

EXPLANATION: CHANGES REFLECT REVISED FERPA REGULATIONS.

NOTE: FERPA REGULATIONS NOW PERMIT A DISTRICT TO LIMIT DISCLOSURE OF DIRECTORY INFORMATION TO SPECIFIC PARTIES OR FOR SPECIFIC PURPOSES. CONTACT YOUR KSBA POLICY CONSULTANT IF YOUR DISTRICT DESIRES TO ADD ADDITIONAL LIMITS TO THIS NOTICE.

FINANCIAL IMPLICATIONS: COST ASSOCIATED WITH REPRINTING FORM

STUDENTS

09.14 AP.12

Student Directory Information Notification

Consistent with the Family Educational Rights and Privacy Act (FERPA), parents (or students 18 or older) may direct the District not to disclose directory information listed below. We are required to disclose a student's name, address, and telephone listing at the request of Armed Forces recruiters, unless a parent or secondary school student, regardless of age, requests that this information *not* be disclosed.

Date

Dear Parent/Eligible Student,

This letter informs you of your right to direct the District to withhold release of student directory information for _____ Following is a list of items that the District considers

Student's Name

student directory information. If you wish information to be withheld, please choose one (1) of the two (2) options below in both Sections I and II. Choose Option 1 if the District may not release any item of directory information; Option 2, if the District may release only selected items of information. Then check those items that may be released. Please be advised that parents cannot prevent the school from using directory information on District-issued ID cards or badges.

If we receive no response within thirty (30) days of the date of this letter, all student directory information will be subject to release without your consent. If you return this signed form on time, we will withhold the directory information consistent with your written directions, unless disclosure is otherwise required or permitted by law. Once there has been an opt-out of directory information disclosure, the District will continue to honor that opt-out until the parent or the eligible student rescinds it, even after the student is no longer in attendance.

Student Directory Information Listing																		
Section I Third Parties, Including Limited to Institutions of Higher Education & Potential Employers (Parent or student 18 or older may sign below to direct the District to withhold information in this section.) CHOOSE ONE OF THE OPTIONS BELOW: <input type="checkbox"/> Option 1: The District MAY NOT RELEASE ANY information listed below. <input type="checkbox"/> Option 2: The District MAY RELEASE ONLY the information checked below. If you choose Option 2, check the item(s) of information listed below that the District may release. <table border="0"><tr><td><input type="checkbox"/> Student's name</td><td><input type="checkbox"/> Student's weight and height (if a member of an athletic team)</td></tr><tr><td><input type="checkbox"/> Student's address</td><td><input type="checkbox"/> Student's dates of attendance</td></tr><tr><td><input type="checkbox"/> Student's school email address</td><td><input type="checkbox"/> Degrees, <u>honors</u> and awards the student has received</td></tr><tr><td><input type="checkbox"/> Student's telephone number</td><td><input type="checkbox"/> Student's photograph/ picture</td></tr><tr><td><input type="checkbox"/> Student's date and place of birth</td><td><input type="checkbox"/> Most recent educational institution attended by the student</td></tr><tr><td><input type="checkbox"/> Student's major field of study</td><td><input type="checkbox"/> Grade level</td></tr><tr><td><input type="checkbox"/> Information about the student's participation in officially recognized activities and sports</td><td></td></tr></table>	<input type="checkbox"/> Student's name	<input type="checkbox"/> Student's weight and height (if a member of an athletic team)	<input type="checkbox"/> Student's address	<input type="checkbox"/> Student's dates of attendance	<input type="checkbox"/> Student's school email address	<input type="checkbox"/> Degrees, <u>honors</u> and awards the student has received	<input type="checkbox"/> Student's telephone number	<input type="checkbox"/> Student's photograph/ picture	<input type="checkbox"/> Student's date and place of birth	<input type="checkbox"/> Most recent educational institution attended by the student	<input type="checkbox"/> Student's major field of study	<input type="checkbox"/> Grade level	<input type="checkbox"/> Information about the student's participation in officially recognized activities and sports		Section II Armed Forces Recruiters (Parent or secondary school student, regardless of age, may sign below to direct the District to withhold information in this section.) Choose one of the Options below: <input type="checkbox"/> Option 1: The District MAY NOT RELEASE ANY information listed below. <input type="checkbox"/> Option 2: The District MAY RELEASE ONLY the information checked below. If you choose Option 2, check the item(s) of information listed below that the District may release. <table border="0"><tr><td><input type="checkbox"/> Student's name</td></tr><tr><td><input type="checkbox"/> Student's address</td></tr><tr><td><input type="checkbox"/> Student's telephone number (if listed)</td></tr></table>	<input type="checkbox"/> Student's name	<input type="checkbox"/> Student's address	<input type="checkbox"/> Student's telephone number (if listed)
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<input type="checkbox"/> Student's telephone number (if listed)																		
NOTE: IF A STUDENT'S NAME, GRADE LEVEL, OR PHOTOGRAPH IS TO BE WITHHELD, THE STUDENT WILL NOT BE INCLUDED IN THE SCHOOL'S YEARBOOK, PROGRAM EVENTS, OR OTHER SUCH PUBLICATIONS.																		

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Parent/Student Signature

Date

EXPLANATION: THIS FORM HAS BEING COMPLETELY REDESIGNED BASED ON REVISED FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) REGULATIONS THAT WENT INTO EFFECT JANUARY 3, 2012.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.14 AP.231

Designation and Agreement for Disclosure to Authorized Representatives

This designation and agreement form shall be completed prior to District release of personally identifiable student record information to outside individuals/entities concerning Federal or State supported programs.

AUTHORIZED REPRESENTATIVE:

PERSONALLY IDENTIFIABLE INFORMATION (PII) TO BE DISCLOSED:

PURPOSE:

The purpose of records release is to carry out activities in connection with Federal or State supported education programs as indicated below:

☐ Audit ☐ Evaluation ☐ Enforcement ☐ Compliance

DESCRIPTION OF THE ACTIVITY FOR WHICH RECORDS WILL BE USED: DESCRIPTION OF HOW THE INFORMATION WILL BE USED:

NOTE: The authorized representative designated herein shall not release the subject information to anyone other than its authorized representatives who have a legitimate interest in the activity set out in this agreement.

RECORDS DESTRUCTION:

The authorized representative shall destroy the PII when no longer needed for the purpose specified herein.

- The method used to destroy records shall be by physical destruction.
- The subject information shall be destroyed by: _____ (date)

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Please sign, date and return to our District a copy of this document, which shall signify your individual or your entity's agreement with all terms set out in this document.

Signature of Custodian of District Records *Date*

Signature of Individual/Entity Representative *Date*

EXPLANATION: 702 KAR 1:160 IS IN THE PROCESS OF BEING REVISED TO REPLACE 704 KAR 4:020. THE REVISED REGULATION WILL INCORPORATE REQUIREMENTS FOR STUDENT PREVENTATIVE HEALTH CARE EXAMINATIONS, WHICH NO LONGER WILL INCLUDE SCOLIOSIS SCREENING. SHOULD THIS REG CHANGE NOT GO THROUGH, YOUR FINAL COPIES WILL NOT REFLECT THESE CHANGES.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.21 AP.2

Health Requirements and Services

Student health and safety shall be accomplished in accordance with state statutes and regulations and the policies and procedures listed below.

SCREENING TESTS

Physical assessments of students shall be conducted as follows:

GROWTH & DEVELOPMENT	PROVIDED BY
First year primary	Health Provider
Grade 6	Health Provider
VISION	PROVIDED BY
First year primary	Volunteers
Grade 5	Volunteers
HEARING	PROVIDED BY
Preschool	Speech Therapist
First year primary	Speech Therapist
Second year primary	Speech Therapist
Fourth year primary	Speech Therapist
SCOLIOSIS	PROVIDED BY
Grade-6	Local Chiropractor

ABNORMALITIES REPORTED

Any abnormalities found that need further medical evaluation shall be reported to the parents and recorded on the school health record. Referrals of students affected by health barriers shall be made, as appropriate, to family resource/youth service centers and/or support agencies for assistance. ~~In addition, spinal screening referrals shall be tracked to determine appropriate diagnosis and treatment.~~

HEALTH SERVICES REFERENCE GUIDE

District personnel shall utilize guidelines and forms provided in the Health Services Reference Guide published by the Kentucky Department of Education to address the following:

1. Pupil's cumulative health record
2. General growth and development
3. Vision screening
4. Hearing screening
5. ~~Scoliosis screening~~
- 6-5. Physical education medical information

STUDENTS

09.21 AP.2
(CONTINUED)

Health Requirements and Services

HEALTH SERVICES REFERENCE GUIDE (CONTINUED)

~~7.6.~~ Preventative health care examinations form(s) as provided by the Kentucky Department of Education

HEALTH RECORDS

Cumulative health records shall be initiated and maintained in the Principal's office or maintained electronically in the student information system.

RELATED POLICIES:

03.14/03.24, 09.21, 09.211, 09.22, 09.224, 09.2241

RELATED PROCEDURES

09.224 (all procedures) and 09.2241 AP.1 (all procedures)

EXPLANATION: THE 2012 GENERAL ASSEMBLY AMENDED KRS 160.445 TO ESTABLISH NEW TRAINING REQUIREMENTS FOR SCHOOL PERSONNEL CONCERNING IDENTIFYING AND ADDRESSING POSSIBLE CONCUSSIONS SUSTAINED BY STUDENT ATHLETES.
FINANCIAL IMPLICATION: COSTS FOR ADDITIONAL TRAINING

STUDENTS

09.311 AP.2

Safety (Athletics)

School administrators and coaches shall take appropriate measures to provide a safe, healthy experience for participants and helpers in the athletic program to minimize the number and degree of seriousness of athletic injuries and related illnesses. For all athletic practices and competitions, safety procedures shall be implemented that comply with Board policy, state law and regulations, and requirements of the Kentucky Board of Education and the Kentucky High School Athletics Association (KHSAA).

PARTICIPATION AFTER INJURY

When a player has sustained serious injury that may be aggravated by continued participation in the game or practice, the coach shall receive permission from a physician before the player re-enters the game or participates in practice. If it is suspected that a student has sustained a concussion, the process set out in policy shall be followed.

EXPLANATION: BASED ON DISTRICT REQUESTS, KSBA IS PROVIDING THIS OPTIONAL NEW FORM FOR DISTRICTS TO USE TO DOCUMENT REPORTS OF BULLYING.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.422 AP.21

Bullying Reporting Form

(FOR INTERNAL ADMINISTRATIVE TRACKING AND DOCUMENTATION PURPOSES ONLY)

- When additional room is needed for a section entry, please attach a separate sheet.
- Use of information documented on this form shall comply with confidentiality requirements of applicable privacy law including, but not limited to, state and federal Family Educational Rights and Privacy Act (FERPA) laws.

REPORTER INFORMATION:

DATE:

☐ Anonymous

☐ Staff Member

Name:

☐ Parent/guardian

Name:

☐ Student

Name:

STUDENT(S) REPORTED AS COMMITTING ACTS:

Name: School:

Name: School:

STUDENT(S) REPORTED AS VICTIM(S):

Name: School:

Name: School:

DESCRIPTION OF ALLEGED ACTS:

TIMES AND PLACES:

NAMES OF POTENTIAL WITNESSES:

Name: School:

Name: School:

ACTION TAKEN BY REPORTER (IF ANY):

ADMINISTRATIVE INVESTIGATION NOTES:

BULLYING VERIFIED? ☐ YES ☐ NO

CORRECTIVE

ACTION(S)

TAKEN:

If the act of bullying is such that it must be reported as required by 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.

IF BULLYING VERIFIED, REPORT SENT TO PARENTS OF STUDENTS? ☐ YES ☐ NO

Parent Name: Date Sent:

Parent Name: Date Sent:

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STUDENTS

09.422 AP.21
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Bullying Reporting Form

PARENT NOTIFICATION OF ALLEGED BULLYING

Date

Dear parent/guardian,

On _____, your child, _____
Date Student's Name

was reportedly involved in a bullying incident that took place at _____.
Location

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

BULLYING VERIFIED? ☐ YES ☐ NO

If yes, we have taken appropriate disciplinary action and measures to assure your student's well-being.

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

Telephone Number

Sincerely,

_____, Principal

EXPLANATION: THESE CHANGES ARE RECOMMENDED BY KSBA LEGAL TO CLARIFY REQUIRED REPORTING.
FINANCIAL IMPLICATIONS: NONE

STUDENTS

09.42811 AP.21

Harassment/Discrimination Investigation and Appeals

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

STUDENT COMPLAINANT		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
STUDENT'S SCHOOL	GRADE	HOMEROOM/CLASSROOM

The Superintendent shall appoint an investigator who is not an alleged party in the complaint to investigate allegations of harassment/discrimination. The investigator shall be trained in this area, and her/his duties shall be assigned by the Superintendent/designee or, for contractors, set out in a contract, as appropriate. If the Superintendent is the alleged party, the Board shall designate an outside investigator and, after presentation of the final investigative report, determine when and how it is to be released. All instances involving suspected child abuse or criminal conduct shall be reported as required by law.

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Investigator: _____ Date Complaint Form is Received: _____

INFORMAL PROCEDURE

If both parties agree, prior to a formal grievance process an administrator may facilitate a conversation between the complainant and the party alleged to have harassed or discriminated against the complainant. Both the complainant and the accused party may be accompanied by a person of their choice. If both parties feel that a resolution has been achieved, no further action need be taken. The results of an informal resolution shall be reported by the facilitator, in writing, to the Principal, along with a signed agreement, if one is reached. If any of the interested parties choose not to utilize the informal procedure, or feel that it has been unsuccessful, s/he may opt to proceed to the formal grievance procedure. However, any complaints directed at District school-employees or alleging criminal acts must be formally investigated and/or reported to state authorities as required by law.

Was this complaint resolved informally, as indicated by an agreement signed by both parties?

☐ Yes ☐ No

Date: _____ Facilitator _____

FORMAL PROCEDURE

Students should make their complaint to their Principal or other designated administrator, who shall immediately, without screening or beginning an investigation, inform the Superintendent of receipt of the complaint. Otherwise, the complaint can be filed directly with the Superintendent or, in cases involving sexual harassment/discrimination, with the Title IX/Equity Coordinator. Employees who have knowledge of alleged or observed student harassment/discrimination shall immediately notify their alleged victim's Principal, ~~immediate supervisor, or the Superintendent.~~
Without a report being made to the Principal, Superintendent or Title IX/Equity Coordinator, the District shall not be deemed to have received a complaint of harassment/discrimination.

The Superintendent shall designate an individual to investigate the complaint. If necessary, the investigator will seek assistance from District administrators. In some instances it may be necessary to involve legal counsel, when authorized by the Superintendent, or by the Board if the Superintendent is the subject of the complaint.

Harassment/Discrimination Investigation and Appeals**FORMAL PROCEDURE (CONTINUED)****TIMELINE**

The investigator shall provide the complainant and the accused with a copy of the District's Policy 09.42811 and inform the complainant and the accused of required timelines that have been established for initiation and completion of an investigation.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/ or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN FIVE (5) SCHOOL DAYS OF COMPLETION OF THIS INVESTIGATION.

Board policy allows for appeal of the investigator's decision and the opportunity to address the complaint to a higher level of authority. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No
If yes, to whom will the complaint be referred? _____ Date: _____

FIRST APPEAL LEVEL

STUDENT COMPLAINANT _____
<div style="display: flex; justify-content: space-between;"><div><i>Last Name</i></div><div><i>First Name</i></div><div><i>Middle Initial</i></div></div>
STUDENT'S SCHOOL _____ GRADE _____ HOMEROOM/CLASSROOM _____

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Superintendent/designee who will consider appeal: _____

Date appeal and related data received by Superintendent/designee: _____

In some instances it may be necessary to involve legal counsel at the appeal level, when authorized by the Superintendent or by the Board if the Superintendent is the subject of the complaint.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/ or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF THE STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN FIVE (5) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

Board policy allows for appeal of the decision made at this level and the opportunity to address the complaint to the Board of Education. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No
If yes, to whom will the complaint be referred? _____ Date: _____

STUDENTS

09.42811 AP.21

(CONTINUED)

Harassment/Discrimination Investigation and Appeals

SECOND APPEAL LEVEL

STUDENT COMPLAINANT _____		
_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
STUDENT'S SCHOOL _____	GRADE _____	HOMEROOM/CLASSROOM _____

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Board Chairperson: _____

Date appeal and related data received by the Chairperson on behalf of the Board: _____

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/, or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN FIVE (5) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

GUIDELINES

1. The Board shall not hear grievances concerning personnel actions taken by the Superintendent/designee, unless the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. In some instances it may be necessary to involve legal counsel, when authorized by the Board.
3. The Superintendent/designee shall implement corrective action as determined by the Superintendent or by the Board, as appropriate under law, after appeal rights have been exhausted. If the Superintendent is subject to corrective action, the Board shall implement the action.
4. The District is prohibited from disclosing personally identifiable information contained in student discipline records under the Federal Educational Rights and Privacy Act and corresponding state law.
5. Employee evaluation and private reprimand information generally is confidential and may require consent of the employee prior to release.

RELATED POLICIES:

09.2211; 09.227

RELATED PROCEDURES:

09.227 AP.1, 09.42811 (all procedures)

EXPLANATION: THIS CHANGE WILL CLARIFY THAT THE DECISION AS TO WHETHER TO CONTACT PARENTS WHEN CHILD ABUSE IS SUSPECTED BELONGS TO THE INVESTIGATING OFFICER OR CABINET FOR FAMILIES AND CHILDREN REPRESENTATIVE.
FINANCIAL IMPLICATIONS: MINIMAL COST TO REPRINT FORM

STUDENTS

09.4361 AP.21

Record of Student Arrest at School

This form shall be kept in the school office, and a duplicate copy shall be forwarded to the Central Office.

Student's Name _____			
_____	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Student's Address _____			
_____	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Student's Age _____	Date of Birth _____	Student's Phone Number _____	
School _____	Grade _____	Teacher/Classroom _____	
Date of Arrest _____			

LAW ENFORCEMENT AGENCY: (Check one)

☐ City Police ☐ County Sheriff ☐ Kentucky State Police ☐ Other: _____

ARRESTING OFFICER: _____

NATURE OF THE OFFENSE CHARGED: _____

ISSUING AUTHORITY OF ARREST WARRANT: _____

PLACE OF CUSTODY: _____

PARENTS NOTIFIED BY: _____ at: _____ on _____

Employee

Time

Date

NOTE: If a student is an alleged victim of abuse or neglect by a parent, school officials shall follow directions provided by the investigating officer or Cabinet for Families and Children representative as to whether to contact a parent.

PARENT/GUARDIAN NOTIFIED: _____

Principal/Designee's Signature

Date

EXPLANATION: THESE CHANGES ARE SUGGESTED TO CLARIFY REQUIREMENTS FOR ACCOMMODATION REQUESTS, INCLUDING RECOGNITION THAT THE 10-DAY PRIOR REQUEST REQUIREMENT DOES NOT APPLY TO SERVICE DOGS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

COMMUNITY RELATIONS

10.5 AP.22

Request for Activity/Program Accommodation

TO BE COMPLETED BY REQUESTING INDIVIDUAL

Print Full Name (first, middle initial, last)

Phone Number

Address

eMail Address

I am a ☐ student ☐ employee ☐ visitor

If you marked "student," does this request also apply to programs provided within the academic school day? ☐ Yes ☐ No

I request the following accommodation(s):

☐ Effective communication

Type requested: _____

Activity

Location

Date

☐ Event ticket sales/accessible seating

Activity

Location

Date

☐ Companion seating requested

Activity

Location

Date

☐ Use of power driven mobility device

Activity

Location

Date

☐ Use of service animal* Check one: ☐ Service dog ☐ Miniature horse

Activity

Location

Date

*For animals accompanying students on the bus during school, and/or on school trips, proof of vaccination(s) is required per KRS 258.015.

Signature

Date

Please attach other information explaining the reason for this request, and submit this form to the school/Central Office as soon as possible and, except for service dogs, at least ten (10) days prior to the date of the activity.

FOR SCHOOL/DISTRICT USE

Date Received: _____

Date of Response: _____

Response: _____

District/school employee who contacted applicant: _____

Travel Request Form

NAME _____

☐ Board Member☐ Employee☐ Other, as specified _____

School/Work Site _____ Conference/Workshop _____

Date(s) _____ Departure Time _____ Return Time _____

Rationale for Attendance: _____

Expenses paid by: ☐ Individual ☐ Board ☐ Special Education ☐ KEA ☐ Co-op☐ School Council☐ Other, as specified _____Substitute Needed? ☐ No ☐ Yes Number of Days _____Registration Reimbursement Requested ☐ No ☐ Yes, Amount: _____

Estimated Mileage _____ Total Miles: _____ Total Cost \$ _____

*Mileage will be reimbursed at 40¢ per mile.*Lodging Reimbursement Requested ☐ No ☐ YesAmount per night _____ ☐ Regular Rate ☐ Business Rate ☐ Conference Rate*The District will not reimburse for lodging expenses for guests/traveling companions.*Meals Reimbursement Requested: ☐ No ☐ Yes

Per diem rates: Breakfast \$7; Lunch \$10; Dinner \$18

*Overnight stay is required for meal reimbursement.*Meal limits do not include gratuities. The District will not reimburse employees for gratuities exceeding 20% of the meal charge. Receipts required for ***all*** expenditures except for meals which are paid on a per diem basis.**After Conference/Workshop, turn in expenses for registration, lodging, meals, and other related charges on a Travel Voucher Form (03.125 AP.22) and attach receipts, as appropriate.**_____
*Applicant's Signature*_____
*Date*_____
*Superintendent/Designee's Signature*_____
Date

PERSONNEL

Sick Leave Donations

The Sick Leave Donation program allows an employee to request to voluntarily donate sick leave days to another employee who meets applicable eligibility criteria. Certified employees may donate sick leave to either certified or classified employees. Classified employees may only donate sick leave to another classified employee.

WHO MAY CONTRIBUTE

An employee with a balance of fifteen (15) or more days of accumulated sick leave may donate days to another employee if the donation does not reduce the employee's accumulated sick leave balance to less than fifteen (15) days.

ELIGIBILITY CRITERIA

An employee in need of sick leave days shall meet all of the following conditions in order to be eligible to access days through sick leave donations.

- The receiving employee suffers from a catastrophic loss to his/her personal or real property, due to either a natural disaster or fire, that either has caused or will likely cause the employee to be absent for at least ten (10) consecutive working days; and/or
- The employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
- The employee completes the "Request to Receive Donated Sick Leave" form, and, when appropriate, attaches to this form a statement from a licensed physician certifying the need for the absence and use of leave, and returns the completed form to the Superintendent/designee. In completing the form, the employee gives the Superintendent/designee permission to publicize details regarding the need for the leave. The Superintendent/designee verifies that the requesting employee meets all eligibility criteria.
- The employee exhausts his/her accumulated sick leave, personal leave and any other paid leave granted by the Board.
- The employee complies with the school district's policies governing the use of sick leave.

An employee on donated sick leave shall be considered a school district employee and his/her salary, wages and other employee benefits shall not be affected.

DONATIONS

As long as the donor's sick leave account balance does not fall below fifteen (15) days, there is no limit on the number of days or the number of times in a school year an employee may donate to the same of a different employee(s).

An employee who wishes to donate sick leave days shall complete the "Request to Donate Sick Leave Days" form. The employee shall include the date and time of the donation on the form and submit the completed form to the Superintendent/designee.

ACCESS OF DONATED DAYS

An employee requesting the use of donated days must complete and submit to the Superintendent/designee the "Request to Receive Donated Sick Leave" form.

If the employee meets the eligibility criteria, the Superintendent/designee shall forward a notice containing the employee's name and reasons for the need to all administrative staff for distribution to employees.

Sick Leave Donations

RETURN OF UNUSED/UNNEEDED DAYS

Donors and the number of days donated shall be listed according to the day and time indicated on the "Request to Donate Sick Leave Days" form.

All days remaining after the need has been met shall be returned to the contributor(s) on a proportionate/prorata basis.