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Hiring

The following procedures shall apply in the recruitment, selection, and employment of all classified and certified personnel hired in the District.

RECRUITMENT

Recruiting shall be the responsibility of the Superintendent/designee. Efforts shall be made to recruit a quality staff to include, but not be limited to:

1. Working through placement bureaus of regional and state colleges and universities; and
2. Working with state educational associations and the state department of education;
3. Advertising through appropriate media.

POSTING

Vacancies shall be posted in the school building during the school year, on the school website, and with other agencies as appropriate.

NOTE: Districts are required to post all certified vacancies on the Kentucky Department of Education's web site.

All postings at the local level shall be made within five (5) working days of each certified vacancy opening. The closing date for receiving applications shall be listed when vacancies are posted.

CERTIFIED VACANCIES

The Superintendent/designee shall notify the Chief State School Officer of the vacancy at least thirty (30) days prior to filling the position. When such a vacancy needs to be filled in fewer than thirty (30) days to prevent disruption of necessary instructional or support services, a waiver may be requested from the Chief State School Officer. If the waiver is approved, the appointment shall not be made until the person selected has been approved by the Chief State School Officer.

APPLICATIONS

Completed applications should be filed in the Superintendent's office and accompanied by transcripts and certificates, as appropriate.

The Superintendent/designee shall review each application for completeness and shall send a notice to each applicant indicating (a) the date of the review and (b) any additional materials requested.

SELECTION FACTORS

The Superintendent/designee shall screen applicants based on the following factors:

1. Certification (when required for the position)
2. Educational background

Hiring

SELECTION FACTORS (CONTINUED)

3. Previous work experience
4. Recommendations
5. Personal characteristics exhibited during the interview process:
 - a. Ability to communicate
 - b. Ability to work cooperatively with others
 - c. Applicant's educational philosophy
 - d. Knowledge of work area or subject matter
6. Results from required testing

EMPLOYMENT

SBDM school hiring shall follow statutory guidelines and the provisions of Policy 02.4244, and the Superintendent shall complete the hiring process. Decisions on District-wide personnel shall be made by the Superintendent/designee. The Superintendent shall inform the Board of the appointment of all personnel.

CONTRACT

Personnel hired by the Superintendent shall be notified of their contractual obligations by letter. The contract must be signed and returned to the Personnel Office within two (2) weeks. If not returned within this time frame, the contract may be considered null and void.

Review/Revised:

- CERTIFIED PERSONNEL -

Job Vacancy Notice

To: Superintendent/designee

From: _____ Date: _____

SCHOOL/DEPARTMENT: _____

CLASSIFICATION OF JOB TO BE POSTED: _____

CLASS CODE, IF APPLICABLE _____ HOURS PER DAY _____ DAYS PER YEAR _____

STARTING DATE: _____ RATE OF PAY: _____

CHECK ONE: ☐ FULL-TIME ☐ PART-TIME ☐ FLEX ☐ TEMPORARY

IS THIS A NEW POSITION? ☐ YES ☐ NO

JOB REQUIREMENTS: _____

APPLICATION DEADLINE: _____

(Unless otherwise noted, all certified positions shall be posted for thirty [30] calendar days.)

ADDITIONAL INFORMATION: _____

All requests for job vacancy postings must be submitted in writing on this form to the Superintendent/designee.

Signature: _____ Date: _____

The Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex, genetic information, or disability in employment, educational programs or activities.

Review/Revised:

Verification of Employment

Date: _____

The following individual, who has applied for employment in the _____
School District, has reported that s/he was formerly employed by your school district/agency:

*Name of Former Employee*_____
Social Security #

We request that you verify years of experience and provide other information as noted below.
Please return this form in the postage-paid envelope provided.

*Signature of Person Requesting Information*_____
Position/Title

This is to certify that the employee listed above was employed by:

- ☐ _____ Schools
- ☐ _____ College/University
- ☐ Kentucky Department of Education, Department of _____
- ☐ Other; please specify: _____

Beginning Date (Month/Day/Year)	Ending Date (Month/Day/Year)	Part-time or Full-time Status	Position(s) Held

Continuing Contract Status (if applicable): ☐ YES ☐ NO

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

Name & Title of Person Completing Form
(Please Print/Type)

*Signature*_____
Date

Review/Revised:

- CERTIFIED PERSONNEL -**Recommendation for Employment****To:** Superintendent/designee**From:** _____ **Date:** _____**SCHOOL/DEPARTMENT:** _____**NAME OF APPLICANT:** _____**ADDRESS OF APPLICANT:** _____**CLASSIFICATION:** _____**CLASS CODE, IF APPLICABLE** _____ **HOURS PER DAY** _____ **DAYS PER YEAR** _____**STARTING DATE:** _____ **RATE OF PAY:** _____**CHECK ONE:** ☐ **FULL-TIME** ☐ **PART-TIME** ☐ **FLEX** ☐ **TEMPORARY****IS THIS AN ITINERANT POSITION** ☐ **YES** ☐ **NO****IS THIS APPLICANT CURRENTLY EMPLOYED BY THE DISTRICT?** ☐ **YES** ☐ **NO****ADDITIONAL INFORMATION:** _____

All employment recommendations must be submitted on this form. Please return to the Superintendent/designee at the school.

Signature: _____ **Date:** _____

The Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex, genetic information, or disability in employment, educational programs or activities.

Review/Revised:

Criminal Records Release Authorization

In order to obtain required state and national background checks, District employees and student teachers assigned within the District must complete the Kentucky State Police Criminal Records Release Authorization form, which is available from the Kentucky State Police. The District will submit the required payments.

Review/Revised:

Driving Records Release Authorization

Name _____				
<i>Last Name</i>		<i>First Name</i>		<i>Middle Initial</i>
Address _____				
<i>Street/Apartment #/P.O. Box</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
Maiden Name, if applicable _____				
Birthdate _____		Social Security Number _____		
Position to be filled in the School District _____				

In accordance with policy 03.1321, I hereby authorize the Kentucky Department of Transportation to release the results of a Driving Records Check to school district personnel.

Signature of Applicant _____
Date

=====

Subscribed and sworn to before me by _____ this ____ day of _____, 2____.
Applicant's Signature

My commission expires: _____
Month/Day/Year *Notary Public*

This form shall be completed annually.

District personnel should ensure that all information is complete.
 Forward a check made payable to the Kentucky State Treasurer in the amount of \$3.00 for each submitted form. Send this form and check to **Kentucky Department of Transportation, Division of Driver Licensing, 200 Mero Street, Frankfort, KY 40622.**

Review/Revised:

- CERTIFIED PERSONNEL -**Letter of Intent****ANNUAL SURVEY**

Each employee must complete the following Letter of Intent signifying his/her desire to be reemployed for the coming school year and return it to the building Principal/designee, who will forward it to the Superintendent/designee, as appropriate. This should be completed by May 15.

DISTRICT SUPERINTENDENT/DESIGNEE:

To assist in staffing personnel for the _____ school year, I hereby notify the District of the following:

- ☐ I plan to return to the school district for the next year.
- ☐ I do not plan to return to the school district for the next year.
- ☐ My rank will remain the same.
- ☐ My rank will change to _____, and I will submit the appropriate documentation.

Employee's Signature

*Date***RELATED PROCEDURE:**

03.121 AP.22

Review/Revised:

Medical Examination Form

Medical examinations for District employees, including substitute teachers, must be completed using the form required by Kentucky Administrative Regulation ("Medical Examination of School Employees").

Review/Revised:

Request for Protected Health Information

This form should be used when release of a patient's protected health information is being made to the health care provider for an employee or student for a purpose other than treatment, payment or health care operations.

I, _____, hereby authorize _____
Name of Employee, Student 18 or older, or Parent/Guardian *Name of Physician/Practice*
 to use and/or disclose my protected health information described below to _____.
School District

My protected health information will be used or disclosed upon request for the following purposes (name and explain each purpose): _____

This authorization for use and/or disclosure applies to the following information (please mark those that apply):

- ☐ Any and all records in the possession of the above-named physician or physician's practice, including mental health, HIV, and/or substance abuse records. (Please cross out any item you do not authorize to be released.)
- ☐ Records regarding treatment for the following condition or injury _____
 on or about _____.
- ☐ Records covering the period of time _____ to _____.
- ☐ Other (Specify and include dates.) _____.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to above-named physician/practice. I also understand that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

I understand that I do not have to sign this authorization and that the above-named physician/practice may not condition treatment or payment on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal laws and regulations regarding the privacy of my protected health information.

This authorization expires on the following date or event: _____.

I certify that I have received a copy of this authorization.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Personal Representative's Authority

Review/Revised:

- CERTIFIED PERSONNEL -

NCLB Qualification Notifications

NOTIFICATION RE HIGHLY QUALIFIED TEACHERS

TO: _____ FROM _____
Parent's Name *School Name*
 DATE _____ RE _____ GRADE _____
Student's Name

Dear Parent/Guardian,

Our school is dedicated to providing the best instructional staff we can to teach our students. However, because our school receives Title I federal funds, the federal No Child Left Behind Act (NCLB) requires us to inform you that your child has been assigned to a teacher not considered “highly qualified” under NCLB to teach the subject at your child’s grade level. Your child

☐ has been assigned to _____ for _____ for
Name of Teacher Core Subject
this school year.

☐ has been assigned to _____ for _____ for the
Name of Teacher Core Subject
past four (4) weeks (20 instructional days.)

Please let me know if you have questions about this information (_____).
Telephone # _____

Sincerely, _____
Principal/designee

ANNUAL NOTIFICATION - OPTION TO REQUEST TEACHER QUALIFICATIONS

TO: _____ FROM _____
Parent's Name *School Name*
 DATE _____ RE _____ GRADE _____
Student's Name

Dear Parent/Guardian,

Because our District receives federal funds for Title I programs as a part of the No Child Left Behind Act (NCLB), you may request information regarding the professional qualifications of your child's teacher(s).

If you would like to request this information, please contact _____
by phone at _____ or by e-mail at _____.

Sincerely, _____
Principal/designee

Review/Revised:

- CERTIFIED PERSONNEL -**Salaries****SALARY SCHEDULE DEVELOPED AND APPROVED**

The Board shall approve a single-salary schedule, a separate salary schedule or index system for extra services and supervision, and a salary schedule for substitute teachers during or before the June Board meeting.

The single-salary schedule shall meet state requirements for Ranks I, II, III, IV, and V, provide employment for the school term as set by the Board in keeping with statutory requirements, and contain experience categories.

Extra services compensation shall be based on expanded duties and responsibilities, time demands and expertise, and shall be paid only upon documentation of services rendered.

The substitute salary schedule shall be a per-diem schedule based on rank and experience but may be lower than the rate of pay for regular full-time teachers. Checks shall be issued on paydates designated in the salary schedule.

SALARY FOR PERSONNEL WHO RESIGN

Certified personnel who resign during the school year or at the end of the school year will be paid in full on the regular payday of the month following the resignation. Final payment will be calculated as follows: Annual salary divided by the number of days of employment times number of days taught minus salary previously received, equals balance due at time of resignation. Staff may be paid only for those holidays occurring prior to resignation.

EXTENDED EMPLOYMENT

Extended employment is defined as the number of days certified personnel are contracted to work in addition to the minimum school term. Extended employment will be approved only for those activities that are necessary to improve the educational programs in the school district. The length of employees' regular work day shall be established by the Board and reflected in the job description for each position. Saturday and Sunday will be placed on the calendar as workdays only with approval of the Superintendent.

EXTENDED CALENDAR WORK PLAN

An individual calendar and extended work plan shall be prepared by the employee who has been employed by the Board for a period exceeding the minimum school term. The plan shall be approved by the Principal (if applicable) and submitted to the Superintendent.

AMENDMENT TO EXTENDED CALENDAR WORK PLAN

Amendments to the extended employment calendar and/or the work plan for teachers must be approved by the building Principal. Changes for all other personnel must be approved by the Superintendent.

Review/Revised:

- CERTIFIED PERSONNEL -**Personal Data Form**NAME _____
Last First Middle Maiden

STREET ADDRESS _____ PHONE _____

CITY/STATE _____ ZIP _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

MARITAL STATUS (FOR TAX PURPOSES) _____

POSITION _____ WORK SITE _____

EMERGENCY CONTACT: NAME _____ PHONE # _____

NUMBER OF EXEMPTIONS DESIRED FOR TAX WITHHOLDING _____

Individuals who are employed after the first day of the school calendar or who are employed for less than the number of days required by law or the Board will be paid on the basis of their daily rate multiplied by the number of days worked during the payroll period.

INDICATE HERE IF YOU ARE CHANGING RANK THIS YEAR. ☐ IF SO, NEW RANK _____

LIST ANY EXTRA SERVICE: _____

STARTING SALARY \$ _____ ENDING SALARY \$ _____

TRANSFERS _____

REMARKS _____

TYPE OF CERTIFICATE HELD: ☐ ELEMENTARY ☐ MIDDLE SCHOOL ☐ HIGH SCHOOL
☐ STANDARD ☐ PROVISIONAL

INDICATE HIGHEST DEGREE HELD: ☐ B.S./B.A. ☐ M.A. ☐ 30 OR ABOVE

RANK _____ NUMBER OF YEARS EXPERIENCE _____
In this System In Other Systems

NEW EMPLOYEES COMPLETE THE FOLLOWING

List below the names and addresses of all other systems in which you have previously taught:

Dates	Months Taught	Name of System	Address

Review/Revised:

- CERTIFIED PERSONNEL -**Personnel Documents****EMPLOYEE'S NAME** _____ **POSITION/WORK SITE** _____**REQUIREMENTS**

Employment shall be contingent upon meeting all requirements (state and local) for the position. Employees shall provide the following documents to the Central Office.

- ☐ **TEACHING CERTIFICATE:** An official copy of the certified staff member's certificate or a cover letter that is valid for the current year from the Department of Education, Division of Certification.
- ☐ **TRANSCRIPTS:** Official copies of college/university credits and standardized test results.
- ☐ **APPLICATION (INCLUDING REFERENCES, A LIST OF STATES OF FORMER RESIDENCE AND DATES OF RESIDENCY, AND PICTURE IDENTIFICATION)**
- ☐ **SIGNED CONTRACT (WITH LETTER OF NOTIFICATION OF EMPLOYMENT)**
- ☐ **RANK STATUS:** Verification of current Rank Status.
- ☐ **VERIFICATION OF EXPERIENCE:** Verification from each school district or the Kentucky Department of Education for which there is past teaching or administrative experience. (This must be on file before salary can be received based on that experience). Central Office personnel will write for verification after the names of the school districts have been provided.
- ☐ **HEALTH CERTIFICATION:** Each employee, including substitutes, must have a medical examination, which shall include a tuberculin risk assessment, prior to initial employment, and proof shall be filed with the Central Office. Individuals identified as being at high risk for TB shall be required to undergo a tuberculin skin test as required by 702 KAR 1:160. Health certification records shall also include results from Hepatitis B vaccinations, if the position so requires.
- ☐ **MEMBERSHIP APPLICATION TO THE KENTUCKY TEACHERS' RETIREMENT SYSTEM:** Each regular full time certified employee must file a membership application with teacher retirement if they are not already a member or if they have previously withdrawn their account.
- ☐ **TAX WITHHOLDING EXEMPTION CERTIFICATES:** Each employee is to complete a copy of Form K-4 (State) and Form W-4 (Federal) for their file. (New certificates must be completed any time the employee makes a change in the number of exemptions claimed or the amount to be deducted.)
- ☐ **VERIFICATION OF TRANSFERABLE SICK LEAVE:** Certified employees may transfer days of accumulated sick leave from one Kentucky district or the Kentucky Department of Education to another Kentucky district when place of employment changes. There cannot be a break in service for sick leave to transfer.
- ☐ **CRIMINAL RECORDS CHECK FORM:** Required by state. Form will be mailed to the State Police by Central Office personnel. New certified employees must be fingerprinted at the Central Office.
- ☐ **DRIVING RECORDS CHECK FORM:** Required by the state for all bus drivers and by the District, if applicable for other certified personnel. Form will be mailed by Central Office personnel to the Kentucky Transportation Cabinet, Division of Driver Licensing.
- ☐ **I-9 FORM:** Required by federal law to determine eligibility for employment in the United States.

Personnel Documents**REQUIREMENTS (CONTINUED)**

- ☐ **SSA-1945:** The Social Security Administration requires that this form be used to inform, prior to employment, new certified employees that will participate in KTRS that the position is not covered by Social Security.
- ☐ **CAFETERIA BENEFIT PLAN APPLICATION, if applicable:** Must be completed by every full-time employee of the School District. (This is usually done shortly after the opening of school by a person who visits each school to have the forms completed.)

Personnel records also may include the following: evaluation documents; documentation of personnel actions (promotions, transfers, demotions, disciplinary actions, nonrenewals, terminations); record of professional development activities, and other payroll-related information (insurance forms/deductions and direct deposit authorizations).

Review/Revised:

Certification of Time

These forms are to be completed and sent to the Central Office at the time designated by Central Office personnel.

Payroll Period: From _____ to _____

Certified Employee's Name	Number of Days Worked	Number of Days Absent	Name of Substitute (if required)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

I certify the above time sheet to be a true record of the time worked by the employees assigned to this school/work site. This time sheet shall be used to certify work time for certified (exempt) employees.

Principal/designee's Signature

Date

Each hourly employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

100

¹Supervisor will direct employee how to calculate in terms of breaks, lunch period, etc.

I hereby certify that this time sheet is a correct statement of actual hours worked during this pay period.

Date

3^{LEAVE KEY}

E=emergency **P=personal**
H=holiday **S=sick**
J=jury **U=unpaid**
M=military/disaster **V=vacation**

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Change in Rank/Licensure

Complete and submit this form to the Superintendent at least two (2) weeks prior to the beginning of the fall term. Attach documentation verifying your change in rank/licensure.

EMPLOYEE'S NAME _____

EMPLOYEE'S CLASSIFICATION ☐ Certified ☐ Classified

SCHOOL/WORK LOCATION _____

IMMEDIATE SUPERVISOR'S NAME _____

*My rank/licensure will change from _____
to _____,*

*effective for the fall term of the _____ school year. Attached is the
required documentation to verify my rank/licensure change.*

TEACHERS ONLY

- ☐ *National Board Certification is pending. Pursuant to policy 03.121, I am providing this notice prior to September 15 in the event a rank-related increase in salary is indicated.*

*Employee's Signature*_____
*Date*_____
*Superintendent's Signature*_____
Date

NOTE: Before salary adjustments can be made, documentation verifying change in rank/licensure must be received by the Superintendent and placed on file at the Central Office.

Review/Revised:

Employee Request for Optional Salary Deductions

Enrollment form(s) for programs checked below must be submitted to the Central Office designee.
--

Annually, employees shall complete and file this form with the Superintendent/designee by the first day that teachers report.

Employees who are hired after June 1 must complete this form within the first ten (10) working days.

The twenty-five (25) is the minimum number of payers (not number of contracts) required for each type of payroll deduction.

Except for tax-sheltered annuity deductions, the Board shall discontinue current payroll deductions at the end of the fiscal year when the number of employees making payments to any agency or company falls below the required number of payers.

I hereby authorize the following salary deduction(s) for the _____ school year.

INSURANCE OPTIONS

- State and dental plans

OPTIONAL SAVINGS PROGRAMS

- State-designated Flexible Spending Account (FSA) plan
- State-designated Health Reimbursement Account (HRA) plan

PROFESSIONAL AND JOB-RELATED ORGANIZATIONS

- KEA-NEA and Local

OTHER

- Salary reduction for participation in Cafeteria Plan (See Policies 03.1213/03.2212, if applicable.)

Employee's Signature

Date

Review/Revised:

Program Vendor Requirements

The Superintendent/designee(s) shall determine annually the types of deductions to offer and which companies to recommend to the Board.

For each type of payroll deduction, any company wishing to be added must maintain at least twenty-five (25) payers (not number of contracts).

Companies with fewer than the number of required payers on a billing will be deleted at the end of the fiscal year for which they fell below the required number of payers.

In addition to the above requirements, payroll deduction companies must provide the services checked below:

- ☐ Coordinate with third-party administrator.
- ☐ Execute a master contract.
- ☐ Conform to all insurance regulations put forth by the Kentucky Department of Insurance.
- ☐ Designate a representative within a 100-mile radius and provide current name(s), address(es), and phone number(s).
- ☐ Provide information for comparison sheet.
- ☐ Provide current brochures with rates to all school employees.
- ☐ Provide ample supply of membership and claims forms
- ☐ Provide a timely billing procedure to conform to other deductions.
- ☐ Participate in annual benefits fair, if applicable, and/or meet with staff during noninstructional times as designated by the Principal.
- ☐ Furnish 1099's for benefits paid under Section 125 and refunds of tax-exempt premiums.
- ☐ Provide watts line for billing, claims, and questions relating to coverage.
- ☐ Provide Fax number for faster correspondence.

Review/Revised:

Leave Affidavit

THE AFFIDAVIT 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 _____

☐ **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 ☐

☐ **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

Superintendent/designee's Signature

Date

I hereby affirm and attest that the information I have provided is true and, under provisions of law and Board 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

Review/Revised:

Request to Donate Sick Leave

AN EMPLOYEE WISHING TO DONATE SICK LEAVE DAYS TO ANOTHER DISTRICT EMPLOYEE SHALL COMPLETE THE TOP PORTION OF THIS FORM AND SUBMIT IT TO THE CENTRAL OFFICE. THE RECEIVING EMPLOYEE SHALL BE RESPONSIBLE FOR PROVIDING ANY REQUIRED STATEMENT OF NEED CERTIFIED BY A LICENSED PHYSICIAN.

NAME: _____ SCHOOL/WORK SITE: _____

EMPLOYEE IDENTIFICATION NUMBER: _____

NUMBER OF SICK LEAVE DAYS I WISH TO DONATE: _____

NOTE: The number donated may not reduce the employee's accumulated sick leave balance to less than fifteen (15) days.

DISTRICT EMPLOYEE TO WHOM I WISH TO DONATE DAYS: _____

Employee's Signature

Date

TO BE COMPLETED BY CENTRAL OFFICE DESIGNEE

The employee to whom sick leave days are to be donated ☐ is eligible ☐ is not eligible to receive the days based on the following criteria.

Check each requirement below that is met:

- ☐ The donating employee's sick leave balance will not fall below fifteen (15) days.
- ☐ 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 receiving 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.
- ☐ As appropriate, the receiving employee's need for the absence and use of sick leave are certified by a licensed physician (as attached).
- ☐ The receiving employee has exhausted his/her accumulated sick leave and any other paid leave granted by the Board.
- ☐ The receiving employee has complied with the District's policies governing the use of sick leave.

Signature of Superintendent/designee

Date

Review/Revised:

Request to Receive Donated Sick Leave

AN EMPLOYEE REQUESTING TO RECEIVE DONATED SICK LEAVE MUST MEET ALL OF THE ELIGIBILITY CRITERIA LISTED BELOW AND MUST FILE THIS FORM WITH THE SUPERINTENDENT/DESIGNEE.

Name of Receiving Employee _____

School/Work Site _____

Social Security/Employee Identification Number _____

ELIGIBILITY CRITERIA TO BE VERIFIED BY SUPERINTENDENT/DESIGNEE

- ☐ 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 has completed and returned the "Request to Receive Donated Sick Leave" form and, when the reason can be certified medically, attached to this form a statement from a licensed physician certifying the need for the absence and use of leave.
- ☐ The employee has exhausted his/her accumulated sick leave, personal leave, emergency leave, and any other paid leave granted by the Board.
- ☐ The employee has complied with the District's policies governing the use of sick leave.

I hereby give my permission to the Superintendent/designee to notify District employees of my need for the use of donated sick leave days, including a general description of the reason for the need. _____

Employee's Signature

Date

I certify that the above-mentioned criteria have been met by this employee and that his/her name and a general description of the reason for need will be given to supervising administrators for circulation to District employees. _____

Superintendent/designee's Signature

Date

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Leave shall be granted as follows:

- ☐ Entire/successive days
- ☐ Partial/successive days
- ☐ Intermittent leave
- ☐ Entire days, intermittent leave
- ☐ Partial days, intermittent leave
- ☐ Other (explain) _____

Review/Revised:

- CERTIFIED PERSONNEL -**Family and Medical Leave Compliance****REQUIRED NOTICES**

As required by law, the District shall post information and distribute notices using documents prepared by the United States Department of Labor (DOL) to implement the federal Family and Medical Leave Act. The FMLA poster provided by the DOL must be displayed in a conspicuous place at all locations where employees and applicants for employment can see it, including those work locations to which no eligible employees are assigned.

Posters, notices to provide to employees, and designated forms may be downloaded from the following (DOL) web site:

<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>

These include the following:

- FMLA Poster (PDF) - <http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>
- WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition - <http://www.dol.gov/whd/forms/WH-380-E.pdf>
- WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition - <http://www.dol.gov/whd/forms/WH-380-F.pdf>
- WH-381 Notice of Eligibility and Rights & Responsibilities - <http://www.dol.gov/whd/forms/WH-381.pdf>
- WH-382 Designation Notice - <http://www.dol.gov/whd/forms/WH-382.pdf>
- WH-384 Certification of Qualifying Exigency for Military Family Leave - <http://www.dol.gov/whd/forms/WH-384.pdf>
- WH-385 Certification for Serious Injury or Illness of Covered Servicemember - <http://www.dol.gov/whd/forms/WH-385.pdf>

Review/Revised:

Request for Family and Medical Leave of Absence**FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322/03.22322.**

Name _____ Position/School _____ Hire Date _____

I request Family and Medical Leave for the following reason:

- | | |
|--|---|
| <input type="checkbox"/> My personal serious health condition | <input type="checkbox"/> Covered family member's active duty or call to active duty in the Armed Forces in support of a contingency plan: |
| <input type="checkbox"/> Serious health condition of my parent | <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent |
| <input type="checkbox"/> Birth and care of my newborn child | <input type="checkbox"/> Covered family member has incurred an injury or illness in the line of duty while on active duty in the Armed Forces that has rendered or may render the family member medically unfit to perform duties of his/her office, grade, rank or rating: |
| <input type="checkbox"/> Placement by the state of a child with me for foster care | <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> next-of-kin |
| <input type="checkbox"/> Serious health condition of my child | |
| <input type="checkbox"/> Serious health condition of my spouse | |
| <input type="checkbox"/> Adoption of a child(ren) | |

☐ Extension of leave requested earlier on _____ Date _____

The leave/extension requested will begin on _____ Date _____ and end on _____ Date _____

If the request is for Family and Medical Leave on a reduced or intermittent basis for recurring medical treatments for a child, parent, spouse, or yourself, specify dates requested. _____

*Employee's Signature*_____
*Date***IF YOUR SPOUSE IS EMPLOYED BY THE DISTRICT AND ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.**

Spouse's Name _____ Position/School _____ Hire Date _____

S/he has requested Family and Medical Leave for the following reason: ☐ Birth/care of child
☐ Illness of child ☐ Adoption/foster care of a child(ren) ☐ Military service injury/illness_____
*Spouse's Signature*_____
Date

This form was received by the following person:

*Superintendent's/designee's Signature*_____
*Date***Attach completed copy of certification required by notice of eligibility and rights and responsibilities.****NOTES**

- FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement that provides greater family or medical leave rights.
- Employees may file a complaint with the U.S. Department of Labor concerning an FMLA issue.

Review/Revised:

- CERTIFIED PERSONNEL -**Educational/Professional Leave of Absence Request**

Certified employees may be granted a leave of absence from the district for one (1) year at no cost to the District, pursuant to the terms of Policy 03.1235. This completed form must be received and acted upon sixty (60) days prior to the time the leave is to begin.

Employee's Name _____

Position/School _____

Leave is requested for the _____ school year.

Number of years employed in the District? _____

Previously received educational leave in this District? ☐ No ☐ Yes, when _____

If granted, what will be the purpose of this leave? _____

How will the granting of this leave enhance your professional skills to the benefit of the District?

If this leave request is approved by the Board, I understand that my return to employment in the District is subject to the provisions of Policies 03.123 and 03.1235 and to the terms of my employment contract.

Employee's Signature

Date

Supervisor's Signature

Date

Superintendent's/designee's Signature

Date

LEAVE REQUEST WAS ☐ APPROVED ☐ DENIED BY BOARD AT ITS _____ MEETING.
Date

Review/Revised:

Travel Request FormName _____ ☐ 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 the rate approved by the Board.

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 Total Daily Meal Expense Limit \$ _____

Meal limits do not include gratuities. The District will not reimburse employees for gratuities exceeding 15% of the meal charge.

Receipts required for all expenditures.

After Conference/Workshop, turn in expenses for Registration, Lodging, Meals, and other related charges on a Standard Invoice and attach receipts, as appropriate.

*Signature of Applicant*_____
*Date*_____
*Signature of Superintendent/Designee*_____
*Date***RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised:

Drug-Free Workplace Notice

All employees shall receive the following notice as a partial implementation of Policies 03.13251/03.23251 and Federal Regulation 54 CFR 4946.

NOTICE TO ALL EMPLOYEES

YOU ARE HEREBY NOTIFIED that it is a violation of Policies 03.13251 and 03.23251 of this school District for any employee to unlawfully manufacture, distribute, dispense, be under the influence of, possess, or use on or in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance, as defined in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 CFR 1300.11 through 1300.15.

“Workplace” is defined as the site for the performance of work done for the district. That includes any place where work on a school district program, project or activity is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; off school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the school district.

YOU ARE FURTHER NOTIFIED that it is a condition of your continued employment with this District that you will comply with the above policies of the school District and will notify your supervisor of your conviction of any criminal drug statute for a violation occurring in the workplace no later than five (5) days after such conviction.

An employee who violates the terms of the school District’s drug-free workplace policies may be nonrenewed or his/her employment may be suspended or terminated. As an alternative the Superintendent may choose that an employee who violates the terms of the school District’s drug-free workplace policies shall satisfactorily participate in a drug-abuse assistance or rehabilitation program approved by the Board. If the employee fails to satisfactorily participate in such program, the employee shall be nonrenewed or his/her employment may be suspended or terminated.

Review/Revised:

Health and Safety - Contagious Diseases**POST IN APPROPRIATE LOCATIONS THROUGHOUT THE SCHOOL BUILDING OR WORKSITE.**

In order to reduce the risk of the transmission of infectious diseases the following procedures will be followed in cleaning up body fluids. Body fluids include: blood, drainage from scrapes and cuts, feces, respiratory secretions, saliva, semen, urine, and vomitus.

1. Avoid direct skin contact with body fluids, when possible. Disposable gloves should be worn when direct hand contact with body fluids is anticipated (e.g. treating bloody noses, handling clothes soiled by bodily discharges, cleaning up small spills by hand).
2. When direct skin contact occurs, vigorously wash hands and other affected skin areas with soap under a stream of water for at least ten (10) seconds.
3. Contaminated disposable items such as paper towels, tissues, plastic gloves, and diapers should be secured in plastic bags and placed in the garbage.
4. A custodian should be called to clean and disinfect all soiled surfaces.
5. The spilled body fluids and accompanying material should be cleaned up by:
 - a) Using sanitary absorbent agents specifically intended for cleaning body fluid spills or using a wet mop with proper disinfectant.
 - b) Placing the contaminated material in a plastic bag and putting it in the garbage or, if suitable flushing it down the drain.
 - c) Vacuuming or sweeping up the dry absorbent material that was applied to the area. The vacuum bag or sweepings should be disposed of in a plastic bag. The broom, dust pan and/or mop should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.
 - d) Promptly applying a disinfectant such as household bleach (diluted 1 part bleach and 10 parts water) to hard surfaces that have to be disinfected.
 - e) Applying a sanitary absorbent agent to carpets that are to be disinfected and vacuumed after the carpet has been allowed to dry. A germicidal rug shampoo should be applied with a brush and the carpet revacuumed.
6. Food that may be contaminated with body fluids shall be discarded.
7. Nondisposable cleaning equipment (dust pans, mops, buckets, brushes etc.) should be thoroughly rinsed in the disinfectant (see 5-d). Clothing, towels and other launderable items may be secured in plastic bags until items can be washed in the hot water cycle in the washing machine.
8. Disposable gloves and plastic bags are available in elementary classrooms, the Principal's office, the food service office, or the custodian's storage area.

THIS INFORMATION AND THESE RECOMMENDED PROCEDURES WERE ADAPTED FROM THOSE DEVELOPED AND COMPILED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE U.S. PUBLIC HEALTH SERVICE, AND THE KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES.

Review/Revised:

Maintenance Request

To report needed maintenance, use Procedure 05.2 AP.22/Maintenance Request Form.

Review/Revised:

Request to Access Personnel Records

**PERSONNEL RECORDS MAY BE INSPECTED ONLY BY THE EMPLOYEE AND BY DISTRICT
SUPERVISORY PERSONNEL HAVING A LEGITIMATE EDUCATIONAL INTEREST.**

I, _____, WISH TO EXAMINE MY PERSONNEL FILE.
Name (please print)

Employee's Signature

Date

RELATED PROCEDURE:

03.15 AP.22

Review/Revised:

Log of Inspection of Personnel Records

Employee's Name: _____	Employee Identification Number: _____
------------------------	---------------------------------------

NOTICE: Those portions of personnel records containing material of a personal nature, the disclosure of which would constitute an invasion of privacy, are not open for public inspection.

Date	Name of Person Inspecting Records	Agency Represented, if Applicable	List Records Accessed	List Action # #1 Inspected #2 Reviewed #3 Copied	Specify Reason Records Were Accessed

RELATED PROCEDURES:

03.15 AP.21, 03.25 AP.2

Review/Revised:

Grievance Procedures

Employees wishing to initiate a formal grievance about an alleged violation of a constitutional, statutory, or regulatory provision, of a Board policy, administrative rule, or procedure shall use a Grievance Initiation Form (03.16 AP.2).

CONDITIONS

1. All grievances are individual in nature and must be brought by the individual grievant.
2. All grievance proceedings shall be conducted outside the regular school day and at a time and place mutually agreed upon.
3. The grievant shall be permitted to have one (1) representative.
4. To the extent possible, all attendant records shall be filed in the office of the immediate supervisor and/or Superintendent and shall be considered private information and separate from the individual employee's folder. All records will be kept for a minimum of three (3) years.
5. No reprisal shall be taken against any aggrieved person because of the filing of a grievance.

TIME LIMITS

1. Employees must file their grievance within fifteen (15) working days following the alleged violation. However, depending on the nature of the grievance, the Superintendent may recommend an extension of the filing deadline to twenty (20) working days if the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. Days referred to in the grievance initiation form shall be working days, except for any days which are designated as holidays, professional meeting days, national, state, or local disaster or mourning days and any days during the school term on which schools are closed.
3. The time limits stated in various sections of these procedures may be extended by mutual consent of the Board, its authorized agents, and the grievant.
4. If no extension occurs and the grievant does not file an appeal to the next level within ten (10) working days of receiving a response, the grievance shall be considered to have been settled and terminated at the previous level, and the answer given at that level shall stand.

SUPERINTENDENT'S/DESIGNEE'S INVOLVEMENT

1. When appropriate, the grievant shall give his/her communication directly to the Superintendent, thus bypassing the immediate supervisor. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Superintendent.
2. The Superintendent reserves the right to redirect the communicator to the appropriate level.

Grievance Procedures**BOARD OF EDUCATION'S INVOLVEMENT**

1. If the employee, after reviewing the Superintendent's response, desires direct communication with the Board of Education, the employee may present his/her written communication to the Superintendent for transmittal to the Board of Education, or notify the Superintendent ten (10) working days prior to the meeting of the Board at which the employee wishes the grievance presented. Employees are not authorized to contact Board members individually about grievances.

The Board shall consider grievances concerning personnel actions in accordance with parameters set out in policy.

2. If the Board decides to review the grievance, the employee will then be afforded an opportunity to appear before the Board at the next regular meeting for relevant discussion of the employee's communication. If the employee does not wish to make a verbal presentation, the employee's right to refrain from such activity will be respected.
3. The Superintendent or the grievant shall present the communication to the Board of Education at its next regularly scheduled meeting.
4. The Board of Education will consider the grievance, and will provide the employee a written response within ten (10) working days after the next regularly scheduled meeting of the Board, following the meeting of the Board at which the grievance was initially presented. The decision of the Board of Education shall be final.

RELATED PROCEDURE:

03.16 AP.2

Review/Revised:

Grievance Initiation Form

This form shall be used by an employee who wishes to allege a violation of a constitutional, statutory, or regulatory provision, Board policy, or administrative rule or procedure and to secure at the lowest administrative level an equitable, prompt, and satisfactory solution.

GRIEVANT

Employee Name _____ Date _____

Home Address _____

Work Location _____ Title _____

GRIEVANCE

Identify the provision that you allege was violated. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

Employee's Signature *Date*

LEVEL ONE: IMMEDIATE SUPERVISOR

Name: _____ Title: _____

Date grievance received at this level _____

IMMEDIATE SUPERVISOR'S RESPONSE. (USE ADDITIONAL SHEET IF NECESSARY.)

Supervisor's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

Grievance Initiation Form

BOARD POLICY ALLOWS FOR APPEAL OF THE IMMEDIATE SUPERVISOR'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE IMMEDIATE SUPERVISOR IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL TWO: SUPERINTENDENT/DESIGNEE

Name: _____ Title: _____

Date grievance received at this level _____

SUPERINTENDENT'S/DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

*Superintendent's/Designee's Signature*_____
Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

THE BOARD WILL NOT HEAR ANY GRIEVANCE CONCERNING PERSONNEL ACTIONS UNLESS THE GRIEVANCE CONCERNS AN ALLEGED VIOLATION OF CONSTITUTIONAL, STATUTORY, REGULATORY, OR POLICY PROVISIONS.

LEVEL THREE: BOARD OF EDUCATION

Note: The Board shall not take action on any grievance that does not fall within the authority of the Board, nor shall the Board hear grievances concerning simple disagreement or dissatisfaction with a personnel action.

Date grievance received at this level _____

BOARD OF EDUCATION'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

*Board Chairperson's Signature*_____
Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT AFTER THE NEXT REGULARLY SCHEDULED BOARD MEETING.

Review/Revised:

Notice to Individuals Complaining of Harassment/Discrimination

Please refer to Procedure 09.42811 AP.1 for a copy of the District's notice.

RELATED PROCEDURE:

09.42811 AP.1

Review/Revised:

Harassment/Discrimination Reporting Form

This form provides the opportunity for an employee to report violation(s) of Board Policy 03.162 or 03.262 and to secure an equitable, prompt, and satisfactory solution. This procedure shall be implemented in compliance with Board policy and shall be used to document all complaints, whether addressed informally or formally.

Employee's Name _____	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Employee's Address _____	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Employee's Home Phone Number _____	Daytime Phone # _____		
Work Site _____			

CONFIDENTIALITY

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)

Date(s)/approximate time of the alleged incident(s): _____

Place alleged incident(s) occurred: _____

What type of harassment or discrimination was involved in the alleged incident?

☐ sexual ☐ racial ☐ on the basis of national origin ☐ on the basis of disability

☐ other type of harassment/discrimination? If other, specify: _____

Name of person you believe is guilty of harassment or discrimination: _____

Position: _____

If the alleged behavior was directed toward another person, name that person: _____

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used. _____

List any witnesses to these events: _____

PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).

WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM? _____

I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.

Signature of Employee

Date

Received by

Date

Review/Revised:

Harassment/Discrimination Investigation and Appeals**(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)**

EMPLOYEE COMPLAINANT _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
WORK SITE _____		

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/immediate supervisor, 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 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

Employees should make their complaint to their Principal/immediate supervisor, 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 harassment/discrimination shall immediately notify the alleged victim's Principal, immediate supervisor, or the Superintendent.

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 03.162 or 03.262 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 (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN TEN (10) WORKING DAYS OF COMPLETION OF THIS LEVEL OF 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) working 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

EMPLOYEE COMPLAINANT _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
WORK SITE _____		

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 (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN TEN (10) WORKING 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) working 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: _____

Harassment/Discrimination Investigation and Appeals**SECOND APPEAL LEVEL**

EMPLOYEE COMPLAINANT _____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
WORK SITE _____	_____	_____

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 (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN TEN (10) WORKING 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, 03.162 (all procedures)

Review/Revised:

Witness Disclosure Form

Witness' Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Witness' Address _____			
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Witness' Phone Number _____			
Is witness a <input type="checkbox"/> student, <input type="checkbox"/> school employee, or <input type="checkbox"/> other? If other, specify _____			
School (if a student): _____ Grade _____ Homeroom/Classroom _____			
Work Site (if an employee): _____			
Witness' relationship, if any, to the complainant: _____			
Witness' relationship, if any, to the accused: _____			

On the date(s) of _____, an employee has claimed to be the target of harassment or discrimination on the basis of _____. Did you observe or are you aware of such an incident? ☐ Yes ☐ No

If yes, describe the incident(s) that you witnessed as clearly as possible, including such information as the following:

- What verbal statements, if any, were made (i.e., slurs, threats, other verbal or physical abuse or prohibited requests)?
- What physical contact, if any, was involved?
- What force, if any, was used?
- Did other actions occur? If so, please describe.

(Use additional sheets if necessary.) _____

LIST ANY OTHER WITNESSES TO THESE EVENTS: _____

- *I understand that Board policy prohibits retaliation against witnesses who assist or participate in an investigation.*
- *I agree that all information reported here is accurate and true to the best of my knowledge and, by my signature, agree to its release.*

Signature of Witness _____
Date

Received by _____
Date

Review/Revised:

Resolution Response

This completed form shall be provided to both the complainant and the accused party.

COMPLAINANT	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
ACCUSED PARTY	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
COMPLAINT/APEAL RECEIVED	<i>Date</i>	RESPONSE DELIVERED	<i>Date</i>
INVESTIGATOR'S NAME	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>

The investigation of harassment/discrimination complaint/appeal referenced above has now been completed, and the following determinations have been made:

Did the alleged incident(s) occur based on substantiated information? ☐ Yes ☐ No

If "yes", what type of resolution will be implemented by the District? (Check all that apply.)

- ☐ Personnel action ☐ Measures to protect the complainant
☐ Action against a visitor ☐ Action against a student offender

If corrective actions were necessary, have they been initiated? ☐ Yes ☐ No

Investigator's Signature *Date*

Superintendent/designee's Signature *Date*

NO ONE SHALL RETALIATE AGAINST AN EMPLOYEE OR STUDENT BECAUSE S/HE FILES A GRIEVANCE, ASSISTS OR PARTICIPATES IN AN INVESTIGATION, PROCEEDING, OR HEARING REGARDING THE CHARGE OF HARASSMENT/DISCRIMINATION OF AN INDIVIDUAL OR BECAUSE S/HE HAS OPPOSED LANGUAGE OR CONDUCT THAT VIOLATES BOARD POLICY.

Review/Revised:

-CERTIFIED PERSONNEL-**Appeals/Hearings****PURPOSE**

An Appeals Panel shall be established in accordance with KRS Chapter 156 and 704 KAR 3:345. Based on issues identified in an employee's appeal documentation, the Panel shall determine whether the employee has demonstrated that a procedural violation has occurred under the District's evaluation plan and whether the summative evaluation is supported by the evidence.

The burden of proof that an employee was not fairly and/or correctly evaluated on the summative evaluation rests with the employee who appeals to the Panel.

APPEALS

Pursuant to Board Policy 03.18, any certified employee who believes that s/he was not fairly evaluated on the summative evaluation may appeal to the Evaluation Appeals Panel in accordance with the following procedures:

1. Both the evaluatee and evaluator shall submit three (3) copies of any appropriate documentation to be reviewed by members of the Appeals Panel in the presence of all three (3) members. The parties will exchange copies of documentation by or before the day it is submitted to the Panel. The members of the Appeals Panel will be the only persons to review the documentation. All documentation will be located in a secure place in the Central Office except during Appeals Panel meetings. Confidentiality will be maintained. Copies of the documentation as submitted to the Panel shall not be carried away from the established meeting by either parties involved or the Panel members.
2. The Panel will meet, review all documents, discuss, and prepare questions to be asked of each party by the Chairperson. Additional questions may be posed by Panel members during the hearing.
3. The Panel will set the time and place for the hearing, and the Chairperson will provide written notification to the appealing employee and his/her evaluator of the date, time, and place to appear before the Panel to answer questions.
4. Legal counsel and/or chosen representative may be present during the hearing to represent either or both parties.
5. The hearing will be audiotaped and a copy provided to both parties if requested in writing. The original will be maintained by the District.
6. Only Panel members, the evaluatee and evaluator, legal counsel, witnesses, and the employee's chosen representative will be present at the hearing.
7. Witnesses may be presented, but will be called one at a time and will not be allowed to observe the proceedings.

Appeals/Hearings**HEARINGS**

The following procedures will be implemented during the hearings:

1. The Chairperson of the Appeals Panel will convene the hearing, review procedures, and clarify the Panel's responsibilities.
2. Each party will be allowed to make a statement of claim. The evaluatee will begin.
3. The evaluatee may present relevant evidence in support of the appeal.
4. The evaluator may present evidence in support of the summative evaluation.
5. The Panel may question the evaluatee and evaluator.
6. The Chairperson may disallow materials and/or information to be presented or used in the hearing when s/he determines that such materials and/or information is not relevant to the appeal or when the materials were not exchanged between the parties as provided in this procedure.
7. Each party (evaluator and evaluatee) will be asked to make closing remarks.
8. The chairperson of the Panel will make closing remarks.
9. The decision of the Panel, after sufficiently reviewing all evidence, may include, but not be limited to, the following:
 - a. Upholding all parts of the original evaluation.
 - b. Voiding the original evaluation or parts of it.
 - c. Ordering a new evaluation by a second certified employee who shall be a trained evaluator.
10. The chairperson of the Panel shall present the Panel's decision to the evaluatee, evaluator, and the Superintendent within fifteen (15) working days from the date the appeal is filed.
11. The Superintendent may take appropriate action consistent with the Panel's decision.
12. The Panel's decision and the original summative evaluation form shall be placed in the employee's evaluation file. In the case of a new evaluation, both evaluations shall be included in the employee's personnel file.
13. The Panel's decision may be appealed to the Kentucky Board of Education based on grounds and procedures contained in statute and regulation.

Review/Revised:

- CERTIFIED PERSONNEL -**Confidentiality of Records**

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee's personnel file and will be treated with the same confidentiality as other personnel records. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Superintendent.

ACCESSIBILITY

Evaluation records will be accessible only to:

1. Members of the District Evaluation Appeals Panel when an employee has appealed his/her summative evaluation to the Panel.
2. Administrators who supervise, or share the supervision of, the evaluatee. Generally, these administrators will include the Principal/Assistant Principal in the evaluatee's building, the Superintendent, and other District-level administrative staff members, as designated by the Superintendent.
3. The Board, if the majority of Board members vote to request such access for lawful District purposes and on advice of legal counsel. Board members shall review evaluation records in a closed Board meeting in the presence of the Superintendent.
4. Records may be subpoenaed in cases where litigation occurs.

RELATED PROCEDURE:

03.18 AP.11

Review/Revised:

- CERTIFIED PERSONNEL -**Evaluation Appeal Form****INSTRUCTIONS**

This form is to be used by certified employees who wish to appeal their performance evaluations to the Appeal Panel.

Employee's Name _____		
Home Address _____		
Job Title _____	Building _____	Grade or Department _____

What specifically do you object to or why do you feel you were not fairly evaluated? _____

If additional space is needed, attach extra sheet.

Date you received the summative evaluation _____

Name of Evaluator _____ Date _____

I hereby give my consent for my evaluation records to be presented to the members of the Evaluation Appeal Panel for their study and review.

Employee's Signature *Date*

RELATED PROCEDURES:

03.18 AP.11

03.18 AP.12

Review/Revised:

-CERTIFIED PERSONNEL-**Evaluation Committee****EVALUATION COMMITTEE TASKS**

The following tasks have been completed by the Evaluation Committee, which shall consist of equal numbers of teachers and administrators:

- ☐ Developing the processes to be used in formative and summative evaluations for certified positions below the level of District Superintendent.
- ☐ Developing all forms associated with the evaluation process.
- ☐ Establishing a procedure for certified employees to review their summative evaluation.
- ☐ Developing plan for providing assistance to certified employees in formulating their professional growth plans.

TRAINING OF EVALUATORS

In meeting the evaluation requirements of KRS 156.557, primary evaluators shall demonstrate competency in the following:

- ☐ Effective teaching practices,
- ☐ Techniques of classroom observation,
- ☐ Conducting conferences,
- ☐ Techniques for assisting in the development of professional growth plans,
- ☐ Conducting summative evaluations, and
- ☐ Using the District's evaluation forms.

FREQUENCY OF SUMMATIVE EVALUATIONS

At a minimum, summative evaluations shall occur on a schedule as specified below:

Position	Annually	Every two (2) years	Every three (3) years
Superintendent	X		
Administrators	X		
Nontenured	X		
Tenured			X

Review/Revised:

- CERTIFIED PERSONNEL -**Professional Development****DISTRICT PROFESSIONAL DEVELOPMENT PROGRAM**

The District, under the direction of the Professional Development Coordinator (PDC), shall develop and implement a program of continuing professional development for all certified employees based on the District's professional development plan(s). The program shall include, but not be limited to, the following components:

1. Assemble a representative PD Committee composed of teachers and administrators to assist in program planning.
2. Recommend to the Superintendent/designee long-range training priorities based on the needs assessment.
3. Recommend four (4) dates for professional development to the Superintendent/designee for inclusion in the calendar by APRIL of each year.
4. Recommend number of District, school-based and flexible (if applicable) professional development days to the Superintendent.
5. Approve/disapprove District, school-based and flexible professional development prior to their implementation and provide a rationale for those not approved.
6. Assure appropriate training strategies and use local personnel, when appropriate, to train colleagues.
7. Recommend consultants, as necessary.
8. Develop a budget for staff development.
9. Assist Principals by using effective professional development to meet District/school goals.
10. Assist with logistical arrangement for professional development activities (sign-in sheets, evaluations, equipment, etc).
11. Prepare and submit to the Superintendent for Board approval the Master Professional Development Plan for the coming year.

SCHOOL-BASED PDC RESPONSIBILITIES

Each school shall have a school-based professional development committee which shall meet as necessary to conduct the school's needs assessment, make recommendations for professional development topics, or direct other activities as needed.

CERTIFIED STAFF RESPONSIBILITIES

It is the responsibility of each full-time certified staff member to plan and complete the hours of professional development for which s/he is paid. Part-time employees shall complete the appropriate portion of the twenty-four (24) hours. Credit shall be awarded only for development activities that address needs identified in school/District Comprehensive Improvement plans.

Professional Development**ADMINISTRATIVE WORKSHOP**

An administrator's workshop may be held/conducted to include, but not be limited to, organizational management, instructional leadership, communication and interpersonal relations, staff evaluation, fiscal and facilities management, and goals for the new school year. This workshop will be under the direction of the Superintendent/designee who will have the authority to commit funds for travel, presenters, lodging, meals, and other related expenses.

NEW TEACHER ORIENTATION

Prior to the opening of school all teachers new to the District shall be required to attend an orientation session to acquaint new personnel with Board policies, administrative procedures, Central Office staff, and the Principal(s) to whom they are assigned. The Superintendent/designee will be responsible for the program and all arrangements.

WHEN CONDUCTED

District and school-based professional development must be conducted on days designated in the calendar. Flexible hours may be completed after school, on weekends or during the summer if activities are pre-approved by the professional development committee. Individuals may be excused from District and school-based professional development if they meet the requirements for claiming a sick day or an emergency day. Vacation and personal days may not be used on designated professional development days. All flexible hours must be completed.

REQUIREMENT MUST BE FULFILLED

The professional development requirement must be fulfilled by May 1 of each year. If it is not, repayment for the appropriate hours will be deducted from the individual's paycheck.

It is the responsibility of the individual to provide appropriate documentation for all completed professional development. Internal offerings are documented by sign-in sheets. For activities outside the District, it is the responsibility of the individual to obtain the appropriate form prior to attendance, have it completed and return it to the PDC. Registration costs, meals, and mileage are the responsibility of the individual unless supplemental funds are provided by another source.

RELATED PROCEDURES:

03.125 AP.21

03.19 AP.21

Review/Revised:

- CERTIFIED PERSONNEL -**Professional Meeting Request**

Employee's Name _____ Date of Request _____

School/Location _____

Name of Conference/Workshop _____

Date(s) of Workshop _____ Time(s) of Workshop _____

Rationale for Attendance: _____

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? ☐ YES ☐ NO
Has the credit been approved by the Professional Development Coordinator/Committee? ☐ Yes ☐ No

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? ☐ YES ☐ NO
Has the credit been approved by Superintendent/designee? ☐ Yes ☐ No

WILL YOU BE PARTICIPATING AS A CONSULTANT? ☐ YES ☐ NO
If yes, will you be paid for your services? ☐ Yes ☐ No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? _____

*Superintendent/designee's Signature*_____
Date

* PERSONNEL REQUESTING APPROVAL FOR ATTENDANCE AT PROFESSIONAL MEETINGS THAT REQUIRE EXPENSE REIMBURSEMENT MUST COMPLETE THE TRAVEL REQUEST FORM, 03.125 AP.21 AND SUBMIT THE COMPLETED FORM TO THE SUPERINTENDENT/DESIGNEE FOR APPROVAL PRIOR TO ATTENDANCE/REGISTRATION.

* AFTER ATTENDING PROFESSIONAL MEETINGS, PERSONNEL MUST COMPLETE THE TRAVEL EXPENSE VOUCHER, 03.125 AP.22 AND SUBMIT THE COMPLETED VOUCHER AND ALL REQUIRED RECEIPTS TO THE SUPERINTENDENT/DESIGNEE FOR REIMBURSEMENT OF EXPENSES.

RELATED PROCEDURES:

03.125 AP.21, 03.125 AP.22

Review/Revised:

- CLASSIFIED PERSONNEL -

Hiring

See Procedure 03.11 AP.1 for the recruitment, selection, and employment process for all personnel hired by the District.

RELATED PROCEDURE:

03.11 AP.1

Review/Revised:

- CLASSIFIED PERSONNEL -

Job Vacancy Notice

To: Superintendent/designee

From: _____ **Date:** _____

SCHOOL/DEPARTMENT: _____

CLASSIFICATION OF JOB TO BE POSTED: _____

CLASS CODE, IF APPLICABLE _____ **HOURS PER DAY** _____ **DAYS PER YEAR** _____

STARTING DATE: _____ **RATE OF PAY:** _____

CHECK ONE: ☐ FULL-TIME ☐ PART-TIME ☐ FLEX ☐ TEMPORARY

IS THIS A NEW POSITION? ☐ YES ☐ NO

JOB REQUIREMENTS: _____

APPLICATION DEADLINE: _____

(Unless otherwise noted, all classified positions shall be posted in accordance with policy 03.21.)

ADDITIONAL INFORMATION: _____

All requests for job vacancy postings must be submitted in writing on this form to the Superintendent/designee.

Signature: _____ **Date:** _____

The Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex, genetic information, or disability in employment, educational programs or activities.

Review/Revised:

Verification of Employment

See existing Procedure 03.11 AP.242, Verification of Employment form.

Review/Revised:

- CLASSIFIED PERSONNEL -**Recommendation for Employment****To:** Superintendent/designee**From:** _____ **Date:** _____**SCHOOL/DEPARTMENT:** _____**NAME OF APPLICANT:** _____**ADDRESS OF APPLICANT:** _____**CLASSIFICATION:** _____**CLASS CODE, IF APPLICABLE** _____ **HOURS PER DAY** _____ **DAYS PER YEAR** _____**STARTING DATE:** _____ **RATE OF PAY:** _____**CHECK ONE:** ☐ **FULL-TIME** ☐ **PART-TIME** ☐ **FLEX** ☐ **TEMPORARY****IS THIS AN ITINERANT POSITION?** ☐ **YES** ☐ **NO****IS THIS APPLICANT CURRENTLY EMPLOYED BY THE DISTRICT?** ☐ **YES** ☐ **NO****ADDITIONAL INFORMATION:** _____

All employment recommendations must be submitted on this form. Please return to the Superintendent/designee at the Central Office.

Signature: _____ **Date:** _____

The Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex, genetic information, or disability in employment, educational programs or activities.

Review/Revised:

Criminal Records Release Authorization

See existing Procedure 03.11 AP.252 for Criminal Records Release Authorization.

RELATED PROCEDURE:

03.11 AP.252

Review/Revised:

Driving Records Release Authorization

See existing Procedure 03.11 AP.253 for Driving Records Release Authorization.

RELATED PROCEDURE:

03.11 AP.253

Review/Revised:

- CLASSIFIED PERSONNEL -

Letter of Intent

ANNUAL SURVEY

Each employee must complete the following Letter of Intent signifying his/her availability for employment for the coming school year and return it to the building Principal/designee, who will forward it to the Superintendent/designee, as appropriate. This should be completed by May 15.

DISTRICT SUPERINTENDENT/DESIGNEE:

I understand that employment in the district is for the contract period only and that completion of this document does not guarantee re-employment in the district.

However, to assist in staffing preparations for the _____ school year, I hereby notify the District of the following:

- ☐ I plan to be available for employment for the next contract year.
- ☐ I do not plan to be available for employment for the next contract year.

Employee's Signature

Date

Review/Revised:

Medical Examination Form

Medical examinations for District employees must be completed using the form required by Kentucky Administrative Regulation (“Medical Examination of School Employees”).

Review/Revised:

Request for Protected Health Information

See existing Procedure 03.111 AP.21 the form to use in requesting protected health information from health care providers.

RELATED PROCEDURE:

03.111 AP.21

Review/Revised:

- CLASSIFIED PERSONNEL -**Salaries****SALARY SCHEDULE DEVELOPED AND APPROVED**

The Board shall approve salary schedules for each category of classified personnel during or before the June Board meeting. These schedules shall be based on skills required, training, longevity, and supervisory responsibilities.

The substitute salary schedule shall be a per diem schedule but may be lower than the rate of pay for regular full-time employees. Checks shall be issued on pay dates designated in the schedule approved annually by the Board.

OFFICIAL WORK SCHEDULE

Each year the Superintendent shall develop a schedule of days worked for all employees and these are distributed to each administrator, who then notifies the classified employees under his/her supervision. No deviations shall be made from these work schedules without approval from the Central Office.

Holidays shall be established in the official school calendar. Eligibility for paid holidays shall be determined per policy 03.222.

Employees shall not be paid for:

- Scheduled lunch periods
- Overtime, unless approved in advance per policy 03.221
- Unapproved early arrivals/late departures
- Days when schools are closed for inclement weather or other emergencies, unless otherwise approved in advance by the Superintendent/designee

SALARY FOR PERSONNEL WHO RESIGN

Classified personnel who resign during the contract period will be paid in full for the actual days worked during the pay period on the regular payday of the month following the resignation. Staff shall be paid only for those holidays occurring prior to resignation.

Review/Revised:

- CLASSIFIED PERSONNEL -

Compliance with FLSA Requirements

IMMEDIATE SUPERVISORS AND OTHER STAFF RESPONSIBLE FOR MAINTENANCE OF RECORDS CONCERNING HOURS WORKED AND OVERTIME PAYMENTS MADE SHALL ADHERE TO THE FOLLOWING GUIDELINES.

- Place required FLSA posters in conspicuous places where non-exempt employees can readily see them. Posters may be obtained online at the following address:

<http://www.dol.gov/whd/resources/posters.htm>
- Require non-exempt employees to reflect *actual time worked* on their pay period timesheet, not hours *scheduled*. Certification of time worked shall be signed by both the employee and the immediate supervisor.
- Inform employees of policy 03.221 provisions concerning approval for working overtime, and implement provisions accordingly. Although the district cannot avoid paying for overtime worked without authorization, violation of policy provisions may serve as grounds for disciplinary action that will discourage recurring problems with unauthorized overtime.
- Assure that required breaks are twenty (20) minutes or more long in order for the time not to be compensable. Also, the lunch period must be duty free, or the employee must be compensated for the time.
- Train supervisory staff and bookkeepers regarding proper completion and retention of time records (All time records must be retained for at least the minimum amount of time set by federal regulation and document retention requirements).
- Minimize or avoid dual employment where the combined number of hours worked by one individual will exceed forty (40) hours per workweek. This may require examining the structure of after-school programs that are co-sponsored (or authorized by the district and are held on school property). When calculating overtime wages for an employee who holds two (2) jobs with the District that have different rates of pay, the correct calculation is one-and-one-half the weighted average of the two (2) rates.
- Carefully track hours non-exempt employees work at after-school events or school programs. Example: employees staying on after scheduled hours because they are taking tickets at an athletic event later in the day.
- Pay maintenance employees for overtime for actual hours worked, not on a “per call” basis (for example, in responding to a school alarm or emergency).
- Do not permit a non-exempt employee to “volunteer” for activities within the school, unless his or her child is involved *and* not if the activity is the same as the employee’s job, i.e., a bus driver ‘volunteering’ to drive for a school-sponsored trip for his/her child’s class.
- Request that the Superintendent/designee consult with the Board Attorney or other source about questions concerning FLSA compliance.

Review/Revised:

- CLASSIFIED PERSONNEL -

Personnel Documents

EMPLOYEE'S NAME _____ POSITION/WORK SITE _____

REQUIREMENTS

Employment shall be contingent upon meeting all requirements (state and local) for the position. Employees shall provide the following documents to the Central Office.

- ☐ **HIGH SCHOOL DIPLOMA (OR GED OR PROOF OR PROGRESS TOWARD GED FOR STAFF EMPLOYED AFTER 7/31/90)**
- ☐ **APPLICATION (INCLUDING REFERENCES, A LIST OF STATES OF FORMER RESIDENCE AND DATES OF RESIDENCY, AND PICTURE IDENTIFICATION)**
- ☐ **CERTIFICATION (I.E., CDL FOR BUS DRIVERS) OR LICENSURE, WHERE APPLICABLE**
- ☐ **SIGNED CONTRACT (WITH LETTER OF NOTIFICATION OF EMPLOYMENT)**
- ☐ **VERIFICATION OF EXPERIENCE:** Verification from each school district or the Kentucky Department of Education for which there is experience. (This must be on file before salary can be received based on that experience). Central Office personnel will write for verification after the names of the school districts have been provided.
- ☐ **HEALTH CERTIFICATION:** Each regular or substitute employee must have a medical examination, which shall include a tuberculin risk assessment, prior to initial employment, and proof shall be filed with the Central Office. Individuals identified as being at high risk for TB shall be required to undergo a tuberculin skin test as required by 702 KAR 1:160. This form is required annually for school bus drivers, as are required drug testing results. Health certification records shall also include results from Hepatitis B vaccinations, if the position so requires.
- ☐ **MEMBERSHIP APPLICATION TO THE COUNTY EMPLOYEES' RETIREMENT SYSTEM:** Each regular full time classified employee must file a membership application with the County Employees' Retirement System if they are not already a member or if they have previously withdrawn their account.
- ☐ **TAX WITHHOLDING EXEMPTION CERTIFICATES:** Each employee is to complete a copy of Form K-4 (State) and Form W-4 (Federal) for their file. (New certificates must be completed any time the employee makes a change in the number of exemptions claimed or the amount to be deducted.)
- ☐ **CRIMINAL RECORDS CHECK FORM:** Required by state. Form will be mailed to the State Police by Central Office personnel. New classified employees must be fingerprinted at the Central Office.
- ☐ **DRIVING RECORDS CHECK FORM:** Required by state for all bus drivers and by the District, if applicable, for other classified personnel. Form will be mailed by Central Office personnel to the Kentucky Transportation Cabinet, Division of Driver Licensing.
- ☐ **I-9 FORM:** Required by federal law to determine eligibility for employment in the United States.
- ☐ **COMMERCIAL DRIVER'S LICENSE:** Must be presented to the Superintendent's designee by each regular or substitute bus driver employed by the District prior to assuming the duties of the position.
- ☐ **CAFETERIA BENEFIT PLAN APPLICATION, if applicable:** Must be completed by every full-time employee of the School District. (This is usually done shortly after the opening of school by a person who visits each school to have the forms completed.)
- ☐ **FOOD SAFETY TRAINING CERTIFICATE, if applicable:** Must be presented to the Superintendent's designee by each regular or substitute food service employee of the School District prior to assuming the duties of the position, if required by the county/district Health Department.

Personnel records also may include the following: evaluation documents; documentation of personnel actions (promotions, transfers, demotions, disciplinary actions, nonrenewals, terminations); record of professional development activities, and other payroll-related information (insurance forms/deductions and direct deposit authorizations).

Review/Revised:

Certification of Time

For a record of hours worked for each classified employee, District personnel should use existing Procedure 03.121 AP.23.

RELATED PROCEDURE:

03.121 AP.23

Review/Revised:

- CLASSIFIED PERSONNEL -**Overtime Approval Form**

FOR PRIOR APPROVAL OF OVERTIME HOURS, COMPLETE THIS FORM AND SUBMIT IT TO THE CENTRAL OFFICE.

Hourly classified employees required to work in excess of forty (40) hours per week will be paid at the rate of 1½ times the regular rate for all hours beyond forty (40) as provided by law. Overtime must be approved in advance by the Superintendent or designee.

Please grant approval for _____
(Employee/Job Title)

to work overtime on _____ at _____
(Date) (Location)

The total estimated overtime hours shall not exceed _____.

DESCRIPTION OF WORK TO BE PERFORMED: _____

EXPLAIN WHY OVERTIME IS NECESSARY: _____

EXPLAIN HOW OVERTIME WILL BENEFIT DISTRICT: _____

Requested by: _____

Approved by: _____
(Superintendent/Designee)

OVERTIME VERIFICATION

The above listed job has been completed and did not exceed the prior approved number of hours. The above listed employee's actual overtime hours for the completion of this project are _____ hours.

Verified by: _____
(School Level/Principal)
(District Level/Superintendent or Designee)

AFTER VERIFICATION, RETURN THIS FORM TO THE PAYROLL CLERK AT THE CENTRAL OFFICE.

RELATED PROCEDURE:

03.121 AP.23

Review/Revised:

PERSONNEL

03.221 AP.241

Change in Licensure

To report a change in licensure, use Procedure 03.121 AP.24.

Review/Revised:

PERSONNEL

03.2211 AP.2

- CLASSIFIED PERSONNEL -

Salary Deduction/Vendor (Forms)

For forms relating to employee salary deductions and deduction program vendors, see Procedures 03.1211 AP.21/Employee Request for Optional Salary Deductions and 03.1211 AP.22/Program Vendor Requirements.

Review/Revised:

PERSONNEL

03.223 AP.2

Leave Affidavit

See Procedure 03.123 AP.2/Leave Affidavit form.

Review/Revised:

Request to Donate Sick Leave

For procedures regarding Sick Leave Donations see 03.1232 AP.21/ Request to Donate Sick Leave and 03.1232 AP.22/ Request to Receive Donated Sick Leave.

RELATED PROCEDURES:

03.1232 AP.1

03.1232 AP.21

Review/Revised:

Family and Medical Leave Compliance

Please refer to Procedure 03.12322 AP.1 for procedures to comply with the Family and Medical Leave Act.

RELATED PROCEDURE:

03.12322 AP.1

Review/Revised:

Family and Medical Leave Forms

When applying for Family and Medical Leave, see Procedure(s) 03.12322 AP.21/Request for Family and Medical Leave of Absence.

Review/Revised:

- CLASSIFIED PERSONNEL -

Educational Leave Request

CLASSIFIED EMPLOYEES MAY BE GRANTED A SHORT-TERM LEAVE OF ABSENCE FROM THE DISTRICT, PURSUANT TO THE TERMS OF POLICY 03.2235. THIS COMPLETED FORM MUST BE RECEIVED AND ACTED UPON PRIOR TO THE EDUCATIONAL OPPORTUNITY/TRAINING EVENT.

Employee's Name _____

Position/School _____

Length of leave requested? _____

Number of years employed in the District? _____

Previously received educational leave in this District? ☐ No ☐ Yes, when _____

If granted, what will be the purpose of this leave? _____

How will the granting of this leave enhance your professional skills to the benefit of the District?

If this leave request is approved by the Board, I understand that my return to employment in the District is subject to the provisions of Policies 03.223 and 03.2235 and to the terms of my employment contract.

*Employee's Signature*_____
*Date*_____
*Supervisor's Signature*_____
*Date*_____
*Superintendent's/designee's Signature*_____
*Date*LEAVE REQUEST WAS ☐ APPROVED ☐ DENIED BY BOARD AT ITS _____ MEETING
Date

Review/Revised:

Travel Request/Voucher Forms

Travel expense forms can be found as Procedures coded 03.125 AP.21/Travel Request Form and 03.125 AP.22/Travel Expense Voucher. These forms are to be used by Board members, certified personnel, and classified personnel.

Review/Revised:

Drug-Free Workplace Notice

See Procedure 03.13251 AP.1 for Drug-Free Workplace Notice for all personnel.

Review/Revised:

Health and Safety - Contagious Diseases

See Procedure 03.14 AP.1/Health and Safety - Contagious Diseases for a posting document of cleanup procedures for all personnel.

Review/Revised:

Maintenance Request

To report needed maintenance, use Procedure 05.2 AP.22/Maintenance Request Form.

Review/Revised:

Access to Personnel Records (Forms)

For accessing individual personnel records, employees shall use Procedures 03.15 AP.21/Request to Access Personnel Records and 03.15 AP.22/Log of Inspection of Personnel Records.

Review/Revised:

Grievance Procedures

Employees wishing to initiate a formal grievance about the application of a Board policy, administrative rule, or procedure shall refer to Procedure 03.16 AP.1/Grievance Procedures and use the form provided by Procedure 03.16 AP.2/Grievance Initiation Form.

Review/Revised:

Notice to Individuals Complaining of Harassment/Discrimination

Please refer to Procedure 09.42811 AP.1 for a copy of the District's notice.

RELATED PROCEDURE:

09.42811 AP.1

Review/Revised:

Harassment/Discrimination Forms

Please refer to procedures coded to the 03.162 policy area. Those procedures provide the opportunity for an employee to report violation(s) of Board Policy 03.262 and to secure at the lowest administrative level an equitable, prompt, and satisfactory solution.

Review/Revised:

- CLASSIFIED PERSONNEL -**Personnel Action Procedures**

The Superintendent shall provide written notification of personnel actions to an employee, including but not limited to, public reprimand, suspension without pay, and termination.

WARNING NOTICES

It is not necessary for warning notices to be given to an employee before s/he may be publicly reprimanded, suspended without pay, or terminated. Where a supervisor/Superintendent determines that a warning is the appropriate response to an individual instance of conduct, the supervisor/Superintendent may issue warning notices for reasons listed in Board Policy 03.27. Such notices shall be issued in accordance with the following provisions:

1. Prior to the issuance of a warning notice, the supervisor/Superintendent shall hold an informal conference with the employee.
2. The supervisor shall retain a copy and forward a copy to the Superintendent/designee, as appropriate.

PROCEDURE FOR PUBLIC REPRIMAND/SUSPENSION/DISMISSAL OF CLASSIFIED EMPLOYEES

When the Superintendent becomes aware of allegations that, if true, are believed to warrant public reprimand, suspension without pay, or termination of a classified employee, the Superintendent may seek advice of counsel as deemed appropriate and shall determine whether s/he is in a position to serve as an impartial hearing officer concerning the allegations. If the Superintendent determines that s/he is able to serve as an impartial hearing officer, s/he should follow Procedure A; if not, s/he shall follow Procedure B.

PROCEDURE A (TO BE UTILIZED WHEN SUPERINTENDENT SERVES AS HEARING AUTHORITY)

1. The Superintendent shall direct an administrator to investigate and make a written report to him/her as the designated "Investigator." The Superintendent will not conduct the investigation or prepare the report. The Superintendent will not be involved in the investigation except as may be necessary for procedural matters such as scheduling, facilities availability, etc.
2. The post-investigative report shall state whether the Investigator concludes in his or her professional judgment that the employee engaged in conduct in violation of one or more of the "Causes for Action" set forth in policy 03.27 and shall describe the facts in support of any violation in detail. The Investigator may include a recommendation for suspension without pay pending disposition of any employee request for a hearing in the report if s/he determines that the conduct at issue gives rise to the need to protect the health, welfare, or safety of staff and/or students or the orderly, efficient, and lawful operation of the educational process. If the Investigator recommends a suspension without pay pending disposition of any employee request for a hearing, the Investigator shall provide the employee an opportunity for a conference to discuss the allegations and potential suspension without pay.

This opportunity for a conference shall be provided before the Superintendent imposes a suspension without pay pending disposition of any employee request for a hearing. In the conference, the Investigator will provide oral or written notice of the violation of the "Causes for Action" constituting cause for the suspension without pay pending disposition of any employee request for a hearing, an explanation of the evidence supporting such violation if the employee denies it, and an opportunity for the employee to present his/her version of the facts relating to the violation.

Personnel Action Procedures**PROCEDURE A (CONTINUED)**

3. The report shall not be binding on the Superintendent. Upon a determination that the report warrants initiation of hearing procedures on a potential public reprimand, suspension without pay or termination, the Superintendent shall provide written notice to the classified employee of the opportunity for a hearing. The notice may include a suspension without pay pending final administrative action on any classified employee-hearing request. If, after the hearing, the decision is against a suspension without pay or termination, the employee shall receive his/her full pay for any period of suspension. The notice will include a copy of the investigative report and will advise the employee of the sanctions the Superintendent may impose if the employee does not request a hearing.
4. The employee may request a hearing by filing the proper form with the Superintendent within ten (10) calendar days after receiving the notification of an opportunity for a hearing.
5. If the employee fails to file the hearing request form on time, the Superintendent will review the report and if s/he concludes further action is warranted, take final personnel action based on such report, which may include, but shall not be limited to, public reprimand, and/or suspension without pay and/or termination. Any such action shall be set forth in writing and shall be effective on the employee's receipt of the written notice.
6. If the employee files a timely request, a hearing shall be conducted at a time and place not less than twenty (20) and not more than forty-five (45) calendar days after the employee's receipt of the written notice of the opportunity for a hearing.
7. The employee shall be given the opportunity to hear evidence on the report and the alleged violations described in such report and shall be given the opportunity to cross-examine witnesses. No later than five (5) calendar days before the hearing is scheduled to commence, the following shall be exchanged:
 - a. A list of witnesses expected to testify and copies of exhibits to be submitted in support of the report on behalf of the District; and
 - b. A list of witnesses expected to testify and copies of exhibits to be submitted by the employee in defense of alleged violations.
8. The employee may be represented by counsel at his or her own expense. However, the hearing may be continued if the employee does not provide written notice of his or her intention to be represented by counsel to the Investigator and Superintendent at least seventy-two (72) hours before the hearing is scheduled to commence. The hearing shall be conducted by the Superintendent, who may utilize the assistance of an attorney as hearing advisor. Evidence and testimony shall be presented in support of the report first. The employee shall be given the opportunity to present evidence and testimony in his/her defense and the opportunity to present rebuttal evidence may be extended.
9. The Superintendent shall issue his/her written decision setting forth the reasons for the decision and describing the evidence relied upon within five (5) working days after the conclusion of the hearing. The Superintendent's decision shall be final, shall be effective on the employee's receipt of written notice of the decision and shall be maintained in the classified employee's file.

Personnel Action Procedures**PROCEDURE B (TO BE UTILIZED ONLY WHEN SUPERINTENDENT DOES NOT SERVE AS HEARING AUTHORITY)**

1. If the Superintendent determines, after consultation with counsel as is deemed necessary, that s/he may not be in a position to serve as an impartial Hearing Officer, s/he may delegate authority to hear a classified employee disciplinary matter to an independent hearing officer and may issue such delegation to a Hearing Officer appointed by the Kentucky Commissioner of Education ("Commissioner"). Any such delegation shall be in writing and shall be made as soon as reasonably possible after the Superintendent's receipt of a classified employee's request for a hearing under Policy 03.27.

If the Superintendent chooses to utilize a Hearing Officer made available by the Commissioner, s/he shall send a written request to the Commissioner. The request for the appointment shall be accompanied by copies of the charges and the employee's request for a hearing. All costs associated with payment for services of the Hearing Officer shall be the responsibility of the District.

The Superintendent shall not utilize a Hearing Officer who is an employee of the Kentucky Department of Education or the District.

2. If the Superintendent determines s/he will not serve as Hearing Officer, s/he may investigate classified employee conduct or activities that may warrant a public reprimand, suspension without pay, or termination, and may cause charges to be brought against the employee setting forth the Superintendent's intent to impose a public reprimand, suspension without pay, or termination, subject to the employee's exercise of hearing rights under this policy. The charges shall describe conduct giving rise to a violation of one or more "Causes For Action" as set forth in detail in Policy 03.27 and may include a suspension without pay pending final administrative action on a classified employee hearing request.

If after the hearing the decision is against a suspension without pay or termination, the employee shall receive his/her full pay for any period of suspension. In determining to impose a suspension without pay pending disposition of any employee request for a hearing, the Superintendent shall review whether the conduct at issue gives rise to the need to protect the health, welfare, or safety of staff and/or students or the orderly, efficient, and lawful operation of the educational process. Prior to imposing a suspension without pay pending disposition of any employee hearing request, the Superintendent shall provide the employee an opportunity for a conference to discuss the allegations and potential suspension without pay. In the conference, the Superintendent will provide oral or written notice of violation of "Causes For Action" constituting cause for the suspension without pay pending any employee request for a hearing, an explanation of the evidence supporting such violation if the employee denies it, and an opportunity to the employee to present his version of the facts relating to the violation.

3. The employee may request a hearing by filing the proper form with the Superintendent within ten (10) calendar days after receiving notice of the charges. If the employee fails to request a hearing on time, the Superintendent's action as set forth in the charges shall be final.
4. If the employee files a timely request, a hearing shall be conducted at a time and place not less than twenty (20) calendar days after the employee's receipt of the charges.

Personnel Action Procedures**PROCEDURE B (CONTINUED)**

5. The employee shall be given the opportunity to hear evidence on the charges and to cross-examine witnesses. No later than five (5) calendar days before the hearing is scheduled to commence, the following shall be exchanged:
 - a. A list of witnesses expected to testify and copies of exhibits to be submitted in support of the charges on behalf of the District; and
 - b. A list of witnesses expected to testify and copies of exhibits to be submitted by the employee in defense of charges.
6. The employee may be represented by counsel at his/her own expense. However, the hearing may be continued if the employee does not provide written notice of his/her intention to be represented by counsel to the Superintendent and Hearing Officer at least seventy-two (72) hours before the hearing is scheduled to commence.
7. Evidence and testimony shall be presented in support of the charges first. The employee shall be given the opportunity to present evidence and testimony in his/her defense and an opportunity to present rebuttal evidence may be provided.
8. The Hearing Officer shall issue his/her written decision setting forth the reasons for the decision and describing the evidence relied upon after conclusion of the hearing. Upon receipt of the Hearing Officer's decision, the Superintendent shall take action consistent with the decision by providing written notice to the classified employee and such action shall be effective upon the employee's receipt of such notice. The Superintendent may seek advice of counsel regarding the form and content of such notice. The Superintendent's written notice shall be maintained in the classified employee's file.

Review/Revised:

PERSONNEL

03.27 AP.21

- CLASSIFIED PERSONNEL -

Employee Request for Hearing

EMPLOYEE'S NAME _____ POSITION _____ CURRENT WORK SITE _____

Having received notification of charges relative to my ☐ public reprimand ☐ suspension without pay ☐ termination and the statement of my right to meet to discuss the charges, I hereby deny the charge(s) listed below for the reason(s) noted:

CHARGE	REASON(S) FOR DENIAL (ATTACH ADDITIONAL SHEETS, IF NEEDED.)
1. _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____
2. _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____
3. _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____
4. _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____

Having denied the charge(s) as noted above, I request a hearing as permitted by policy. I understand that the decision rendered after that hearing shall be final.

Employee's Signature

Date

THIS FORM MUST BE RETURNED TO THE SUPERINTENDENT WITHIN THE TIME FRAME SPECIFIED IN POLICY.

Review/Revised:

- CLASSIFIED PERSONNEL -

Notification of Nonrenewal

Employees must be provided or mailed written notice of nonrenewal no later than May 15.

FOR EMPLOYEES WITH LESS THAN FOUR YEARS OF CONTINUOUS ACTIVE SERVICE:

(Sample Notice)

Date: _____

Dear _____,

(Name of classified employee)

As required by Kentucky Revised Statute 161.011, you are hereby notified that your contract with the District will not be renewed for next school year.

You may request, in writing, that I provide you with written reasons for the nonrenewal. You must make the request within ten (10) days of receipt of this notice.

If you have questions about this notice, please call me at my office (_____).

(telephone number)

Sincerely,

Superintendent's Signature

FOR EMPLOYEES WITH AT LEAST FOUR YEARS CONTINUOUS ACTIVE SERVICE:

(Sample Notice)

Date: _____

Dear _____,

(Name of classified employee)

As required by Kentucky Revised Statute 161.011, you are hereby notified that your contract with the District will not be renewed for next school year due the following reason(s):

☐ incompetency

☐ inefficiency

☐ neglect of duty

☐ insubordination

☐ misconduct

☐ immorality

☐ As stated in Board Policy 03.2711: _____

You may request, in writing, that I provide you with a specific and complete written statement of the grounds for the nonrenewal. You must make the request within ten (10) days of receipt of this notice. Following receipt of that statement, you have ten (10) days to respond in writing. If you want a hearing on the grounds for nonrenewal, you must include a request for a hearing in your written response.

If you have questions about this notice, please call me at my office (_____).

(telephone number)

Sincerely,

Superintendent's Signature

Notification of Nonrenewal**PROCESS (APPLICABLE TO EMPLOYEES WITH FOUR OR MORE YEARS OF SERVICE)**

- 1 Classified employees with four (4) or more years of continuous active service may be nonrenewed for reasons stated in KRS 161.011 and Board policy. The notice provided or mailed shall specify the reasons for the nonrenewal.
- 2 If the employee requests a written statement of grounds within ten (10) days after receipt of the notice of nonrenewal, the Superintendent may direct the supervisor/designee who provided information supporting the notice of nonrenewal to prepare the specific and complete written statement of grounds and may furnish a copy to the employee, or the Superintendent may prepare and furnish the statement of grounds.
- 3 The employee has ten (10) days to respond in writing to the statement of grounds. If the employee wants a hearing on the statement of grounds, s/he must include a request for a hearing in the written response to the statement.
- 4 If the employee files a timely request for a hearing, the Superintendent shall make appropriate arrangements for a hearing to be held upon reasonable notice to the employee. At the hearing, the employee shall have the following rights:
 - a. To appear and produce evidence,
 - b. To call witnesses and conduct cross-examination,
 - c. To have counsel of the employee's choosing at his/her expense,
 - d. To be heard by an impartial decision-maker, and
 - e. To receive a statement of basis for the ultimate decision.
- 5 If the Superintendent is in a position to serve as an impartial hearing officer, s/he may do so. If the Superintendent determines that s/he is not able to serve, s/he shall arrange for the appointment of an impartial hearing officer.
- 6 Following the hearing, the Superintendent or impartial hearing officer shall issue his/her written decision setting forth the reasons for the decision within five (5) working days after conclusion of the hearing. The decision shall be final, shall be effective on the employee's receipt of written notice of the decision, and shall be maintained in the classified employee's file.

NOTE: Under KRS 161.011, the Superintendent may terminate at any time the contract of a classified employee for causes stated in that statute or Board policy. The hearing process specified in 03.27 and any corresponding administrative procedures shall apply to a termination.

Review/Revised:

- CLASSIFIED PERSONNEL -**Evaluation Process****FREQUENCY AND TIME**

Each classified employee shall be evaluated at least once each year. This evaluation shall be performed by the Principal or the Immediate Supervisor by May 1.

EVALUATION PROCEDURE

The evaluations shall be made in writing, and the evaluator shall hold a conference with the evaluatee. The employer's written comments (if any) shall be attached to the report and the report filed with personnel records in the Central Office. An appeal process is available to employees who wish to appeal their evaluation.

EVALUATION APPEAL

An employee may appeal his/her evaluation as follows:

1. The employee may request a review of his/her evaluation with the immediate supervisor.
2. If a review is requested, the Superintendent/designee shall set the time and place of the review with the employee and immediate supervisor.
3. During the review process, the employee shall be given the opportunity to present any evidence or testimony supporting his/her position.
4. Within ten (10) working days of the hearing, the Superintendent/designee shall prepare and forward to the employee and the employee's supervisor a written response to the appeal.
5. All information relating to the employee's evaluation shall be placed in the employee's appropriate personnel file.
6. Time limits set forth in this section may be extended by the written mutual agreement of the employee and the Superintendent.

RELATED PROCEDURES:

03.28 AP.21

03.28 AP.22

Review/Revised:

~~—CLASSIFIED PERSONNEL—~~

Confidentiality of Records

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee's personnel file and will be treated with the same confidentiality as other personnel records. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Superintendent.

Review/Revised:

- CLASSIFIED PERSONNEL -**Classified Personnel Evaluation**

EMPLOYEE'S NAME _____ SCHOOL YEAR _____

WORKSITE/SCHOOL _____ SUPERVISOR _____

POSITION:☐ CUSTODIAN☐ SCHOOL NUTRITION EMPLOYEE☐ INSTRUCTIONAL ASSISTANT☐ MAINTENANCE PERSONNEL☐ CLERICAL PERSONNEL☐ OTHER, SPECIFY _____**EXPLANATION OF THE SCALE:**

SATISFACTORY (S)

UNSATISFACTORY (U)

IMPROVEMENT NEEDED (IN)

NOT APPLICABLE (NA)

JOB KNOWLEDGE:

Evaluate skill/knowledge of the information, procedures, materials, equipment, techniques, etc., required for the position.

- (a) Has necessary skills to complete tasks required in current job.
- (b) Understands and completes all records, reports, and documents required.
- (c) Has working knowledge of equipment/material that is necessary for completion of assigned task.
- (d) Attends appropriate in-service programs.
- (e) Adheres to Board policies.

S	IN	U	NA

Comments: _____

PRODUCTIVITY AND QUALITY OF WORK:

Rate the completion, accuracy, timeliness, and volume of work.

- (a) Completes the required tasks.
- (b) Completes tasks accurately.
- (c) Completes tasks in a timely manner.
- (d) Uses proper safety measures when working.
- (e) Takes initiative in seeking and completing tasks without supervision.

S	IN	U	NA

Comments: _____

Classified Personnel Evaluation**RESPONSIBILITY, DEPENDABILITY, AND ATTENDANCE:**

Consider efforts to ensure the successful completion of tasks, extra efforts made to meet work demands, attendance, dependability, and general assistance.

- (a) Uses discretion with confidential or privileged information.
- (b) Follows directions.
- (c) Uses good judgment in performing responsibilities.
- (d) Organizes work responsibilities and sets priorities.
- (e) Has a good attendance record.
- (f) Reports to work punctually.
- (g) Returns to work from break and/or lunch punctually.

S	IN	U	NA

Comments: _____

INTERPERSONAL RELATIONS:

Consider relationships with other employees, students, and the community, and willingness to perform required duties and to help others accomplish tasks.

- (a) Deals with students and parents in a positive, constructive manner.
- (b) Deals with colleagues and supervisors in a positive, constructive manner.
- (c) Cooperates in accomplishing school and District goals and objectives.
- (d) Handles problems in a constructive and fair manner.
- (e) Works through line/staff relationships when addressing problems.
- (f) Offers differing opinions in a constructive and helpful manner.
- (g) Demonstrates effective written and verbal communication skills.

S	IN	U	NA

Comments: _____

SUMMARY

Overall job performance on applicable items.

S	IN	U	NA

Classified Personnel Evaluation

Overall, does the employee meet the designated performance standards? ☐ Yes ☐ No

Comment: _____

Growth and Development: Activities in which the employee has participated which could increase job effectiveness. _____

Improvement in the areas noted on this evaluation can be achieved by the following:

This review has been discussed with the employee who has been given a copy. Signatures acknowledge completion of the evaluation and not necessarily agreement.

Employee's Signature

Date

Supervisor's Signature

Date

Employee's Comments: _____

RELATED PROCEDURE:

03.28 AP.22

Review/Revised:

- CLASSIFIED PERSONNEL -

Evaluation Appeal Form**INSTRUCTIONS**

This form is to be used by classified employees who wish to appeal their final summative evaluation. If you feel that you were not fairly evaluated you may submit an appeal to the Superintendent by completing this form and returning it to the Superintendent within five (5) working days of the receipt of your summative evaluation.

EMPLOYEE'S NAME _____

HOME ADDRESS _____ ZIP CODE _____

WORKSITE/SCHOOL _____

POSITION:☐ CUSTODIAN☐ SCHOOL NUTRITION EMPLOYEE☐ INSTRUCTIONAL ASSISTANT☐ MAINTENANCE PERSONNEL☐ CLERICAL PERSONNEL☐ OTHER, SPECIFY _____

WHAT SPECIFICALLY DO YOU OBJECT TO OR WHY DO YOU FEEL YOU WERE NOT FAIRLY EVALUATED? IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEET.

DATE YOU RECEIVED THE EVALUATION _____

EVALUATOR'S NAME _____

Employee's Signature

Date

RELATED PROCEDURES:

03.28 AP.1

03.28 AP.21

Review/Revised:

- CLASSIFIED EMPLOYEES -

Employment-Related Staff Development

ONGOING

Classified employees shall be involved in ongoing staff development to improve their performance and the assistance they provide to the instructional program.

NEEDS ASSESSMENT

Supervisors of classified employees shall conduct a prioritized needs assessment which shall be forwarded to the Superintendent/designee or school-based council, as appropriate.

SUPERVISORY EMPLOYEES

Classified personnel who hold supervisory positions shall be involved in regularly scheduled meetings with their administrators.

PROFESSIONAL LEAVE

Classified personnel, upon approval by the Superintendent/designee, may be granted professional leave with expenses reimbursed by the Board for the purpose of attending approved meetings/conferences which relate to their areas of employment.

REQUIRED IN-SERVICE

Food service employees shall receive in-service training in accordance with the requirements specified in state statutes and regulations.

ALL OTHER CLASSIFIED STAFF

Appropriate training may be provided throughout the school year for custodians/housekeepers, clerical staff members, maintenance personnel, and teacher aides.

RELATED PROCEDURES:

03.225 AP.2

03.29 AP.2

Review/Revised:

- CLASSIFIED EMPLOYEES -**Employment-Related Meetings Request**

Employee's Name _____ Date of Request _____

School/Location _____

Name of Conference/Workshop _____

Date(s) of Workshop _____ Time(s) of Workshop _____

Rationale for Attendance: _____

_____Are you requesting in-service credit? ☐ Yes ☐ NoHas the credit been approved by the Superintendent/designee? ☐ Yes ☐ NoWill you be participating as a consultant? ☐ Yes ☐ NoIf yes, will you be paid for your services? ☐ Yes ☐ NoHow will you share information gained with colleagues? _____

*Superintendent/designee's Signature*_____
Date

* PERSONNEL REQUESTING APPROVAL FOR ATTENDANCE AT EMPLOYMENT-RELATED MEETINGS THAT REQUIRE EXPENSE REIMBURSEMENT MUST COMPLETE THE TRAVEL REQUEST FORM, 03.125 AP.21 AND SUBMIT THE COMPLETED FORM TO THE SUPERINTENDENT/DESIGNEE FOR APPROVAL PRIOR TO ATTENDANCE/ REGISTRATION.

* AFTER ATTENDING EMPLOYMENT-RELATED MEETINGS, PERSONNEL MUST COMPLETE THE TRAVEL EXPENSE VOUCHER, 03.125 AP.22 AND SUBMIT THE COMPLETED VOUCHER AND ALL REQUIRED RECEIPTS TO THE SUPERINTENDENT/DESIGNEE FOR REIMBURSEMENT OF EXPENSES.

RELATED PROCEDURE:

03.225 AP.2

Review/Revised:

Volunteer Recruitment and Assignment

Persons interested in participating in the volunteer program should contact the Principal/designee.

SELECTION/PLACEMENT

The Principal shall review data to determine the need for volunteers. Once a need has been identified and approved by the building Principal, the Principal shall screen the volunteers and place them according to the determined need.

ACCOUNTABILITY

The school shall keep a record of each volunteer's assignment, the hours s/he has volunteered, and the effectiveness of the services provided.

Review/Revised: