



Bullitt County Public Schools

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TO: Dr. Jesse Bacon *JB*
FROM: Dr. Tom Brillhart *TB*
DATE: August 3, 2021
RE: August Board Meeting Agenda Item
Policy and Procedure Changes

Presented is the first reading of updates to Policies 03.12321 and 03.22321 (Sick Leave Bank) as well as Procedures 08.141 AP.1 (Drop-Out Prevention Procedures) and 09.42811 AP.2 (Harassment/Discrimination Reporting Form). Changes are due to the removal of the verbiage Assistant Superintendent for Support Services to Chief Operations Officer.

Please contact me should you have additional questions.

Attachments:

- Policy 03.12321 Sick Leave Bank – Certified
- Policy 03.22321 Sick Leave Bank – Classified
- Procedure 08.141 AP.1 Drop-Out Prevention Procedures
- Procedure 09.42811 AP.2 Harassment/Discrimination Reporting Form

- CERTIFIED PERSONNEL -**Sick Leave Bank****MEMBERSHIP**

Upon receipt by the Superintendent of a signed statement of intent, any certified or classified employee may participate in the sick leave bank. The commitment to participate in the bank must be made during the month of August of any school year. Upon hire after August, new employees who wish to participate in the sick leave bank shall return the Deposit Authorization Form to the Superintendent/Designee within ten (10) working days of employment.

CONTRIBUTIONS

Each employee who is a member shall contribute one (1) of his/her sick days to the bank. The day, once contributed to the bank, becomes the property of the bank and may not be reclaimed by the employee except as specified in this policy. Only employees who are members of the sick leave bank shall be eligible to draw on the sick leave bank. Members may not designate contributed sick leave days to be used by an individual or groups of individuals. New contributors shall wait a minimum of ninety (90) days before a request will be considered.

If the balance in the bank is less than fifty (50) days, the bank shall be opened for re-enrollment of participating members. At that time, a donation of an additional sick day will be necessary from current members of the sick leave bank to continue membership in the bank.

ELIGIBILITY

After an employee has exhausted all of his/her accumulated sick leave and other available paid leave days, including (personal and emergency days), if applicable, s/he may draw on the sick leave bank when he/she is sick as per policy 03.1232. Exhaustion of earned emergency leave days shall not be required, if the event or occurrence generating the basis for the employee's request from the Sick Leave Bank does not satisfy Policy 03.1236.

Sick bank requests shall be no more than fifteen (15) days per application. The maximum number of sick leave days any participant may receive during any year (July 1 through June 30) is thirty (30) days. The maximum number of days any participant may receive as a result of any one (1) or the same illness or accident during two (2) or more consecutive years (July 1 through June 30) is sixty (60) days. Sick leave bank days shall be taken in whole day units only with a minimum of five (5) days per approved request. Bank members shall be ineligible to make bank requests for purposes of maternity except in cases involving complications. Grants of sick leave from the Sick Leave Bank shall not be made to any member for the purpose of undergoing elective surgery or during any period the member is receiving disability benefits from Social Security, the State Teachers Retirement Plan or receiving Workers Compensation payments. The sick leave bank committee, in its sole discretion to approve or deny requests, shall review and take into consideration the "totality of the circumstances" of the employee's request, including, but not limited to: the employee's other benefits, prior usage of accrued sick leave, prior requests from the bank, the basis for the request, and/or any other information deemed relevant by the committee.

ACCUMULATION

Unused days in the bank shall accumulate without limit.

PERSONNEL

03.12321
(CONTINUED)

Sick Leave Bank

ADMINISTRATION

A sick leave bank committee composed of three (3) representatives shall be formed. Two (2) committee members shall be elected by and from the participating members to serve a two (2) year term of service. The ~~Chief Operations Officer~~ shall be appointed by the Superintendent to serve as the third member. The committee's responsibilities shall include, but not be limited to, electing of officers, filling unexpired terms of committee members, and determining eligibility criteria for use of bank days.

Deleted: Assistant Superintendent for Support Services

Sick leave bank committee members shall not rule on an application of their own or of a relative.

DISCONTINUATION

In the event that the Board discontinues the bank, all employees who are members of the bank at the time of discontinuation shall remain members without additional contributions until all days in the bank are exhausted.

REFERENCE:

[KRS 161.155](#)

RELATED POLICIES:

03.1233
03.1241

FORMS:

03.12321 AP.21
03.12321 AP.23

Adopted/Amended: 2/27/2017
Order #: 2017-74

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PERSONNEL

03.22321
(CONTINUED)

Sick Leave Bank

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REFERENCE:

[KRS 161.155](#)

RELATED POLICIES:

03.2233

03.2241

FORM:

03.22321 AP.2

Adopted/Amended: 2/27/2017
Order #: 2017-74

Deleted: Assistant Superintendent for Support Services

Drop-Out Prevention Procedures

1. After review of Weekly Attendance Report and a student is determined to be habitually truant; review of Persistence to Graduation Report; or a student reports s/he is interested in dropping out of school:
 - a. Meet with the student at school;
 - b. Meet with the student at his/her home ; or
 - c. Other agreed upon location.
2. Discuss the student's problems/issues at/with school.
3. Review student's goals and aspirations.
4. Review ILP.
5. Review MAP data, attendance, and any other pertinent information.
6. Review special needs – bring Special Education Consultant into discussion if appropriate.
7. Problem solve, suggest alternatives and document conversation.
8. Discuss Option A – Student remains at school to earn a high school diploma.
 - a. Complete the following:
 1. A contract for student success that includes attendance, effort, and additional opportunities the student may want to access;
 2. Courses needed for graduation;
 3. A plan for the student to complete eight (8) semesters and information about:
 - a) Area Technology Center (ATC) as appropriate;
 - b) Kentucky Community and Technical College System (KCTCS) dual credit;
 - c) Other Community/Agency Programs as appropriate (i.e. YAP); and
 - d) Information regarding a waiver request if the student is likely to complete requirements in less than eight (8) semesters and has plans for Post-Secondary Education/Training/Employment.
 - b. Put supports in place to ensure student success;
 - c. Make adjustments as needed;
 - d. Celebrate small steps toward student success; and
 - e. Schedule a follow-up meeting to discuss progress with student.
 - f. If Option A is not chosen proceed to Option B

Drop-Out Prevention Procedures

9. Discuss Option B – Student remains at school with instructional support (all/partial) through online or other curriculum in FlexSchool, ISAP or other designated school setting.
 - a. Discuss the possibility of allowing the student to take one, some or all of his/her classes online or other curriculum in FlexSchool, ISAP or other designated school setting;
 - b. Complete the following:
 1. A contract for student success that includes attendance, effort, and additional opportunities the student may want to access;
 2. Courses needed for graduation;
 3. A plan for the student to complete eight (8) semesters and information about:
 - a) Area Technology Center (ATC) as appropriate;
 - b) Kentucky Community and Technical College System (KCTCS) dual credit;
 - c) Other Community/Agency Programs as appropriate (i.e. YAP); and
 - d) Information regarding a waiver request if the student is likely to complete requirements in less than eight (8) semesters and has plans for Post-Secondary Education/Training/Employment.
 - c. Put supports in place to ensure student success;
 - d. Make adjustments as needed;
 - e. Celebrate small steps toward student success; and
 - f. Schedule a follow-up meeting to discuss progress with student.
 - g. If Option B is not chosen proceed to Option C
10. Discuss Option C – Student accesses curriculum and earns credits through performance-based instruction if eligible.
 - a. Designate personnel to review student progress weekly and make contact with the student.
 - b. Complete the following:
 1. A contract for student success that includes attendance, effort, and additional opportunities the student may want to access;
 2. Courses needed for graduation;

Drop-Out Prevention Procedures

3. A plan for the student to complete eight (8) semesters and contain information about;
 - a) Area Technology Center (ATC) as appropriate;
 - b) Kentucky Community and Technical College System (KCTCS) dual credit;
 - c) Other Community/Agency Programs as appropriate (i.e. YAP); and
 - d) Information regarding a waiver request if the student is likely to complete requirements in less than eight (8) semesters and has plans for Post Secondary Education/Training/Employment.
- c. Schedule a follow-up meeting with student to check on progress
11. If you are unable to convince the student to remain at school, remain at school with modifications, or access performance-based instruction if eligible then:
 - a. Review dropout PowerPoint;
 - b. Review dropout brochure;
 - c. Review educational resources brochure; and
 - d. Ask if the student wants any additional information or is now interested in taking advantage of Option A, Option B or Option C. If the student decides to select one of the options, congratulate them and follow the steps listed for that option.
 - e. If student still wish to drop-out proceed to next step.
12. Student will need to make an appointment to meet with staff at the Kentucky Youth Career Center and Bullitt County Adult Education. The student will bring the high school guidance counselor a document containing signatures of staff from both programs.
13. Principal meets with student to review options and sign dropout paperwork if no option is acceptable.
14. Call the Administrative Secretary for Student Learning who will arrange an appointment for the student to speak to one of the following Central Office staff: Director of Pupil Personnel, Curriculum Director for Middle and High Schools, District Assessment Coordinator, Director of Special Education, Assistant Superintendent for Student Learning, Chief Operations Officer, or Superintendent.
15. Complete State and District Dropout Forms. Keep originals for your records scan and e-mail Dropout Prevention Worksheet, State and District Dropout forms to the Administrative Secretary for Student Learning.
16. Following conference with administrator if student cannot be convinced or encouraged to take advantage of options offered by school or other suggestions for finishing high school, sign form and return them to the Administrative Secretary for Student Learning who will scan and e-mail documents back to high school guidance office staff.

Review/Revised:6/15/2015

Deleted: Assistant Superintendent for Support Services

STUDENTS

09.42811 AP.2

Harassment/Discrimination Reporting Form

This form provides the opportunity for students, staff or parents to report violation(s) of Board Policy 09.42811, 03.162 or 03.262 and to secure an equitable and prompt resolution. This procedure shall be implemented in compliance with the appropriate Board Policy and shall be used to document all complaints, whether addressed informally or formally. If you choose to mail this form, please use the address below:

Chief Operations Officer
Bullitt County Public Schools
1040 Highway 44 East
Shepherdsville, KY 40165

Deleted: Assistant Superintendent for Support Services

Complainant's Name _____			
Last Name _____		First Name _____	Middle Initial _____
Address _____			
City _____		State _____	Zip Code _____
School _____	Grade _____	Homeroom/Classroom _____	
Phone Number _____			
If Complainant is a student please provide the following information:			
Student's Age _____	Date of Birth _____		
Name of Parent/Guardian _____		Daytime Phone # _____	

CONFIDENTIALITY

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

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

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

Place alleged incident (s) occurred: _____

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

- ☐ sexual ☐ racial ☐ on the basis of national origin ☐ on the basis of disability
☐ other type of harassment/discrimination? If other, specify: _____

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

Position (if employee): _____ Grade (if student): _____ Other (specify) _____

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? _____

STUDENTS

09.42811 AP.2
(CONTINUED)

Harassment/Discrimination Reporting Form

(PLEASE COMPLETE BOTH SIDES OF THIS FORM)

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

_____ <i>Signature of Complainant</i>	_____ <i>Date</i>
_____ <i>Signature of Parent/Guardian (not required)</i>	_____ <i>Date</i>
_____ <i>Received by</i>	_____ <i>Date</i>

Investigator Assigned: _____
Assigned by: _____
Date: _____

NOTE:

- Students/parents 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

Review/Revised:6/15/2015