

KSBA Procedure Service

2015 Procedure Update (#19) Checklist

District: Todd County Schools

To enable KSBA to track and store your District's administrative procedures in our procedure database, please indicate below what decision you have made on the proposed new/revised procedures enclosed for your review. We will forward printed or reproducible copies of the procedures when we receive this form and update your online manual if you belong to that service.

Procedure Number	Adopt as Written	Adopt with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
02.14 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.111 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.121 AP.22 ①	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.16 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.162 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.162 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.18 AP.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.211 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.262 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04.9 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.42 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
07.13 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.133 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.232 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.11 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.111 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.111 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.121 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.15 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.15 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.211 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.224 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.4281 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.4281 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.42811 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

① Remove #2,7

Procedure Number	Adopt as Written	Adopt with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
09.42811 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

*Please attach a copy of the modified policy. DO NOT RETYPE A DRAFT - simply indicate the district-initiated changes by writing in colored ink, circling, highlighting, etc.

Superintendent's Signature

Date

**Please return this completed form to KSBA at your earliest opportunity.
Please contact your KSBA Consultant IF you need KSBA to completely reprint all policy pages or to order additional new manuals, instead of just getting copies of the updated policies.**

EXPLANATION: REVISIONS TO 702 KAR 1:160 ALLOW MEDICAL EXAMINATIONS TO BE REPORTED ELECTRONICALLY IF THE ELECTRONIC MEDICAL RECORD INCLUDES ALL DATA EQUIVALENT TO THAT ON THE MEDICAL EXAMINATION OF SCHOOL EMPLOYEES FORM.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.121 AP.22

- CERTIFIED PERSONNEL -

Checklist of Items to be on File for the Hiring Process of Certified Personnel

ITEMS 1-6 SHOULD BE ON FILE BEFORE ITEMS 7-8 ARE COMPLETED
ITEMS 9-19 ARE COMPLETED IF APPLICANT IS EMPLOYED

Name _____	Telephone _____
Address _____	Social Sec. # _____
Certification _____	Expiration Date _____
Rank _____	Effective Date of Hire _____
	Position _____

- _____ 1. Application received (including references, a list of states of former residence and dates of residency, and picture identification)
- _____ 2. Teacher Insight interview results *Delete*
- _____ 3. Official transcript from college/university
- _____ 4. Copy of criminal check
- _____ 5. Praxis scores (if applicable)
- _____ 6. Copy of KY Teaching Certificate or Statement of Intern Eligibility
- _____ 7. SRI Teacher Insight Results *Delete*
- _____ 8. Interview by Principal, Superintendent, and/or Personnel Director
- _____ 9. Contract for employment
- _____ 10. Signed copy of job description
- _____ 11. Health form/electronic record (physical) and TB risk assessment per 702 KAR 1:160
- _____ 12. Bloodborne pathogen training
- _____ 13. State and federal tax forms
- _____ 14. **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.
- _____ 15. Form I-9 (employment eligibility certification)
- _____ 16. Health insurance application and checklist
- _____ 17. KY Teacher Retirement (KTRS) application (copy)
- _____ 18. Life insurance application
- _____ 19. COBRA information provider list to employee
- _____ 20. Direct Deposit form