

- CERTIFIED PERSONNEL -

**Job Vacancy Notice**

POSTING NO.: CE <<NUMBER>>

TODAY'S DATE \_\_\_\_\_ <<DATE>>\_\_\_\_\_

SCHOOL \_\_\_\_\_ <<SCHOOL>>\_\_\_\_\_

POSITION OPEN \_\_\_\_\_ <<POSITION>>\_\_\_\_\_

STARTING DATE \_\_\_\_\_ << START DATE>>\_\_\_\_\_

REQUIREMENTS PROPER KENTUCKY TEACHING CERTIFICATION \_\_\_\_\_

<<REQUIREMENTS>>

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

IF YOU HAVE ALREADY MADE APPLICATION AND WISH TO EXPRESS YOUR INTEREST IN ANY POSITION, PLEASE REPLY IN WRITING STATING YOUR NAME, PHONE NUMBER AND THE POSITION TO:

CONTACT Director of Human ResourcesAssistant Superintendent — Personnel

ADDRESS 1805 Second Street PHONE (270) 831-5000

APPLICATION DEADLINE >>DEADLINE>>

ADDITIONAL INFORMATION <<ADDINFO>> Working 187 days  
Salary commensurate with years of teaching experience and rank

PLEASE REFER TO THE JOB REGISTER AT CENTRAL OFFICE FOR ADDITIONAL INFORMATION.

For current vacancy information, check our website:  
www.henderson.kyschools.us~~call our JOBLINE (270) 831-5018.~~

**Equal Educational and Employment Institution**

**-CERTIFIED PERSONNEL -**

**Recommendation for Employment (Private)**  
**(Required for All Positions)**

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

Location: \_\_\_\_\_

Posting ID: \_\_\_\_\_

Replacing: \_\_\_\_\_

After interviewing \_\_\_\_\_ candidates, I recommend that:

Name \_\_\_\_\_

Phone \_\_\_\_\_

be employed as \_\_\_\_\_

for the 20 \_\_\_\_\_ -20 \_\_\_\_\_ school year.

\_\_\_\_\_ Position

Effective date: \_\_\_\_\_

Funding Source: \_\_\_\_\_

I am also recommending he/she be hired for the following extra service or paraprofessional position(s):

Position: \_\_\_\_\_

Amount: \_\_\_\_\_

Comments: \_\_\_\_\_

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

\_\_\_\_\_ Principal/Supervisor

Please list all individuals involved in interviewing: \_\_\_\_\_

**COMPLETE and RETURN to HR Department.** Total applicants including the following:

<u>American Indian/Alaskan Native</u>	<u>Asian</u>	<u>Black/African American</u>	<u>Hispanic/Latino</u>
<u>Native Hawaiian/Other Pacific Islander</u>	<u>White</u>	<u>Other</u>	<u>Ethnicity Not Specified</u>

**Equal Educational and Employment Institution**

PERSONNEL

03.11 AP.25

~~CERTIFIED PERSONNEL~~

RECOMMENDATION FOR CERTIFIED EMPLOYMENT  
(REQUIRED FOR ALL POSITIONS)

DATE \_\_\_\_\_

SCHOOL/LOCATION \_\_\_\_\_

AFTER INTERVIEWING \_\_\_\_\_ CANDIDATES INCLUDING \_\_\_\_\_ WHITE; \_\_\_\_\_ BLACK; \_\_\_\_\_ HISPANIC;  
\_\_\_\_\_ ASIAN/PACIFIC ISLANDER; AND/OR \_\_\_\_\_ INDIAN, I RECOMMEND THAT

NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

PHONE # \_\_\_\_\_

BE EMPLOYED AS \_\_\_\_\_ FOR THE 20\_\_\_\_ 20\_\_\_\_ SCHOOL YEAR,  
POSITION

EFFECTIVE DATE \_\_\_\_\_.

I AM ALSO RECOMMENDING S/HE BE HIRED FOR THE FOLLOWING EXTRA SERVICE OR PARA PROFESSIONAL  
POSITION(S)

POSITION \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

POSITION \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINCIPAL/SUPERVISOR

**to be filled out by personnel department**

\_\_\_\_\_ TOTAL APPLICANTS INCLUDED \_\_\_\_\_ WHITE; \_\_\_\_\_ BLACK; \_\_\_\_\_ HISPANIC; \_\_\_\_\_ ASIAN/PACIFIC ISLANDER; \_\_\_\_\_ INDIAN.

**Equal Educational and Employment Institution**

**Driving Records Release Authorization**

Kentucky Department of Transportation  
Division of Driver Licensing  
200 Mero Street  
Frankfort, KY 40622

I hereby authorize the Transportation Cabinet, Division of Driver’s License to release a copy of my five-year record to:

~~Transportation Personnel~~ Department  
Henderson County Schools  
~~5675 Airline Road 1805 Second Street~~  
Henderson, KY 42420

Please bill Henderson County Schools in the amount of \$3.00 for this record. Thank you.



Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, state, Zip \_\_\_\_\_

Driver’s License Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signed before me, in my presence, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public in and for the State of Kentucky.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**Employees: Return this sheet to [the Transportation Department Tonya Cox – Central Office.](#)**

**Driving Records Release Authorization**

**Kentucky Transportation Cabinet/Division of Driver Licensing**

**REQUEST FOR DRIVER LICENSING RECORDS WHICH INCLUDES PERSONAL INFORMATION**

Pursuant to Federal Driver Privacy Act Public Law 103.322 that this release of information is permissible for the reason checked below (Please place initials beside box you checked.) The undersigned takes full responsibility for any violation of this Act.

For use by any government agency, including any court or law enforcement agency in carrying out its functions, or any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.
For use in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls, or advisories, performance monitoring of motor vehicles, motor vehicles parts and dealers, motor vehicle market research activities, including survey research and removal of non-owner records from the original owner records of motor vehicle manufacturers.
For use in the normal course of business by a legitimate business or its agents, employees, or contractors but only:
<b>A.</b> to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors and
<b>B.</b> if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purpose of preventing fraud by pursuing legal remedies against or recovering on a debit or security interest against the individual.
For use in connection with any civil criminal, administrative, or arbitral proceeding in any federal, state, or local court or agency or before any self-regulatory body including the service of process, investigation in anticipation of litigation and the execution or enforcement of judgments or orders, or pursuant to an order of a federal, state, or local court.
For use by any insurer or insurance support organization or by a self-insured entity, or its agents, employees, or contractors in connection with claims, investigation activities, antifraud activities, rating or underwriting.
For use in providing notice to the owners of towed or impounded vehicles.
For use by any licensed investigative agency or licensed security service for any purpose permitted under this subsection.
For use by an employer or its agents or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the Commercial Motor Vehicle Safety Act of 1986 (49 U.S.C. App 2710 et seq.)
For use in connection with the operation of private toll transportation facilities.
For use by any requester, if the requester demonstrates s/he has obtained the written consent of the individual to whom the information pertains.

Information Requested (Be specific.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
District Name or Person Making Request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (Employee)

**FOR DRIVER LICENSING USE ONLY**

**HENDERSON COUNTY SCHOOLS**  
Agency or Company, if applicable

Date Processed \_\_\_\_\_  
Fees Collected \_\_\_\_\_  
Clerk's Initials \_\_\_\_\_

- 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

**Notification of Anticipated Change of Rank**

~~Evidence of qualification for a change in salary rank must be on file in the Board of Education~~

<u>Employee Name:</u>		<u>Date:</u>	
<u>Employee Number:</u>		<u>Social Security #:</u>	
<u>Current Address:</u>			
<u>School:</u>			
<u>Current Salary Rank:</u>		<u>To Rank for Next Year:</u>	
<u>Institution from which the necessary hours will be completed:</u>			
<u>Anticipated Date of Completion:</u>			

**Evidence of qualification for a change in salary rank must be on file in the Board of Education Office 10 days prior to the August 25<sup>th</sup> payroll to have the new salary reflected on the first pay check of the school year. The final determination of rank and experience shall be determined on September 15<sup>th</sup> per Board Policy - Personnel 03.121. Transcripts of credits and certificates from the Division of Certification shall be on file in the Board of Education Human Resource Office on or before the above designated date.**

*Please inform the payroll department if for any reason this change in rank should not materialize.*

<u>Rank Change Verified</u> by: _____  <u>Date of Verification:</u> _____	<u>Payroll Files Updated by:</u> _____  <u>Date of Entry:</u> _____
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PERSONNEL

03.121 AP.24

CHANGE IN RANK/LICENSURE

~~COMPLETE AND SUBMIT THIS FORM TO THE SUPERINTENDENT AT LEAST TWO (2) WEEKS PRIOR TO THE BEGINNING OF THE AFFECTED SCHOOL 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  SPRING 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 ON FILE AT THE CENTRAL OFFICE.**~~



**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

June 1

July 1

Other; specify \_\_\_\_\_.

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

The following minimum number of payers (not number of contracts) is required for each type of payroll deduction:

10

15

25

Other, specify \_\_\_\_\_.

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**

Option \_\_\_\_\_ of the Board approved family plan health insurance program(s)

Option \_\_\_\_\_ of the State family plan health insurance program(s)

Option \_\_\_\_\_ of the Board approved life insurance program(s)

Option \_\_\_\_\_ of the State life insurance program(s)

Option \_\_\_\_\_ of the Board approved dental insurance program(s)

Option \_\_\_\_\_ of the State dental insurance program(s)

Option \_\_\_\_\_ of the Board approved cancer insurance program(s)

Option \_\_\_\_\_ of the Board approved income protection/disability program(s)

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

**OPTIONAL SAVINGS PROGRAMS**

Option \_\_\_\_\_ of the Board approved tax sheltered annuity programs

Board approved credit union

U.S. Savings Bond(s)

Option \_\_\_\_\_ of state designated deferred compensation plans (401K/403(b)/457)

State designated Flexible Spending Account (FSA) plan

State designated Health Reimbursement Account (HRA) plan

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

**Employee Request for Optional Salary Deductions**

**PROFESSIONAL AND JOB-RELATED ORGANIZATIONS**

KEA-NEA and Local

KASA

PAC

Classified employees' job-related organizations, specify \_\_\_\_\_

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

**CHARITABLE ORGANIZATIONS**

United Way

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

**OTHER**

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

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

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

**Travel Request Form**

Name \_\_\_\_\_ School/Dept. \_\_\_\_\_

~~Certified Employee~~  ~~Classified Employee~~

I hereby request: ~~Professional Leave~~  ~~Paid Personal Leave~~  ~~Personal Leave~~

*(Give detailed explanation for Professional Leave.)*

Dates of Leave \_\_\_\_\_ Place \_\_\_\_\_

Substituted Requested  half day  all day \_\_\_\_\_

*Substitute's name if known*

Stipend Requested  YES  NO

**Reimbursement Requested on the Items Checked Below**

Lodging ~~actual lodging cost when deemed the most economically feasible~~

Travel ~~Indicate manner: car current Board approved allowance~~

Meals ~~Limit per day should be checked with each school or department for allowable expenditures. Any meal exceeding \$5.00 must be substantiated by a receipt.~~

Registration \_\_\_\_\_

Parking Charge \_\_\_\_\_

Tolls ~~(no charge for District vehicles being operated in state in an official capacity)~~

Upon request, I shall report on information received while on professional leave.

- Must check appropriate block(s) for approval to be processed**
- General Fund
  - Badgett Staff Dev.
  - Title I
  - Title VI (Chapter 2)
  - IDEA-B Basic
  - IDEA-B Preschool
  - Title II Math/Science
  - Title IV Drug/Alcohol
  - Gifted
  - Vocational
  - Food Service
  - Tech Prep
  - ESS
  - JTPA Summer School
  - KERA Pre-school
  - Attendance
  - Health Services
  - School Allocation
  - Family Resource Center-be specific \_\_\_\_\_
  - Youth Service Center-be specific \_\_\_\_\_
  - Grants-be specific \_\_\_\_\_
  - Other-be specific \_\_\_\_\_

_____ Applicant's Signature	_____ Date of Application
--------------------------------	------------------------------

I recommend: <input type="checkbox"/> Professional <input type="checkbox"/> Personal <input type="checkbox"/> Paid Personal Leave _____ Signature of Principal or Department Head	_____ Date Recommended
---	---------------------------

Approved as: <input type="checkbox"/> Professional <input type="checkbox"/> Personal <input type="checkbox"/> Paid Personal Leave _____ Signature of Central Office Administrator	_____ Date Approved
---	------------------------

**RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

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





**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 an approved 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 ~~the health clinic/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.**

## **Professional Development/Professional Development Plan**

### ***MEETING THE CHALLENGE***

In Kentucky, ~~both~~ the Kentucky Department of Education ~~and the Partnership for Kentucky School Reform~~ have identified similar standards for quality professional development. Professional Development should:

- clearly connect to goals for improving student learning;
- increase teachers' knowledge and understanding of subject matter;
- model effective teaching and embody principles of adult learning models;
- foster teachers' leadership and collaboration skills;
- provide time and follow-up support within the normal work day to observe, try out and discuss new strategies and curriculum;
- emphasize continual attention to ongoing improvement in practice;
- involve school-based teacher decisions on goals and designs; and
- balance individual teacher needs with school and district needs.

To achieve these standards, schools and teachers must align the current opportunities for Professional Development with school goals as outlined within your building Consolidated Plan. The maximum use of both state Professional Development Hours along with District Professional Development Hours will enhance a teacher's continuing professional growth to impact student learning.

The Professional Development form that follows is designed to assist Principals, teachers and other staff in outlining school and individual Professional Development plans.

**Professional Development/Professional Development Plan**

**PROFESSIONAL DEVELOPMENT PLAN**

Professional Development assists educators in acquiring the most up to date knowledge and techniques for promoting student learning and in meeting or exceeding local, state and national standards. The following information will reflect your individual professional plans for meeting the needs of your students within the framework of school and district goals.

**SCHOOL GOALS FOR THE \_\_\_\_\_ SCHOOL YEAR:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**MY PROFESSIONAL DEVELOPMENT PLANS FOR THE \_\_\_\_\_ SCHOOL YEAR:**

**24 STATE PROFESSIONAL DEVELOPMENT HOURS:**

Activity	Date Completed
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

**24 STATE PROFESSIONAL DEVELOPMENT HOURS:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**OTHER PROFESSIONAL DEVELOPMENT:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

PRINCIPAL \_\_\_\_\_ APPROVED DATE \_\_\_\_\_

TEACHER \_\_\_\_\_ SCHOOL \_\_\_\_\_

*Staff Development Evaluation forms must be completed and returned to the Principal within ten (10) school days.*



**Off-Site Professional Development Request**

Employee Name \_\_\_\_\_ School/Dept: \_\_\_\_\_

- Certified Employee       Stipend Requested      \$ \_\_\_\_\_  
 Classified Employee       Substituted Requested?       1/2 day       Full Day  
 Was this included in School's Professional Development Plan?       YES       NO      (Please check.)

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ # of Days \_\_\_\_\_ Total # of Attendees \_\_\_\_\_

Provider of Training \_\_\_\_\_

Location of PD Activity \_\_\_\_\_

Title of Training/Meeting \_\_\_\_\_

Description of PD Activity \_\_\_\_\_

How will this impact student achievement? \_\_\_\_\_

Cost of Professional Development Activity		
Description of Costs	Estimated	Actual
Registration/Seminar Fees	_____	_____
Stipends & Substitutes (if any)	_____	_____
Mileage for Personal Vehicle	_____	_____
Airline Travel Cost	_____	_____
Rental Car Cost	_____	_____
Parking and Tolls	_____	_____
Meals	_____	_____
Lodging	_____	_____
Other	_____	_____
<b>Total Cost</b>	<b>\$</b> _____	<b>\$</b> _____

**Check the appropriate FUNDING SOURCE**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> General Fund Departmental Budget | <input type="checkbox"/> Dept            | <input type="checkbox"/> SBDM Budget                   |
| <input type="checkbox"/> Professional Development Grant   | <input type="checkbox"/> Title I Grant   | <input type="checkbox"/> IDEA B Grant                  |
| <input type="checkbox"/> Title II Grant                   | <input type="checkbox"/> Title IV Grant  | <input type="checkbox"/> IDEA B Preschool Grant        |
| <input type="checkbox"/> KERA Preschool Grant             | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Child Care Centers            |
| <input type="checkbox"/> KETS Grant                       | <input type="checkbox"/> FRC/YSC Grant   | <input type="checkbox"/> Carol Perkins Grant           |
| <input type="checkbox"/> Gifted and Talented              | <input type="checkbox"/> ESS grant       | <input type="checkbox"/> Other: Write Description Here |

**Signatures and Approvals**

**NOTE: All out-of-state travel requires the Superintendent's (or his designee's) pre-approval.**

Employee's Signature

Date

Principal/Dept Head Approval Date

Central Office Admin. Approval Date

**Flexible Staff Development  
Request/Evaluation/Attendance Form**

**Request** (to be completed prior to attending staff development)

Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ -

Title of Staff PDev. \_\_\_\_\_

Place of Staff PD \_\_\_\_\_ -

Number of Hours \_\_\_\_\_

Date(s) of Staff PDev. \_\_\_\_\_ Time (s) \_\_\_\_\_ Number of Hours \_\_\_\_\_

APPROVED     DISAPPROVED     PRINCIPAL'S SIGNATURE \_\_\_\_\_

**Evaluation** (to be completed after attending workshop)

What did you gain from the conference/workshop that would benefit your classroom instruction or your students' learning/ teachers/staff of the Henderson County Schools?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Attendance**

I affirm that on the date(s) listed, I participated in the activity described above.

Teacher's Signature \_\_\_\_\_ Workshop \_\_\_\_\_ Date \_\_\_\_\_

Principal may require proof of participation (i.e., certificate, presenter's signature, agenda).

**This form must be fully completed and returned to the building Principal within five (5) working days following the activity to receive the credit requested.**

**Each employee is responsible for documentation of his/her Flexible Staff Development hours.**

**RELATED PROCEDURES:**

03.125 AP.21, 03.125 AP.22

PERSONNEL

03.21 AP.21

- CLASSIFIED PERSONNEL -

**Job Vacancy Notice**

POSTING NO.: CE <<NUMBER>>

TODAY'S DATE <<DATE>>

SCHOOL <<SCHOOL>>

POSITION OPEN <<POSITION>>

STARTING DATE << START DATE>>

REQUIREMENTS PROPER KENTUCKY CERTIFICATION, IF APPLICABLE

<<REQUIREMENTS>>

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

IF YOU HAVE ALREADY MADE APPLICATION AND WISH TO EXPRESS YOUR INTEREST IN ANY POSITION, PLEASE REPLY IN WRITING STATING YOUR NAME, PHONE NUMBER AND THE POSITION TO:

CONTACT [Director of Human Resources Assistant Superintendent – Personnel](#)

ADDRESS 1805 Second Street PHONE (270) 831-5000

APPLICATION DEADLINE >>DEADLINE>>

ADDITIONAL INFORMATION <<ADDINFO>> [Working 187 days](#)  
Salary commensurate with experience

PLEASE REFER TO THE JOB REGISTER AT CENTRAL OFFICE FOR ADDITIONAL INFORMATION.

For current vacancy information, [check our website:](#)  
[www.henderson.kyschools.us](http://www.henderson.kyschools.us) call our JOBLINE (270) 831-5018.

**Equal Educational and Employment Institution**

- CLASSIFIED PERSONNEL -

**Recommendation for Employment (Private)**  
**(Required for All Positions)**

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

Location: \_\_\_\_\_

Posting ID: \_\_\_\_\_

Replacing: \_\_\_\_\_

After interviewing \_\_\_\_\_ candidates, I recommend that:

\_\_\_\_\_

Name

Phone

be employed as \_\_\_\_\_ for the 20 \_\_\_\_\_ -20 \_\_\_\_\_ school year.

\_\_\_\_\_ Position

Effective date: \_\_\_\_\_

Funding Source: \_\_\_\_\_

I am also recommending he/she be hired for the following extra service or paraprofessional position(s):

Position: \_\_\_\_\_

Amount: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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

Principal/Supervisor

Please list all individuals involved in interviewing: \_\_\_\_\_

**COMPLETE and RETURN to HR Department.** \_\_\_\_\_ Total applicants including the following:

American Indian/Alaskan Native      Asian      Black/African American      Hispanic/Latino

Native Hawaiian/Other Pacific Islander      White      Other      Ethnicity Not Specified

**Equal Educational and Employment Institution**

**Recommendation for Employment**  
**(Required for All Positions)**

DATE \_\_\_\_\_

SCHOOL/LOCATION \_\_\_\_\_

After interviewing \_\_\_\_\_ candidates including \_\_\_\_\_ White; \_\_\_\_\_ Black; \_\_\_\_\_ Hispanic;  
\_\_\_\_\_ Asian/Pacific Islander; and/or \_\_\_\_\_ Indian, I recommend that \_\_\_\_\_  
\_\_\_\_\_ NAME  
\_\_\_\_\_ be employed as  
SOCIAL SECURITY# \_\_\_\_\_ PHONE \_\_\_\_\_  
\_\_\_\_\_ for the 20\_\_\_\_ 20\_\_\_\_ school year, effective date, \_\_\_\_\_  
POSITION \_\_\_\_\_

I am also recommending s/he be hired for the following extra-service or paraprofessional position(s)

POSITION \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

POSITION \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_  
\_\_\_\_\_ PRINCIPAL/SUPERVISOR

**TO BE FILLED OUT BY PERSONNEL DEPARTMENT**

\_\_\_\_\_ Total applicants included \_\_\_\_\_ White; \_\_\_\_\_ Black; \_\_\_\_\_ Hispanic; \_\_\_\_\_ Asian/Pacific Islander; \_\_\_\_\_ Indian.

- 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~~ on an hourly 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

~~Other, specify~~ \_\_\_\_\_

**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.

## Employee Time Sheet

<b>Employee Name</b>							<b>Employee Number</b>		
<b>School/Location</b>							<b>Position:</b>		
DAY OF WEEK	DATE	START TIME	Lunch Break		End Time	Hours Worked		Absence Code	Description/Reason
			Start	End		Regular	Overtime		
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
<b>Week-Ending Date:</b>				<b>Write Saturday's date here</b>		<b>Weekly Totals:</b>			
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
<b>Week-Ending Date:</b>				<b>Write Saturday's date here</b>		<b>Weekly Totals:</b>			
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
<b>Week-Ending Date:</b>				<b>Write Saturday's date here</b>		<b>Weekly Totals:</b>			
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
<b>Week-Ending Date:</b>				<b>Write Saturday's date here</b>		<b>Weekly Totals:</b>			
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
<b>Week-Ending Date:</b>				<b>Write Saturday's date here</b>		<b>Weekly Totals:</b>			
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									

**ABSENCE CODES: S=SICK V=VACATION P=PERSONNEL E=EMERGENCY J=JURY DUTY**  
U=UNPAID PERSONAL

SIGNATURES AND VERIFICATIONS OF HOURS WORKED	
Employee's Signature	DATE
SUPERVISOR APPROVAL	DATE

PAYROLL USE ONLY			
DESCRIPTION	HOURS	HOURLY RATE	AMOUNT
RECURRING PAY			
OVERTIME PAY			
TOTAL PAY			

Note: Unpaid Personal must have approval in writing from the Superintendent and supervisor.  
Per Board Policy 03.221 overtime must be approved in advance.

**RELATED PROCEDURE: 03.121 AP.23**



- 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.

**Travel Expense Request/Voucher Forms**

The travel expense forms can be found as ~~Procedures coded 03.125 AP.21/Travel Request Form and 03.125 AP.22/Travel Expense Voucher~~. ~~This~~se form ~~is~~ are to be used by Board members, certified personnel, and classified personnel.

- CLASSIFIED PERSONNEL -

**Classified Personnel Evaluation**

EMPLOYEE'S NAME \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

WORKSITE/SCHOOL \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION: \_\_\_\_\_

EVALUATION: 30 DAY                      60 DAY                      90 DAY                      ANNUAL

**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.

	S	IN	U	NA
Has necessary skills to complete tasks required in current job.				
Understands and completes all records, reports, and documents required.				
Has working knowledge of equipment/material that is necessary for completion of assigned task.				
Attends appropriate in-service programs.				
Adheres to Board policies.				

Comments:

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**PRODUCTIVITY AND QUALITY OF WORK:** Rate the completion, accuracy, timeliness, and volume of work.

	S	IN	U	NA
Completes the required tasks.				
Completes tasks accurately.				
Completes tasks in a timely manner.				
Uses property safety measures when working.				
Takes initiative in seeking and completing tasks without supervision.				

Comments:

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**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.

	S	IN	U	NA
Uses discretion with confidential or privileged information.				
Follows directions.				
Uses good judgment in performing responsibilities.				
Organizes work responsibilities and sets priorities.				
Has a good attendance record.				
Reports to work punctually.				
Returns to work from break and/or lunch punctually.				

Comments:

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**Classified Personnel Evaluation**

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

	S	IN	U	NA
Deals with students and parents in a positive, constructive manner.				
Deals with colleagues and supervisors in a positive, constructive manner.				
Cooperates in accomplishing school and District goals and objectives.				
Handles problems in a constructive and fair manner.				
Works through line/staff relationships when addressing problems.				
Offers differing opinions in a constructive and helpful manner.				
Demonstrates effective written and verbal communication skills.				

Comments:

\_\_\_\_\_

\_\_\_\_\_

—

**SUMMARY:**

	S	IN	U	NA
Overall job performance on applicable items.				

Would you recommend this employee for employment?  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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Henderson County Schools**  
**Bus Driver/Bus Monitor Evaluation Form**

BUS DRIVERS/MONITOR:	EVALUATEE SIGNATURE:
DATE:	EVALUATOR:

*Rate the employee's performance in terms of those factors which are pertinent to the work, duties, and assignments using the following evaluation code:*

(EX) EXCELLENT PERFORMANCE	(MR) MEETS RESPONSIBILITY
(NI) NEEDS IMPROVEMENT	(NA) DOES NOT APPLY

**GENERAL WORK QUALITIES****PERSONAL**

GETS ALONG WITH OTHERS	
IS INTERESTED IN HIS/HER WORK	
DRESSES APPROPRIATELY	
EXHIBITS GOOD PHYSICAL HEALTH REQUIRED TO PERFORM TASKS	
MAINTAINS SELF CONTROL AND POISE UNDER STRESS	
IS FLEXIBLE AND ADAPTABLE	
ACCEPTS CONSTRUCTIVE CRITICISM	
DISPLAYS A POSITIVE ATTITUDE	
KEEPS CONFIDENTIAL MATERIALS CONFIDENTIAL	
PUTS THIS EMPLOYMENT BEFORE OTHER PART-TIME EMPLOYMENT	
HAS A GOOD RELATIONSHIP WITH STUDENTS	
HAS A GOOD RELATIONSHIP WITH PARENTS	
HAS A GOOD RELATIONSHIP WITH ADMINISTRATORS/SUPERVISORS	

**TASK PERFORMANCE**

ARRIVES AT WORK ON TIME AND IS PUNCTUAL	
HELPS OTHERS WITH TASKS AND ACCEPTS SPECIAL ASSIGNMENTS	
REQUESTS TO TAKE ADDITIONAL TRIPS	
HAS THE BASIC SKILLS NEEDED FOR THE POSITION	
ORGANIZES AND PLANS WORK WELL IN ADVANCE	
KEEPS EQUIPMENT, VEHICLES, AND WORK AREA CLEAN AND IN GOOD ORDER	
TRIES TO RETRAIN AND BECOME BETTER QUALIFIED	
CONSERVES ENERGY AND SUPPLIES	
USES GOOD JUDGMENT IN ABNORMAL SITUATIONS	
REPORTS PROBLEMS THAT RELATE TO JOB PERFORMANCE QUICKLY AND THROUGH THE PROPER CHANNELS	
EXHIBITS SOUND FINANCIAL MANAGEMENT	

**Henderson County Schools**  
**Bus Driver/Bus Monitor Evaluation Form**

**SPECIFIC WORK QUALITIES**

DRIVES AT PROPER SPEED LIMITS	
MAINTAINS ROUTE TIME SCHEDULE	
CHECKS BUS FLUID LEVELS AS NEEDED	
KEEPS SAFETY EQUIPMENT IN GOOD CONDITION	
CARRIES PROPER TIRE INFLATION	
HAS NEEDED BUS MAINTENANCE PERFORMED WHEN REQUIRED	
HAS COMPETENCY IN FIRST AID	
MAINTAINS DISCIPLINE ON THE BUS	
USES PROPER RADIO ETIQUETTE	

**Supervisor's Narrative Comments:** Make a narrative summary of the employee's overall performance. Explain all NEEDS IMPROVEMENT ratings.

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**Employee's Narrative Comments:** Summarize your perspective of your performance in regard to your job description and responsibilities. Also, state in writing any strong exception you take to the supervisor's appraisal and give your reason.

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**Attendance and punctuality period covered by this evaluation:** Has this employee's attendance or lateness interfered with higher performance? \_\_\_\_\_ YES      \_\_\_\_\_ NO

Total number of days absent \_\_\_\_\_ Personal sickness \_\_\_\_\_ All others \_\_\_\_\_ Number of times late \_\_\_\_\_

Explanation/Comments:

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**RELATED PROCEDURE:**

03.28 AP.22

**- 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 Central Office Supervisors.

**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**

Transportation employees, including bus drivers, and 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