

Employee Handbook

2011-2012



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GLENDALE EMPLOYEE HANDBOOK DISCLAIMER

The Glendale Employee Handbook is a guide to personnel policies and practices that are most often used by the Glendale Elementary School District staff. Employees who have questions or need more detail should refer to the District's policy manual, their supervisor, and then the Human Resources Department. In conformity with the understandings stated on the employment application and the policies of the District regarding employment status of personnel, this handbook and the items contained, referred to or mentioned herein, is not intended, nor is it to be construed to constitute a contract or part of a contract of employment between the District and any one or all of its personnel. No statement in this handbook is intended nor does it provide a legitimate expectancy for any benefit greater than that provided for in the employee's contract or employment agreement. No statement in this handbook is intended nor does it provide a legitimate basis for an expectation of a term of employment greater than provided by the contract or employment agreement between the District and the individual employee. Nothing in this handbook provides for any process or procedure involving discipline including dismissal of employee different or greater than that provided by contract, employment agreement, or District policy. This handbook and its contents are presented as a matter of information and direction only and the contents may be changed within the discretion of the Administration. Governing Board policies may be changed with or without notice by the Glendale Elementary School District Governing Board at any time. Adoption of new policies or the revision or repeal of existing policies is the responsibility of the Board. See policy BFC for an outline of procedures for policy adoption

The provisions of this handbook can be unilaterally changed by the Administration without additional consideration or compensation.

This handbook supersedes any previous handbooks.

A complete copy of the GESD Board Policies can be accessed at www.azsba.org. No password is needed – GESD policies are accessible by the general public.

GENERAL INFORMATION

The mission of the Glendale Elementary School District; Our highly trained and caring staff in partnership with our families and community ensures each student will achieve the academic excellence and confidence to embrace a future of higher education leading to a productive and fulfilling life.

The Glendale Elementary School District operates under the statutes of the State of Arizona, federal laws and regulations, and the policies of the Glendale Elementary Governing Board.

GOVERNING BOARD

Current members of the Board are: Steve Johnston, Board President; Sara Smith, Board Clerk; Rosemary Arthur, Member; Brenda Bartels, Member; and Mary Ann Wilson, Member.

Governing Board meetings are held at 5:30 p.m. on the second Thursday of each month. Special meetings may be called as needed for study sessions on the budget and for in-depth review of other areas relating to the business of the school District. The agenda is posted in advance at each school site and the district office. Staff, parents, and community members are encouraged to attend. You can call (623) 237-7135 to obtain a personal copy of the agenda.

DISTRICT ADMINISTRATION

Mr. Joe Quintana is the Superintendent. He is interested in effective communication with all members of our organization. He can be contacted at (623) 237-7136 or by district e-mail.

Dr. Donna Lewis is the Assistant Superintendent for Curriculum & Instruction. She is responsible for coordinating all aspects of the Curriculum and Instruction in the District process. She can be reached at (623) 237-7224.

Mr. Kevin Hegarty is the Deputy Superintendent for Business Services. He supervises all support functions (i.e., transportation, food services, technology, payroll, etc.). He can be reached at (623) 237-7110.

Dr. Marcia Smith is the Assistant Superintendent for Human Resources. She can be reached at (623) 237-7125. She oversees the recruitment and employment of all district staff, as well as staff salaries and benefits. If you have any questions related to your status as an employee, please contact Human Resources at 623-237-7125.

For information on:

Call:

Change of Home Address, leaves, retirement, etc.

Human Resources (623) 237-7125

Grievances

Dr. Marcia Smith (623) 237- 7125, or
Rosanne Langer, GEA President
(623) 237-5178

Benefits

Jodi Finnesy (623) 237-7149

Payroll Issues

Lindie Evans (623) 237- 7112
Jan Wright (623) 237- 7114
Diane Culligan (623) 237- 7113

See the District Website at www.gesd40.org for information about job postings, district updates and employment applications.

GLENDALE LANDMARK (K-8)

Ms. Sherry Stillman, Principal
Ms. Cheri Dawn Emerson, AP
Ms. Sheryl Shelley, Secretary
5730 W. Myrtle Ave.
Glendale, AZ 85301
(623) 237-4001

ISAAC E. IMES (K-8)

Ms. Melinda Diaz, Principal
Ms. Jody Gallimore, AP
Ms. Margie Matthies, Secretary
6625 N. 56th Avenue
Glendale, AZ 85301
(623) 237-4002

HAROLD W. SMITH (K-8)

Dr. Rick Alvarez, Principal
Mr. Nathan Fairbanks, AP
Ms. Catherine Wallace, Secretary
6534 N. 63rd Avenue
Glendale, AZ 85301
(623) 237-4003

MELVIN E. SINE (K-8)

Ms. Barbara Hill, Principal
Ms. Tish Mineer, AP
Ms. Carmen Gutierrez, Secretary
4932 W. Myrtle Avenue
Glendale, AZ 85301
(623) 237-4004

WILLIAM C. JACK (K-3)

Mr. Denis Parcels, Principal
Ms. Shelly Hartman, AP
Ms. Yolanda Camacho, Secretary
6600 W. Missouri Avenue
Glendale, AZ 85301
(623) 237-4005

DON MENSENDICK (4-8)

Mr. Jeff Vilardi, Principal
Dr. Seu Hee Kim, AP
Ms. Vianey Fong, Secretary
5535 N. 67th Avenue
Glendale, AZ 85301
(623) 237-4006

GLENN F. BURTON (K-8)

Ms. Holly Northcott, Principal
Ms. Melissa Marze, AP
Ms. Michelle Applebee, Secretary
4801 W. Maryland Ave.
Glendale, AZ 85301
(623) 237-4007

GLENDALE AMERICAN (K-8)

Ms. Kellie Duguid, Principal
Ms. Tamera Nichol, AP
Ms. Shirley Feaser, Secretary
8530 N. 55th Ave.
Glendale, AZ 85302
(623) 237-4008

BICENTENNIAL NORTH (4-8)

Dr. Kenneth Fleming, Principal
Dr. Kristen Robertson, AP
Ms. Gayle Hemmings, Secretary
7237 W. Missouri Avenue
Glendale, AZ 85303
(623) 237-4009

HORIZON (K-8)

Ms. Diane Garner, Principal
Dr. Bradley Jamison, AP
Ms. Lori Tilbury, Secretary
8520 N. 47th Ave.
Glendale, AZ 85302
(623) 237-4010

CHALLENGER (4-8)

Ms. Tiffany Molina, Principal
Ms. Michelle Brady, AP
Ms. Crystal Salaices, Secretary
6905 W. Maryland Avenue
Glendale, AZ 85303
(623) 237-4011

BICENTENNIAL SOUTH (K-3)

Dr. Sue Pederson, Principal
_____, AP
Ms. Ruth Ann Gonzalez, Secretary
7240 W. Colter
Glendale, AZ 85303
(623) 237-4012

DISCOVERY (K-8)

Ms. Diane Pesch, Principal
Ms. Sarah Balder, AP
Ms. Brandi Ruiz, Secretary
7910 W. Maryland Ave.
Glendale, AZ 85303
(623) 237-4013

DESERT GARDEN (K-3)

Ms. Julie Ruskey, Principal
Ms. Kristen Balthis, AP
_____, Secretary
7020 W. Ocotillo
Glendale, AZ 85303
(623) 237-4014

COYOTE RIDGE (K-8)

Mr. Paul Abbott, Principal
Ms. Sue Eselgroth, AP
Ms. Mary Winn, Secretary
7677 W. Bethany
Glendale, AZ 85303
(623) 237-4015

DESERT SPIRIT (K-8)

Ms. Jacque Horine, Principal
Mr. Jerry Byrn, AP
Ms. Colleen Milonas, Secretary
7355 W. Orangewood
Glendale, AZ 85303
(623) 237-4016

SUNSET VISTA (K-8)

Mr. Mark Hughes, Principal
Dr. Bryan Richman, AP
Ms. Kathi Hailey, Secretary
7775 W. Orangewood Ave.
Glendale, AZ 85303
(623) 237-4017

**GLENDALE SUCCESS
ACADEMY-(GSA) (K-8)**

Mr. Alan Hirsh, Student Advisor
Ms. Josie Vasquez, Secretary
7301 N. 58th Avenue
Glendale, AZ 85301
(623) 237-7240

2011-12 SCHOOL YEAR INFORMATION

<p><u>July</u> New Teachers Report July 20 All Teachers Report July 27 Professional Days July 27-31</p>	<p><u>January</u> Winter Break * January 1-6 Martin Luther King Day Holiday * January 16 Professional Growth Day * January 25</p>
<p><u>August</u> First Day of School August 1 Early Release August 10 Professional Growth Day * August 24</p>	<p><u>February</u> Early Release Grading February 8 Early Release Parent Conferences February 16-17 President's Day Holiday * February 20 Early Release Prof. Development February 29</p>
<p><u>September</u> Labor Day* September 5 Early Release Prof. Development September 14 Early Release (Grading) September 28</p>	<p><u>March</u> Spring Break * March 12-16 Early Release Prof. Development March 21</p>
<p><u>October</u> Early Release Parent Conferences October 6-7 Fall Break * October 10-14 Early Release Prof. Development October 19</p>	<p><u>April</u> Early Release Grading April 11 AIMS Testing Window April 16-26 Test Break * April 27</p>
<p><u>November</u> Early Release Prof. Development November 2 Veterans Day Holiday/Break * November 11 Early Release Grading November 18 Thanksgiving Break * November 21-25</p>	<p><u>May</u> Early Release Prof. Development May 2 Early Release Grading May 18 Last Day of School/Early Release May 23 Memorial Day Holiday * May 28</p>
<p><u>December</u> Early Release Prof. Development December 7 Winter Break * December 23- 31</p>	

* No school for Students

SCHOOL HOURS

Burton, Discovery, Horizon, Landmark, American & Coyote Ridge:

Monday – Friday 7:45 a.m. – 2:45 p.m.
 Early Release Days 7:45 a.m. – 11:45 p.m.
School Office Hours: 7:15 a.m. – 4:00 p.m.

Smith, Sine, Bicentennial North & South, Sunset Vista, Mensendick and Jack:

Monday – Fridays 8:15 a.m. – 3:15 p.m.
 Early Release Days 8:15 a.m. – 12:15 p.m.
School Office Hours: 7:45 a.m. – 4:30 p.m.

Challenger, Desert Garden, Desert Spirit and Imes:

Monday – Friday: 8:45 a.m. – 3:45 p.m.
 Early Release Days: 8:45 a.m. – 12:45 p.m.
School Office Hours: 7:45 a.m. – 4:30 p.m.

DISTRICT OFFICE INFORMATION

Phone: (623) 237-4000

Open Monday – Friday 7:15-4:45 PM

Summer Schedule: Monday – Thursday 6:30-4:30 PM

All Employees are expected to review the Employee Handbook and familiarize themselves with the contents.

Where applicable, Board Policies are noted in each section of the Employee Handbook. Employees may access Board Policies by following the process below:

- Employees may view policies at www.azsba.org
 - There is also a “District Policies” link from the GESD home page at www.gesd40.org
- On the left hand side of the page, you will see “School District Policy Manuals”. Click on this link.
- On the ASBA page, you will click on “Publicly Available Manuals” link at the top of the page. (You do not need a password).
- Click on the icon that looks like a red cross next to Glendale Elementary School District in the list of districts on the left hand side of the page.
- You may browse through the sections looking for a specific policy or you can use the search engines provided on the website to search for the topics that interest you.

GESD POLICIES

CONDUCT

(see policy GBEB, GBEB-E)

All employees of the District are expected to conduct themselves in a manner consistent with effective and orderly education and to protect students and District property. No employee shall, by action or inaction, interfere with or disrupt any District activity or encourage any such disruption. No employee, other than one who has obtained authorization from the appropriate school administrator, shall carry or possess a weapon on school grounds. All employees shall at all times attempt to maintain order, abide by the policies, rules, and regulations of the District, and carry out all applicable orders issued by the Superintendent.

No employee, while on or using school property, otherwise acting as an agent, or working in an official capacity for the District shall engage in conduct that violates the District's expectations for staff conduct, examples of which include but are not necessarily limited to the following:

- Physical or verbal abuse of, or threat of harm to, anyone.
- Unprofessional conduct.
- Committing fraud in securing appointment.
- Exhibiting incompetence in their work.
- Exhibiting inefficiency in their work.
- Exhibiting improper attitudes.
- Neglecting their duties.
- Acts of insubordination.
- Willful disobedience.
- Acts of child abuse or child molestation.
- Acts of dishonesty.
- Causing damage or threat of damage, to property of the District or property of a member of the community or a visitor to the school when the property is located on premises controlled by the District.
- Forceful or unauthorized entry to or occupation of District facilities, including buildings and grounds.
- Use, possession, distribution, or sale of alcohol, drugs or illegal substances.
- Being absent without leave.
- Being involved in excessive absenteeism.
- Use of profane or abusive language, symbols or conduct.
- Failure to teach the standards.
- Discourteous treatment of the public.
- Improper political activity.
- Failure to comply with lawful direction of District officials, security officers, or any other law-enforcement officer, or failure to identify oneself to such officials or officers when lawfully requested to do so.
- A violation of District policies and regulations.
- Any conduct violating federal, state, or applicable municipal law or regulation.
- Any other conduct that may obstruct, disrupt, or interfere with teaching, research, service, administrative, or disciplinary functions of the District, or any other activity sponsored or approved by the Board.

In addition to the foregoing, all staff members are expected to:

- Thoroughly acquaint themselves with the rules, regulations, and other information applicable to them contained within the policies of the Board.
- Conduct themselves in a manner consistent with effective and orderly education and to protect the students and the District property.
- Maintain order in a manner consistent with District policies and regulations.
- Comply promptly with all orders of the Superintendent and the administrator who is their immediate supervisor.
- Dress and maintain a general appearance that reflects their position and does not detract from the educational program of the school.
- Comply with the requirement of A.R.S. 15-515 [Duty to report violations occurring on school premises] by immediately reporting to the Superintendent or the administrator who is their immediate supervisor:
 - A violation of A.R.S. 13-3102 [possession of a deadly weapon on school grounds].
 - A violation of A.R.S. 13-3111 [possession of a firearm by a minor without authorization (in Maricopa and Pima Counties and where otherwise adopted by local ordinances.)]
 - A violation of A.R.S. 13-3411 [possession, use, or intent to sell marijuana, peyote, or dangerous narcotic drugs, or intent to sell prescription-only drugs in a drug-free zone (i.e., school grounds and the area within three hundred [300] feet and public property within one thousand [1,000] feet of school grounds, the area at a school bus stop, and a school bus.)]

Any administrator receiving a report of a violation of A.R.S. 13-3102, 13-3111, or 13-3411 shall immediately report such violation to a peace officer in compliance with A.R.S. 15-515.

Employees of the District who violate these rules are subject to disciplinary action.

Reporting Suspected Crimes or Incidents

Staff members are to report any suspected crime against a person or property that is a serious offense, involves a deadly weapon or dangerous instrument or that could pose a threat of death or serious injury to employees, students or others on school property. All such reports shall be communicated to the Superintendent who shall be responsible for reporting to local law enforcement.

Use of Physical Force by Supervisory Personnel

Any administrator, teacher, or other school employee entrusted with the care and supervision of a minor may use reasonable and appropriate physical force upon the minor to the extent reasonably necessary and appropriate to maintain order. Similar physical force will be appropriate in self-defense, in the defense of other students and school personnel, and to prevent or terminate the commission of theft or criminal damage to the property of the District or the property of persons lawfully on the premises of the District.

The threat or use of physical force is not justified as a response to verbal provocation alone, nor when the degree of physical force used is disproportionate to the circumstances or exceeds that necessary to avoid injury to oneself or to others or to preserve property at risk.

ETHICS

(see policy GBEA)

All employees of the District are expected to maintain high standards in their school relationships. These standards must be idealistic and at the same time practical, so that they can apply reasonably to all staff members. The employees acknowledge that the schools belong to the public they serve for the purpose of providing educational opportunities to all. However, every employee assumes responsibility for providing leadership in the school and community. This responsibility requires the employee to maintain standards of exemplary conduct. It must be recognized that the employee's actions will be viewed and appraised by the community, associates, and students. To these ends, the Board adopts the following statements of standards.

The school employee:

- Makes the well-being of students the fundamental value of all decision making and actions.
- Maintains just, courteous, and proper relationships with students, parents, staff members, and others.
- Strives for the maintenance of efficiency and knowledge of developments in the employee's field of work.
- Fulfills job responsibilities with honesty and integrity.
- Directs any criticism of other staff members or of any department of the school system toward improving the District. Such constructive criticism is to be made directly to the school administrator who has the responsibility for improving the situation.
- Supports the principle of due process and protects the civil and human rights of all individuals.
- Obeys local, state, and national laws and does not knowingly join or support organizations that advocate, directly or indirectly, the overthrow of the government.
- Implements the Governing Board's policies and administrative rules and regulations.
- Refrains from using school contacts and privileges to promote partisan politics, sectarian religious views, or selfish propaganda of any kind.
- Avoids using position for personal gain through political, social, religious, economic, or other influence.
- Maintains the standards and seeks to improve the effectiveness of the profession through research and continuing professional development.
- Stresses the proper use and protection of all school properties, equipment, and materials.
- **Honors all contracts until fulfillment or release.**

In the performance of duties, employees shall keep in confidence such information as they may secure unless disclosure serves District purposes or is required by law.

STAFF CONDUCT WITH STUDENTS

(see policy GBEBB)

Employees are expected to exercise general supervision over the conduct of students, not only while in the schoolroom but also before and after school and during recess. At all times, teachers and other staff members will accord students the dignity and respect that they deserve, and avoid embarrassing any student unnecessarily.

All personnel employed by the District are expected to relate to students of the District in a manner that maintains social and moral patterns of behavior consistent with community standards and acceptable professional conduct.

Relationships between staff members and students that include “dating,” “courtship,” or “romantic involvement” are prohibited. These behaviors deviate from ethical or professional standards and shall be deemed unacceptable and contrary to the expectations of District governance.

Staff/student relationships shall reflect mutual respect between staff members and students and shall support the dignity of the entire profession and educational process. Violations of the policy shall be considered insubordination and may result in severe disciplinary action.

STUDENT SAFETY

(see policy JLI)

Teachers are responsible for their classes at all times. At no time are students to be left unsupervised.

STUDENT TRANSPORTATION IN PRIVATE VEHICLES

(see policy EEAG)

The Board specifically forbids any employee to transport students for school purposes without prior authorization by the Superintendent.

Students may be transported only in school approved vehicles operated by District authorized personnel during school or school sponsored functions.

Any exception must be specifically approved by the Superintendent.

STAFF PARTICIPATION IN POLITICAL ACTIVITIES

(see policy GBI)

The Board recognizes the right of its employees, as citizens, to engage in political activity. However, school time, personal equipment, supplies, materials, buildings, or other resources may not be used to influence the outcome of elections.

VOTING

(see policy GBI)

The Governing Board believes that an employee who is qualified to vote in a primary or general election in the State of Arizona shall be entitled to voting leave with pay for the purpose of voting.

Glendale Elementary School District employees shall be given an opportunity to exercise their voting rights. In accordance with Arizona Revised Statutes (ARS), the following guidelines shall be used:

- a. By law (ARS §16-402), "A person entitled to vote at a primary or general election held within this state may the day of election absent himself, for the purpose of voting, from the service or employment at which he is employed if there are less than three consecutive hours between the opening of the polls and the beginning of his regular work shift or between the end of his regular work shift and the closing of the polls. In such event, he may absent himself for such length of time at the beginning or end of his work shift that, when added to the time difference between work shift hours and opening

or closing of the polls, will provide a total of three consecutive hours. He shall not, because of such absence, be liable for any penalty, nor shall any deduction be made therefore from his usual salary or wages. Application shall be made for such absence prior to the day of election, and the employer may specify the hours during which the employee may absent himself."

- b. An employee wishing to take advantage of this type of leave **must make a written request at least one day prior to the election**. The supervisor shall specify the hours during which the employee may be absent (a.m. or p.m.).
- c. An employee who has been granted leave for the purpose of voting shall be subject to disciplinary action if it should subsequently be determined that he/she had no intention of voting and, in fact, did not vote in the election.

TRANSPORTATION SERVICES

(see policy EEB)

District vehicles shall not be used for personal business. All accidents in a school vehicle or in a private vehicle while on school business is to be reported to the District Transportation Office, or to an administrator if the accident occurs after school hours.

CASH IN SCHOOL BUILDINGS

(see policy DM)

Monies collected by school employees and/or by student treasurers shall be handled in accordance with prudent business procedures. In no case shall money be left overnight in school buildings, except in safes provided for safekeeping of valuables.

STAFF PERSONAL SECURITY AND SAFETY

(see policy GBGB & GBGB-R)

Employees who are threatened with harm by an individual or group while carrying out assigned duties shall immediately notify the building principal or supervisor, who should then notify the Superintendent. Immediate steps will be taken in cooperation with the employee to provide every reasonable precaution for the employee's safety.

HEALTH AND SAFETY

(see policy GBGCB)

It is the policy of the School District to take reasonable and lawful measures to protect students and staff members from the transmission of communicable diseases.

EMPLOYMENT

Personnel Policies & Procedures Staffing Contracts, Responsibilities, Evaluation Separations, etc.

PROFESSIONAL SUPPORT STAFF HIRING

(see policy GCF, GDF)

It shall be the policy of the District to employ and retain the best qualified personnel. This will be accomplished by giving careful consideration to qualifications and by providing competitive salary schedules within the financial capability of the District, adequate facilities, and good working conditions.

TRANSFERS AND ASSIGNMENTS

Professional Staff Assignments and Transfers

(see policy GCK)

Assignments and transfers shall be made on the needs of the District and instructional program. There shall be no rights to school, grade, or subject assignment inferred from the teacher contract. Professional staff members may apply for transfers or reassignments whether a vacancy exists or not. Application for transfer or reassignment must be made on the appropriate "Voluntary Reassignment/Transfer Form." Consideration for staffing is determined by the best qualified applicant. Each professional staff member who submits the "Voluntary Reassignment/Transfer Form" by March 15 will be given an interview for the known vacancy prior to filling the requested vacancy. If the form is not received before March 15, the interview is not guaranteed.

Involuntary Transfers

(see policy GCK-R)

An involuntary transfer is the movement of a teacher from one school or department to another that is initiated by the administrator. The Superintendent shall determine when a transfer is in the best interest of the District.

Support Staff Assignments and Transfers

(see policy GDJ)

Support staff assignments or transfers shall be based on the needs of the District. Assignments may be changed to serve the best interests of the District. Staff members may apply for a transfer or reassignment, whether one exists or not. Personnel will be placed based on their qualifications, District needs, and employees' expressed desires. This applies to transfers within the same job classification and pay grade. Reassignments to a position of greater or lesser pay require Board approval.

STAFF SCHEDULES & CALENDARS

Professional/ Certified

(see policy GCL)

The times of the work day will be determined by the district administration and may vary during the year and between schools, within a single school, between grade levels and different programs. The teacher understands and agrees that there may be occasions requiring teacher's presence outside of the regular duty hours and the teacher will be present and

perform any assigned duties, such duties being part of the teacher's obligations under teacher's employment contract.

All professional staff members shall report to their duty stations on time each workday and shall, as scheduled, be available there until the designated time(s) they are scheduled to leave. The Superintendent may alter or extend the school day for meetings, special events, and activities.

Professional staff members are expected to be in their respective rooms or work areas as the schedule prescribes so that they may see students, parents, and/or attend to other duties as assigned. Family members are not allowed in teacher work areas during scheduled duty hours.

In order to ensure the safety of students and the security of school campuses, teachers may be assigned supervisory duty during the teaching day. These duty assignments shall be considered a regular part of a teacher's duties and shall be fulfilled accordingly.

Teachers will perform duties other than classroom teaching. Duty assignments will be made by the Superintendent through the principal.

Certified Work Day, Work Year

The instructional day (teacher-student contact time) is defined as the time that students attend school. The teacher work day will not be longer than 7 3/4 hours. Each teacher will have a scheduled, uninterrupted, thirty-minute, duty-free lunch period.

Professional responsibilities outside the instructional day include, but are not limited to, the following activities: student supervision, parent and/or student conferences, lesson planning, school/staff meetings, special education staffing, etc. When school open house or parent conferences are held during evening hours, teachers are expected to extend their work day for those occasions.

Teachers will be required to work regular workdays for five (5) days prior to the first day of school for opening of school preparation. No less than one full day of that time period will be scheduled for the teacher to prepare in his/her instructional area in the equivalent of a full day increment.

Administration will involve teachers in staff-team planning; planning for the opening of a new school; implementation of District/school goals; and in-services involving the improvement of instruction. Consideration will be given to scheduling meetings/in-services so as not to conflict with scheduled events such as parent/teacher conferences, District in-service days, etc.

Classified Support Staff Work Schedules

(see policy GDL)

The normal workweek for support staff personnel will not exceed forty (40) hours per week. Typically the week will be based on the normal workweek for certain categories of support staff (non-exempt) employees may be less than 40 hours per week as determined by administration and employees work agreement, five (5) days per week; however, the Superintendent may designate other workweek structures to meet varying conditions and needs of the District. Employees will be notified at least one (1) week in advance of any modification to the workweek plan.

Non-exempt employees shall not work more than the assigned number of hours or forty (40) hours per week unless approval has been granted by the immediate supervisor who has obtained authorization from the Superintendent for the employee to work extra time/overtime.

All other cases of overtime must be pre-approved by the Superintendent unless it is for safety issues or in cases of emergency.

Individual employee work schedules will be based on the position held by the respective employees and on District needs as identified during the employment process.

For the purpose of calculating regular and overtime hours in accordance with wage and hour requirements, the District's designated workweek shall begin at 12:01 a.m. on Saturday and conclude at 12:00 midnight the following Friday.

TIMEKEEPING

(GDL)

Procedures for recording work hours and paid time off will be established by the District. All classified non-exempt employees are expected to clock in/out during their work day for recording accurate time worked. According to FLSA guidelines all hourly employees working more than six (6) hours/per day must also clock in/out for a 30 minute lunch. Proper paperwork must be completed for paid time off (if eligible) for personal business, professional leave, bereavement, FMLA, vacation or any other time away from work. Employees are expected to comply with these procedures. Failure to accurately record work or leave time may be considered time clock fraud and subject to disciplinary action up to and including termination.

OVERTIME

(GDL)

Glendale Elementary School District complies with the Fair Labor Standards Act regarding overtime compensation for non-exempt classified employees. An employee may work beyond the regular 40 hour work week with prior approval from the supervisor, or in the case of an emergency, approval must be sought immediately after the overtime is worked.

Overtime is applied only to hours worked. Hours worked over 40 in a work week where an employee takes paid time off, e.g. holiday, vacation, sick leave, will be paid those hours at their regular rate and overtime compensation will not apply.

FLEX TIME

(GDL)

Flex time will be arranged upon agreement of the supervisor and employee. When it is necessary for an employee to work additional or different hours for a special activity/event, the employee's work day or work week may be adjusted so that the employee is not required to work hours which exceed the normal work week. Flex time is to be modified within the parameters of the same workweek.

CONTRACTS & WORK AGREEMENTS

Professional Staff Contracts and Compensation

(see policy GCB & GDBA-R)

The Governing Board will annually establish the salaries and benefits for all professional staff employees within the budgetary constraints of the District. Employees must work at least one day more than half the year to receive a step increase.

Support Staff Contracts and Compensation

(see policy GDB)

Support staff members are employees of the District who are not required by state law or District policy to possess teaching certificates.

Term Employee:

A term employee is a support staff member who is employed by the District pursuant to a written contract that specifies the duration of the employment contract, which shall not exceed one (1) year. All support staff members who are not term employees are at-will employees.

At-Will Employee:

An at-will employee is a support staff member who is employed by the District for no specific term and who has no right of continued employment.

TEACHER RESPONSIBILITIES: CERTIFICATION

IT IS THE DUTY AND RESPONSIBILITY OF EACH TEACHER TO BE CERTIFICATED AND TO KEEP SUCH CERTIFICATION CURRENT. Teachers must record their original certificates with the Human Resources Department. If a teacher's certification expires during the contract year, the teacher will be required to obtain a substitute certificate and be reduced to substitute pay until a renewal certificate is recorded with the Human Resources Department.

All certified employees will possess a fingerprint clearance card and keep it current.

A teacher agrees, through signing of the contract, to fulfill certain responsibilities and to perform certain duties that are specified by law (see A.R.S. 15-521). Among the duties are these provisions:

- Holds pupils to strict account for disorderly conduct.
- Keep a school register, which the Governing Board shall carefully preserve as one of the records of school.
- Make the decision to promote or retain a pupil in grade in a common school or to pass or fail a pupil in a course in high school. Such decisions may be overturned only as provided in A.R.S. 15-342.
- Comply with all rules and policies of the Governing Board that relate to the duties described in this section.

The school principal may assign other duties or responsibilities related to the educational program which are to be considered part of teaching duties. Some of these activities may include service on a school or District committee, attendance at parent conferences, certain after-school activities, etc.

It is recognized that instructional staff members have the flexibility to utilize different teaching methodologies and strategies which are considered effective practices and consistent with the District's teacher evaluation process, enabling them to achieve District-determined education outcomes and objectives.

When student placement changes are in the best interest of the student, the principal shall implement the change. Excluding extenuating circumstances, the homeroom/core teacher(s) involved will be consulted.

To ensure the equitable balance of each classroom, when student placement or transfer is deemed necessary, the following criteria will be taken into consideration: class size, academic performance, ethnicity, gender, special needs, parent request, and behavior.

HIGHLY QUALIFIED

Under the NCLB Act of January 2002, educators of “core” subjects must be properly certified and endorsed for the subjects and instructional levels they teach, and have the required content knowledge for the endorsement they are using in the assignment.

- Highly Qualified is not a value judgment about the person as a teacher.
- Highly Qualified is a statement about competency in a content area.
- **HIGHLY QUALIFIED**
 - Hold a bachelor’s degree, AND
 - Hold a valid Arizona state certificate-intern, provisional, or standard (charter school teachers are exempt from this requirement) – Special Education teachers must be appropriately certified for the Special Education area in which they teach.
- Appropriately Certified
The subject knowledge portion of the Arizona Teacher Proficiency Assessment (AEPA) shall assess proficiency as a requirement for certification of elementary and secondary teachers and as a requirement for certification of special education teachers.

The Big 3 Requirements

- Bachelor’s degree
- Full Arizona State Certification
- Demonstrated subject matter competency in the academic subject they teach

Parents Right to Know

- LEA’s must notify parents of students attending Title I schools that parents may request information on the professional qualifications of the student’s teacher
- LEA’s must provide parents with a timely notice that their child has been taught for four or more consecutive weeks by a teacher of core academic subjects who is not highly qualified- GEDS must notify parents by August 31st.
- Parents’ Right to Know includes whether:
 - The teacher meets State qualifications/licensure requirements;
 - The teacher has a baccalaureate degree major;
 - The child receives services from a paraprofessional and the paraprofessional’s qualifications

HIGHLY QUALIFIED FOR EDUCATIONAL ASSISTANTS:

As applicants or employees are recommended for Educational Assistant positions with the District they are required to fulfill the highly qualified requirements for Paraprofessionals. Such requirement must be met before the check-in or transfer process begins. Such requirements are identified on the Arizona Highly Qualified Paraprofessional Attestation form and include: A secondary school diploma or GED AND two years of study; 60 credit hours at an accredited institution of higher education (100 level courses or higher) OR a passing score on an ADE-approved assessment: ParaPro, ACT WorkKeys, or Master Teacher’s Para Educator Learning Network.

EVALUATIONS

Evaluation of Performance

(see policies GCO and GDO)

Certified Staff

All Certified staff will be evaluated annually in accordance with Arizona Revised Statutes and Governing Board Policy GCO. Certified staff are expected to be familiar with the steps in the Teacher Evaluation System. The Teacher Evaluation System outlines procedures for Peer Observers as part of the evaluation process.

Classified Support Staff

All support personnel shall be evaluated by the appropriate supervisor or administrator. A written evaluation of effectiveness of each support staff member shall be completed the first year of employment and not later than ninety (90) days after the first day of work. A second first-year evaluation will be not later than the anniversary date of employment. At least once each year thereafter, an evaluation will be conducted. The evaluation will be used to increase job proficiency and for recommending continued employment.

POSTING OF POSITIONS

To keep all classified personnel fully informed of changes and vacancies within the school system, bulletins will be issued periodically from the Human Resources Department and vacancies are posted on line on the district's website. Positions will be open for a minimum of five (5) days. Interested employees should submit a letter of interest for consideration.

PROMOTIONS

First preference on vacancies is based on qualifications. References are always secured from supervisors to determine if the employee is performing satisfactorily in his/her present assignment. Previous Employee Performance Evaluation(s) will be considered as references. When an employee is promoted to a higher classification, the employee will be placed on the new range of the salary schedule closest to the current hourly rate without losing money and then shall move two additional ranges, or the employee can be placed in the same manner as a new hire (see Salary Placement below), whichever results in the greatest increase.

Applicants and employees recommended for the School Bus Operator in Training position will be placed at the first range of the position's salary schedule. Employees whose position changes from School Bus Operator in Training to School Bus Operator will placed on the first range of the position's salary schedule.

SALARY PLACEMENT

Special consideration for education and experience may be given to new hires when determining salary placement, 1 range per 1 year of experience. No new employees will be initially placed higher than range 5.

RECLASSIFICATION/REGRADE

The Administration will reorganize positions and responsibilities as it deems necessary for the benefit of the District organization. A study may be conducted to determine if a District-wide reorganization is necessary. If it is determined to be necessary, it will be completed under the direction of the Assistant Superintendent of Human Resources.

An employee whose position has been reclassified will move to a new grade. (Reclassification: Position duties and responsibilities have changed, and compensation has changed.)

- If the reclassification is to a higher grade, the employee will be placed on the range that guarantees at least one penny increase in salary.
- If the reclassification is to a lower grade, the employee will not lose a range.

Anyone who is re-graded will be moved to the new grade and he/she will not lose a range. (Regrade: Position duties and responsibilities remain the same; compensation of the position has changed.)

VOLUNTARY DEMOTION AND POSITION CHANGE

When an employee requests placement in a position at a lower grade, this can be accomplished if the following conditions are met.

- a. Appropriate supervisors approve such change
- b. A vacancy exists
- c. The employee qualifies for the position
- d. There will be no gain in compensation as an outcome
- e. Range level placement will be based upon experience

When an employee is granted a voluntary demotion, the employee will be moved to the new lower grade. They will retain their current range. If they have experience related to the new position, they can move over ranges, 1 range per 1 year of experience not to exceed their current salary.

RESIGNATIONS

Resignation of Professional Staff Members

(see policy GCQC)

All resignations or requests to be released from a contract shall be in writing and sent to the Board for approval. A release from a contract is contingent upon finding a suitable replacement for the classroom to be vacated. As per contract signed (T6), "Teacher recognizes that the District will incur expenses of securing a replacement and possibly costs for a substitute in the event that the teacher does not fulfill his/her obligations under the contract. In the event that the teacher fails to report to his/her assignment or resigns from employment with the District, effective prior to the end of the term of this contract, employee agrees to pay the District the amount of two thousand, five hundred dollars (\$2,500.00) as liquidated damages, and not as a penalty."

Resignation of Support Staff Members

(see policy GDQB)

Employees voluntarily terminating their service with the District are expected to give advance notice of not less than ten (10) working days. This notice should be submitted to the supervisor in writing and should specify both the last day of work and the reason for terminating. Authorized unused vacation credit will be paid to employees with the last paycheck.

EMPLOYEE REPRESENTATION

Any time a meeting between an employee and his/her administrator/supervisor is requested, the employee is entitled to a representative of his/her choice. An additional representative may be present by mutual consent.

Recommendations will be submitted by the Assistant Superintendent of Human Resources to the Superintendent. The final decision will be made by the Superintendent.

PERSONNEL RECORDS AND FILES

(see policy GBJ)

Professional employees are required to supply Human Resources with current and complete official transcripts of all college credits.

It is the duty and responsibility of each certificated employee to keep such certification current.

Individuals may review their personnel file. Additionally, they may be advised of and append in writing, any derogatory information.

All documents in the personnel file are confidential. Access to personnel files is limited to authorized District officials and employees. Employees may review their own files by making written requests to Human Resources. Confidential information obtained prior to employment is not available for review.

COMPENSATION

PAYROLL PROCEDURES

(see policy DKA)

Paychecks are issued biweekly.

Procedure:

Employees can access their bi-weekly payroll information on-line using GESD's Employee Web Portal. To view information, employees must log-on to the District's secure employee portal using an assigned user name and password.

Information available on-line within Employee Resources section:

- Compensation:
 - Pay Period: View/Print bi-weekly pay stubs
 - Calendar Year: View total compensation for present and past calendar years
 - W-2's: View and/or print past issued W-2's
- Attendance: Vacation, family and personal illness and personal leave accruals and usage are posted on the web each payday.
- Tax Forms: Update and electronically submit tax withholding forms for both Federal and State.
- Profile:
 - Contact Information: View and/or update address and phone number
 - Emergency Contact: View and/or update person(s) designated to be contacted in case of emergency with employee.
- Benefits: Enroll in benefits or participate in Open Enrollment
- Beneficiaries: View and update beneficiary information

SALARY DEDUCTIONS

(see policy DKB)

An employee may request the Payroll Department to deduct from the check payment to the following authorized by the individual:

- Direct deposit of net payroll with financial institution. All employees have the option of direct deposit to the bank or credit union of their choice.
- Tax sheltered annuity
- Direct deposit deduction of a specified amount to credit union or other financial institution.
- Dependent medical/dental coverage
- United Way
- Donations for income tax credit

PAYMENT OF TEMPORARY REPLACEMENT

In order to maintain the operations of the District, it may occasionally be beneficial to replace a support staff employee who must temporarily be absent from his/her duties.

The following procedures shall apply:

1. An employee who temporarily replaces another employee of equal grade will receive his/her own rate of pay.

2. An employee who temporarily replaces an employee on a higher grade shall receive his/her own rate of pay for a period of five (5) days. Beginning on day six (6) and, effective every day thereafter, the employee shall receive a salary equivalent to an increase to the next range of his/her grade or the first range of the grade of the individual being replaced, whichever is greater. In order to receive such compensation, the temporary replacement employee must perform more than 51% of the higher level duties of that position on a daily basis.
3. Temporary replacement of support staff by a non-employee (external individual) shall be compensated at the entry level grade of the employee being replaced. Temporary employees must fulfill all application requirements.
4. Retired GESD employees who temporarily replace a current employee will be compensated at range 3 of the grade of the individual they are replacing.

PAYMENT FOR DISTRICT IN-SERVICE OR WORKSHOPS

When approved by the supervisor, classified employees will be paid at their current hourly rate of pay for optional District in-service or workshops outside normal working hours.

PAY FOR PERFORMANCE

(Procedure)

Intent of GESD Performance Pay Program

The GESD Performance Pay Plan enables eligible staff to earn additional compensation by demonstrating professional skills and supporting student achievement.

Participation

Participation by eligible staff members for the action research component of the performance pay program is voluntary. Eligible staff may NOT opt out of the three measures of student achievement components. Eligible staff choosing not to participate in Component 1 Options must notify their building principal and the assistant superintendent in writing prior to October 1st of the contracted school year.

Performance Pay Compensation

1. Performance pay for Component 1 will be paid to eligible staff members prior to the end of the fiscal year, June 30th. Component 2 for Student Achievement will be paid within three weeks after ADE releases – school AYP and labels to the public, typically no later than October 1st.
2. GESD will meet all state retirement board requirements to allow for performance pay amounts earned to be applied to the final school year report for employees planning to retire to ensure consideration for retirement benefit calculation purposes.
3. The total amount of funds to be considered for performance pay will be based on the Proposition 301 approved budget and is subject to authorization provided by legislation for Proposition 301 criteria.
4. Performance pay will be established as percentages of available funds for specific components as opposed to specific amounts in each year's plan due to the inconsistency of the revenue amount from Proposition 301 from year to year.
5. Performance pay amounts will be figured based on all eligible staff members. If individuals do not earn their performance pay in any given year, it remains in the fund and becomes a

part of the following year's revenue for disbursement. This process allows for funding to an individual or building who may successfully appeal the denial of their performance pay.

6. Performance pay funds will be prorated based on FTE for eligible staff who are assigned to positions less than a full 1.0 FTE.

Eligibility

A staff member is eligible for consideration for payment of the performance pay if he or she:

1. Possesses a current Arizona teaching certificate.
2. Is employed at least .33 FTE.
3. Work schedule requirements for performance pay:
 - a. Staff who meet all other eligibility requirements and begin work prior to October 1st are eligible for 100% of their performance pay.
 - b. Staff who meet all other eligibility requirements and begin work after October 1st but before March 1st are eligible for 50% of their performance pay.
 - c. Staff who are employed .33 FTE are eligible for performance pay at a pro-rated rate based on the amount.
 - d. Staff who begin work after March 1st are not eligible for performance pay regardless of whether they meet all other eligibility requirements.
 - e. An employee who takes a leave of absence will receive performance pay at a pro-rated rate based on the number of student days.
 - f. An employee, who resigns during the school year, will not be eligible for performance pay. (See Appeals Process).
4. Eligible staff on a district-approved leave of absence must meet the district requirement of active employment one day more than half the year to be eligible for performance pay.

CLASSIFIED PROFESSIONAL GROWTH PLAN

An incentive program was re-instituted in the 2002-03 school year which provides for the advancement of employees on the salary schedule following satisfactory completion of courses, workshops, conference or seminars which contribute to the improvement of district programs and to the professional growth of the individual. The program is designed to accomplish the following:

- a. Encourage classified staff to accept growth in our rapidly changing society.
- b. Offer more effective service to the district.
- c. Retain qualified classified staff.
- d. Encourage high standards of job performance.
- e. Prepare classified staff for a more responsible position.
- f. Provide additional financial awards.

Eligibility and Guidelines

All active employees may participate in the program after completion of one year as a district employee. If an employee is on leave, he/she may not continue to participate in the program. All courses, classes and workshops must be paid for by the employee (not the district) and must receive prior approval from the Professional Growth Program Review Committee in order for credit to be given. Credits can be earned through successful completion of post-secondary courses at accredited colleges and trade schools and through successful completion of workshops or conferences directly related to the employee's current job position. Each course will be granted one Professional Growth point for each credit hour. The length of workshops, or conferences are converted to points (6 hours = ½ point). A total of 12 Professional Growth points are required for salary advancement of one pay range.

Procedures

1. The employee submits a prior approval form (signed by the employee's supervisor) to the Professional Growth Program Review Committee. No credit will be given without prior recommendation from the supervisor. Special circumstances will be given consideration by the Assistant Superintendent of Human Resources.
2. When a request is denied by the supervisor, an employee may appeal to the Assistant Superintendent of Human Resources.
3. All appeals must be submitted in writing to the Assistant Superintendent of Human Resources for review within five working days of the receipt of a decision. The Assistant Superintendent of Human Resources will determine whether or not the appeal should be directed to the Professional Growth Program Review Committee. A decision will be made within five days.
4. Verification of successful completion of a class such as a transcript, certificate, grade report or proof of attendance must be sent to the Human Resources office with a copy of the approved request form by June 30 with range movement to become effective July 1. Submission after June 1st may result in a delayed pay period adjustment; however, the increase will be retroactive.
5. A passing mark will be required to obtain Professional Growth points for all courses. Written verification of successful completion is required for workshops, conferences or seminars. (Form on page 71)

Limitations

No more than one pay range increase will be awarded per school year. Salary advancement is subject to Board approval on an annual basis. Employees who are at the top pay range or in an exempt position may continue with the Professional Growth program and receive a salary pay period of the new fiscal schedule pay range percentage increase per year with a lifetime maximum of 5 pay ranges.

ADVANCEMENT ON CERTIFIED SALARY SCHEDULE

Those intending to qualify for Professional Growth advancement on the salary schedule because they have completed college classes or district credit must supply the Human Resource Records Office with current and complete official transcripts of credit. Transcripts must be submitted to Human Resources Records Office no later than 4:00 p.m. on the first work day of October. After the first work day of October and upon receiving official transcripts, HR will notify Payroll of the approved advancement on the salary schedule. Individuals who submitted transcripts will receive retroactive pay for advancement on the salary schedule to the beginning of the current school year. If transcripts are available in the Spring prior to the year of salary advancement, the transcripts may be submitted and salary will be noted on the new contract.

Definitions

College Semester Hours are defined as credits for satisfactory completion of approved college or university graduate-level courses.

District Credits are defined as credits, other than college semester hours that are accepted by the District for participation in approved activities. They, along with college semester credits are used in determining qualifications for professional growth advancement on the teachers' salary schedule and are of equal value with the college semester hours. (15 seat hours= 1 credit)

Courses Accepted For Credit

Any graduate level education related course from a college or university approved by North Central Accreditation or comparable regional accrediting association will be accepted and not require prior approval. Persons completing courses must verify them by submitting official transcripts to Human Resources.

Please note any limitations and exceptions to education related graduate courses which have been taken from an accredited college or university.

THE FOLLOWING COURSES REQUIRE PRIOR APPROVAL:

- **Undergraduate courses:**

- Up to nine (9) hours credit may be given in any one priority area identified by the District such as computer courses, ELL,SEI,SIOP,ASSET, and foreign language.
- Hours must be approved by the District if required for additional endorsement certification in a priority area.
(Form on page 71 & 72)

Individuals working toward lateral movement from the MA/S +45 column on the salary schedule to the MA/S+60 column will only be granted professional growth credit if courses are taken which relate to improving student learning.

GESD In-service Activities (such as workshops, conferences and seminars)

Credit will be given based on the number of hours completed if approved by Curriculum & Instruction. For each credit hour, 15 instructor contact hours must be documented. If the in-service activities are offered during the regular workday, no salary credit will be given. Fifteen seat hours approved by Curriculum and Instruction will be given one (1) credit hour on the salary schedule. Fractional semester hours may be accumulated until one or more semester hours have been obtained.

Limitations and Exceptions

Credit will not be given for courses under the following circumstances:

- Courses for certification will not be accepted if they are required by the Director of Certification, Arizona Department of Education for the granting of a basic teaching certificate.
- Surplus undergraduate courses which are taken prior to the completion of all requirements for the Bachelor's Degree shall not be credited unless one has determined they are getting an education degree and has attended a university that requires 5 years in which the BA is granted and additional graduate hours and student teaching must be taken during the 5th year. These hours must be graduate level hours. Someone who has a post Bachelors degree must have their teaching degree before graduate hours will be counted towards salary advancement.
- Repetitious courses which have been taken more than once shall be credited only once.
- Minimum grade standard of a C or its equivalent must be earned.

- An employee being compensated by the District for course or conference may not use the credits earned for salary advancement.
- In the Spring of 2006 a BA + 15 lane was added to the salary schedule. Individuals who applied to move from the BA + 10 lane to the BA + 24 lane were allowed to do so due to the late addition of the BA + 15 lane. Therefore, a onetime exception has been made for those who qualify to move to the BA + 24 lane.
- In the Spring of 2008 a BA + 36 lane was added to the salary schedule. Five (5) individuals had submitted their transcripts and were moved on the salary schedule. No one else was moved in the Spring of 2008. In the future, employees will follow aforementioned policy of movement on the salary schedule.
- If a teacher plans on taking undergraduate classes he/she shall complete the required "Prior Approval Form" which he/she shall submit five (5) days prior to the semester/session in which the course work is requested.

Travel Credit Procedures

Travel credit may be received if the participant has obtained prior approval. One credit hour may be earned for every ten (10) days commencing on the first day of travel. Partial credit may be given such as one-half (1/2) credit for five (5) travel days; 1/10 credit per day. Teachers may earn up to six (6) hours credit for travel for all years of service in the District.

The teacher shall complete the application for credit form and shall submit it to Human Resources through the school principal at least fifteen (15) school days prior to commencement of travel.

The teacher must specify how the travel will benefit the instructional program in the District and how the information gained will be used with the students.
(Form on page 74)

A completion report to verify the travel must be submitted to Human Resources through the school principal.

Credit for Other Professional Activities

Credit for other professional activities will be granted with prior approval by the Assistant Superintendent of Human Resources, and/or Superintendent or Designee for in-service training and professional publication as follows:

When a teacher employed by the District conducts a workshop, he/she shall be awarded credit at the same rate as those in attendance or may opt to receive pay for the presentation time only. If the teacher conducts a workshop on the same topic, he/she shall be paid for presentation time only.

Publication of an educational article in a professional Journal shall qualify for one District credit.

TEACHER EXCHANGE

The Governing Board agrees that certified teachers serving more than three years that have five or more years of teaching experience within the District may apply to participate in the teacher exchange program.

Arizona Revised Statutes 15-131 Exchange Teacher Agreement: "The Governing Board of any school District in the state or the board of regents of the universities and state colleges of Arizona may enter into agreements with any foreign country, state, territory or possession of the United States, or other school District within the state for the exchange and employment of teachers or professors having required certificates in this state and teachers or professors in the public schools, universities, or colleges or any foreign country, state, territory, possession, or other school District within the state, having certification or qualifications equivalent to that of the exchange teacher or professor of this state."

- Exchange teacher will submit in writing how the exchange will benefit Glendale Elementary School students, especially in the teacher's classroom.
- Exchange teacher must also submit in writing the benefits of having a teacher from another state or country teaching the class.
- The school principal must submit in writing the benefits he/she believes will occur from the exchange of teachers.
- The teacher exchange will only be for one school year.
- Teachers with five or more years of teaching experience within the District are eligible.
- One teacher per school during a fiscal year may be granted exchange.
- Teachers who have participated in the teacher exchange program are eligible once every four years.

The District Superintendent will make the final recommendation to the Governing Board.

ABSENCES

ABSENCE REPORTING

Employees who are ill or otherwise absent should call the Absence Reporting System at (623) 237-7257 or access the Sub-finder Web Connect through the internet from the Human Resources home page (<http://www.gesd40.org/departments/hr/index.htm>). Employees must also notify their unit or department supervisor or Principal unless otherwise directed by that supervisor. All employees who accrue sick leave, e.g. work at least 4 hours per day must use this system to report absences. In addition to using the Absence Reporting System, a PLR should be submitted for vacation, personal business leave, professional leave, jury duty, and all other leaves which can be arranged in advance.

Employees can call or use the internet (Web Connect) to access the Absence Reporting System to record, review, or cancel absences and change personal information. The Absence Reporting System only works from touch-tone phones or through the internet.

When reporting an absence via the phone, wait for the job number before disconnecting or your absence will not be recorded. If your absence has already been filled, or it is past the cancel deadline set for your site, you will not be able to cancel it without contacting your supervisor.

Substitute Coordinator (623) 237-7128

PROCEDURES FOR PROFESSIONAL CONFERENCE ATTENDANCE

A total number of leave days equal to 1.61 times the number of FTE's assigned to a school shall be allotted to each school each year for use for professional purposes.

To attend meetings or conferences, certificated employees must obtain approval from the administration at least two (2) weeks prior to the meeting or conference dates (whenever such prior request is possible). A confirmation or denial should be provided within five (5) days of receipt of the request.

Attendance at professional conferences may be accomplished in one of the three ways:

A. Professional Leave with Teacher Paying Own Expenses (teacher or administrator initiates)

- a. Teacher submits PLR to principal with conference request and reason for attending the conference.
- b. Principal approves/disapproves and makes arrangements for substitute, (when necessary).
- c. PLR is submitted to Human Resources for processing.
- d. If out-of-county travel is requested a Conference/Workshop Request Justification Form and a Travel Request Form must be submitted to the Superintendent's Office for approval by the Governing Board before the travel is to occur.
- e. Notify Sub finder if sub is needed.

B. Professional Leave with Expenses Paid by the District (teacher or administrator initiates)

- a. Teacher submits PLR to principal with conference information, rationale for requesting attendance and a listing of expenses being requested.

- b. Principal approves/disapproves and submits the PLR to Human Resources and informs the teacher of disposition of request.
- c. If out-of-county travel is requested, a Conference/Workshop Request Justification Form page 74 and a Travel Request Form page 75 must be submitted to the Superintendent's Office for approval by the Governing Board before the travel is to occur.
- d. After the conference, the teacher will submit a written conference report to the principal which will include application of ideas to be used in the classroom as a result of conference attendance.
- e. An Expense Reimbursement Claim should be submitted to the principal for any allowable personal expenses incurred by the employee. Reimbursement for expenses will not be provided unless it was requested and approved in advance by the Governing Board.
- f. The District may pay any of the following: (not to exceed the limit allowed by state regulations)
 - (1) Registration fee
 - (2) Transportation
 - (3) Lodging and Meals
 - (4) Substitute teacher, if needed
- g. Notify Sub finder if sub is needed.

Approval of conference attendance will be based on the following criteria:

1. Need of District or school for teacher training in a particular area
2. Teacher's own professional growth needs
3. Availability of funds
4. Priority will be given to in-state travel

Paying For A Sub Is Determined According to the Need for Training. Subs Will be Paid

By:

1. Grants or
2. School/Principal

SHORT-TERM

SHORT-TERM LEAVES AND BENEFITS WHICH APPLY TO ALL EMPLOYEES IN REGULAR POSITIONS (20+ HOURS/WK)

- A. **SHORT-TERM LEAVES:** Short term leaves are brief periods of time deductible from accumulated sick leave when an employee is temporarily unable to carry out the performance of his/her duties and/or responsibilities. (Family and Medical Leave Act may be applicable - Refer to Board Policy GCCC, or "Parenting Leave" in this handbook.)
 - 1) **Religious Leave** (see policy GCCB-R)
 - This category of leave may be used for absences due to religious obligation (such as religious holidays) and will be charged to accrued leave.
 - 2) **Civic Related Leave** (see policy GCCB-R)
 - An employee may be granted leave without loss of salary if subpoenaed to participate in a District related court-required legal responsibility.
 - 3) **Jury Services by Employees** (see policy GCCD)
 - It is recognized by the Board that no employee is exempt from jury duty and that leaves of absence for such duty must be granted. Employees who are called to jury service will

submit a Personnel Leave Request (PLR) form along with a copy of the summons to Human Resources. When jury service is completed, the employee will then send the Jury Duty Verification form to Human Resources. Employees who engage in such service shall be paid their regular salaries. This regulation shall apply only to those days on which the employee would otherwise be on duty in the school District.

4) Legal Leave (see policy GCCD)

- This category of leave may be used when a person is the victim of a crime and he/she chooses to be present at legal proceedings resulting from that crime. Such leave will be charged to accrued leave.

5) Military Leave (see policy GCCD)

- a) The matter of military leave is specifically defined by Arizona Revised Statutes (ARS) and states that the school District must grant leaves of absence to employees to comply with orders from state or federal forces without loss of seniority (Section 26-1687 Title).
 - i) Employee will submit a Personnel Leave Request (PLR) form. Employee who is a member of the Military Reserve or National Guard shall be entitled to leave of absence without loss of pay, time or efficiency rating when engaged in field training [A.R.S. 26-168 and 38-610].
 - ii) A copy of his/her military orders, will be sent to Human Resources.

6) Parenting/Adoption Leave (see policy GCCA)

- Eligible employees who do not qualify for the Family and Medical Leave Act, medical/parenting leave of 6 weeks is allowed or 8 weeks if verified by a physician. Employees must work at least 20 hours per week to qualify for parenting leave.

7) Sick Leave (see policy GCCA)

- a) **Support Staff** employees who work four or more hours per day will earn one day for each month employed with a "day" defined as the number of hours scheduled to be worked per day.
- b) **Teachers** will earn 11 days per year of sick leave. **Administrators** will earn leave as per contract. This category of leave is limited only by the amount of accrual that the employee has earned.
- c) In any and all cases of personal illness or injury, the District reserves the right to require a physician's statement certifying one's ability to return to his/her normal and usual duties, and normal work hours. Also, said statement will be requested when the District has reason to believe that the employee might harm him/herself by too early a return.
- d) Employees are given a credit of half of their days of sick leave on the first paycheck and the remaining days on December 31. An employee who separates employment and has used more leave than they have contractually earned and accrued shall have deducted from their final salary payment the equivalent for credited but unearned leave. Sick leave is charged to the employee's record on an hourly basis. There will be no limit on the amount of sick leave that an employee may accrue.

8) Personal Leave (see policy GCCB-R)

- a) **All Personal Leave is deducted from accrued Sick Leave. Certified Staff and Classified Support Staff** members may use up to four (4) days per fiscal/school year for personal business. There is a maximum number of certified teachers who may use personal leave on a specific day for each school. Personal leave is limited by the number of substitutes available, and will be approved on a first-come, first-serve basis. Personal leave is intended to be used for personal business, religious obligation other than religious holidays, labor relations leave, and civic-related duties unrelated to jury service. In unusual circumstances the Superintendent may approve additional absences

not to exceed five (5) days without pay. **Per policy GCCB, personal leave will not be granted to extend a holiday or other school break.**

b) **Separate Paycheck Balances for Personal Leave and Sick Leave**

The IBN Committee approved how Personal Leave balances and Sick Leave balances are displayed on the paycheck. This does not change the total hours of Personal Leave or Sick Leave employees received.

Effective with the 2008-2009 school year, the following changes in Sick Leave and Personal Leave took place. There are no changes in the number of personal or sick days just how they are displayed.

	Personal Leave		Sick Leave	
	Front Loaded Hours 1 st Pay Check	Front Loaded Hours January 2009	Front Loaded Hours 1 st Paycheck	Front Loaded Hours January 2009
CERTIFIED	32	zero	32	32
CLASSIFIED 12-MONTH	32	zero	36	36
ALL OTHER CLASSIFIED	All Eligible Hours	zero	All Eligible Hours	All Eligible Hours

Rules of Personal Leave and Sick Leave Usage:

- Unused Personal Leave will be “added back” to the Sick Leave balance at the end of the school year.
- When Sick Leave balance is exhausted, unused Personal Leave accruals will automatically be used to cover Sick Leave absences. When Personal Leave accruals are exhausted, time requested and taken **will not** pull from Sick Leave balance, the paycheck will reflect a dock in pay. Once both Sick Leave and Personal Leave balances are exhausted, the paycheck will reflect a dock in pay.
- With approval, employees are allowed to use their Personal Leave until the balance reaches zero. Any Personal Leave absences used after the Personal Leave balance reaches zero will result in a dock in pay.
- Personal Leave can be used for times someone is sick but Sick Leave **may not** be used for Personal Leave.

9) **Bereavement Leave (see policy GCCH)**

a) An employee shall be entitled to five (5) days of bereavement leave per occurrence in case of death in the immediate family of the employee to include: spouse, children, mother, father, mother-in-law, father-in-law, brother(s), sister(s), brother(s)-in-law, sister(s)-in-law, grandparents and grandchildren. No days will be charged to accrued leave. A PLR should be completed for bereavement that indicates the **relationship of the deceased to the employee**. At the discretion of the Superintendent or his/her designee, a request for additional days (beyond the 5 provided) may be granted. Such days will be charged to accrued sick leave.

b) At the discretion of the Superintendent or his/her designee, this category of leave may be used in the case of death of a relative or other person who served for a significant

period of time in relationships similar to the ones mentioned above but not covered by the above category.

10) **Professional Leave** (see policy GCCE)

- The Governing Board has approved procedures to permit employees to visit other schools, attend conferences, meetings, conventions, workshops, etc., for school purposes without loss of pay. Employees selected to attend in-state meetings or conferences must have approval by the principal or department administrator prior to the meeting or conference. A "Travel Request Form" and "Conference/Workshop Request Justification Form" pages 74 and 75 must be submitted to the Superintendent within timelines which allow any request for out-of-county travel to be considered for approval by the Governing Board prior to the date of travel. There are limits to the total number of professional leave days used by a school as per formula.

LONG-TERM

Professional/Support Staff Leaves of Absence Without Pay

(see policy GCCC)

Leaves of absence without pay that are not covered by other specific leave provisions may be granted for no longer than one (1) rolling year. Such leaves may be requested for but not limited to the following purposes:

- Additional education that relates to the employee's primary assignment.
- In the event an employee will be absent due to:
 - a reason that conforms to a policy currently in effect but the maximum number of days provided for in that policy will be exceeded, or
 - failure to report to work without prior notification to the Superintendent.
- For a leave that benefits or is in the best interest of the District.
- For leave under the Family and Medical Leave Act. (FMLA)

Family and Medical Leave Act (FMLA)

Any eligible employee of the district may take up to twelve (12) weeks of leave (FMLA) during any one (1) rolling year, without pay, for any (1) or more of the following reasons:

- Because of the birth of a child of the employee and in order to care for such child.
- Because of the placement of a child with the employee for adoption or foster care.
- In order to care for the spouse or a son, daughter, or parent of the employee, if such person has a serious health condition.
- Because of a serious health condition that makes the employee unable to perform the functions of the position of such employee.
- Because of qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation.
- Military

A covered employer also must grant an eligible employee who is a spouse, son, daughter, parent, or next of kin of a current member of the Armed Forces, including a member of the National Guard or Reserves, with a serious injury or illness up to a total of twenty-six (26) workweeks of unpaid leave during a "single twelve (12)-month period" to care for the service member.

Your Rights and Responsibilities Under the Family & Medical Leave Act of 1993 (FMLA)

Purpose of the FMLA The FMLA allows employees to balance their work and family life by taking reasonable unpaid leave for certain family and medical reasons that are described below. The FMLA provides eligible employees with up to 12 workweeks of unpaid, job protected leave a year. The FMLA requires group health benefits to be maintained during the leave as if employees continued to work instead of taking leave. The FMLA also provides that upon employee's return from FMLA, he/she will be restored to his/her original job or to an equivalent job unless a specific exemption to that requirement applies. Eligible district employees, are entitled to up to 12 weeks of unpaid leave during any one (1) rolling year.

Employee Eligibility For FMLA Leave To be eligible for FMLA leave, the employee must have worked for the District for at least 12 months (which do not need to be consecutive); and have worked at least 1,250 hours during the 12 months prior to the start of the FMLA leave.

Requirement To Substitute Available Sick Leave For Unpaid Leave An employee's accrued sick, vacation, personal, or other applicable leave shall be substituted for FMLA leave, to the extent available by policy, unless otherwise agreed to by the District.

Leave Entitlement

The FMLA allows the employee to take up to 12 work weeks for leave for the following reasons:

- For the birth of your child, and/or to care for a newborn child. Such leave must be concluded within 12 months after the birth of the child. Leave for the birth of a child shall not be intermittent. Leave cannot last beyond 12 months after the birth of the child.
- For placement of a child for adoption or foster care. Such leave must be concluded within 12 months after placement and shall not be intermittent. Leave cannot last beyond 12 months after the placement of the child.
- For the care of a spouse, child, or parent who has a serious health condition, as defined by the FMLA.
- For the employee's own serious health condition, as defined by the FMLA. Leaves taken under GESD's Short Term Disability or Intermediate Disability Plans will run concurrently with the entitlement under the FMLA, up to 12 work weeks within a 12 month fiscal year period, so long as the employee remains eligible under the FMLA and GESD program/policy.
- Military: Because of any qualifying exigency arising out of the fact that the spouse, or a son, daughter, (or parent of the employee is on active duty) in the Armed Forces in support of a contingency operation.

An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member shall be entitled to a total of twenty-six (26) workweeks of leave during a twelve (12)-month period to care for the service member. The leave described to care for a covered service member shall only be available during one (1) single twelve (12)-month period.

Types of Leave

There are 3 types of leave available under the FMLA: Regular, reduced and intermittent.

- Regular leave occurs when you take off from work for a continuous uninterrupted block of time.
- Reduced leave occurs when you take only part of a day off.

- Intermittent leave occurs when you take a full day off from work due to a single serious health condition, return to work for a period of time, then take off another full day due to the same serious health condition.

Definition Of Serious Health Condition For purposes of the FMLA, “Serious Health Condition” means an illness, injury, impairment, or physical or mental condition that involves:

- Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (for purposes of this section, defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom), or any subsequent treatment in connection with such inpatient care; or
- Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:
 - A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom) of more than three consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves:
 - Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
 - Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
 - Any period of incapacity due to pregnancy, or for prenatal care.
 - Any period of incapacity or treatment for such incapacity due to a chronic serious health condition.

Advance Notice Of Need For FMLA Leave An employee must provide the District with at least 30 days’ advance notice before FMLA if they need for leave is foreseeable. The employee’s failure to provide the required 30 days notice when there is no reasonable excuse for the delay may result in a delay of the start of the leave. When the leave is foreseeable, the employee’s expected to make a reasonable effort to schedule treatment so that the disruption to the District is minimized. When the need for leave is not foreseeable, or it is not practical to provide at least 30 days’ notice, the employee is required to provide as much notice as is practicable. In an emergency situation, you should contact Dr. Marcia Smith, Asst. Superintendent for Human Resources.

Retroactive Designation of Leave The District will not retroactively designate leave taken as FMLA unless:

- The District preliminarily designated the leave as FMLA and is awaiting medical certification; or
- The District did not know the reason for the leave, but learns the reason upon the employee’s return and makes the designation within two business days. If the employee did not advise the District that the reason for the employee leave was covered by FMLA at the time the employee took the leave, the employee must inform the District within two business days of the employee’s return or the employee may not subsequently assert FMLA protection.

Medical Certification Requirement The District requires that the employee’s need for leave for the employee’s own serious health condition or that of the employee’s immediate family member be supported by a certification issued by a health care provider. The employee must provide the District with the required certification within 15 days after the FMLA leave commences. The employee’s failure or refusal to provide the certification is a valid reason for the District to deny the leave. Copies of the medical certification are confidential and will be maintained in separate files from the employee’s personnel file.

Certification of active military duty or call to active duty in support of a contingency operation for purpose of receiving family leave shall be required under the same conditions as FMLA certification for leave indicated above.

If the District has reason to doubt the validity of the certification, it may require the employee to obtain a second medical opinion at District expense, from a medical provider that is chosen by the District but not regularly employed by the District. If the first and second opinions conflict, the District may require that the employee obtain a third (and final and binding) medical opinion, again at District expense, from a medical provider approved by the employee and the District. Pending receipt of the second (and third) medical opinion, the employee will be provisionally entitled to FMLA benefits. Upon the employee's request, the District will provide the employee with a copy of the second (and third) medical opinions within two (2) business days of the request. Recertification shall not be required for internals shorter than thirty (30) days.

Recertification Requirement The District may require periodic recertification, at the employee's expense, during a leave. For pregnancy, chronic or permanent/long term conditions, recertification will not be requested more than once every thirty (30) days (unless an allowable exception to this time frame exists). The employee must provide the District with the required re-certification within 15 calendar days from the date the employee submit the employee's request for FMLA leave.

Certification To Return To Work If the employee has taken regular leave (not intermittent leave) because of the employee's own serious health condition, the employee may not return to work until the employee provides the District with a medical certification that the employee can resume the employee's essential job functions with or without reasonable accommodation. If accommodation is necessary, the medical certification form should include a description of the needed accommodation. The employee is responsible for the cost of obtaining the return to work medical certification. Copies of the medical certification are confidential and will be maintained in separate files from the employee's personnel file.

In the case of continuation, recurrence, or onset of a serious health condition to the employee, covered family of the employee (including a service member being cared for by an employee) and the employee is unable to return to work, certification issued by the health care provider of the entity with the serious health condition shall be required to support the inability of the employee to return to work.

Instructional Employees Special rules apply to instructional employees (those whose principal function is to teach and instruct students):

Instructional employees may be required to take intermittent or reduced leave for periods of a particular duration when the leave is foreseeable based on planned medical treatment; and the employee would be on leave for more than 20% of the total number or working days in the period during which the leave would extend. "Periods of a particular duration means a block of time beginning no earlier than the first day for which leave is needed and ending no later than the last day on which leave is needed." Alternatively, the District may temporarily transfer the employee to an available alternative position with equivalent pay and benefits which better accommodates the recurring periods of leave.

SPECIAL END-OF SEMESTER CIRCUMSTANCES:

Leave for an instructional employee may be required to continue to the end of the academic semester if leave begins more than 5 weeks before the end of the semester, is anticipated to last for 3 weeks, and return to employment would occur during the last 3 weeks of the semester, leave other than for the employee's own serious health condition begins within the last 5 weeks of the semester, is anticipated to last longer than 2 weeks, and return to employment would occur during the last 2 weeks of the semester, and/or leave other than for

the employee's own serious health condition begins within the last 3 weeks of the semester and exceeds 5 working days. If the District requires the employee to remain out until the end of the term even though the employee is able to work, the District may not count the time against the employee's leave entitlement.

Job Benefits and Protection

- During the FMLA leave, the District will continue to pay for health care coverage in accordance with the terms of the applicable group insurance plan, up to the amount paid by the District, for up to 12 work weeks of leave within a 12 month fiscal period. The employee must continue to pay any required employee contributions in order to continue insurance coverage. Coverage will cease as of the last day of the month for which the employee's contributions have not been received (subject to a 30-day grace period). If the District is unable to automatically deduct these premiums from the employee's paycheck, premiums must be received by the District HR/Benefits office no later than the 7th day of each month for insurance coverage to be continued.
- If the employee does not return to work following FMLA leave for a reason other than
- the continuation, recurrence or onset of a serious health condition which would entitle the employee to certified FMLA leave; or
- other circumstances beyond the employee's control (e.g. reduction in force), the employee may be required to reimburse the District for its share of health insurance premiums paid on the employee's behalf during your FMLA leave.
- FMLA covered absences are not chargeable and may not be used for any employment-related reason (e.g. attendance control plan, progressive discipline, performance evaluation, certain attendance recognition programs, etc.)
- At the end of an FMLA leave, the employee is entitled to be reinstated to the same or equivalent position with equivalent pay, benefits, and other terms and conditions of employment, provided that the employee would have otherwise been employed at the time of reinstatement and provided no exception to this right exists. However, if at the time of reinstatement the employee is unable to perform an essential function of the employee's job, the employee may not be restored to the employee's prior or another position, unless placement to another position is required by other federal and/or state laws.

Military Leave

An employee who is a member of the Military Reserve or National Guard shall be entitled to leave of absence without loss of pay, time, or efficiency rating when engaged in field training [A.R.S. 26-168 and 38-610].

- An employee who is a member of the uniformed service may use any vacation leave or other accumulated paid time off during their service, or may take unpaid leave of absence.
- The District must reemploy uniformed service members, as defined in 38 U.S.C. 4303, returning from a period of service, if the service member:
 - Was employed by the District.
 - Gave the District notice that he or she was leaving the job for service in the uniformed services, unless giving notice was precluded by military necessity or otherwise impossible or unreasonable.
 - Has a cumulative period of service in the uniformed services not exceeding five (5) years.

- Was not released from service under dishonorable or other punitive conditions.
- Has reported back to the District in a timely manner or has submitted a timely application for reemployment in accordance with the Uniformed Services Employment and Reemployment Rights Act.

Unlawful Acts It is unlawful for the District to interfere with, restrain, or deny the employee the exercise of any right provided under FMLA. It is also unlawful for the District to discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or related to FMLA. The FMLA is enforced by the U.S. Dept. of Labor, Wage and Hour Division.

Certification of Health Care Provider for employee's serious health condition: Forms pages: 55 thru 58.

Certification of Health Care Provider for Family Member's serious health condition: Forms pages: 59-62

Serious Health Condition Certification for serious injuries or illness of covered service member for Military Family Leave: Forms pages: 63 thru 66.

Other Leave

Consideration for other types of long-term leave will be based on the following criteria:

- Relevance of the activity to the grade or subjects taught; or, to education in general.
- Impact to the District and employee from serving as an elected state or national officer of an educational organization.
- **Employment with the district for at least one year.**

Time allowed for leave does not accrue toward tenure, salary increment or accrued leave. If leave is granted, all rights of tenure, retirement, accrued leave, salary increments and other benefits provided by law shall be preserved at the level earned when leave is granted and available to the employee after the termination of leave of absence and the return to active service in the District. Hospitalization and major medical insurance premiums may be paid by the employee. The employee, upon his return, will return to a position of equal standing. Leave to serve in the State Legislature may be granted, but amount of salary earned in the Legislature during the school year will be deducted from annual salary (A.G.O.i65-6).

Personal & Professional Leave of Absence

Sabbatical Leave – Professional (see policy GCCF)

The Governing Board may authorize sabbatical leave when it deems such leave to be reasonable and for good cause, which is defined as "being of direct and verifiable benefit to the school District." In addition, it is not to be detrimental to education within the District. Sabbatical leave shall be limited to a period not to exceed one year and may be granted to an employee only after seven consecutive years of service in the District.

In each instance, the procedures outlined in section 15-510 (subsections D and E) of the Arizona Revised Statutes (ARS), amended, shall govern in the management of this policy.

BENEFITS

DISTRICT BENEFITS

(see GCBD/GDBD)

Benefits vary depending on the number of hours worked, the position held, and the number of years with the District. Please contact the Benefits Analyst with specific questions at (623) 237-7149.

EMPLOYEE BENEFITS PROVIDED

(For complete details see Board Policies or consult the Benefits Analyst)

Benefit	Employees assigned to a position that works less than 20 Hours	Employees assigned to a position that works 20 or more hours but less than 30 hours	Employees assigned to a position that works 30 Hours or More
Medical Insurance GCBD/GDDD	N/A	N/A	Provided by District
Dental Insurance GCBD/GDDD	N/A	N/A	Provided by District
Life Insurance GCBD/GDDD	N/A	N/A	Provided by District – 2 X Salary
Vacation GCD/GDD	N/A	N/A	12-mo. employee; per annual rate; see vacation accrual rates on next page
Holidays GCD/GDDD	N/A	Vary with employment notice	Vary with employment notice/contract
Sick Leave Buy Back GCCA	N/A	Provided with minimum of 10 consecutive years of service	Provided with minimum of 10 years of service
Retirement (District) GCQEA	N/A	N/A	Insurance subsidy provided if employed in GESD for at least 15 consecutive years and retiring with ASRS

1. Medical and Dental Coverage

(see policy GCBD/GDBD)

The District agrees to pay the Health/Dental Insurance Premium for the employee. The Health/Dental Insurance Premium may only be used for purposes of securing the Policy offered by the District. The current insurance carriers are United HealthCare (health) and MetLife (dental). Please call the Benefits Analyst ext. 7149 in the Human Resources Department with any specific questions.

2. Life Insurance Coverage

(see policy GCBD/GDBD)

Life insurance coverage is double the employee’s annualized salary, rounded to the nearest thousand.

3. Short-term Disability
(see policy GCCA-R)

Short-term Disability is paid for by the District on behalf of the employee. If an employee goes on short-term disability, they must first use all their accumulated sick leave. Benefits will commence on the day following a 90 calendar day waiting period, during which time an employee has been totally disabled.

The basic monthly benefit is 66 2/3 percent of the employee's monthly earnings as of the disability date, not to exceed \$5,000.00. This benefit is for three months. During these three months, if the employee is still disabled, they will need to apply for Long Term Disability benefits with the Arizona State Retirement System. Forms can be obtained from the Benefits Analyst in Human Resources.

4. Long-term Disability
(see policy GCCAR)

Long-term disability is provided by the Arizona State Retirement System. Benefits will commence on the day following a 180-calendar day waiting period; during which time the employee has been totally disabled. The basic monthly benefit is 66 2/3 percent of the employee's monthly earnings as of the disability date.

OPTIONAL EMPLOYEE BENEFITS

Optional employee benefits are available to eligible employees on a voluntary basis. These include such things as: flexible spending accounts, 403 (b) savings accounts, Legal Ease, and Liberty Mutual Insurance coverage. For costs and other information, please call the Benefits Analyst in the Human Resources Department at (623) 237-7149.

VACATION
(See GCD/GDD)

Twelve-month employees will accrue vacation as per their years of service and/or according to contract and employment agreement. A maximum of 40 days vacation may accumulate after which no vacation can be earned.

**12-MONTH CLASSIFIED
EMPLOYEES VACATION**

Years Employed	Monthly Credit Hours	Vacation Time Days
1-2	6.66	10
3	7.33	11
4	8	12
5	8.66	13
6	9.33	14
7-10	10	15
11	10.66	16
12	11.33	17
13	12	18
14	12.66	19
15+	13.33	20

RETIREMENT WITH STATE RETIREMENT SYSTEM

If contemplating retirement, notify the Benefits Analyst at (623) 237-7149 for all options. Employees regularly assigned 20 hours or more accumulate funds in the Arizona State Retirement System (ASRS). Each person contributes a percentage. The District's contribution is less than the employee. For information about the retirement program, contact the Arizona State Retirement System at 602-240-2000 or their website at www.asrs.state.az.us.

When an employee decides to retire from District service, a letter of retirement must be submitted to Human Resources.

RETIREMENT OF PROFESSIONAL/SUPPORT STAFF

(see policy GCQEA)

The District offers a supplemental retirement program consisting of partial reimbursement for (year of service equals an employment year health/dental insurance premiums to eligible employee's with at least 15 consecutive years of service) who retire from the District and the Arizona State Retirement System. People employed after July 1, 2010 are not eligible for this benefit.

MEDICAL LEAVE ASSISTANCE PROGRAM

(see policy GCCG/GDCG)

An employee who has depleted his/her accumulated sick and personal leave as a result of his/her serious illness/injury may ask to receive donations of sick leave from other employees through the Medical Leave Assistance Program in order that the ill/injured employee may receive additional sick days during the period of serious illness or injury. For the purpose of the Medical Leave Assistance Program, a "serious illness or injury" is defined as a "non-work-related illness that is anticipated to last for the continuous period of time of four (4) or more weeks as verified by a licensed health care practitioner." Ordinarily, childbirth is not considered a serious illness.

The request shall be made through the following procedures:

1. The employee shall complete a Medical Leave Assistance Program Request Form page 52 and submit it along with a completed Verification of Serious Illness or Injury Form page 53 to the Assistant Superintendent of Human Resources.
2. If indicated by the employee on the Medical Leave Assistance Program Request Form page 52, the Assistant Superintendent of Human Resources or designee shall post in appropriate locations throughout the District the Medical Leave Assistance Program Informational Notice.
3. Any employee wanting to make a donation must designate the donation in the name of the employee to receive the donation on the "Sick Leave Donation Form page 54 obtained from the Human Resources office. Donor days can only be used on a daily basis after an employee has exhausted accrued sick leave and until disability leave takes effect.
4. The donor employee must submit the Sick Leave Donation Form page 54 to the Assistant Superintendent of Human Resources no later than ten (10) working days from the date the informational notice is issued.
5. A record will be maintained indicating the date and time donor employee days were submitted to the Human Resources Office. Donor days will be issued as needed based on the order in which they were submitted to Human Resources.
6. The Assistant Superintendent of Human Resources or designee shall either approve or disapprove each donation. If more days are donated than are approved on the request

form, the Assistant Superintendent of Human Resources shall hold the donation until it becomes known that the employee does not need more days to cover the illness/injury.

7. The Assistant Superintendent of Human Resources shall notify donation employees whether their donations have been approved or disapproved.

Limitations on Donation

- a. The employee must make any donation voluntarily.
- b. A donor employee may donate sick leave only if he/she has thirty (30) or more days of accumulated leave.
- c. A donor employee may donate no more than five (5) days of sick leave in any contract year for no more than three (3) years.
- d. Donated leave becomes the property of the receiving employee. The days are to be used for the illness for which they requested the donations only and will not be returned to the donor.
- e. No employee shall be allowed to make donations to the employee's immediate supervisor or to any official evaluator of the employee.
- f. The dollar value of sick leave donated will be adjusted proportionately in relation to the salary of the employee donating the leave and the salary of the employee receiving the donated leave.
- g. Employees must use donated leave for a continuous period of time, e.g. not intermittently.
- h. To determine the proportionate adjusted dollar value of the leave, the following formula will be used: The dollar amount of the sick leave donated, based upon the contributor's salary, divided by the sick leave recipient's hourly rate equals the number of hours donated to the recipient. ($\$ \text{ of donor days} / \text{recipient's hourly rate} = \# \text{ hours donated}$).

Ownership of Donated Days

Once approved, donated leave issued to an employee shall not be returned or reimbursed to the donor employee. All donated leave becomes the property of the receiving employee to use only for the current health issue.

Limitation on Eligibility

No employee shall be eligible for the Medical Leave Assistance Program after he/she qualifies for disability coverage.

Confidentiality

Information regarding a donation shall be considered confidential and shall be communicated by District employees only on a need-to-know basis. An employee will have the option of donating sick leave without the receiving employee being knowledgeable of the donor's name.

SICK LEAVE BUY BACK

(see policy GCCA)

1. Upon resignation, retirement, or death, each classification of employee (or his/her estate) will be reimbursed for accumulated sick leave based on the first range of the employee's classified salary grade or \$90 per day, whichever is less. There is a limit to the number of days which will be reimbursed (see chart on next page) and employees must have at least ten (10) consecutive years of employment in the district to be eligible for this remuneration. A contract year equals a year of employment for purposes of this policy. **Example:** The employee is required to complete ten (10) or more school years 1st to last day to qualify or must resign/retire on the anniversary date to receive his/her ten (10) year sick leave buyback.

2. A request for sick leave buy back must be presented in writing to the Human Resources Department by March 20 of the year in which the resignation is to occur. Anyone submitting a request after March 20 will be paid the following year. When extenuating circumstances preclude such notification by the above-noted time line, consideration will be given to applicant depending on the availability of funds. If funds are unavailable, applicant will be paid the following year.

SICK LEAVE BUY BACK

Years of Service	Maximum Days Reimbursed
10	80
15	120
20	160
25+	170

A "Day" is the number of hours in the employee's regularly assigned workday. For classified support staff the number of hours in a day is identified on the employee's notice of indefinite term appointment letter.

SUPPORT STAFF SICK LEAVE BUYBACK

(see policy GCCA-R)

1. An exempt and non-exempt classified employee with 20 or more years of consecutive service in the District and who intends to retire may request to sell back or cash out accumulated sick days.
2. Employees continue to be eligible for the current Sick Leave Buy Back program noted above and they can buy back (sell back/cash out) the difference between the beginning range of their salary grade and their current rate.
3. There is no limit on the number of days that may be bought back (sold back/cashed out).
4. Each classified employee will submit an application for Supplemental Classified Sick Leave Buy Back. This will be submitted to Human Resources by January 15 prior to the fiscal year he/she retires. The employee will be notified of his/her acceptance once the Board has approved the budget.
5. Enrollment in this plan will be based on seniority and subject to the \$25,000 budget cap.
6. The budget for this plan will be limited to \$25,000 each year. Once \$25,000 is reached, no one else will be able to receive the supplemental buy back (sell back/cash out) for that year. Any unused portion of the \$25,000 will revert back to the general budget.

WORKERS COMPENSATION

(see policy GBGD)

All employees shall be covered by worker's compensation insurance for work-related injuries/illnesses that arise out of their job duties in accordance with Arizona Workers' Compensation laws. An employee must immediately report all injuries/incidents to their supervisor or administrator and Risk Management. An employee injury/incident report and other reports as required by law will need to be completed at the time of the injury/incident.

All employees who are temporarily or partially disabled due to work-related injuries/illnesses might be returned to work in a modified or restricted capacity until they are released to their regularly assigned duties at full capacity. The return-to-work offer may be in any position so designated by the District for which the employee is able to perform, within the limitations and restrictions as set forth by the attending physician. If possible, employees will remain productive and active in the work place while recovering from their work-related injury/illness. The District reserves the right to rescind the offer of modified or restricted capacity work at any time.

PROBLEM RESOLUTION

GRIEVANCES AND COMPLAINTS

(see policy GBK)

In accordance with policy GBK, employees are entitled to representation during meetings with the administrator/supervisor. An additional representative may be present by mutual consent.

Effective communication among District employees, the administrative staff, and the Board is essential for proper operation of the schools. The Governing Board, therefore, authorizes the Superintendent to establish a grievance and complaint procedure for employees as the prescribed means of resolving grievances and complaints at the earliest date and the lowest possible administrative level. Forms found on pages 78-82.

DISCIPLINE, SUSPENSION, AND DISMISSAL OF PROFESSIONAL STAFF MEMBERS

(see policy GCQF)

Categories of misconduct that certificated staff members might be disciplined for includes, but are not limited to:

- Engaging in unprofessional conduct.
- Committing fraud in securing appointment.
- Exhibiting incompetence in their work.
- Exhibiting inefficiency in their work.
- Exhibiting improper attitudes.
- Neglecting their duties.
- Engaging in acts of insubordination.
- Engaging in acts of child abuse or child molestation.
- Engaging in acts of dishonesty.
- Being under the influence of alcohol while on duty.
- Engaging in the use of narcotics or habit-forming drugs.
- Being absent without leave.
- Engaging in discourteous treatment of the public.
- Engaging in improper political activity.
- Engaging in willful disobedience.
- Being involved in misuse of unauthorized use of school property.
- Having excessive absenteeism.
- Carrying or possessing a weapon on school grounds unless they are peace officers or have obtained specific authorization from the appropriate school administrator.

Any discipline imposed that is to become a part of the personnel file and permitted under A.R.S. § 15-341 must adhere to the following procedure:

- Step 1 – Notice
- Step 2 – Hearing
- Step 3 – Decision (in writing)
- Step 4 – Appeal

DISCIPLINE, SUSPENSION, AND DISMISSAL OF SUPPORT STAFF MEMBERS

(see policy GDQD)

Minor Discipline

Support staff members may be disciplined for any conduct that the District judges as inappropriate. Minor disciplinary action includes, without limitation, verbal or written reprimands, suspension with pay, or suspension without pay for a period of five (5) days or less. Minor disciplinary action shall be imposed by the supervisor.

Suspension without pay for more than (5) days:

At-will employees:

At-will employees may be suspended without pay for a period of more than five (5) days by the Superintendent for conduct that is inappropriate. At-will employees will be informed of the intent to suspend and will be given an informal opportunity to explain why, in the employee's opinion, the suspension should not be imposed. Superintendent's decision is final.

Term employees:

Term employees may be suspended without pay for a period of more than five (5) days by the superintendent for conduct that is inappropriate. If a term employee is to be suspended more than five (5) days, a copy of the recommendation for the suspension shall be delivered to the employee. A hearing may be requested by the employee within five (5) days after receiving the recommendation. If the hearing is requested, the hearing officer shall be designated by the Superintendent and the findings of the hearing officer shall be a final decision. The Governing Board may act as the hearing officer.

Dismissal

At-will employees:

At-will employees may be suspended or may be terminated by the Governing Board for any reason, with advance notice, as the Governing Board desires. If termination is recommended by the Superintendent, the recommendation shall be delivered to the employee. The employee may submit a response to the recommendation in writing to the Governing Board prior to the meeting in which the Governing Board will make a determination regarding the dismissal. The employee may attend the Board meeting and the Governing Board may, at their discretion, allow the employee to address the Governing Board regarding the recommendation only.

Term employees:

Term employees may be terminated for cause by the Governing Board at any time prior to the expiration of their employment. Cause is defined as any conduct that, in the judgment of the District, is detrimental to the interests of the District or its personnel or student and shall include but not be limited to:

- Absence without leave
- Abuse of leave
- Alcohol or drug impairment
- Child abuse or molestation
- Discourteous treatment of the public
- Dishonesty
- Excessive absenteeism
- Fraud in securing employment
- Improper attitude

- Incompetence or inefficiency
- Insubordination
- Neglect of duty
- Unauthorized possession of a weapon on school grounds
- Unauthorized use of school property
- Unlawful conduct
- Use of illegal drugs
- Violation of a directive of a supervisor
- Violation of a District policy or regulation

If the Superintendent intends to dismiss a term employee, the notice and hearing procedures described in “Suspension without pay for more than five days” shall be followed, except that the hearing officer shall be the Governing Board or a person designated by the Governing Board.

CONSTRUCTIVE DISCHARGE

(see policy GCDQ and GDQD)

Notice of Constructive Discharge

An employee is encouraged to communicate to the employer whenever the employee believes working conditions may become intolerable to the employee and may cause the employee to resign. Under Section 23-1502, Arizona Revised Statutes (ARS), an employee may be required to notify an appropriate representative of the employer in writing that a working condition exists that the employee believes is intolerable, that will compel the employee to resign or that constitutes a constructive discharge, if the employee wants to preserve the right to bring a claim against the employer alleging that the working condition forced the employee to resign.

Under the law, an employee may be required to wait for fifteen calendar days after providing written notice before the employee may resign if the employee desires to preserve the right to bring a constructive discharge claim against the employer. An employee may be entitled to paid or unpaid leave of absence of up to fifteen calendar days while waiting for the employer to respond to the employee's written communication about the employee's working condition.

The District representative to whom you are to report intolerable working conditions is the Assistant Superintendent for Human Resources, at (623) 237-7125.

MANDATED POLICIES

CHILD ABUSE

(see policy JLF)

Glendale Elementary School District employees are required by state law (A.R.S. 13-3620) and District policy to report any case of suspected child abuse or neglect. The school principal will schedule inservice training for staff members on matters relating to child abuse/neglect.

Any employee who reasonably believes that a minor is or has been the victim of physical injury, or neglect shall immediately report or cause a report to be made to a peace officer or to Child Protective Services. Such report shall be made immediately by telephone or in person and shall be followed by a written report within seventy-two (72) hours.

DRUG-FREE WORKPLACE

(see policy GBEC)

No employee shall violate the law or District policy in the manufacture, distribution, dispensing, possession, or use, on or in the workplace, of alcohol or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance, as defined in schedules I through V, section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 C.F.R. 1300.11 through 1300.15.

Workplace includes any school building or any school premises and any school-owned vehicle or any other school-approved vehicle used to transport staff members or students to and from school or school activities or on school business. Off school property, the workplace includes any school-sponsored or school-approved activity, event, or function where students or staff members are under the jurisdiction of the District. In addition, the workplace shall include all property owned, leased, or used by the District for any educational or District business purpose. Any employee who has been convicted under any criminal drug statute for a violation occurring in the workplace, as defined above, shall notify the supervisor within five days thereof that such conviction has occurred.

SEXUAL HARASSMENT/WORKPLACE HARASSMENT

(see policy ACA)

All individuals associated with this District, including, but not necessarily limited to, the Governing Board, the administration, the staff, and the students, are expected to conduct themselves at all times so as to provide an atmosphere free from sexual harassment. **The Superintendent or designee shall be the compliance officer and may be contacted at (623) 237-7136.**

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of sexual nature when made by a member of the school staff to a student or to another staff member, or when made by a student to another student. Forms on page 78 and 79.

SMOKE AND TOBACCO FREE ENVIRONMENT

(see policy KFAA)

The Glendale Elementary School District is entirely smoke and tobacco free.

Smoking or the use of tobacco is strictly prohibited.

- In all District buildings
- On District grounds
- In all District vehicles

This policy applies to all employees, students, lessees and visitors. Signs will be posted in all District buildings and vehicles and prospective employees will be advised of this policy.

SUPPLEMENTAL INFORMATION

SECURITY

(see policy ECA)

Plans and procedures will be developed for:

- Enhancing the security of District property.
- Minimizing fire hazards.
- Providing for keeping records and funds in a safe place.
- Protecting against vandalism and burglary.
- Providing for prosecution of vandals.
- Providing for and encouraging employee responsibility for furniture, text books, reference material, and other District materials, equipment, and supplies assigned to the employee's care.

SCHOOL & PERSONAL PROPERTY REPLACEMENT/RESTITUTION

(see policy ECAD)

It should be noted that the District is not liable for loss and/or damage to personal property of an employee.

IDENTIFICATION OF STAFF

(Procedure)

For the safety of all staff and students, employees shall wear District issued I.D. badges and should notify the supervisor immediately if anyone without appropriate identification is on District property.

BADGE REPLACEMENT

(Procedure)

A badge replacement is required when an employee loses or damages his/her District badge. If the employee's badge is lost, there is a badge replacement fee:

\$13.00 to replace a badge with building security access/ fuel access

\$5.00 to replace a badge without building security access.

Badge replacement fees are deducted through Payroll. A new picture is not taken when a badge is replaced unless the employee has drastically changed his/her appearance.

LEAVING SCHOOL GROUNDS

(Procedure)

Employees are expected to remain at their duty station for the entire work day, except for lunch break periods. Any temporary absence should be of a sufficiently important nature that, in the eye of the general public, is justified. These absences would not be predictable or repetitive. Employees who are leaving school grounds during the work day must notify the supervisor of the reasons for their absence. Hourly employees must clock in/out as well as signing the sign-in/out books on campus.

HOURLY EMPLOYEE LUNCH & MEAL BREAKS

(Procedure)

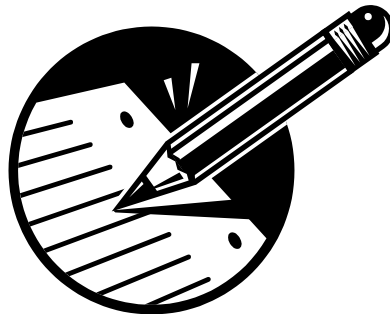
Employees who work more than six hours per day are entitled to and should take a thirty (30) or 35 minute bona fide meal period (duty-free lunch/meal break). The 30-minute lunch/meal break should not be regularly scheduled at the beginning or end of the employee's shift.

Employees who work less than six hours may take a lunch break if it is agreeable with the supervisor and employee.

Most GESD employees do not receive rest period work breaks, defined as a short duration break between (5) five and (20) minutes. If unauthorized work breaks are taken, the employee is subject to disciplinary action.

The employee's supervisor determines a break time schedule when safety is a concern for employees.

Forms For Employee Use



**GLENDALE ELEMENTARY SCHOOL DISTRICT
PROFESSIONAL AND SUPPORT STAFF
MEDICAL LEAVE ASSISTANCE PROGRAM REQUEST**
(see policy GCBD(9)/GDBD(9))

After reading the requirements for participation in the medical leave assistance program, sign and submit this form to the Assistant Superintendent for Human Resources. A Verification of Serious Illness or Injury form signed by your licensed physician must accompany this request. You will receive a copy after your request is given consideration.

Employee Name:	Date:
School/Dept:	Employee ID

I request to participate in the Medical Leave Assistance Program and verify the following:

1. I have depleted my accrued sick and personal and/or vacation leave as a result of a serious illness or injury.
2. I understand that "serious illness or injury" is defined as a "non-work-related illness that is anticipated to last for the continuous period of time of four (4) or more weeks as verified by my licensed health care practitioner." (Ordinarily, childbirth is not considered a serious illness.)
3. I understand that any donated leave will be issued for the current health concern only.
4. I understand that I am not eligible for this program once I qualify for disability coverage.
5. I give my permission, if necessary, for the Assistant Superintendent of Human Resources to verify or request additional information and/or documentation from the office of my attending licensed health care practitioner.
6. Based on the latest medical prognosis, I anticipate I will need _____ days.
7. I understand that it is possible for my need for sick leave to be posted so that other employees may be made aware of my need.

CHECK ONE OF THE FOLLOWING:

_____ I request that my need for sick leave be posted in schools and departments.

_____ I do not wish that my need for sick leave be posted in schools/departments. I understand that persons wishing to donate must do so within ten (10) working days of the approval of this request.

Employee's Signature Date

Human Resources Use ONLY	
This employee is eligible for the GESD Medical Leave Assistance Program Request	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assistant Superintendent of Human Resources Date

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
-----------------------------------	---------------------------------------

**GLENDALE ELEMENTARY SCHOOL DISTRICT
PROFESSIONAL AND SUPPORT STAFF
VERIFICATION OF SERIOUS ILLNESS OR INJURY**

In order for an employee, _____
Name/Employee ID

to qualify for the Medical Leave Assistance Plan, the Glendale Elementary School District requires written verification by a licensed physician of serious illness requiring an employee to be confined to bed or to his/her home.

Please furnish the information requested below:

1. Nature of serious illness or injury

2. Beginning date of serious illness or injury _____

3. Expected date employee may return to work _____

SIGNATURE OF LICENSED PHYSICIAN
(ONLY ORIGINAL SIGNATURES ACCEPTED)

DATE

TYPE OR PRINTED NAME

TELEPHONE NUMBER

FEDERAL TAX ID# _____

This form is to be completed by a licensed physician and returned to Human Resources with application of request for Medical Leave Assistance Plan.

GLENDALE ELEMENTARY SCHOOL DISTRICT PROFESSIONAL AND SUPPORT STAFF SICK LEAVE DONATION FORM

Please read carefully the information below, sign and submit to the Assistant Superintendent for Human Resources. A copy of this form will be returned to you and to the employee receiving the donated sick leave.

Employee Name:	Date:
School/Dept:	Employee ID

I desire to make a donation of sick leave and verify the following:

1. I have currently accrued thirty (30) or more days of sick leave.
2. I understand that I may donate no more than five (5) days of sick leave in any contract year for no more than three (3) years.
3. I understand that my donated leave becomes the property of the receiving employee and will not be returned to me.
4. I understand that days of leave, not my actual wage/salary, will be donated.
5. I am not donating leave to my immediate supervisor.
6. Information relative to this donation will remain confidential.
7. I make this donation voluntarily.

Number of Days To Be Donated _____

Employee to Receive Donated Days _____

Employee's Signature

Date

Human Resources Use ONLY

Employee recipient of donated time is eligible and has been approved for the Medical Leave Assistance program.

- Yes
 No

Assistant Superintendent of Human Resources

Date

Approved

Not Approved

Number of Accumulated Sick Leave Days _____

Number of Donated Days Issued _____

Certification of Health Care Provider for Employee's Serious Health Condition Family Medical Leave Act



SECTION I: For Completion by the EMPLOYER INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertification, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact:

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions:

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE; INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c) (3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name:

First

Middle

Last

SECTION III: For Completion by the HEALTH CARE PROVIDER; INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address:

Type of practice / Medical specialty:

Telephone: (_____) _____

Fax:(_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was medication, other than over-the-counter medication, prescribed? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? No Yes If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

4. Is the employee unable to perform any of his/her job functions due to the condition: No Yes.

5. If so, identify the job functions the employee is unable to perform:

6. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED

7. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___No ___Yes

If so, estimate the beginning and ending dates for the period of incapacity: _____

8. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___No ___Yes

If so, are the treatments or the reduced number of hours of work medically necessary? ___No ___Yes

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any: _____ hour(s) per

day; _____ days per week from _____ through _____

9. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ___No ___Yes

Is it medically necessary for the employee to be absent from work during the flare-ups? ___ No ___ Yes .If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION:

IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER. _____

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)



SECTION I: For Completion by the EMPLOYER INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertification, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact:

SECTION II: For Completion by the EMPLOYEE INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name:

First	Middle	Last

Name of family member for whom you will provide care:	
First	Middle
Last	

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature _____ Date _____

SECTION III: For Completion by the HEALTH CARE PROVIDER ; INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider’s name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax :(_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ___No ___Yes

If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? ___No ___Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? ___No ___Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

___No ___Yes If yes, state the nature of such treatments and expected duration of treatment:

1. Is the medical condition pregnancy? ___No ___Yes.

If so, expected delivery date: _____

2. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment): _____

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? No Yes

Explain the care needed by the patient and why such care is medically necessary: _____

5. Will the patient require follow-up treatments, including any time for recovery? No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?

No Yes

Estimate the hours the patient needs care on an intermittent basis, if any: _____

_____ hour(s) per day _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary: _____

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___No ___Yes.

Based upon the patient’s medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: ___ times per ___ week(s) ___ month(s)

Duration: ___ hours or ___ day(s) per episode.

Does the patient need care during these flare-ups? ___ No ___ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider _____ Date _____

OMB Control Number: 1215-0181 Expires: 12/31/2011
PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.

RETURN COMPLETED FORM TO THE PATIENT.

Certification for Serious Injury or Illness of Covered Service member for Military Family Leave (Family and Medical Leave Act)



Notice to the EMPLOYER INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a covered service member to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.310. Employers must generally maintain records and documents relating to medical certifications, recertification, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave INSTRUCTIONS to the EMPLOYEE or COVERED

SERVICEMEMBER: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered service member. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 C.F.R. § 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the service member medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a covered service member's serious injury or illness includes written documentation confirming that the covered service member's injury or illness was incurred in the line of duty on active duty and that the covered service member is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave.

**Certification for Serious Injury or Illness
of Covered Service member for
Military Family Leave
(Family and Medical Leave Act)**



SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave: (This section must be completed first before any of the below sections can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for covered service member):

Name of Employee Requesting Leave to Care for Covered Service member:

First Middle Last

Name of Covered Service member (for whom employee is requesting leave to care):

First Middle Last

Relationship of Employee to Covered Service member Requesting Leave to Care:

Spouse Parent Son Daughter Next of Kin

Part B: COVERED SERVICEMEMBER INFORMATION

(1) Is the Covered Service member a Current Member of the Regular Armed Forces, the National Guard or Reserves? ___ Yes ___ No

If yes, please provide the covered service member's military branch, rank and unit currently assigned to:

Is the covered service member assigned to a military medical treatment facility as an outpatient or to a unit? established for the purpose of providing command and control of members of the Armed Forces medical care as outpatients (such as a medical hold or warrior transition unit)? ___ Yes ___ No If yes, please provide the name of the medical treatment facility or unit: _____

(2) Is the Covered Service member on the Temporary Disability Retired List (TDRL)? ___ Yes ___ No

Part C: CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER

Describe the Care to be provided to the Covered Service member and an Estimate of the Leave Needed to Provide the Care: _____

SECTION II: For Completion by a United States Department of Defense (“DOD”) Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs (“VA”) health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider. If you are unable to make certain of the military-related determinations contained below in Part B; you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). (Please ensure that Section I above has been completed before completing this section.) Please be sure to sign the form on the last page.

Part A: HEALTH CARE PROVIDER INFORMATION
Health Care Provider’s Name and Business Address:

Type of Practice/Medical Specialty:

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider:

Telephone: () _____ Fax: () _____ Email: _____

PART B: MEDICAL STATUS

(1) Covered Service member’s medical condition is classified as (Check One of the Appropriate Boxes):

(VSI) Very Seriously Ill/Injured – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

(SI) Seriously Ill/Injured – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

OTHER Ill/Injured – a serious injury or illness that may render the service member medically unfit to perform the duties of the member’s office, grade, rank, or rating.

NONE OF THE ABOVE (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a “serious health condition” under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380 or an employer-provided form seeking the same information.)

(2) Was the condition for which the Covered Service member is being treated incurred in line of duty on active duty in the armed forces? ____ Yes ____ No

(3) Approximate date condition commenced:

(4) Probable duration of condition and/or need for care:

(5) Is the covered service member undergoing medical treatment, recuperation, or therapy? ____ Yes ____ No.
If Yes, please describe medical treatment, recuperation or therapy: _____

PART C: COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

- (1) Will the covered service member need care for a single continuous period of time, including any time for treatment and recovery? Yes No
If yes, estimate the beginning and ending dates for this period of time: _____
- (2) Will the covered service member require periodic follow-up treatment appointments?
 Yes No If yes, estimate the treatment schedule: _____
- (3) Is there a medical necessity for the covered service member to have periodic care for these follow-up treatment appointments? Yes No
- (4) Is there a medical necessity for the covered service member to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?
 No Yes

If yes, please estimate the frequency and duration of the periodic care:

Signature of Health Care Provider: _____ Date: _____

OMB Control Number: 1215-0181 Expires: 12/31/2011

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210.

PART A: QUALIFYING REASON FOR LEAVE

- 1 Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave): _____

- 2 A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached. ___ Yes ___ No ___ None Available

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____
Probable duration of exigency: _____
2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? ___ No ___ Yes
If so, estimate the beginning and ending dates for the period of absence:

3. Will you need to be absent from work periodically to address this qualifying exigency? ___ No ___ Yes
Estimate schedule of leave, including the dates of any scheduled meetings or appointments: _____

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):
Frequency: _____ times per _____ week(s) _____ month(s)
Duration: _____ hours ___ day(s) per event.

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member’s representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Describe nature of meeting: _____

PART D:

I certify that the information I provided above is true and correct.

Signature of Employee _____ Date _____

OMB Control Number: 1215-0181 Expires: 12/31/2011 **PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT.**
If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**

**GLENDALE ELEMENTARY SCHOOL DISTRICT
CERTIFIED STAFF
PRIOR APPROVAL APPLICATION FOR COURSES UNDER 500 LEVEL**

Name: _____ School _____

Grade and/or Subject: _____ Course # (s): _____

Credit (s) requested: _____ # Contact Hours per credit: _____

College/Institution **to be** taken from: _____

Please substitute _____ class for the previous registered class that has been canceled.

Describe (new) or (substitute) class proposed course(s): _____

Date(s) of (new) or (substitute) Course(s): _____

Describe the benefits of this activity for your classroom (list objectives for students and how results will be used): _____

Applicant's Signature

Date

Approved	Not Approved	Signature	Date
		Principal	
		Assistant Superintendent for Human Resources	
		Assistant Superintendent for Curriculum & Instruction	

THIS FORM DOES NOT ASSURE SALARY ADVANCEMENT.

**CLASSIFIED STAFF
PRIOR APPROVAL APPLICATION FORM**

Name: _____ School/Dept: _____

Position: _____

Classes

Course #(s) _____ # Credit(s) requested: _____

Contact Hours per credit: _____

College/Institution taken from: _____

Date(s) of Course(s): _____

Workshops or Conferences

Title of conference or workshop: _____

Seat Hours: _____

Organization sponsoring: _____

Date(s) of conference or workshop: _____

Did you pay the registration fee (provide proof of payment): _____

Were you paid by the district to attend? _____

Describe proposed course(s), conference or workshop: (or attach flyer) _____

Describe the benefits of this activity to employee's work responsibilities: _____

Applicant's Signature _____

Date _____

___ Approved

___ Not Approved

Supervisor, Title

Date _____

Professional Growth Program Review Committee:

___ Approved

___ Not Approved

Chairperson

Date _____

Approved for _____ points (Proof of completion must be submitted for Professional Growth Credit)

**GLENDALE ELEMENTARY SCHOOL DISTRICT
CERTIFICATED STAFF
PRIOR APPROVAL APPLICATION FOR TRAVEL CREDIT**

Name: _____ School: _____

Grade and/or Subject: _____ Travel to: _____

Describe proposed travel: _____

Date(s) of Travel: _____

Describe the benefits of this activity for the classroom (list objectives for students and how results will be used): _____

Applicant's Signature

Date

Approved	Not Approved	Signature	Date
		Principal	
		Assistant Superintendent for Human Resources	
		Assistant Superintendent for Curriculum & Instruction	

THIS FORM DOES NOT ASSURE SALARY ADVANCEMENT

NOTE: A travel credit verification report must be completed by the teacher upon completion of the travel. This report shall be submitted to the principal who shall forward it to Human Resources. The report shall include information as to dates of travel, major activities, and plans for classroom utilization of travel experiences.

**GLENDALE ELEMENTARY SCHOOL DISTRICT NO. 40
APPLICATION FOR
TEACHER LONGEVITY INCENTIVE PLAN**

Present Status

Employee's Name _____ Date _____
Official Position/Job Title _____ Employee ID _____
Grade and/or Subject _____ Location _____

Employment History Within District

Date of hire with Glendale Elementary School District _____
Number of years of employment with Glendale Elementary School District _____
Have you taken any leaves of absence or sabbatical leaves of absence? Yes _____ No _____
If yes, please state type of leave and its duration: _____

The undersigned will discuss and agree with designated administrator the formulation of a project to fulfill their participation in this plan.

Read Carefully

1. I understand that in submitting this application to participate in the Teacher Longevity Incentive Plan the acceptance of the application is conditioned on: (1) whether the limited enrollment, i.e. thirteen (13) participants, has been met, (2) whether there are sufficient funds in the District's budget.
2. I also understand that participation in the Plan requires that I work twenty (20) extra contract days per school year at a per diem rate for two consecutive years. Work must not be on a regular contract day. It is only to be done during school breaks. At the completion of the school year of the second year of participation I will not be eligible to return to full-time employment in the Glendale Elementary School District.
3. I further understand that I shall have thirty (30) calendar days after notification of acceptance into the plan during which I may withdraw my application or submit an irrevocable letter of retirement.
4. The 30 day withdrawal deadline may be waived by the Superintendent if the waiver is determined to be in the best interests of the District and the withdrawal occurs before performance of the extra work days commence. **No withdrawal from the Plan will be permitted once performance of the extra work days has commenced.**

Signature

Date Received in HR

Submit form to Human Resources by January 15.

CONFERENCE/WORKSHOP REQUEST JUSTIFICATION FORM

Must be completed and submitted to the Superintendent's office for transmittal to the Governing Board along with the Travel Request Form.

Name of Traveler(s): _____

Conference/Workshop Title: _____
(Reason for Travel)

1. Relevance of conference/workshop to employee's work responsibilities:

2. How will employee(s) share information with colleagues?

3. How is the conference/workshop related to district, school or department goals and/or objectives?

Revised 6/1/2007

TRAVEL REQUEST FORM

For Out-of-County/Out-of-State Travel by District Employee

This form is to be used when requesting approval for travel to conferences or other events/activities outside of Maricopa County. It should be turned in to the Superintendent's Office with enough advance notice to ensure Board approval prior to travel date.

Name of Traveler(s): _____

Working at School/Department: _____

Reason for Travel: _____

Traveling to: _____

Dates of Travel: _____

Substitute Needed/Dates: _____

	Code	Cost	Requisition Number
Charge Sub to: _____		\$ _____	_____
Charge Registration to: _____		\$ _____	_____
Charge Airline/Bus to: _____		\$ _____	_____
Charge Meal/Lodging to: _____		\$ _____	_____
Charge Auto Mileage to: _____		\$ _____	_____
Total Cost of Travel		\$ _____	_____

APPROVED BY: _____ **DATE** _____

_____ Approved _____ Not Approved By the Governing Board on _____ Date

Revised: 6/1/2007

GLENDALE ELEMENTARY SCHOOL DISTRICT
WORKPLACE OR SEXUAL HARASSMENT COMPLAINT FORM
(to be filed with the Superintendent as provided in ACA-R)

(Please Print)

Name _____ Date _____

Address _____

Telephone _____ Hours you can be reached _____

Alternate Phone _____ Hours you can be reached _____

I wish to complain against:

Names of person, school (department), program, or activity _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places. (Use additional sheet if more space is needed.) _____

Date of the action against which you are complaining: _____

If there is anyone who could provide more information about this, please list name(s), address(es), and telephone number(s).

NAME

ADDRESS

TELEPHONE

**GLENDALE ELEMENTARY SCHOOL DISTRICT
WORKPLACE OR SEXUAL HARASSMENT COMPLAINT FORM
(page 2)**

THE PROJECTED SOLUTION

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

Date

cc: Complainant
File

STAFF CONCERNS, COMPLAINTS, AND GRIEVANCES

LEVEL 1

GRIEVANCE FORM A

FORMAL GRIEVANCE PRESENTATION

To be completed by grievant within five (5) days after the last informal conference but no later than fifteen (15) days after the employee knew or should have known of the act or omission giving rise to the grievance.

Grievant _____ Date of last informal
Presentation: _____

School _____ Immediate
Supervisor _____

Assignment _____

Policy or regulation alleged to have been violated: _____

Statement of Grievance:

Action Requested:

Signature of Grievant

STAFF GRIEVANCES

LEVEL 1

GRIEVANCE FORM B

FORMAL GRIEVANCE PRESENTATION

To be completed by immediate supervisor within five (5) days after the formal filing.

Grievant _____

Date of formal grievance presentation: _____

School _____

Immediate Supervisor _____

**Decision of immediate supervisor
And reasons therefore:**

Date of decision: _____
_____ (Signature of immediate supervisor)

.....
Grievant's response [to be completed by the grievant within (5) days after the decision]:

- I accept the above decision of the immediate supervisor.
- I hereby refer the above decision to the Superintendent, with reasons detailing nonacceptance at Level I and any relief sought (Level II)

Date of response: _____
_____ Signature of Grievant

STAFF GRIEVANCES

LEVEL II

GRIEVANCE FORM C

REFERRAL TO SUPERINTENDENT

To be completed by grievant within five (5) days of immediate supervisor's response.

Grievant _____

Date of formal grievance presentation: _____

Detail reasons for nonacceptance of grievance decisions and any relief sought:

- The attached grievance is hereby referred to the Superintendent.

Date of referral: _____

Signature of Grievant

STAFF CONCERNS, COMPLAINTS, AND GRIEVANCES

LEVEL II

GRIEVANCE FORM D

DECISION OF SUPERINTENDENT

To be completed by Superintendent within five (5) days.

Grievant _____

Date of formal grievance presentation: _____

Date appeal received by Superintendent _____

Decision of Superintendent And reasons therefore:

Date of decision: _____

(Signature of Superintendent)

Grievant's response [to be completed by the grievant within (5) days after the decision]:

- I accept the above decision of the Superintendent.
- I hereby appeal to the Governing Board for a review of this grievance (Level III).

Date of response: _____

Signature of Grievant

STAFF CONCERNS, COMPLAINTS, AND GRIEVANCES

LEVEL III (Final Action)

GRIEVANCE FORM E

REVIEW BY GOVERNING BOARD

Grievant _____

Date of formal grievance receipt: _____

- The attached grievance is hereby appealed to the Governing Board for a review.

Detail reasons for nonacceptance of grievance decision at level II and any relief sought:

Date appeal received by Governing Board _____

BOARD RESPONSE

- The Board affirms the Superintendent's response.
- The Board rejects the Superintendent's response.
- The Board modifies the Superintendent's response as follows:

[TO BE COMPLETED WITHIN FIFTEEN (15) DAYS OF REVIEW]

**GLENDALE ELEMENTARY SCHOOL DISTRICT
STUDENT TEACHER/INTERN POLICIES**

Please review the following policies. Sign the form and return to the administrative/school office. Administrator must review and sign form, and keep on file during the student teacher's/intern's experience.

SUPERVISION:

Glendale Elementary School District student teachers/interns work under the direct supervision of the professional staff at each school. They work only with those teachers or staff members who have requested the services of a student teacher/intern. It is the responsibility of the school principal or supervising teacher to dismiss any student teacher/intern whose actions are not in the best interest of the school or our students.

CONFIDENTIALITY:

As a student teacher/intern, you will learn a great deal about our programs and students. Student teachers/interns enjoy sharing their experiences with friends and family. However, it is extremely important that you do not discuss the progress, test grades, behavior, or problems of individual students. The school staff must be able to depend on you to keep this information confidential. It is also important that you not probe into a student's family life or private matters. The Federal Privacy Act does not permit discussion of the above with anyone.

DISMISSAL OF STUDENTS:

Student teachers/interns may never dismiss a student from school. Children who need to leave school early must have permission from the school office. Under no circumstances may a student teacher /intern take a student off campus. Student teachers/interns may not transport students for any reason.

CONVICTION REPORT:

Because of the tremendous responsibility Glendale Elementary School District has to its school children and community and the many recent incidents regarding crimes relating to children, the following information is needed from all student teachers/interns regarding convictions*.

1. Have you ever been convicted of a minor offense other than traffic violation(s)? Yes_____ No_____
2. Have you ever been charged with or convicted of a felony? Yes_____ No_____
3. Have you ever been convicted of a sex or drug-related offense? Yes_____ No_____
4. Have you ever been convicted of a dangerous crime against children as defined in A.R.S. 13.604.01**? Yes_____ No_____

***CONVICTION means the final judgment on a verdict or a finding of guilty, plea of guilty, or a plea of no contest, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include final judgment, which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.**

****These crimes are defined as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping, and sexual abuse.**

RESTROOMS:

Staff restrooms are available for student teachers/interns. We ask that student teachers/interns not use student restrooms.

I have read and agree to adhere to the student teacher intern policies, which are explained, and affirm that all personal information given by me is true.

Student Teacher/Interns Signature		Address	
Telephone Number	City	State	Zip
Cell Phone Number	Date		

EMERGENCY INFORMATION

Person to contact in case of emergency: _____

Phone Number (home)_____ (work)_____

Name of physician:_____ (phone)_____

Name of Ambulance Service:_____ (phone)_____

Medications currently being taken: _____

Health conditions of note: _____

<p>FOR OFFICE USE ONLY</p> <p>Current Assignment(s): _____</p> <p>_____</p> <p>Signature indicates I have reviewed this form and student teacher/intern may report for assignment.</p> <p>_____</p> <p>ADMINISTRATOR'S SIGNATURE</p> <p>_____</p> <p>DATE</p>

**GLENDALE ELEMENTARY SCHOOL DISTRICT NO. 40
APPLICATION FOR
SUPPLEMENTAL CLASSIFIED SICK LEAVE BUY BACK**

Present Status

Employee's Name _____ Date _____

Official Position/Job Title _____ SSN _____

Location _____

Employment History Within District

Date of hire with Glendale Elementary School District _____

Number of years of employment with Glendale Elementary School District _____

Date of Anticipated Retirement _____

Have you taken any leaves of absence? _____ Yes _____ No

If yes, please state type of leave and its duration: _____

Read Carefully

1. I understand that in submitting this application to participate in the Supplemental Classified Sick Leave Buy Back the acceptance of the application is conditioned on whether the limited, i.e. \$25,000, has been met.
2. The number of days to sell back is limited to the budget allowed only, and based on seniority if budget is reached.
3. I further understand that I shall have thirty (30) calendar days after notification of acceptance into the plan during which I may withdraw my application.
4. If accepted, I understand an irrevocable letter of retirement must be submitted within the 30 days after notification.

Signature

Date

**Submit form to Human Resources by January 15 prior to the fiscal year of
intended retirement.**

**GLENDALE ELEMENTARY SCHOOL DISTRICT NO. 40
APPLICATION FOR
PROFESSIONAL SABBATICAL LEAVE**

Present Status

Employee's Name _____ Date _____

Official Position/Job Title _____ SSN _____

Grade and/or Subject _____ Location _____

Qualifying Statement:

Give Reasons for Applying for Professional leave:

State school and program of study

School/University	Course of Study/Degree	Number of Course	Hours Projected for the Year
-------------------	------------------------	------------------	------------------------------

Signature _____ Date _____

Principal's Signature _____ Date _____

Comments:

You may wish to refer to the Certified Handbook for specific provisions.

Please return application to the office of the Assistant Superintendent for Administrative Services by February 1.



RESIGNATION FORM

Human resources Department
 Telephone: (623) 237-7100
 Fax: (623) 842-5454

Please complete the following, sign and return to your immediate supervisor who will sign and forward to the Human Resources Department.

Name:

Employee ID:

I hereby resign my position from the Glendale Elementary School District, effective at the end of the day on:

Month	Day	Year
-------	-----	------

My job title is:

My School/Department Location:

The reason for my resignation is:

- Career Change (New Profession)
- Employment in another school district
- Going back to school
- Health Reasons
- Moving
- Need Health Benefits
- Need More Hours
- Need More Pay
- Personality Conflict with
 - Manager
 - Co-Worker
- Other
- Retirement

The following items must be returned to your immediate supervisor or his/her designee by your last day of work: Keys, uniform, credit card, computer, cell phone, I.D. badge, resource books or materials, and other equipment or property belonging to the Glendale Elementary School District.

Employee Signature

Date Signed

Supervisor's Signature

Date Signed
