

EXPLANATION: HB 22 AMENDS KRS 160.190 TO CHANGE THE PROCESS FOR FILLING A BOARD VACANCY FROM A PERSON APPOINTED BY THE COMMISSIONER TO A PERSON APPROVED BY A MAJORITY VOTE OF THE REMAINING MEMBERS OF THE LOCAL BOARD, TIMELINE, AND INCLUDES VACANCY ADVERTISEMENT CONDITIONS AS WELL AS AN APPLICATION PROCESS. THESE FORMS ARE TO BE USED TO PROVIDE NOTICE THAT A VACANCY EXISTS, A SAMPLE NEWSPAPER ADVERTISEMENT, THAT A VACANCY HAS BEEN FILLED, AND THAT A MEMBER IS APPOINTED.

FINANCIAL IMPLICATIONS: COST OF ADVERTISEMENT AND NOTICES

POWERS AND DUTIES OF BOARD OF EDUCATION 01.3 AP.2

Board Vacancy Forms

FORM TO PROVIDE NOTICE THAT A VACANCY EXISTS:

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Date: _____

To Whom it May Concern:

A vacancy exists on the _____ Board of Education, as of _____¹ in the seat [Division # _____ (for county school systems) or the District at large (for independent school systems)] formerly held by _____. The unexpired term for this seat is set to end on _____. The Board will proceed to appoint an individual to fill this seat for the unexpired term pursuant to KRS 160.190 and Board Policy 01.3.

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Sincerely,

Superintendent/Board Secretary

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cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601

County Clerk

Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,

Frankfort, KY 40601

Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

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REFERENCE:

¹OAG 81-316

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Board Vacancy Forms**SAMPLE NEWSPAPER ADVERTISEMENT ANNOUNCING A BOARD VACANCY****NOTICE OF VACANT****BOARD OF EDUCATION SEAT**

The _____ Board of Education ("Board") is seeking applications for appointment to fill a vacancy on the Board representing seat [Division # _____ (for county school systems) or the District at large (for independent school systems)]. This appointment will be effective until the November _____ regular election (use if the next November regular election is scheduled more than one [1] year prior to end of the remaining term) or the end of the term in _____ (use if the next November regular election is scheduled one [1] year or less prior to end of remaining term).

Responsibilities include: setting policy to govern the District; hiring/evaluating the Superintendent; and levying taxes and adopting the District budget. Board members must:

- Be at least 24 years old and a Kentucky citizen for the last three years;
- Be a registered voter in the particular District of the vacancy;
- Have completed the 12th grade or have a GED certificate;
- Meet all other legal qualifications (KRS 160.180); and
- Complete required annual in-service training.

Applications are available at _____ or online at _____.
Mail applications to: Superintendent, ATTN: Board Vacancy,
_____, KY _____.

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Board Vacancy Forms**FORM TO PROVIDE NOTICE THAT VACANCY HAS BEEN FILLED BY THE BOARD:**

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Date: _____

To Whom it May Concern:

Pursuant to KRS 160.190, and Board Policy 01.3, the _____ Board of Education, by
vote of the Board on _____, has appointed _____ to fill the
vacancy created on _____ in the seat [Division # _____ (for county school
systems) or the District at large (for independent school systems)] formerly held by
_____.

The appointment is effective immediately, _____'s address is
_____.

The term for this appointment will end on _____.

Sincerely,

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601
County Clerk
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

Board Vacancy Forms**FORM LETTER TO NEWLY APPOINTED MEMBER, ON DISTRICT LETTERHEAD:**

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Date: _____

Mr./Ms. _____

_____. KY

Dear Mr./Ms. _____:

Pursuant to KRS 160.190, and Board Policy 01.3, the _____ Board of Education, by vote of the Board on _____, has appointed you to fill the vacancy created on _____ in the seat (Division # _____ (for county school systems) or the District at large (for independent school systems) formerly held by _____. The appointment is effective immediately. Upon being duly sworn in, you may assume the duties of the office.

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The term of this appointment is set to end _____. Pursuant to KRS 160.190, this seat will be open to election in the November _____ general election. The _____ County Clerk should be consulted for election and candidacy filing information regarding this seat.

All new local Board of Education members must receive a minimum of twelve (12) hours of in-service training annually, per KRS 160.180 and 702 KAR 1:115, on a calendar year basis. These hours shall include certain mandated topics of ethics, finance, and Superintendent evaluation, as well as on various other topics such as Board member roles and responsibilities, and the Board's role in student achievement. Additionally, per 701 KAR 8:020, local Board members are required to complete twelve (12) hours of in-service training annually in their capacity as charter school authorizers. This requirement is separate from, and in addition to, the training required by KRS 160.180, but certain hours may count towards both requirements. Depending on the date of appointment, special provisions may apply.

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The Kentucky School Boards Association (KSBA) provides local Board member in-service training, and maintains the legal records relating to required Board member training completion. KSBA makes efforts to offer training courses that will meet legal requirements for both general training and charter authorizer training. KSBA will contact you soon to begin scheduling training for the current calendar year. You may contact KSBA by calling 1-800-372-2962.

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Sincerely,

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601

County Clerk

Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,

Frankfort, KY 40601

Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.2
(CONTINUED)

Board Vacancy Forms

RELATED PROCEDURE:

01.3 AP.21

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EXPLANATION: HB 22 AMENDS KRS 160.190 TO CHANGE THE PROCESS FOR FILLING A BOARD VACANCY FROM A PERSON APPOINTED BY THE COMMISSIONER TO A PERSON APPROVED BY A MAJORITY VOTE OF THE REMAINING MEMBERS OF THE LOCAL BOARD, TIMELINE, AND INCLUDES VACANCY ADVERTISEMENT CONDITIONS AS WELL AS AN APPLICATION PROCESS. FINANCIAL IMPLCATIONS: COST OF ADVERTISEMENT

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.21

Application for Board Vacancy

Name of School District: _____

[Division # _____ (for county school systems) or the District at large (for independent school systems)]

Name: _____ Birthdate: _____

Last First MI

Address: _____

Street or Box # State Zip Code

Telephone: _____

Business Home Cell

Email Address: _____

1. Have you been a citizen of Kentucky for a minimum of at least the last three (3) years? ☐ Yes ☐ No
2. Are you registered to vote in the Division (in the case of a county school District) or District (in the case of an independent school District) you wish to serve? ☐ Yes ☐ No
3. Are you an officer of, or employed by, any city, county, consolidated local government, or other municipality? ☐ Yes ☐ No
If yes, please identify: _____
4. Does the city or county Board where you reside presently employ you? ☐ Yes ☐ No
5. Do you have any relatives employed by the District? ☐ Yes ☐ No
If yes, please indicate their relationship to you:
☐ Brother ☐ Sister ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Father ☐ Mother
☐ Other _____
6. Have you ever been a member of any local Board of Education in Kentucky? ☐ Yes ☐ No
If so, which District _____ and when _____?
7. Do you currently hold any elective federal, state, county, or city office? ☐ Yes ☐ No
If yes, please identify: _____
8. Do you own or are you a stockholder in a business involved in sales or other contracts with the Board or with individual schools of the District? ☐ Yes ☐ No
If yes, please identify: _____
9. Do you work for a company that provides any goods or services to the District or with the individual schools of the District? Do you receive any commissions or other benefits as a result of any contracts or business with the District? ☐ Yes ☐ No
If yes, please describe: _____

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Application for Board Vacancy

10. Have you ever been fined or convicted for violation of any law? Are you now facing any charges for any violation of law? ☐ Yes ☐ No

If yes, please describe.

11. Do you serve on any county, city, or joint agency government boards? ☐ Yes ☐ No

If yes, please describe.

12. Do you currently hold a leadership position with any organization that provides financial support or raises funds in the name of the District, a school in the District, or students of the District?

☐ Yes ☐ No

13. Have you completed at least the twelfth (12th) grade or been issued a High School Equivalency Diploma? ☐ Yes ☐ No

14. Please circle the highest level of formal education you have completed:

GRADE SCHOOL								HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL			
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4

Note: Application must include a transcript evidencing completion of the twelfth (12th) grade, or, if appropriate, the results of a twelfth (12th) grade equivalency examination. A diploma is not acceptable.

High School Attended _____ Address _____ Dates Attended/Graduated _____

College/University Attended _____ Address _____ Dates Attended/Degree _____

Graduate Schools Attended _____ Address _____ Dates Attended/Degree _____

15. List schools or school related activities in which you are currently involved or with which you have had previous involvement:

16. Work Experience (Please provide employment history and attach current resume.)

a. _____
Current Employer _____ Address _____

_____ Date of Employment _____ Duties _____

b. _____
Previous Employer _____ Address _____

_____ Date of Employment _____ Duties _____

c. _____
Previous Employer _____ Address _____

_____ Date of Employment _____ Duties _____

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Application for Board Vacancy

17. Please describe why you are interested in serving on the local Board of Education:

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18. Please describe the benefits that you believe strong public schools bring to a community:

Application for Board Vacancy

19. Please describe one (1) goal or objective that you think the local Board of Education should seek to complete in the next four (4) years:

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Note: Board members must complete annual in-service training as required by law.

Signature: _____

Date: _____

Application for Board Vacancy**COUNTY CLERK'S CERTIFICATION****RESIDENCE AND VOTER REGISTRATION FOR SCHOOL BOARD APPOINTMENT**

COUNTY CLERK: Please complete this form as it applies to the legal residence status of the applicant for school board appointment.

_____ who resides at _____
Name Address
is a resident and registered voter in _____ School District
[Division # _____ (for county school systems) or the District at large (for independent school systems).]

Certified by: _____

_____ County Clerk's Office Date: _____

NOTE: This form must be completed by the County Clerk and returned to Central Office along with the other four (4) pages of the application.

RELATED PROCEDURE:**01.3 AP.2**

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EXPLANATION: SB 230 PROVIDES THAT A PUBLIC AGENCY MAY ACCEPT OPEN RECORDS REQUESTS VIA EMAIL. ADDITIONALLY, PER THE OPEN RECORDS ACT, USERS REQUESTING RECORDS FOR COMMERCIAL PURPOSES ARE EXPECTED TO NOTIFY THE PUBLIC AGENCY OF SUCH.

FINANCIAL IMPLICATIONS: TIME ADDRESSING OPEN RECORDS REQUESTS

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.6 AP.2

Request to Examine and/or Copy District Records

NOTE: When a document is submitted that provides information requested by this form, there is no need to require the applicant to complete this form.

PUBLIC ACCESS

Records of the Board, except those specifically exempted by statute, are open to public inspection at the Office of the Superintendent. Persons desiring to examine records that are not exempt from public disclosure may do so during regular working hours. Regular working hours shall be posted at the main entrance of the Central Office and of each school building, as appropriate.

Records exempted from public access include:

1. Records of a personal nature where public disclosure is an invasion of personal privacy.
2. Records or information confidentially disclosed to the Board whose disclosure would permit an unfair advantage to competitors.
3. Records or negotiation of real estate transactions until such time as property has been acquired.
4. Test questions and scoring keys before an exam, examinations that are to be reused, and tests that are copyrighted.
5. Preliminary drafts and recommendations.
6. Student records that are prohibited from release by the Family Educational Rights and Privacy Act and/or the Kentucky Family Education Rights and Privacy Act.
7. Any record, the disclosure of which would have a reasonable likelihood of threatening the public safety.
8. Emergency plan and diagram of a school.

Records Requested From:

Records Custodian: _____

District Name: _____

District Address: _____

Records Requested By:

Name (**MUST BE PRINTED**): _____

Address: _____

Phone #: _____ Date: _____

Are you the parent/guardian of a child enrolled in one of the District's schools? ☐ Yes ☐ No

If Yes: Child's Name _____ School _____

Specify in detail the record(s) requested. (Attach another page if necessary.)

Signature of Person Requesting Record(s)

Month/Day/Year

Please attach requests made by letter, email, or FAX to this form.

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.6 AP.2
(CONTINUED)

Request to Examine and/or Copy District Records

Any fees associated with the cost of copying shall be collected at the time copies are made. Fees shall not exceed actual copying costs. Copying cost per page shall not exceed 10 cents and postage may be charged if the requestor does not pick up the copies.

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.

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NOTE: Except when individuals designated by the Superintendent are reviewing records, an authorized school employee shall provide appropriate supervision while records are being inspected.

For Office Use Only

Records Request received by _____	Date _____
Records Request referred to (if applicable) _____	Date _____
Records Request complied with by _____	Date _____

EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS. FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.11 AP.21

- 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 fifteen [15] 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, limitations due to pregnancy, childbirth, or related medical conditions, or disability in employment, educational programs or activities.

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EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS. FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.11 AP.25

- 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 Central Office.

Signature: _____ Date: _____

The Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex, genetic information, limitations due to pregnancy, childbirth, or related medical conditions, or disability in employment, educational programs or activities.

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EXPLANATION: AN AFFIDAVIT IS REQUIRED FOR USE OF PERSONAL LEAVE, EMERGENCY LEAVE, OR FOR USE OF SICK LEAVE FOR THE PURPOSE OF MOURNING A MEMBER OF THE EMPLOYEE'S IMMEDIATE FAMILY. EITHER AN AFFIDAVIT OR A CERTIFICATE OF A PHYSICIAN IS REQUIRED IF THE EMPLOYEE WAS ABSENT DUE TO PERSONAL ILLNESS OR FOR THE PURPOSE OF ATTENDING TO AN IMMEDIATE FAMILY MEMBER WHO WAS ILL.
FINANCIAL IMPLICATIONS: COST OF NOTARY COMMISSION

PERSONNEL

03.123 AP.2

Leave Request Form and Affidavit

NAME: _____	LOCATION: _____
DATE SUBMITTED: _____	
<small>The affidavit is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principal/designee.</small>	

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☐ **PERSONAL LEAVE: REQUESTED** ~~GRANTED~~ UNDER THE TERMS OF POLICIES 03.1231/03.2231. (SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)

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DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

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☐ **SICK LEAVE: REQUESTED** ~~GRANTED~~ UNDER THE TERMS OF POLICIES 03.1232/03.2232. (SEE NEXT PAGE FOR AFFIDAVIT THAT MAY BE REQUIRED)

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DATE(S) OF SICK LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

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CHECK ONE: ☐ EMPLOYEE'S ILLNESS ☐ ILLNESS OF FAMILY MEMBER* ☐ MOURNING

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... [5]

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PURSUANT TO PER POLICY? ☐ YES ☐ NO

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... [6]

☐ **MATERNITY/ADOPTION/CHILDREARING LEAVE: REQUESTED** ~~GRANTED~~ UNDER THE TERMS OF POLICIES 03.1233/03.2233.

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ESTIMATED DATE(S) OF LEAVE _____ TO _____ SUBSTITUTE NEEDED ☐

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☐ PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS ☐ UNPAID MATERNITY LEAVE

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☐ PAID BIRTH OR ADOPTION LEAVE, (NOT TO EXCEED 30 DAYS) /NUMBER OF SICK LEAVE DAYS

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☐ UNPAID CHILDREARING LEAVE

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☐ **JURY LEAVE: REQUESTED** ~~GRANTED~~ UNDER THE TERMS OF POLICIES 03.1237/03.2237.

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... [12]

DATE(S) OF JURY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

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... [13]

☐ EMPLOYEE WILL SIGN OVER COURT-ISSUED JURY PAY DUTY CHECK TO DISTRICT

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... [14]

☐ EMPLOYEE WILL REIMBURSE DISTRICT FOR ANY JURY PAY RECEIVED

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☐ **MILITARY/DISASTER SERVICES LEAVE: REQUESTED** ~~GRANTED~~ UNDER THE TERMS OF POLICIES 03.1238/03.2238.

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DATE(S) OF LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

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... [17]

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.

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Employee's Superintendent/designee's Signature

Date

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Employee's Superintendent/designee's Signature Approving Leave as Requested

Date

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Leave Request Form and Affidavit

A personal affidavit is required for the use of personal leave and the use of sick leave for the purpose of mourning a member of the employee's immediate family.* Either a personal affidavit or a certificate of a physician supporting the need for sick leave is required for the use of sick leave if the employee was absent due to his/her own personal illness or for the purpose of attending to an immediate family member* who was ill. If an employee who requests to use sick leave for his/her own personal illness or to attend to an immediate family member* who is ill does not submit a supporting physician's certificate, s/he must submit a supporting personal affidavit. Requirements for use of sick leave following child birth and adoption are stated in Policies 03.1233/03.2233.

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LEAVE AFFIDAVIT
(KRS 161.152, KRS 161.154, KRS 161.155)

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Comes the affiant, _____ after being duly sworn, and states as follows:

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I am submitting this request for the use of leave for the following purpose(s) (check applicable boxes); that the facts supporting the request for leave as indicated below are true and correct; and that to the best of my knowledge, information, and belief, I am qualified for the leave requested pursuant to applicable state statute and Board policy.

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☐ - Sick leave based on personal illness Date(s): _____

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☐ - Sick leave to attend to an immediate family member* who was ill Date(s): _____

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... [22]

☐ - Sick leave to mourn the death of an immediate family member* Date(s): _____

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☐ - Personal leave in compliance with and subject to qualifications set forth in Policy 03.1231/03.2231. This leave is personal in nature. Date(s): _____

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Affiant's Signature

Date

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Affiant's Name (Print or Type)

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Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public: _____

County, Kentucky

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My Commission Expires: _____

*Immediate family member shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee's home.

Sick Leave Request Form and Affidavit

NAME: _____	LOCATION: _____
DATE SUBMITTED: _____	

☐ **SICK LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1232/03.2232. (SEE NEXT PAGE FOR AFFIDAVIT THAT MAY BE REQUIRED)**

DATE(S) OF SICK LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

CHECK ONE: ☐ EMPLOYEE'S ILLNESS ☐ ILLNESS OF FAMILY MEMBER* ☐ MOURNING

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PURSUANT TO POLICY? ☐ YES ☐ NO

I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee's Signature

Date

Superintendent/designee Signature Approving Leave as Requested

Date

Sick Leave Request Form and Affidavit

A personal affidavit is required for the use of sick leave for the purpose of mourning a member of the employee's immediate family.* Either a personal affidavit or a certificate of a physician supporting the need for sick leave is required for the use of sick leave if the employee was absent due to his/her own personal illness or for the purpose of attending to an immediate family member* who was ill. If an employee who requests to use sick leave for his/her own personal illness or to attend to an immediate family member* who is ill does not submit a supporting physician's certificate, s/he must submit a supporting personal affidavit. Requirements for use of sick leave following child birth and adoption are stated in Policies 03.1233/03.2233.

**LEAVE AFFIDAVIT
(KRS 161.155)**

Comes the affiant, _____, after being duly sworn, and states as follows:

I am submitting this request for the use of leave for the following purpose(s) (check applicable boxes); that the facts supporting the request for leave as indicated below are true and correct; and that to the best of my knowledge, information, and belief, I am qualified for the leave requested pursuant to applicable state statute and Board policy.

- ☐ - Sick leave based on personal illness Date(s): _____
- ☐ - Sick leave to attend to an immediate family member* who was ill Date(s): _____
- ☐ - Sick leave to mourn the death of an immediate family member* Date(s): _____

Affiant's Signature

Date

Affiant's Name (Print or Type)

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public: _____, _____ County, Kentucky

My Commission Expires: _____

*Immediate family member shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee's home.

EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS.
FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.162 AP.2

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 and prompt resolution. 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

☐ limitations due to pregnancy, childbirth, or related medical conditions

☐ 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? _____

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PERSONNEL

03.162 AP.2
(CONTINUED)

Harassment/Discrimination Reporting 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

NOTE:

- Employees wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District's school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS. FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.21 AP.21

- 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 for fourteen [14] 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, limitations due to pregnancy, childbirth, or related medical conditions, or disability in employment, educational programs or activities.

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EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS. FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.21 AP.25

- 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, limitations due to pregnancy, childbirth, or related medical conditions, or disability in employment, educational programs or activities.

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EXPLANATION: AN AFFIDAVIT IS REQUIRED FOR USE OF PERSONAL LEAVE OR FOR USE OF SICK LEAVE FOR THE PURPOSE OF MOURNING A MEMBER OF THE STAFF PERSON'S IMMEDIATE FAMILY. EITHER AN AFFIDAVIT OR A CERTIFICATE OF A PHYSICIAN IS TO BE SUBMITTED IF THE STAFF MEMBER WAS ABSENT DUE TO PERSONAL ILLNESS OR FOR THE PURPOSE OF ATTENDING TO AN IMMEDIATE FAMILY MEMBER WHO WAS ILL.
FINANCIAL IMPLICATIONS: COST OF NOTARY COMMISSION

PERSONNEL

03.223 AP.2

Leave Request Form and Affidavit

See Procedure 03.123 AP.2/Leave Request Form and Affidavit form.

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EXPLANATION: SB1 CREATES A NEW SECTION OF KRS 158 REQUIRING A SCHOOL SAFETY COORDINATOR TRAINING PROGRAM, REQUIRED TRAINING FOR PRINCIPALS TO COMPLETE SCHOOL SECURITY RISK ASSESSMENT, REQUIRED TRAINING FOR SCHOOL RESOURCE OFFICERS, AMENDS KRS 156.095 SUICIDE PREVENTION TRAINING AND ADDS REQUIRED TRAINING FOR HOW TO RESPOND TO AN ACTIVE SHOOTER SITUATION FOR ALL SCHOOL DISTRICT EMPLOYEES WITH JOB DUTIES REQUIRING DIRECT CONTACT WITH STUDENTS.
FINANCIAL IMPLICATIONS: COST OF TRAINING

PERSONNEL

03.29 AP.23

- CLASSIFIED EMPLOYEES -

District Training Requirements

See existing Procedure 03.19 AP.23.

EXPLANATION: HB 11 REQUIRES ALL LOCAL BOARDS, ON OR BEFORE JULY 1, 2020, TO ADOPT AND IMPLEMENT POLICIES THAT PROHIBIT THE USE OF ANY TOBACCO PRODUCT, ALTERNATIVE NICOTINE PRODUCT, OR VAPOR PRODUCT FOR ALL PERSONS AND AT ALL TIMES ON OR IN ALL PROPERTY OF THE BOARD, AND WHEN STUDENTS ARE PRESENT IN ANY SCHOOL-RELATED TRIP OR STUDENT ACTIVITY.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

TRANSPORTATION

06.34 AP.2

Bus Referral to Parents

HOPKINS COUNTY SCHOOLS

DEPARTMENT OF PUPIL TRANSPORTATION

STUDENT'S NAME: _____ GRADE: _____

DATE OF INCIDENT: _____ BUS NO: _____ DRIVER: _____

NOTICE TO PARENTS

1. This report is furnished in accordance with the provisions of the Student Code of Conduct Handbook.
2. This is the 1st _____, 2nd _____, 3rd _____, 4th _____, 5th _____ offense involving your child. YOU MUST SIGN A COPY OF THE REPORT AND RETURN IT TO THE DRIVER BEFORE YOUR CHILD WILL BE ALLOWED BACK ON THE BUS.
3. Some of the offenses are of such a serious nature that a student may have bus privileges forfeited on the first offense.

MISCONDUCT REPORTED

_____ Did not follow driver's directions	_____ Obstructing the aisle
_____ Disobedient or impudent to driver	_____ Occupying more space in a seat than required
_____ Moving around while bus was in motion	_____ Vandalism to bus
_____ Sticking head or hands out of window	_____ Improper conduct while at a bus stop
_____ Throwing objects out of window	_____ Improperly boarding a bus
_____ Unusually loud talking or laughing	_____ Improperly Leaving a bus
_____ Tampering with bus or its equipment	_____ Tardy to bus
_____ Smoking on bus/Tobacco/alternative Nicotine/Vapor Product	_____ Riding a bus other than one assigned
_____ Scuffling or fighting on the bus	_____ Getting off at an unauthorized stop
_____ Using obscene language	_____ Arguing
_____ Littering the bus	_____ Other: _____
_____ Disturbing others	_____
_____ Unnecessary conversation with driver	_____
_____ Chewing gum, eating or drinking on the bus	_____
_____ Bringing prohibited items on the bus	_____

ACTIONS TO BE TAKEN

1. First Offense – Bus driver will have a talk with the pupil, and a Bus Referral will be sent to parent/guardian. Pupil is to return a signed copy of the Referral to driver.
2. Second Offense – Bus driver will move pupil to a seat in the front of the bus for two (2) weeks and written notification will be sent to parent/guardian. Pupil will not be allowed back on the bus until parent has signed and pupil returns a copy of the Referral to the Driver.
3. Third Offense – A Referral will be filed with the Principal of the school where the pupil attends. Pupil will not be allowed back on the bus until parent has signed and pupil returns a copy of the Referral to the Driver.
4. Fourth Offense – A second Referral is filed with the Principal who suspends all bus riding privileges for a minimum of five (5) days. The Principal may take any additional action that is allowed by the Code of Conduct
5. Fifth Offense – A third Referral is filed and the Supervisor of Pupil Transportation or Principal suspends bus riding privileges for the remainder of the school year.

SIGNATURE OF DRIVER _____ DATE _____

SIGNATURE OF ADMINISTRATOR _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____

This signature denotes that parents have received the referral.

WHITE COPY for parent record

YELLOW COPY signed by parent and returned to driver

PINK COPY to Department of Pupil Transportation

GOLDENROD COPY to school

BLUE COPY for driver record

EXPLANATION: KDE SCHOOL NUTRITION ADVISES THAT PER 7 CFR 210.14(F) LOCAL BOARDS OF EDUCATION ARE TO SET ADULT MEAL PRICES ANNUALLY ACCORDING TO THE FNS FORMULA.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SUPPORT SERVICES

07.11 AP.1

Meal Programs

FREE AND REDUCED PRICE MEALS

Since schools in the District participate in the National School Lunch Program, School Breakfast Program, and/or the Donated Food Program, federal and state policies and regulations must be followed.

DEFINITION

For purposes of this administrative procedure, "authorized school official" means school personnel as designated in the National School Lunch program application and agreement with the Kentucky Department of Education who are authorized by applicable law and regulation to process information or act in connection with the matter described.

STUDENTS

To implement required policies and regulations, these procedures will be followed for student participants:

1. Free and reduced-price meals will be granted on the basis of need as determined by state and federal guidelines.
2. Letters explaining the School Food Service Program shall be sent to all parents each year at the opening of school and as needed throughout the year. If applicable, an application form for free and reduced-price meals will accompany the letter. Applications will be kept on file through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.
3. If school personnel have knowledge of a student who is in need of free or reduced-price meals but does not have the parents' cooperation to submit an application, an application shall be submitted in the student's name by an authorized school official.

The parents shall be notified that the child has been certified eligible to receive free/reduced price meals.
4. After reviewing the application for free and reduced-price meals, the eligibility of each student shall be determined by an authorized school official.
5. Written notification of approval or denial of the application shall be provided to the parents.
6. If the parent or guardian is dissatisfied with the above decision regarding free and reduced-price meals, an appeal may be made to an authorized school official.
7. A master list/roster to track student withdrawals, transfers, and entries shall be maintained by: the Superintendent or designee.

Meal Programs**COMMUNITY ELIGIBILITY PROVISION (CEP) MEAL PROGRAM**

If a school in the District participates in the National School Lunch Program, School Breakfast Program, and/or the Donated Food Program through the Community Eligibility Provision (CEP), they must follow the federal and state policies and regulations below:

STUDENTS

To implement required policies and regulations, these procedures will be followed for student participants:

1. Letters explaining the School Food Service Program shall be sent to all parents each year at the opening of school and as needed throughout the year.
2. Household Income Forms (HIF) shall be collected by a designated District official outside of federal food service operations. It is recommended by KDE that copies of Household Income Forms (HIF) be kept through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.
3. A master list/roster to track student withdrawals, transfers, and entries shall be maintained by the Superintendent or designee (s).

ADULTS

All school personnel regularly assigned to a school may have access to meals served in the School Food Service Program. The cost of the meal shall be determined by the Board. Charges for adult meals shall be as follows:

1. Those adults who are assigned to work full or part-time in the School Food Service Program and whose salaries are paid entirely from food service funds may at the discretion of the District receive meals at no cost.
2. ~~All other District employees who do not provide a service in the operation and administration of the School Food Service Program~~ and all other adults shall pay the full adult meal price according to the following formula in FNS Instruction 782-5, Rev. 1.
 - a. Adult meal price formula for Pricing Sites: The minimum adult payment should reflect the price charged to students paying the school's designated full price, plus the current value of Federal cash and donated food assistance (entitlement and bonus) for full price meals.
 - b. Adult meal price formula for Non-Pricing Sites: The minimum adult payment should reflect the price of the free meal reimbursement, plus the current value of Federal cash and donated food assistance (entitlement and bonus).
3. It is required that the school food service program cost out their meals and ensure that the calculated price covers the cost and if not, the adult price must be higher than the calculated cost.
- 2.4 The cost of the adult meal price must be determined annually by the Board according to the current federal requirements for establishing adult meal pricing.

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EXPLANATION: HB 26 AMENDS KRS 424.260 AND KRS 45A.385 INCREASING THE MAXIMUM FOR SMALL PURCHASE TO \$30,000.

FINANCIAL IMPLICATIONS: LARGER AMOUNT FOR SMALL PURCHASE PROCEDURES

SUPPORT SERVICES

07.13 AP.1

Bidding of School Food Service Supplies

LIKE ITEMS IN EXCESS OF ~~\$30,000~~\$20,000

If the total amount of purchases for like items is ~~\$30,000~~\$20,000 or more, formal bid procedures will be utilized. Food, food products, supplies, and equipment will be bid annually.

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BID SPECIFICATIONS

1. The bid specifications, including delivery and storage instructions, for all lunchroom/cafeteria supplies shall be prepared by the School Food Service/School Nutrition Program Director.
2. The request for bid shall be advertised in the local newspaper with the greatest circulation in the District.
3. Specifications and bid documents shall be mailed to all potential bidders.
4. Bids shall be opened and tabulated by the School Food Service/School Nutrition Program Director.
5. The bids shall be submitted to the Board of Education for action.

PERISHABLES

Applicable federal law does not provide a bidding exception for perishable food items purchased with school food service funds. Perishables purchased using school food service funds shall be procured in accordance with 2 C.F.R. 200.320.

EMERGENCY PURCHASES

If it is necessary to make an emergency purchase in order to continue service, the purchase shall be made and a log of all such purchases shall be maintained and reviewed by the School Food Service/School Nutrition Program Director.

The log of emergency purchases shall include: item name, dollar amount, vendor, and reason for emergency.

RECORDS MANAGEMENT

The following records will be maintained for a period of three (3) years plus the current year:

1. Records of all phone quotes
2. Logs of all emergency and noncompetitive purchases
3. All written quotes and bid documents
4. Comparison of all price quotes and bids with the effective dates shown
5. Price comparison showing bid or quote awarded
6. Log of approval substitutions

RELATED PROCEDURE:

04.32 AP.1

EXPLANATION: REVISIONS TO 704 KAR 3:365 REQUIRES A COMPLAINT PROCESS FOR ANY PROGRAMS UNDER THE ELEMENTARY AND SECONDARY EDUCATION ACT (ESEA) OF 1965 AS AMENDED BY THE EVERY STUDENT SUCCEEDS ACT (ESSA).
FINANCIAL IMPLICATIONS: POSSIBLE EXPENSE ATTRIBUTABLE TO RESPONDING TO ADDITIONAL COMPLAINTS

CURRICULUM AND INSTRUCTION

08.13451 AP.1

Federal Programs/Title I Violation Complaint Procedure

The Every Student Succeeds Act requires the adoption of a written procedure for the receipt and resolution of complaints alleging violations of Title I, Part A and the Elementary and Secondary Education Act (ESEA) as amended by ESSA in the administration of the Federal Programs.

- 1) The complaint must be in writing and addressed to the District Federal Programs/Title I Coordinator. The complaint must contain the following:
 - The name of the complainant and the contact information;
 - The nature of the complaint (the specific violation of the administration of the Title I, Part A or Federal Program).
- 2) The Federal Programs/Title I Coordinator must maintain a complaint log. The log must include the following:
 - The name of the complainant;
 - The receipt date of the complaint;
 - The log-in number assigned to the complaint for tracking purposes;
 - The name of the staff to whom the complaint will be referred (if applicable);
 - The date of the response to the complaint.
- 3) The Federal Programs/Title I Coordinator must respond to the complaint within thirty (30) working days upon receipt of the complaint.
- 4) The Federal Programs/Title I Coordinator must maintain a copy of the complaint, log, and response on file in the District office.
- 5) After the complainant has received a response from the Federal Programs/Title I Coordinator, the complainant has thirty (30) days to appeal the local decision. This appeal must be filed in writing with the Kentucky Department of Education in compliance with 704 KAR 3:365.

EXPLANATION: REVISIONS TO 702 KAR 1:160 INCLUDE MEDICATIONS TO BE ADMINISTERED PURSUANT TO A STUDENT'S SEIZURE ACTION PLAN.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: HB 172 (2013) AMENDED KRS 158.836 TO PERMIT SCHOOLS TO STOCK EPINEPHRINE FOR STUDENTS BELIEVED TO BE HAVING A LIFE-THREATENING ALLERGIC OR ANAPHYLACTIC REACTION. REVISIONS TO POLICY ALIGN THE LANGUAGE TO THE STATUTE. CONSULT WITH YOUR BOARD ATTORNEY ON THE ADVISABILITY OF LEAVING THIS LANGUAGE IN.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.224 AP.1

Emergency Medical Care Procedures

The emergency medical care procedures listed below are to be followed in case of serious accidents and/or sudden illnesses occurring in the schools:

EMERGENCY INFORMATION

Emergency care information for each student shall be filed in the Principal's office. This information is to include:

1. Student's name, address, and date of birth.
2. Parents' names, addresses, and home, work, and emergency phone numbers.
3. Name and phone number of family physician and permission to contact health care professionals in case of emergency.
4. Name and phone number of "emergency" contact (person other than parent/guardian) to reach, if necessary.
5. Unusual medical problems, if any.

MEDICAL EMERGENCY PROCEDURES

The following procedures shall be used in a medical emergency:

1. Administer first aid by a school employee trained in first aid and CPR in accordance with state regulation.
2. Contact the child's parent or other authorized person(s) listed on the school emergency card to:
 - a) Inform parent or authorized contact that the child is not able to remain at school.
 - b) Indicate the apparent symptoms; however, do not attempt to diagnose.
 - c) Advise the contact that s/he may want to contact a health care practitioner regarding the child's condition.
3. Take care of child until parent, health care practitioner, or ambulance arrives.
4. Use emergency ambulance service if needed.
5. Administer medication in accordance with District policy and procedure when ordered by the student's personal health care practitioner.
6. Keep the student in a first aid area if s/he appears to be unable to return to the classroom.
7. Do not allow the student to leave school with anyone other than the parent/guardian/designee after an accident or when ill.
8. After a child has an accident or becomes ill at school, arrange transportation home with the parent/guardian/designee.
9. Report all emergency situations to the building administrator.
10. Treat students with contagious diseases, including AIDS, according to state guidelines.

Emergency Medical Care Procedures**MEDICAL EMERGENCY PROCEDURES (CONTINUED)**

11. Employees shall follow the District's Exposure Control Plan when clean-up of body fluids is required.

SUPPLIES/PERSONNEL

1. Each school shall have an approved first-aid kit and designated first-aid area.
2. At least two (2) adult employees in each school shall have completed and been certified in a standard first-aid course, including but not limited to, CPR.
3. As provided by Policy 09.224, any school that has a student enrolled with diabetes or seizure disorders, including seizure action plans, shall have on duty during the school day or during any school-related activities in which the student is a participant, at least one (1) school employee who is a licensed medical professional, or has been appropriately trained to administer or assist with the self-administration of glucagon, insulin or seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the FDA and administered pursuant to a student's seizure action plan, as prescribed by the student's health care practitioner. The training shall also include recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to these symptoms.
4. The parent or guardian of each student diagnosed with a seizure disorder shall collaborate with school personnel to implement a seizure action plan, prepared by the student's treating physician, which shall be kept on file in the office of the school nurse or school administrator.
5. Any school personnel or volunteers responsible for the supervision or care of a student diagnosed with a seizure disorder shall be given notice of the seizure action plan, the identity of the school employee or employees trained in the administration of seizure medication, and how they may be contacted in the event of an emergency.
6. Each school shall maintain epinephrine in a minimum of two (2) locations in the school, including but not limited to the school office and the school cafeteria for administration to students ~~or staff~~ who may have a life-threatening allergic reaction but have no written individual health plan in place.

DOCUMENTATION

A complete record of any emergency care provided shall be made and filed with the student's health record. The following information shall be recorded:

1. Time and place accident or illness occurred.
2. Causative factors, if known.
3. Type of care provided and name(s) of person(s) who gave emergency treatment.
4. Condition of the student receiving emergency care.
5. Verification of actual contacts and attempts to contact parent/guardian.
6. List of names of persons who witnessed the accident or illness and the treatment rendered, as appropriate.

RELATED POLICIES:

09.224; 09.2241

STUDENTS

09.224 AP.1
(CONTINUED)

Emergency Medical Care Procedures

RELATED PROCEDURES:

09.224 AP.21; 09.2241 AP.22; 09.2241 AP.23

EXPLANATION: SB 230 PROVIDES THAT A PUBLIC AGENCY MAY ACCEPT OPEN RECORDS REQUESTS VIA EMAIL. ADDITIONALLY, PER THE OPEN RECORDS ACT, USERS REQUESTING RECORDS FOR COMMERCIAL PURPOSES ARE EXPECTED TO NOTIFY THE PUBLIC AGENCY OF SUCH.

FINANCIAL IMPLICATIONS: TIME ADDRESSING OPEN RECORDS REQUESTS

COMMUNITY RELATIONS

10.11 AP.21

Public Records Notice

To be posted at the main entrance of the Central Office and of each school building, as appropriate.

RULES/REGULATIONS FOR INSPECTION

Pursuant to KRS 61.870 to KRS 61.884, the public is notified that, as provided herein, the public records of the Hopkins County Board of Education are open for inspection.

Public records may be inspected Monday through Friday, except holidays, during regular working hours as posted at the main entrance of the Central Office and of each school building. Upon request, a designated district employee will furnish application forms for the inspection of the public records and, if required, s/he will be available to provide assistance in completing the application form. The official custodian may require:

- a) Written application, signed by the applicant and with his/her name printed legibly on the application, describing the records to be inspected. The written application shall be hand delivered, mailed, or sent via facsimile to the public agency;
- b) Facsimile transmission of the written application; or
- c) Email of the application.

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Completed application forms should be submitted to the Superintendent, the Board's official custodian of public records, at the following address:

Hopkins County Schools
320 South Seminary Street
Madisonville, KY 42431

An individual who applies to review public records shall be advised of the availability of the records requested and shall be notified in writing, not later than three (3) working days after receipt of an application for inspection, of any reason the records s/he requested are not available for public inspection.

Copies of written materials in the public records of this district shall be furnished to the person requesting them on payment of a fee of ten cents (.10) per page. Copies of nonwritten records (photographs, maps, material stored in computer files or libraries, etc.) shall be furnished to the person requesting them upon payment of a fee equal to the actual cost of producing copies of the requested records by the most economical process that is unlikely to damage or alter the records.

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used, and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.

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COMMUNITY RELATIONS

10.11 AP.21
(CONTINUED)

Public Records Notice

Persons who live outside the area and who wish to request copies of public records should contact the person listed above.

Designated Representative

Date

EXPLANATION: SB1 CREATES A NEW SECTION OF KRS 158 REQUIRING ALL VISITORS TO REPORT TO THE FRONT OFFICE OF THE BUILDING, PROVIDE VALID IDENTIFICATION, AND STATE THE PURPOSE OF THE VISIT; AND BE PROVIDED A VISITOR'S BADGE TO BE VISIBLY DISPLAYED ON A VISITOR'S OUTER GARMENT.

FINANCIAL IMPLICATIONS: COSTS OF VISITOR BADGES

COMMUNITY RELATIONS

10.5 AP.1

Visitors to the Schools

REPORT TO FRONT OFFICE

As soon as practicable but no later than July 1, 2022, all visitors to the school are to report to the front office of the building, provide valid identification, and state the purpose of the visit. The school shall provide a visitor's badge to be visibly displayed on a visitor's outer garment.

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CLASSROOM VISITATION

Requests for classroom observation by parents, educators, or other local citizens with legitimate educational interests pertaining to the District's public school program shall be made to the Principal with reasonable notification. The Principal may grant the request if:

1. The teacher involved is notified in advance of the arrangement.
2. The number in the group is small enough to be accommodated in the classroom without interfering with the class.
3. The frequency of the visits does not interfere with the scheduled instructional program in the classroom.

LUNCH WITH FAMILY MEMBER

Parents, guardians, grandparents, or other immediate family members as approved by the Principal/designee may request to have lunch with their child/grandchild. Otherwise, except for authorized District personnel, each school shall observe a closed campus at lunch.

SPECIAL INVITATION

A special invitation for parents and other interested persons to visit the schools may be extended during appropriate school programs or activities and special occasions.

OBSERVATION BY OUTSIDE AGENCIES

These procedures are established for the purposes of observation only.

NOTE: Unless an outside provider has been sought out and contracted for a needed service by the District, no private therapy or service shall be provided to a student during the school day, within a District School.

The following information/documentation is required by the District before a private, outside therapist/service provider can observe its private client within a District School. Information must be sent to the Director of Special Education (special education students) or to the Director of Health and Family Resource Youth Service Center (FRYSC) Services (regular education students):

- Background check clearance on file with District Schools Central Office;
- Individual liability insurance certificate or worker's compensation insurance certificate;

COMMUNITY RELATIONS

10.5 AP.1
(CONTINUED)

Visitors to the Schools

OBSERVATION BY OUTSIDE AGENCIES (CONTINUED)

- A copy of credentials in the form of certification/license for the purpose of the observation; and
- A signed release (form can be requested from the school) by the parent/guardian noting that the therapist/outside service provider has been given permission to observe their child during the school day.

Once this information is received, the therapist/service provider may be allowed to come and observe the identified student as follows:

- At a time/day designated and assigned by the Principal/designee (to cause as little disruption to the class or school/learning environment as possible);
- The therapist is to observe only during these designated times, in an education setting (or activity such as lunch or social gathering) and only if confidentiality of other students/parents and disruption of the educational process in these settings can be adequately addressed by the Principal/designee;
- At any time the school or District needs to cancel an appointment or not allow an outside agency/therapist/service provider to return to the school setting, the outside agency will be notified; and
- The outside service providers MUST provide a photo I.D. as well as sign in and out at the school office any time they are on school property during a school day.