preparation for payment of all invoices. The process of check preparation and recording of expenses to the various programs shall include the following:

* Utilities, telephone, payroll withholding, recurring monthly or quarterly expenses, exceptions approved by the Executive Director, etc., will be prepared using a Check Request form, which will be processed for payment on the next payables run.
* Vendor invoices, etc., travel, and standard invoices submitted and received by Accounts Payable Coordinator on or before the last working day of the month will be paid within thirty (30) days.
* The Accounts Payable Coordinator will verify that all bills are properly supported by documentation, properly approved, and properly coded. Bills not supported in accordance with the above will be returned to Program Directors. Bills properly supported will be entered for payment.

Each purchase order shall be matched with its invoice, shipping document, and receiving report and filed with disbursement documentation, which shall reflect the check number and date of payment on the front item. Disbursement records shall be filed in such a manner as to be easily traced.

Except for situations as defined below providing for subsequent Board approval, the NKCES Executive Director is authorized to issue payment on a depository bank following approval by the Board.

With the exception of recurring monthly payments such as utilities and fixed charges, no bill shall be paid without the following supportive information:

1. A purchase order signed by the Executive Director or designated representative;
2. An invoice as to goods or services received; and
3. Confirmation that materials were received in accurate quantity and in good order.

Issuance of Payment

The Executive Director shall give subsequent approval to all budgeted disbursements.

# FISCAL MANAGEMENT H04.311 AP.1

# (Continued)

Accounts Payable

Checks

Check numbers of all signed checks are recorded sequentially in a log. Checks will be signed by both the Bookkeeper and the Executive Director/designee.

Signing of blank checks is prohibited.

All voided checks shall be maintained on file.

Blank check stock will be locked in the Finance Department office to prevent unauthorized use. Custody of checks after signature and before mailing will be controlled by the Accounts Payable Coordinator who will supervise the mailing.

The vendor’s invoice, purchase order and/or check request are filed in vendor alphabetic order in the regular paid invoice file.

Bill-Paying Process

1. The Accounts Payable Coordinator

* Matches all invoices to purchase orders
* Enters invoices. (Every invoice paid should contain an invoice, signed purchase order, and a receipt of goods/packing slip initialed by the purchaser confirming receipt.)
* Prints checks
* Matches invoices to checks
* Have checks signed by Bookkeeper/designee & Executive Director
* Mails or distributes checks

Bank Reconciliation Process

1. The Bookkeeper:
2. Receives the bank statement (It is important that that someone is looking. The checks should be reviewed to observe signatures and find inconsistent check numbers or abnormal transaction amounts.)

Bank accounts will be reconciled promptly after the end of each month. The Bookkeeper is designated to prepare all bank reconciliations. The Bookkeeper reviews the bank reconciliation and also notes the chronological listing of receipts to deposit slips and to deposits on the bank statement.

# FISCAL MANAGEMENT H04.311 AP.1

# (Continued)

Accounts Payable

Bank Reconciliation Process (continued)

The reconciliation procedures for all bank accounts include:

* Accounting for the sequence of check numbers and sorting by numerical order.
* Examination of canceled checks for authorized signature(s).
* Examination of canceled checks for irregular endorsements.
* Examination of canceled checks for alterations.
* Comparison of canceled checks with the check registers (payable checks and payroll checks) as to number, date, payee, and amount.
* The completed bank reconciliation and supporting documentation is filed in chronological order and given to the Accountant to review and verify.
* The reconciliation and related documents are then given to the Executive Director for his/her review and signature.

# FISCAL MANAGEMENT G04.32 AP.21

Purchase Order Request

NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES

5516 East Alexandria Pike, Cold Spring, KY 41076

Phone: (859) 442-8600 Fax: (859) 442-7038

|  |  |
| --- | --- |
| Vendor Name & Address | **[ ] Tax Exempt #ST-19-101 [ ] KPC Bid List Pricing [ ] Documentation Attached [ ] New Vendor**  **\*Take Check / Open Account 30 Days**  **\*W-9** |
|  |
|  |
|  |
| Website Address: |
| Login & Password: |  |
| Phone #: Fax #: |  |

|  |  |  |
| --- | --- | --- |
| **DATE** | **REQUISITIONER** | **PROGRAM NAME & NO.** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quantity** | **UNIT PRICE EA** | **G/L#** | **DESCRIPTION** | **TOTAL** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
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|  |  |  |  | $ |
|  |  |  | Name of Event: |  |
|  |  |  | Date of Event: |  |
|  |  |  | Location: |  |
|  |  |  | Payment: Check or Credit Card |  |
|  |  |  | Discount Code for Training / Conference: |  |
|  |  |  | Food: Pickup or Delivery? Time & Responsible Person: |  |
| Shipping  **TOTAL** | | | | $ |
| $ |

|  |
| --- |
| **I certify that the above request represents a proper NKCES expenditure, that funds are available, and that it is not a duplication of a prior request.**  **Program Director: Date:** |

# (Continued)























# FISCAL MANAGEMENT G04.32 AP.21

# (Continued)

Purchase Certification

**Provided this form is certified by the District finance officer prior to the purchase, NKCES/school personnel may make purchases of up to $2,500 outside established price contract agreements.**

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Certification date precede purchase date.)

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List below the item(s) to be purchased:

|  |  |  |
| --- | --- | --- |
| **Description** | **Cost (\*)** | **Contract (\*\*)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

(\*) Cost from the vendor named above.

(\*\*) Cost on GSA, State Price, or other Board-approved bid contract

**====================================================================**

I certify that this purchase will not exceed $2,500 and that the item(s) listed above meet or exceed the standards and specifications fixed by the following (Check appropriate box.):

🞏 Federal (GSA) Price Contract number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 State Price Contract number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Cooperative Agency Bid number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Other Entity Bid Entity Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bid number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I further certify that the sales price of this purchase is lower than the sales price in the noted bid and/or contract.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Finance Officer/Designee’s Signature Date***

# Draft 8/2/23

# FISCAL MANAGEMENT AF04.8 AP.1

Disposal of Property

NKCES property valued over $1,000.00 that is no longer needed will be disposed of as follows:

1. Authorized personnel shall provide the Executive Director a complete description of items no longer needed for NKCES purposes.
2. The Executive Director advises the Board that certain property is no longer needed.
3. Upon receiving this report, the Board may, at such time as it deems proper and after compliance with applicable legal requirements, authorize the disposal of properties through closed sealed bids or public auction.
4. As appropriate, property may be appraised by qualified appraiser.
5. Once the Board declares the property surplus, the Executive Director/designee shall advertise the property for sale.
6. The Board reserves the right to reject any and all bids.

For additional information, please refer to NKCES Policy 04.8.

# Draft 8/2/23

# SCHOOL FACILITIES EM05.3 AP.1

Use of Coop Facilities and Grounds

Who May Use

The Board authorizes the use of coop facilities and grounds by responsible and organized groups for purposes that provide demonstrable benefit to the schools or to the community as a whole. Groups shall not use coop facilities and grounds when such use would interfere with educational purposes.

Use During Elections

The Executive Director is authorized to grant approval for use of coop facilities as polling places for elections.

Political Rallies

Political rallies may be held in school facilities, provided the provisions of this policy are followed.

Availability

The Board shall determine when and which facilities and grounds will be available to the community and establish reasonable fees for their rental.

Activities that are sponsored by approved student organizations, faculty groups, or school-related parent groups may use coop facilities and grounds without charge when approved by the Executive Director and, when required, supervised by school personnel.

Other Groups

Other local groups may be granted permission to use coop facilities and grounds provided the following requirements are met:

* Activities shall be scheduled to last no more than three (3) hours and to end no later than 10:00 p.m., unless the Executive Director or designee grants prior permission to exceed these limits.
* Payment is made in accordance with a fee schedule approved by the Board. The Executive Director is authorized to alter the hourly rate based on justifiable written information supplied by the renter.
* The Board shall require reimbursement for any and all expenses incurred, including those for utilities and custodial and supervisory services.

Liability

The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.

Supervision

The Board holds each group or organization using coop facilities directly responsible for the proper supervision of persons admitted to the activity.

The official representative of the group, or an adult designated in writing by the representative must be directly in charge of the assigned area during the entire time it is in use. When youth groups are granted use of the facilities, the representative must check in with the employee in charge of the facility before any participants will be admitted.

# SCHOOL FACILITIES EM05.3 AP.1

# (Continued)

Use of Coop Facilities and Grounds

Insurance

If the non-school related activity sponsored by the community group involves admission or is designated as a high-risk activity by the Executive Director or designee, the community group shall provide a certificate of liability insurance naming the Board as additional insured under the policy for the activity.

Disregard of Rules

Disregard of the rules and procedures governing use of coop facilities shall result in the refusal to grant the offending group organization further use of the facilities.

Restitution for Damages

Groups or organizations shall reimburse the Board for any repair or damages to or replacement of school property lost, stolen, damaged, or vandalized while under their care.

Application & Contract

The Board shall adopt an official application form and an official rental contract, both of which shall detail the conditions of usage. Persons authorized to represent officially the renting organization must sign the application and contract. Only persons over twenty-one (21) years of age may sign the application.

Forms shall be completed and returned to the office of application within ten (10) days prior to use. The Executive Director and applicant shall each be provided with a copy of the forms.

If an application includes a request to use the coop gymnasium or auditorium for moneymaking activities, the Executive Director shall review the application and have the authority to increase the normal rental fee.

# SCHOOL FACILITIES EM05.3 AP.1

# (Continued)

Use of Coop Facilities and Grounds

Rental Application and Contract

Conditions of Rental

All rentals of coop facilities is subject to the following conditions:

1. An official application shall be made to the Executive Director or Director’s designee. The application shall specify the use to be made of the facility; only the approved uses shall be permitted.
2. Rentals will be made only to responsible and organized groups, and a responsible representative of that group must sign the application and the contract.
3. Conditions of that contract shall include:
4. Acceptance of responsibility by officials of the renting organization for any damage or loss resulting from the rental;
5. Agreement that renting organizations, and officers thereof, shall assume all liability for any personal injuries incurred during their use of the facilities and shall hold the Board harmless from any such claims against it;
6. Agreement to observe all fire and safety regulations;
7. Agreement that the use of any tobacco product, alternative nicotine product, or vapor product shall not occur on or in all property and that the use of alcoholic beverages is prohibited in coop buildings or on coop property;
8. Observance that no immoral or illegal activity or gambling in any form shall be allowed on the premises;
9. The presence of a coop custodian during the activity. The hourly wage of the custodian(s) must be included in the contract along with the social security and retirement payments required by law. If the employee is employed beyond the normal 40-hour week that she/he works for the Board, the using group must pay overtime wages;
10. The presence of a designated employee who will be in charge of building and open it only to the responsible group representative named on the face of the approved request;
11. Agreement that participants in active games in the gymnasium shall be required to wear gym shoes;
12. Agreement that no alterations to the buildings or grounds be made without prior approval;
13. Agreement that the renting party shall not sublease or reassign any portion of the building or item of equipment covered by the rental contract;
14. Observance of the requirement to clear the building by 11:00 p.m. for all evening activities;
15. Limitation of refreshments to designated areas only;
16. Agreement that school equipment shall not be a part of the rental contract unless specifically enumerated; and
17. Agreement to leave the facilities in as good a condition as before used.

# SCHOOL FACILITIES EM05.3 AP.1

# (Continued)

Use of Coop Facilities and Grounds

Request for rental/use of facilities application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Requesting Organization Area of the Facility Requesting

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Who Will Be Present and Date(s) the Facility is requested

Supervising the Activity

Day(s): M T W R F Sat Sun

From \_\_\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_a.m./p.m.

Time Facility is requested

If this is a continuing request, indicate the duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The requested area(s) of the Facility will be used for the following activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coop equipment to be used (see rate chart below for cost):

Rental Fees Approximate number people: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field $25.00 per use

I have read the Use of Coop Facilities and Grounds and agree on behalf of the requesting organization to assume personal responsibility for the proper use of the above named areas of the Facility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person making request on

Behalf of the organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Date\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Signature Date

🞏 Approved

🞏 Disapproved

Approval of Use of Facility owned by Northern Kentucky Cooperative will not be granted until a copy of your insurance policy and this signed application has been returned to the office of the Executive Director.

I have read and understand, Northern Kentucky Cooperative’s policy on Use of Coop Facilities and Grounds, and by signing below, I hereby affirm that: (i) I am twenty-one (21) years of age or older, (ii) I have the authority to make this Request for Rental/Use of Facilities on behalf of the Requesting Organization; (iii) The individual named for the Requesting Organization shall be responsible for the supervising the assigned area during the entire time it is in use; (iv) The Requesting Organization agrees to assume any and all liability for injury to individuals or property by reason of the lease of Board property and that the Requesting Organization agrees to indemnify and save harmless Northern Kentucky Cooperative for Educational Services, its Boards of Directors, employees and agents, from any loss or damage thereby, including reasonable attorney fees; and (v) That prior to the start of the scheduled event, the Requesting Organization agrees to provide the Executive Director with a insurance certificate of liability naming **Northern Kentucky Cooperative for Educational Services** as **Additional Insured** under the liability insurance policy for the activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Title (if any), of Person

Making the Request on Behalf of the Organization

# SCHOOL FACILITIES EM05.3 AP.1

# (Continued)

Use of Coop Facilities and Grounds

References:

KRS 438.050; KRS 160.290, KRS 160.293, KRS 160.340, KRS 160.050, OAG 81-295,

OAG 80-78,OAG 60-389, The Pro-Children Act of 1994

Related Policy:

10.3

# Draft 8/9/23

# STUDENTS T09.14 AP.11

Family Educational Rights and Privacy Act

The following rules and procedures shall be complied with relative to disclosure of student records:

1. The NKCES shall annually notify parents of students currently in attendance, or eligible students currently in attendance, of their rights under the Family Educational Rights and Privacy Act (FERPA).

The notification also shall be furnished to parents of all new students and to all new eligible students by the Principal at the time of enrollment.

1. Unless the parent or student who has reached age 18 requests in writing that the NKCES not release information, the student’s name, address, and telephone number (if listed) shall be released to Armed Forces recruiters and institutions of higher education upon their request.

Subject to federal opt-out rights, directory information shall be made available to Armed Forces recruiters and institutions of higher education on the same basis as it is provided to the public.

1. Parents or eligible students who wish to review educational records may make a request on the appropriate form. Forms are available at the student’s district of enrollment. Access shall be provided within a reasonable time frame, not to exceed forty-five (45) calendar days of NKCES receipt of the request. Because, a shorter timeline is required in certain situations involving IDEA students, staff shall adhere to the NKCES’ special education procedures for responding to such requests.

If circumstances effectively prevent a parent or eligible student from exercising inspection rights, copies of the requested records shall be provided within the above stated time frame.

Until any questions are resolved, no student record held by the NKCES shall be discarded when the record is under an outstanding request to inspect or review.

1. School authorities shall make a documented effort to notify the parent or eligible student prior to complying with a court order or subpoena that directs the disclosure of information concerning the student. In compliance with FERPA, notice to the parent is not required when a court order directs that the parent/eligible student is not to be notified, or when the order is issued in the context of a dependency, neglect, or abuse proceeding in which the parent is a party.

As noted in the NKCES’ annual FERPA notice, parent consent/notification is not required to release student records to another school NKCES or post-secondary institution in which a student seeks or intends to enroll or is already enrolled.

1. The NKCES shall disclose personally identifiable student information to an organization designated to conduct a study for or on behalf of the NKCES only when a written agreement has been established with the organization. Such disclosure does not require parent/eligible student consent.
2. The parent or eligible student must sign a request and consent form before a student's records are to be transferred to an agency or individual not authorized under law to receive them.

# STUDENTS T09.14 AP.11

# (Continued)

Family Educational Rights and Privacy Act

1. A log shall be maintained of student records requests and disclosures, including emergency disclosures in response to an actual, impending, or imminent articulable and significant health/safety threat. The log requirement does not apply to the following:
2. Disclosures made to parents or eligible students,
3. Records released pursuant to written consent,
4. Access by school officials and others having a legitimate educational interest under FERPA,
5. Disclosure to a party with written consent from a parent or eligible student,
6. Disclosures of directory information, or
7. Disclosures of records made pursuant to a subpoena or court order where a court order or other law provides that the parent or student are not to be notified.
8. A challenge to the records may take the form of an informal discussion among the parents, student, and school officials. Any agreement between these parties shall be reduced in writing, signed by all parties, and placed in the student's records.
9. Upon request, the Executive Director/designee shall, arrange for a record amendment hearing in compliance with 702 KAR 1:140.

Related Procedures:

All 09.14 procedures

# Draft 8/9/23

# STUDENTS AE09.14 AP.23

Request for Educational Records

This form is to be used by the school of current attendance to request educational records from the school of previous enrollment. (Utilize if Student Information System is not accessible.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Date)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(School Last Attended)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Address)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(City, State, ZIP)***

Please send the educational records of the following student(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Student Name) (Grade) (Birthdate)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Student Name) (Grade) (Birthdate)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Student Name) (Grade) (Birthdate)***

🞏 Please include disciplinary records with regards to suspension and expulsion.

These records should be sent to the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Present School)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Address)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(City, State, ZIP)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal/Designee’s Signature**

This transfer is provided for in the Family Educational Rights and Privacy Act, as amended. Regulations do not require an acknowledgment from the parent or eligible student that s/he has received notification before records may be released to other educational institutions.

Related Procedure:

09.14 AP.231

# STUDENTS Y09.2212 AP.21

Physical Restraint and Seclusion Forms

Documentation of Use  
(Utilize if Student Information System is not accessible.)

Please attach additional sheets as needed.

|  |
| --- |
| Student Name: Date of Use: |
| **Description of Physical Restraint or Seclusion Measure Used:** |
| **Beginning Time of Measure Used: Ending Time of Measure Used:** |
| **School Personnel Involved:** |
| **Student Behavior Prompting Use**: |
| **How Student Behavior Posed Imminent Danger of:**   * **Physical harm to self/others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Property damage, destruction, criminal mischief, theft, or a felony involving use of force \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Disruption of reasonable discipline/order \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **School Personnel Response to Behavior and Techniques Used:** |
| **Events Leading Up to Use of Measure:** |
| **Student’s Behavior During Restraint or Seclusion and Interactions During Use:** |
| **Behavioral Interventions Used Just Prior to Physical Restraint/Seclusion:** |
| **Injuries to Student(s), School Personnel or Others:** |
| **Effectiveness of Restraint/Seclusion in De-escalating the Situation:** |
| **Student Post-Incident Interview Comments:** |
| **Planned Future Positive Behavioral Interventions:** |
| **Documentation of Referral for Section 504 or IDEA Services** (or BASIS for not doing so): |
| **Date Notice Sent to Parent/Guardian/Authorized Individual Acting as Parent:** |

Check as applicable:

🞏 Parent 🞏 Emancipated Youth notified on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) of the five (5) school day timeline to request debriefing session.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Staff Member Completing Report Date Report Provided to Principal*

# STUDENTS Y09.2212 AP.21

# (Continued)

Physical Restraint and Seclusion Forms

Notice to Parent

**ADMINISTRATIVE NOTE:** as soon as possibleWITHIN TWENTY-FOUR (24) HOURS FOLLOWING EACH INCIDENT INVOLVING USE OF PHYSICAL RESTRAINT OR SECLUSION, notice SHALL be provided to the parent/guardian of A STUDENT WHO IS not EMANCIPATED either verbally or by email, if email is available to the recipient. If the recipient cannot be reached WITHIN TWENTY-FOUR (24) HOURS, a written communication shall be mailed via U. S. mail. in any event, this form should be completed and kept on file to document the notification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

Dear parent/guardian,

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorized school personnel used the following with your child:

*Date*

🞏 Seclusion 🞏 Physical Restraint

The following is a summary description of the measure used:

This occurrence took place at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Location and Time Frame*

and was necessary due to the following behavior by your child:

Because the safety of students, school personnel and visitors is our utmost concern, we did not take this action lightly.

Please contact me directly if you have questions about this information or if you want to request a debriefing session. The NKCES must receive such request within five (5) school days from the date you received notice of the use of physical restraint or seclusion. We will do our best to schedule a meeting as soon as practicable, but no later than five (5) school days following receipt of your request, unless we mutually agree otherwise.

I can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Telephone Number*

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Position

# Draft 8/2/23

# STUDENTS AR09.224 AP.1

Emergency Medical Care Procedures

The emergency medical care procedures listed below are to be followed in case of serious accidents and/or sudden illnesses occurring in the schools:

Emergency Information

Emergency care information for each student shall be filed in the front office. This information is to include:

1. Student's name, address, and date of birth.
2. Parents' names, addresses, and home, work, and emergency phone numbers.
3. Name and phone number of family physician and permission to contact health care professionals in case of emergency.
4. Name and phone number of “emergency” contact (person other than parent/guardian) to reach, if necessary.
5. Unusual medical problems, if any.

Medical Emergency Procedures

The following procedures shall be used in a medical emergency:

1. Administer first aid by a school employee trained in first aid and CPR in accordance with state regulation.
2. Contact the child’s parent or other authorized person(s) listed on the school emergency card to:
   1. Inform parent or authorized contact that the child is not able to remain at school.
   2. Indicate the apparent symptoms; however, do not attempt to diagnose.
   3. Advise the contact that s/he may want to contact a health care practitioner regarding the child’s condition.
3. Take care of child until parent, health care practitioner, or ambulance arrives.
4. Use emergency ambulance service if needed.
5. Administer medication in accordance with NKCES policy and procedure when ordered by the student’s personal health care practitioner.
6. Keep the student in a first aid area if s/he appears to be unable to return to the classroom.
7. Do not allow the student to leave school with anyone other than the parent/ guardian/designee after an accident or when ill.
8. After a child has an accident or becomes ill at school, arrange transportation home with the parent/guardian/designee.
9. Report all emergency situations to the building administrator.
10. Treat students with contagious diseases, including AIDS, according to state guidelines.
11. Employees shall follow the NKCES’ Exposure Control Plan when clean-up of body fluids is required.

# STUDENTS AF09.224 AP.1

# (Continued)

Emergency Medical Care Procedures

Supplies/Personnel

1. Each school shall have an approved first-aid kit and designated first-aid area.
2. At least two (2) adult employees in each school shall have completed and been certified in a standard first-aid course, including but not limited to, CPR.
3. As provided by Policy 09.224, any school that has a student enrolled with diabetes or seizure disorders, including seizure action plans, shall have on duty during the school day or during any school-related activities in which the student is a participant, at least one (1) school employee who is a licensed medical professional, or has been appropriately trained to administer or assist with the self-administration of glucagon, insulin or seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the FDA and administered pursuant to a student’s seizure action plan, as prescribed by the student’s health care practitioner. The training shall also include recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to these symptoms.
4. The parent or guardian of each student diagnosed with a seizure disorder shall collaborate with school personnel to implement a seizure action plan, prepared by the student’s treating physician, which shall be kept on file in the office of the school nurse or school administrator.
5. Any school personnel or volunteers responsible for the supervision or care of a student diagnosed with a seizure disorder shall be given notice of the seizure action plan, the identity of the school employee or employees trained in the administration of seizure medication, and how they may be contacted in the event of an emergency.

Documentation

A complete record of any emergency care provided shall be made and filed with the student's health record. The following information shall be recorded:

1. Time and place accident or illness occurred.
2. Causative factors, if known.
3. Type of care provided and name(s) of person(s) who gave emergency treatment.
4. Condition of the student receiving emergency care.
5. Verification of actual contacts and attempts to contact parent/guardian.
6. List of names of persons who witnessed the accident or illness and the treatment rendered, as appropriate.

Related Policies:

09.224

09.2241

Related Procedures:

09.224 AP.21

09.2241 AP.22

09.2241 AP.23

# Draft 8/2/23

# STUDENTS K09.423 AP.2

Prohibited Substances - Violation Referral Form

(Utilize if Student Information System is not accessible.)

|  |
| --- |
| **Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Last Name First Name Middle Initial***  **Student’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***City State ZIP Code***  **Student’s Age \_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_ Sex \_\_\_\_ Student’s Phone Number \_\_\_\_\_\_\_\_\_**  **School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_ Homeroom/Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Violation(s) (i.e., offense, date, and time)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Chemical evaluated 🞏 Chemical not evaluated

**Action Taken**

🞏 Family contacted Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Student Assistance Counselor contacted Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Law enforcement contacted Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Detention (days) \_\_\_\_\_\_\_\_ 🞏 before school 🞏 after school 🞏 Saturdays

🞏 Suspension (days) \_\_\_\_\_\_ 🞏 in school 🞏 out of school 🞏 student activities

🞏 Expulsion Term of expulsion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Placement in alternate setting Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Parent Conference Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outcome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendations**

🞏 Counseling 🞏 in school 🞏 out-of-school

🞏 Referral of student/family to Family Resource/Youth Service Center

🞏 Referral to outside agency Name of Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Other, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Superintendent/designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Violation/Referral Form Mailed Return Receipt Requested Date \_\_\_\_\_\_\_\_\_\_\_\_\_

# Draft 8/2/23

# STUDENTS AD09.43 AP.21

Teacher Report of Student Conduct

(Utilize if Student Information System is not accessible.)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 ***Principal’s Name***

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *Last Name* *First Name* *Middle Initial*

Student’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *City* *State* *Zip Code*

Student’s Age \_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_ Sex \_\_\_\_\_\_ Student’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF MISCONDUCT**: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below which constitutes cause for discipline including, but not limited to, assignment to an alternative classroom setting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident reported by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at approximately \_\_\_\_🞏 AM 🞏 PM

Incident investigated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at approximately \_\_\_\_🞏 AM 🞏 PM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Teacher* *Date*

DISCIPLINARY ACTION TAKEN:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above disciplinary action shall begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above disciplinary action shall end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Principal/Designee* *Date*

# STUDENTS AR09.434 AP.2

Notice of Suspension

Dear Parent/Guardian:

This letter is to inform you that your child has been suspended from school and school events for the incident attached.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suspension Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suspension End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of school days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: *If the day of suspension is not an actual school day (snow day, ice, weather, etc.), the day of suspension automatically extends to the next day school is in session. If you have any questions or concerns, please reach out to the school at 859-441-4225.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal/Designee Date



# Draft 8/2/23

# STUDENTS D09.438 AP.21

Parent Notification of Code Violation

(Utilize if Student Information System is not accessible.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

Dear parent/guardian,

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date Student’s Name*

was involved in a serious incident, which took place at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Location*

At this time, the following information has been reported to me concerning the incident:

Because student safety is our utmost concern, we take this information very seriously and have taken appropriate action.

Please contact me directly if you have questions about this information. I can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Telephone Number*

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Principal

Retaliation Prohibited

Employees and other students shall not retaliate against a student because s/he reports bullying or other violation of the code or assists or participates in any investigation, proceeding, or hearing regarding the violation. The Superintendent/designee shall take measures needed to protect students from such retaliation.

For School Use Only

If the code violation falls under the state definition of bullying, NKCES Procedure 09.422 AP.21 must be completed.

If the code violation falls under the state definition of bullying and must also be reported under KRS 158.154, KRS 158.155, or KRS 158.156, see Policies 09.2211 and 09.438 and related procedures.

If bullying is related to a federally protected harassment/discrimination area, see Policy 09.42811 and related procedures.