



**LICENSED EMPLOYEES' HANDBOOK**

Thompson School District R2-J  
General Personnel Practices and Procedures  
Effective Date

July 1, 2015

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**Version 5 - Revised 6/16/2020**

***EMPOWER TO LEARN  
CHALLENGE TO ACHIEVE  
INSPIRE TO EXCEL***

## **IMPORTANT NOTE**

This handbook is designed to acquaint licensed staff of the Thompson School District with some information about working in the district. The handbook is not all inclusive, but is intended to provide employees with a summary of some of the Thompson School District's guidelines and practices. The Board of Education also has school district policies, Memorandum of Understanding (MOU) and if this handbook conflicts with Board of Education policies or MOU policy, those policies shall prevail. If there is a conflict with federal, state, or local laws, the laws prevail.

The policies and procedures contained in this handbook are referred to in Article 3-7. of the MOU. The need may arise to change the guidelines described in the handbook. This handbook does not represent a contract, is not meant to be enforceable as a contractual obligation of the Thompson School District, and should not be relied upon as binding, inflexible promises made by the school district.

This handbook is designed as a supplement to the Memorandum of Understanding. No employee handbook can anticipate every circumstance or question. After reading the handbook, employees who have questions should talk with their immediate supervisor, association representative, or the Department of Human Resources.

### **A Note from Human Resources**

This handbook was developed to describe some of the guidelines, practices, programs, and benefits for employees. All employees should familiarize themselves with the contents of the licensed employee handbook as soon as possible, for it may answer many questions about employment with Thompson School District.

### **The Mission of the Human Resources Department is to provide service and support through:**

To welcome and support all staff in our culture of growth and excellence.

### **Our Vision:**

To be the employer of choice in our community for those seeking a rewarding career in education.

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## **SECTION 1: GENERAL INFORMATION**

### **Article 9-2. - Military Leave**

- 9-2-1. Subject to conditions prescribed in C.R.S. §28-3-601 through §28-3-607, and with appropriate advance notice, any teacher employed by TSD who is a member of the Colorado National Guard or the reserve forces of the United States shall be entitled to leave without loss of pay for all the time engaged in training or active service ordered or authorized by proper authority, but not exceeding 15 days in any fiscal year. Such leave shall be allowed if the required military service is performed satisfactorily. The teacher must return to work immediately on being relieved from such military service.
- 9-2-2. If the teacher is required by proper authority to continue in such military service beyond the time for which leave with pay is allowed, he/she shall be entitled to leave of absence without pay for the additional service. Reinstatement shall be in accordance with C.R.S. §28-3-604.

### **Article 9-3. – Jury Duty**

- 9-3-1. Employees shall be granted leave with full pay when called to jury duty, ordered to appear in a proceeding pursuant to subpoena or other court order. After the first three days of jury service, the district shall deduct the state wage of \$50.00 per day of jury service from the employees pay as an offset. (Board Policy GBGK)

### **Article 9-4. - Political or Legislative Leave**

- 9-4-1. A teacher who serves in an elected or appointed governmental position may request and receive Board of Education approval for unpaid leave to perform the duties connected with that position when those duties require an absence from his/her position with TSD. The request for unpaid leave should include documentation supporting the amount of leave time requested.

### **9-12. - Family and Medical Leave**

- 9-12-1. Unpaid family medical leave is available under the Family and Medical Leave Act and Board Policy GBGF/GBGF-R\*. Employees entitled to paid leave under other policies or sections of the Memorandum of Understanding will use their paid leave first for part or all of their family and medical leave in accordance with FMLA guidelines.

### **9-13. - Leave Related to Domestic Abuse**

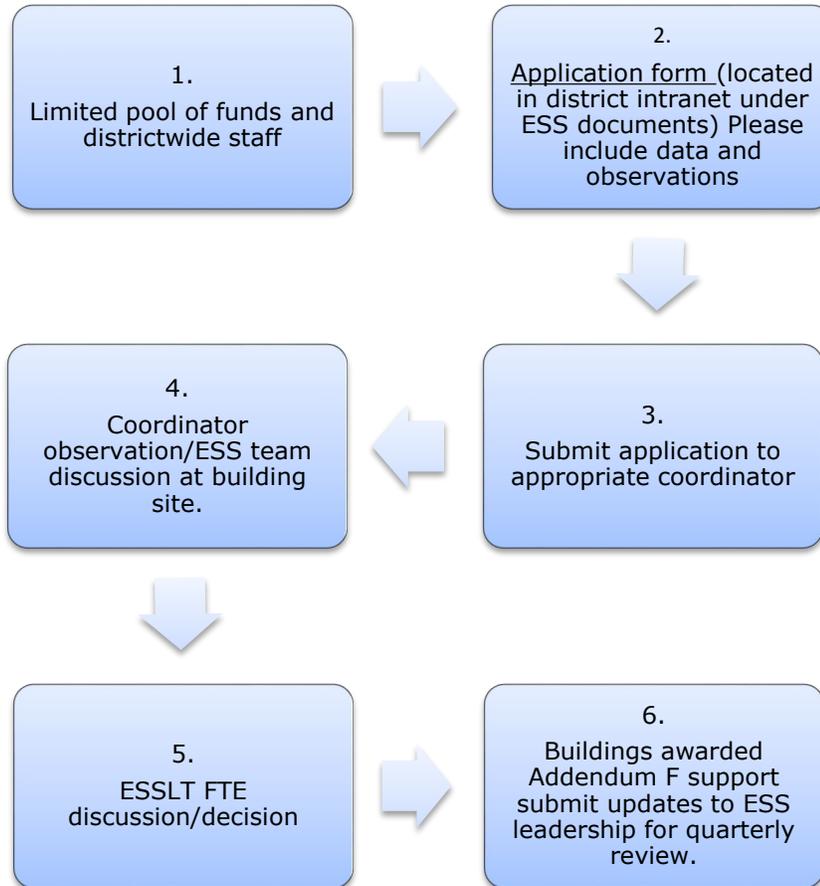
- 9-13-1. An employee who is the victim of domestic abuse or related crimes may request and shall be granted up to three working days of leave from work without pay in any 12-month period to attend to certain related matters. (See Policy GBGL\* for definitions and description of eligible purposes.)
- 9-13-2. The employee does not need to exhaust his or her annual or grandfathered leave prior to being granted leave related to domestic abuse.

## ADDENDUM F – SPECIAL EDUCATIONAL SERVICES REVIEW PROCESS FOR ADDITIONAL SUPPORT

Because Special Education has a unique administrative structure, it requires its own review process.

This review process allows Special Education teachers or staff members, who have concerns about meeting the needs of their students, to request additional support. Although it is hoped that a solution to the concern will be found, such a solution cannot be guaranteed. Communication and team problem-solving is the main intent of this process. All Addendum F positions are subject to review quarterly. It is not intended to address a cap or caseload limit. The steps for the process are given in the flowchart:

### Addendum F Process



This is a non-grievable process.

## ATTACHMENT 1 – COLLABORATIVE DECISION-MAKING GUIDELINES

The Board, the Association and Administration are committed to having a collaborative decision-making process implemented at every work site in TSD. A trust building and collaborative process involving the entire staff will be used at each site to develop its protocols for a decision-making spectrum which includes collaborative decision making.

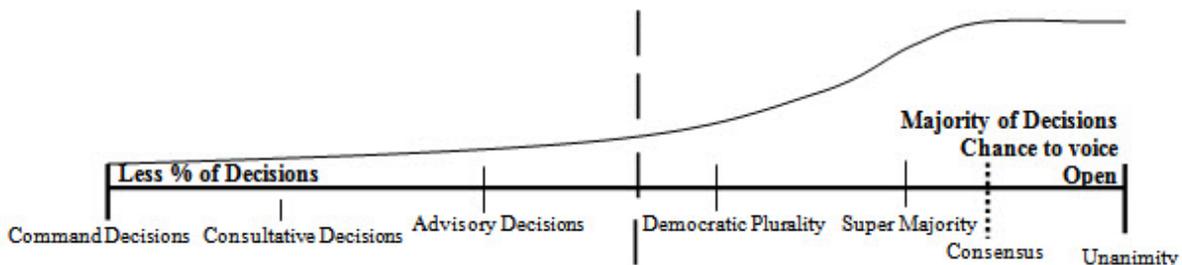
All stakeholders (parents, teachers, administrators, business people, classified staff employees, senior citizens, students, etc.) should be encouraged to participate in improving the effectiveness of the educational system through their diverse input.

All employee groups will be required to share some responsibility for decision-making and collaboration at schools and other work sites within TSD.

Any shared decision-making process in TSD should:

- ♦ Include time for continued training, implementation, and assessment
- ♦ Represent the diverse nature of its stakeholders
- ♦ Employ a method of recording decisions and keeping other records
- ♦ Include a process for revisiting decisions
- ♦ Be based on a clear understanding of the division of the responsibilities in TSD.
- ♦ Include a means for communicating essential information and coordinating decision with affected groups.

◊ **Continuum of Decision-making:** while not all decisions can be made with 100% collaboration, it is desired that most decisions exhibit collaboration and inclusion.



**ATTACHMENT 10 – EXTRA DUTY SALARY SCHEDULE RUBRIC**  
**Extra Duty Salary Schedule Rubric**

4/15/01

**Academic Extra Duty Pay**

Criteria	1 (minimum)	2 (some)	3 (average)	4 (significant)	5 (maximum)
Impact on <b>TSD</b> staff	minimum	some	average	significant	maximum
Impact on school, department or team	minimum	some	average	significant	maximum
Expectation/responsibility placed on position by district and/or building administration	minimum	some	average	significant	maximum
Estimated Duty Hours (outside contract day during school year)	1-25	26-50	51-75	76-100	>100
Number of staff whose work is coordinated	1-2	3-10	11-25	26-45	>45
Scale:	Level 1 24-25	Level 3 20-21	Level 5 16-17	Level 7 12-13	Level 9 8-9
	Level 2 22-23	Level 4 18-19	Level 6 14-15	Level 8 10-11	Level 10 0-7

**Activities Extra Duty Pay**

Criteria	1		2		3		4		5	
	MS	HS	MS	HS	MS	HS	MS	HS	MS	HS
Number of Students	<40	<20	40-59	20-39	60-79	40-59	80-99	60-79	>100	80-100
Formal Performances/contests ( <u>not practices and meetings</u> )	<8	<8	8-11	8-11	12-15	12-15	16-19	16-19	>20	>20
Number of weeks	-	<12	-	12-17	-	18-23	-	24-29	-	30-36
Community expectations	Low	-	Medium	-	High	Low	-	Medium	-	High
Student body expectations	Low	-	Medium	-	High	Low	-	Medium	-	High
Time outside contract day (hrs. per week) – <u>none, if class</u>	<4	<4	4-5	4-5	6-7	6-7	8-9	8-9	>10	>10
Number of Levels	-	1	-	2	-	3	-	4	-	5
Scale	Level 1 34-35	Level 6 19-21	Level 1 31 & above	Level 6 16-18	Level 1 31 & above	Level 6 16-18	Level 1 31 & above	Level 6 16-18	Level 1 31 & above	Level 6 16-18
MS:	Level 2 31-33	Level 7 16-18	HS:	Level 2 28-30	Level 7 13-15	Level 2 28-30	Level 7 13-15	Level 2 28-30	Level 7 13-15	Level 7 13-15
	Level 3 28-30	Level 8 13-15		Level 3 25-27	Level 8 10-12	Level 3 25-27	Level 8 10-12	Level 3 25-27	Level 8 10-12	Level 8 10-12
	Level 4 25-27	Level 9 10-12		Level 4 22-24	Level 9 7-9	Level 4 22-24	Level 9 7-9	Level 4 22-24	Level 9 7-9	Level 9 7-9
	Level 5 22-24	Level 10 6-9		Level 5 19-21	Level 10 6 & below	Level 5 19-21	Level 10 6 & below	Level 5 19-21	Level 10 6 & below	Level 10 6 & below

**Coaching Extra Duty Pay**

Criteria	1	2	3	4	5
Number of weeks	<9	9	10	11	12
Number of Hours/week	-	10-14	15-19	20-24	>25
Number of contests – each level	-	-	<12	12-15	>16
Number of paid assistants and number of levels	0	1	2	3	4
Number of participants	<10	10-19	20-29	30-39	>40
Revenue Producing/expectations, pressure as rated by district administration	-	-	Low	Medium	High
Scale:	Level 1 28-30	Level 6 13-15	All high school assistants would be four levels below the head coach in that sport (-9 points)		
	Level 2 25-27	Level 7 10-12			
	Level 3 22-24	Level 8 7-9	All middle school assistants would be two levels below the head coach in that sport (-6 points)		
	Level 4 19-21	Level 9 4-6			
	Level 5 16-18	Level 10 1-3			

## SECTION 2: FORMS

### APPENDIX B –PROBLEM SOLVING FORM PROBLEM SOLVING PROCESS FOR CONFLICT RESOLUTION

Name of person submitting:

\_\_\_\_\_

Date of initial discussion with administrator: \_\_\_\_\_

Name of School: \_\_\_\_\_

Date Initiated with Principal or Supervisor: \_\_\_\_\_

Description of Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Problem Solving Participants: \_\_\_\_\_

\_\_\_\_\_

Proposed Solution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher

Has this been resolved? Yes   
No

**If no, refer Problem Solving Form to Director.**

**Send copies of completed form to: Human Resources  
Thompson Education Association**

**APPENDIX C – INFORMAL PROBLEM SOLVING**

**INFORMAL PROBLEM SOLVING PROCESS FOR A WRITTEN REPRIMAND**

Name of person submitting issue: \_\_\_\_\_

Name of Principal or Supervisor: \_\_\_\_\_

School Name: \_\_\_\_\_

Key Dates of Events: \_\_\_\_\_

Copies submitted to: \_\_\_\_\_ HR Director (Mandatory) \_\_\_\_\_ Administrator

Description of Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participants: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proposed Solution: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Submission

Teacher

Disposition by HR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This form is to be used when a teacher feels that a written reprimand has occurred without prior due process. The form should be submitted to Human Resources in a timely manner.*

**APPENDIX D – GRIEVANCE FORM**

Name of person submitting Grievance \_\_\_\_\_

Name of School \_\_\_\_\_

Submitted to (appropriate Director/Executive Director depending on level

\_\_\_\_\_

Date of Problem Solving Meeting: \_\_\_\_\_

Article violated \_\_\_\_\_

Nature of Grievance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy sought \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Grievant

For Association

Administrative Reply \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

Administrator

Attach problem solving statement and any prior grievance correspondence.

Dates:

\_\_\_\_\_

Step One

\_\_\_\_\_

Step Two

\_\_\_\_\_

Step Three

Director/Executive Director:

\_\_\_\_\_

Step One

\_\_\_\_\_

Step Two

\_\_\_\_\_

Step Three

**APPENDIX E-PLAN TIME**

**Part time/Less Than Full Time/Traveling Teacher**

**Teaching/Planning/Duty Form**

Teacher: \_\_\_\_\_ EID#: \_\_\_\_\_

Assignment and Percentage: (E.g.: Art 75%): \_\_\_\_\_

Schools: \_\_\_\_\_

The principals and the teacher must work together to complete and submit this form. Provide a copy to the teacher, all involved Principals, and Human Resources. Those copies are due two weeks after teacher’s schedule is finalized, but as soon as a problem is identified to minimize student disruption.

<b>Location</b>	<b>Number of Classes Taught</b>	<b>Planning Time Per Week</b>	<b>Duty Time Per Week</b>

Total Planning Time:

Elementary School: At least 300 minutes per week in a five-day week is scheduled for this teacher. (Or the correct % of FTE) (16-4-1)

Middle School: At least 390 minutes per week in a five day week is scheduled for this teacher. (Or the correct % of FTE) (16-4-1)

High School: At least 440 minutes per week in a five day week is scheduled for this teacher. (Or the correct % of FTE) (16-4-1)

Traveling teachers divide their amount of time for conferences and professional days at their respective buildings proportionally to student needs.

This schedule has been reviewed and the appropriate amount of planning time is scheduled.

Principal 1 Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Principal 2 Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Principal 3 Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Cc: Human Resources, Teacher, and Principals.

All traveling teachers will complete this form upon a change of schedule, and submit forms to Human Resources, Teacher, and Principals.

Situations where planning time MOU agreements are not being met, immediate resolution will be appealed by commencing at Step 2 of the grievance process.

### APPENDIX E-TRAVELING TEACHER

Do you travel mid-day to two or more schools during the week? If yes, please give specifics of travel. (Example: Tuesday – class ends at Sarah Milner 11:30 travel to Cottonwood where class begins at 12:30)

Name: \_\_\_\_\_

Assignment: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>School 1 (Name)</b>					
Stop Time					
Takedown Time (average amount needed)					
Travel Time to School 2					
<b>School 2 (Name)</b>					
Start Time					
Setup Time (average amount needed)					

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>School 3 (Name)</b>					
Stop Time					
Takedown Time (average amount needed)					
Travel Time to School 4					
<b>School 4 (Name)</b>					
Start Time					
Setup Time (average amount needed)					

Teacher Signature: \_\_\_\_\_ Note: Each Principal must sign below

Principal School 1: \_\_\_\_\_ Principal School 2: \_\_\_\_\_

Principal School 3: \_\_\_\_\_ Principal School 4: \_\_\_\_\_

**APPENDIX G**  
**STAFF PERSONAL SECURITY AND SAFETY (Board Policy GBGB)**

School staff members need to work in a safe and secure environment. The Board of Education supports actions that protect employees from personal attacks by students, fellow employees or other persons while minimizing disruption to the normal working and learning environment.

**Offenses Against School Employees by Students**

The following procedures shall be followed in instances of assault, disorderly conduct, harassment, knowingly making a false allegation of child abuse, or any alleged offense under the "Colorado Criminal Code" by a student directed towards an employee. These same procedures apply if students damage the personal property of an employee while on school district premises.

1. The employee shall file a written complaint with the building principal, the Superintendent's office and the Board of Education.
2. The principal, after receipt both of the complaint and adequate proof of the charges, shall suspend the student up to three days in accordance with established procedures.
3. The Superintendent shall initiate procedures for the further suspension or expulsion of the student when injury or property damage has occurred.
4. The Superintendent or designee shall report the incident to the district attorney or to the appropriate law enforcement agency or officer who shall then investigate to determine the appropriateness of filing criminal charges or initiating delinquency proceedings.
5. A copy of this policy shall be distributed to each student and posted in each school building.

**Offenses Against School Employees by Non-Students**

Instances of assault, disorderly conduct, harassment or alleged criminal offense by an employee or by any other person directed against an employee shall be reported to the principal or supervisor who in turn shall report the incident to the Superintendent or designee for investigation and action in accordance with applicable procedures.

**Supportive Action Following Incidents**

1. The principal or supervisor shall inform other employees who are impacted or affected by the incident as necessary and report the incident and its status or resolution to his immediate supervisor.
2. The affected employee may be offered assistance including but not limited to mandating medical, legal, physical or mental examination and temporary leave from his position.
3. The principal or supervisor shall monitor the progress of actions taken in accordance with this policy and recommend any further steps necessary to the Superintendent's office.
4. The principal or supervisor shall plan with the affected employee and other impacted employees for his return to normal duties.

**Communication of Disciplinary Information to Teachers/Counselors**

The principal or designee shall communicate discipline information concerning any student enrolled in the district to all teachers and counselors who have direct contact with that student. Any teacher or counselor who is assigned a student with known serious behavior problems will be informed of the student's behavior record. Any school employee who is provided this information shall maintain its confidentiality and shall not communicate it to any other person.

Adopted prior to 1985

Revised November 18, 1987

Revised August 17, 1988

Revised January 19, 1991

Revised August 7, 1991

Revised August 20, 2008

Revised May 16, 2012

Legal Refs.: CRS 22-32-109.1 (3)  
CRS 22-32-109.1 (9)  
CRS 22-32-126 (5) (a)

Contract Ref: TEA Agreement

Cross Refs.: ECAC, Vandalism

GCQF, Suspension and Dismissal of Professional Staff (And Contract Nonrenewal)

GDQD, Suspension and Dismissal of Support Staff

JK, Student Discipline

JKD/JKE, Suspension/Expulsion of Students

JKD/JKE-2, Suspension/Expulsion of Students with Disabilities

KLG, Relations with Law Enforcement



## APPENDIX I DONATE-A-DAY LICENSED & APT STAFF

**PURPOSE:** Donate-A-Day is a way to help teachers, administrators, and exempt staff who need additional hours beyond their available leave time to help an ill member of their immediate family (as defined by the current Memorandum of Understanding\*).

\* **IMMEDIATE FAMILY** includes anyone who lives in the employee's household plus persons not in the household, who are the employee's spouse, domestic partner, children, step-children, parents, step-parents, parents-in-law, grandparents, grandparents-in-law, grandchildren, brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, and others with whom the employee has an unusually close relationship. (Per MOU, 2017-18)

A licensed or APT employee who has used all of his/her current annual, accrued and grandfathered days (in this order) may apply for Donate-A-Day. The application is available from the Benefits & Leave Specialist in Human Resources. It must specify the relationship of the person for whom the employee will be caring and be accompanied by a doctor's statement specifying the nature of the relative's illness, its expected duration, and the extensiveness of treatment.

Other licensed, APT, or classified staff will be requested to donate hours, up to the equivalent of two of their work days based on FTE, from their **current** annual leave time for the employee's use. Those who are willing will sign the donor form.

The licensed or APT employee will return the completed application form to the Benefits & Leave Specialist in Human Resources, who will forward it to the Thompson Education Association Sick Leave Bank Committee.

The employee (or designee) will return the signed donor forms to Payroll by the monthly deadline, which is the second Friday of each month. Any donated hours not used will be transferred to the TEA Sick Leave Bank.

No district employee may donate more than two of his/her work days of current annual leave per year for this purpose.

Business Services will report days used to the Sick Leave Bank Committee.

\***Note:** Donation of days is strictly **voluntary**. Employees are responsible for the use of their own leave. Once leave has been donated, those hours will be considered used and will not be available for future use or reinstated.



**APPENDIX I  
DONATE-A-DAY APPLICATION FORM  
LICENSED & APT STAFF**

*Updated March 2018*

Donate-A-Day is a way to help teachers, administrators, and exempt staff who need additional hours beyond their available leave time to help an ill member of their immediate family.

A teacher, administrator, or exempt employee who has used all of his/her individual annual, accrued, and grandfathered days may request a Donate-A-Day form from the Benefits & Leave Specialist in the Human Resources Department.

**APPLICANT COMPLETES THIS SECTION:**

Applicant's Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
**(Please PRINT legibly)**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ School/Bldg: \_\_\_\_\_

Expected Absence(s) from: \_\_\_\_\_ to: \_\_\_\_\_

Name and relationship of person for whom the teacher, administrator, or exempt employee will be providing care:  
\_\_\_\_\_

**RELATIVE'S PHYSICIAN COMPLETES THIS SECTION:**

Nature of relative's illness:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected duration of care needed for illness: \_\_\_\_\_

Extensiveness of treatment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name **(PRINT legibly)** \_\_\_\_\_ Type of Practice \_\_\_\_\_

Office/Clinic Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this completed application to HR Benefits & Leave Specialist,  
Thompson School District. FAX: 970-613-6169**

**FOR TEA SICK LEAVE BANK USE:**

Approval Signature \_\_\_\_\_ Approval Date \_\_\_\_\_



**APPENDIX M – NOTIFICATION OF ASSIGNMENT CHANGE**  
**Notification of Assignment Change**

Educator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Assignments: \_\_\_\_\_

\_\_\_\_\_ School \_\_\_\_\_ FTE

\_\_\_\_\_ School \_\_\_\_\_ FTE

\_\_\_\_\_ School \_\_\_\_\_ FTE

Educator's Preferences:

Stay at same assignment(s)

Change assignment(s) to consider the following:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

.....

Your teaching assignment for the \_\_\_\_\_ school year is as follows:

	Location (s)	Position and Percent	Other/Split
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The following criteria were used in making this decision: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Principal's Signature (school #1)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Principal's Signature (school #2)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Principal's Signature (school #2)

\_\_\_\_\_  
 Date

My signature indicates that my administrator(s) and I have discussed change:

\_\_\_\_\_  
 Educator's Signature

\_\_\_\_\_  
 Date

*(I understand that I may attach comments on this assignment if I wish)*

**APPENDIX N – SICK LEAVE BANK OPT OUT FORM**

**For Licensed Staff, Administrators and Exempt Personnel**

Do not sign unless you have reviewed the *Important Benefit Information Fact Sheet* and are electing to NOT PARTICIPATE in the Sick Leave Bank.

I understand that my OPT OUT decision will remain in effect for the duration of my current employment unless I elect, in writing, to become a member of the Sick Leave Bank during the open enrollment period (annually in September). I further understand that if I have been a member of the Sick Leave Bank and am exercising my OPT OUT Option that I will not receive any of my hours that I had previously contributed to the bank; nor will additional contributions be made to the Sick Leave Bank in my name.

I agree that it is my responsibility to complete the form and return it to Human Resources by October 1 (if I'm a new employee or OPTING OUT during open enrollment) or within 10 days of my hire date (if hired after September 20).

By my signature, I acknowledge that I have read the *Important Benefit Information Fact Sheet*, I understand the benefits of the Sick Leave Bank and when and how to become a member in the future (if I should choose to do so) and I have voluntarily decided to OPT OUT of participation in the Sick Leave Bank.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

School/District Location \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Send to the Human Resources by October 1 or ten (10) days after hire date**

Send Original to Human Resources  
Make and retain a copy for your personal record

## APPENDIX N – SICK LEAVE BANK OPT OUT FORM

### For Licensed Staff, Administrators and Exempt Personnel

One of your benefits as a Thompson School District employee is the option of participation in the sponsored Sick Leave Bank.

#### **Benefits:**

- ♦ Provides financial protection to the member who has experienced a loss of salary due to a serious medical condition as defined by the FMLA and specified by a physician, which prevents the member from performing his or her job.
- ♦ Up to 45 Sick Leave Bank days may be available to a member who has exhausted his or her individual leave.
- ♦ Additional information about the Sick Leave Bank program is available in the Memorandum of Understanding (MOU).

#### **Becoming a Member:**

- ♦ You are automatically enrolled in the Sick Leave Bank.
- ♦ One day, up to 8 hours, of your annual leave will be donated to the Bank based on your full time equivalency (FTE).

#### **Membership is on-going:**

- ♦ Membership remains in effect unless you submit a completed Opt Out form during the open enrollment period (annually in September).  
In subsequent years, an additional contribution of up to one annual leave day per year may be required.

#### **Opting Out of Membership:**

- ♦ Request an Opt Out form from Human Resources.
- ♦ Return the completed Opt Out form by October 1 or within 10 days of your hire date to the Human Resource Department.
- ♦ Opt Out decisions will remain in effect for the duration of your employment unless you elect, in writing, to become a member of the Sick Leave Bank during the open enrollment period (annually in September).



**APPENDIX O – PERSONAL LEAVE REQUEST FORM**

Directions: Non-probationary teachers requesting a Leave of Absence (LOA) must complete and submit this form to Human Resources at least 30 days prior to the intended beginning date of the leave.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School(s): \_\_\_\_\_

Position(s): \_\_\_\_\_

Supervisor/Principal(s): \_\_\_\_\_

Beginning date of Leave: \_\_\_\_\_

Planned date of return: \_\_\_\_\_

Please state reason for leave:

- Military Leave \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Personal Leave \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Teach Abroad \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

<p><b>Human Resources Use Only</b></p> <p>Date Received: _____</p> <p>Approved By: _____ Date Approved: _____</p> <p>BOE Packet Date: _____</p> <p>Supervisor/Principal Notification Date: _____</p> <p>Reason Request Denied: _____ _____</p>
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# Professional Concerns Committee



Concerned Party (name): \_\_\_\_\_

School/Department: \_\_\_\_\_

Completion of Form Date: \_\_\_\_\_

What is the issue you would like PCC to discuss?

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Who, in the district, is being affected by this? Should be multi-building/global and not building specific.

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What steps have already been taken with regards to this issue?

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Do you have any suggestions on how to best resolve this concern?

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Who should be involved in telling the story to the Professional Concerns Committee?

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Signed \_\_\_\_\_

Date \_\_\_\_\_

Please send completed form to [karen.caruso@thompsonschoools.org](mailto:karen.caruso@thompsonschoools.org). You will be contacted by a PCC rep after your form has been discussed by the 2+2 committee. This item may be referred either to PCC or the appropriate staff member.





**OPTIONS**

A possible solution to this is.....

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**2+2 SOLUTION**

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**PCC REVIEW**

PCC will review the Effects of this decision at the meeting in \_\_\_\_\_  
to ensure that we have properly addressed the concern.