POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Acquest to I face an Item on the Agenua
Name: KINSTALL
Address:
Telephone number:
Name of school children attend, if applicable:
Group represented:
Check if request was submitted to:
Conferred with following administrators (names): Correct Dillington
Description of Issue: Change un: 03.121 AP.22 03.221 AP.22 procedures
Specific Action Requested: to approve Changes made to Procedures listed.
1
Check if you are:
All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

__ Email form

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

Items 1-4 should be on file BEFORE item 5 is completed				
Name		Phone		
Address		Social Sec. #		
		Employee #		
Date of Hire		Position		
	Employee Information Sheet			
	_ Application (including references, a list of states of former residence and dates, picture ID)			
	_ High School Diploma/ GED			
	_ Criminal Background Check			
	Para educator Test OR Documentation of College Hours			
	_ Interview by Personnel Director, Maintenance Director, Food Service Director, other Directors, and/or Principal			
	Contract for employment			
	Signed copy of job description			
	Health form (physical) and TB risk assessment per 702 KAR 1:160			
	Bloodborne pathogen training			
	State and Federal tax forms			
	I-9 Form (employment eligibility certification)			
	Health Insurance application and checklist			
	Life Insurance application			
	COBRA information provided to employee			
	Labor Information provided to Employer			
	Direct Deposit form			
	Drug Testing form			
	Drivers' License			
***************************************	Social Security Card			

Sent to Matt _____

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

Items 1-5 should be on file BEFORE items 7-8 are completed Items 6-19 are completed IF applicant is employed

Name			Phone	
Address			Social Sec. #	
			Employee #	
Certification			Expiration Date	
Rank			Date of Hire	
			Position	
	Employee Information S	heet	-	
	Application (including references, a list of states of former residence and dates, picture ID)			
	Official Transcript from o	college/university		
	Criminal Background Ch	eck		
	Praxis Scores (if applicat	ole)		
	KY Teaching Certificate or Statement of Intern Eligibility			
	Interview by Principal, Superintendent, and/or Personnel Director			
	Contract for employmen	nt		
	Signed copy of job descr	ription		
	Health form (physical) and TB risk assessment per 702 KAR 1:160			
	Bloodborne pathogen tr	raining		
	State and Federal tax fo	rms		
	SSA-1945: The Social Security Administration requires that this form be used to inform, prior to employment, new certified employees that will participate in TRS that the position is not covered by Social Security.			
	I-9 Form (employment eligibility certification)			
	Health Insurance application and checklist			
	Life Insurance application			
	COBRA information provided to employee			
	Direct Deposit form			
	Drug Testing form			
	Drivers' License			
	Social Security Card			
	Email form	Sent to Matt		