

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFIED ADMINISTRATIVE EMPLOYMENT CONTRACT

ELIZABETH O'NAN

Name of Employee

This is to notify you of your employment as a/an ADMINISTRATOR for 260 Days during the 2018 - 2019 School Year. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

- 1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of South Carolina and the District.
3. The District agrees to pay the Employee according to the salary schedule adopted by the Board. This salary schedule will be made available as soon as practicable. Loss or reduction in any amount of anticipated or appropriated state, local or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, i.e., a furlough, a reduction in contract days in accord with state law, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Any position eliminations will be handled in accordance with BCSD Administrative Regulation HRS-30: Professional Staff Reduction in Force.
4. The Employee shall receive a performance evaluation in accordance with District policy. This evaluation, if conducted during the term of this contract, shall be conducted by the Superintendent or the Superintendent's representative and shall be based in part upon a written instrument approved by the Superintendent and reviewed with the Employee. The Superintendent or her representative shall confer with the Employee concerning the evaluation received and reasons therefor. The Employee shall be given an opportunity to respond to the evaluation in writing.
5. The District's administrative assignments are discretionary with the Superintendent. In the event of any change in the District's organizational chart, reduction in force, or whenever it is deemed in the best interest of the District, the Superintendent may reassign the Employee. Further, the District reserves the right to make reassignments, upon notice to and consultation with the affected employee, consistent with S.C. Code Ann. § 59-24-15, as amended.
6. This contract shall be terminated by:
(a) mutual agreement of the parties;
(b) discharge for cause consistent with S.C. Code Ann. § 59-25-410, et seq., as amended; or
(c) death.
7. An initial offer of employment is subject to receipt of a criminal record history report from the South Carolina Law Enforcement Division, which reveals no good and just cause for its withdrawal.
8. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or his/her agent, pursuant to S.C. Code § 59-25-420 by May 10, 2018. This contract is not valid unless approved by the Board of Education and signed by the Superintendent.

Employee signature line with handwritten signature and date 4/15/18

Superintendent signature line with handwritten signature and name Jeffrey C. Moss, Ed.D, Superintendent

Date line with handwritten date 4/15/18

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFIED ADMINISTRATIVE EMPLOYMENT CONTRACT

ELIZABETH O'NAN

Name of Employee

This is to notify you of your employment as a/an ADMINISTRATOR for Days during the 2017 – 2018 School Year. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

- 1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of South Carolina and the District.
3. The District agrees to pay the Employee according to the salary schedule adopted by the Board. This salary schedule will be made available as soon as practicable. Loss or reduction in any amount of anticipated or appropriated state, local or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, i.e., a furlough, a reduction in contract days in accord with state law, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Any position eliminations will be handled in accordance with BCSO Administrative Regulation HRS-30: Professional Staff Reduction in Force.
4. The Employee shall receive a performance evaluation in accordance with District policy. This evaluation, if conducted during the term of this contract, shall be conducted by the Superintendent or the Superintendent's representative and shall be based in part upon a written instrument approved by the Superintendent and reviewed with the Employee. The Superintendent or her representative shall confer with the Employee concerning the evaluation received and reasons therefor. The Employee shall be given an opportunity to respond to the evaluation in writing.
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(c) death.
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8. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or his/her agent on or before April 25, 2017. This contract is not valid unless approved by the Board of Education and signed by the Superintendent.

[Signature]
Employee

[Signature]
Jeffrey C. Moss, Ed.D, Superintendent

4/7/17
Date

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFIED ADMINISTRATIVE EMPLOYMENT CONTRACT

ELIZABETH O'NAN

Name of Employee

This is to notify you of your employment as a/an ADMINISTRATOR for 260 Days during the 2016 - 2017 School Year. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

- 1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of South Carolina and the District.
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8. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or his/her agent on or before April 25, 2016. This contract is not valid unless approved by the Board of Education and signed by the Superintendent.

Manda O'Nan
Employee

Jeffrey C. Moss, Ed.D, Superintendent

4/8/16
Date

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFIED ADMINISTRATIVE
EMPLOYMENT CONTRACT


ELIZABETH O'NAN

Name of Employee


This is to notify you of your employment as a/an **ADMINISTRATOR** for **260 Days** during the **2015 - 2016** School Year. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of South Carolina and the District.
3. The District agrees to pay the Employee according to the salary schedule adopted by the Board. This salary schedule will be made available as soon as practicable. Loss or reduction in any amount of anticipated or appropriated state, local or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, *i.e.*, a furlough, a reduction in contract days in accord with state law, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Any position eliminations will be handled in accordance with **Policy HRS-30: Professional Staff Reduction in Force**.
4. The Employee shall receive a performance evaluation in accordance with District policy. This evaluation, if conducted during the term of this contract, shall be conducted by the Superintendent or the Superintendent's representative and shall be based in part upon a written instrument approved by the Superintendent and reviewed with the Employee. The Superintendent or her representative shall confer with the Employee concerning the evaluation received and reasons therefor. The Employee shall be given an opportunity to respond to the evaluation in writing.
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 - (a) mutual agreement of the parties;
 - (b) discharge for cause consistent with S.C. Code Ann. § 59-25-410 *et seq.*, as amended; or
 - (c) death.
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8. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or his/her agent on or before **April 25, 2015**. This contract is not valid unless approved by the Board of Education and signed by the Superintendent.



Employee



Jeffrey C. Moss, Ed.D, Superintendent

4/9/15

Date

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFIED ADMINISTRATIVE EMPLOYMENT CONTRACT

ELIZABETH O'NAN

Name of Employee

This is to notify you of your employment as a/an ADMINISTRATOR for 260 Days during the 2015 - 2016 School Year. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

- 1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.
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Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or his/her agent on or before April 25, 2015. This contract is not valid unless approved by the Board of Education and signed by the Superintendent

[Handwritten signature of Elizabeth O'Nan]

Employee

[Handwritten signature of Jeffrey C. Moss]

Jeffrey C. Moss, Ed.D, Superintendent

4/9/15

Date

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFIED ADMINISTRATIVE EMPLOYMENT CONTRACT

ELIZABETH O'NAN

Name of Employee

This is to notify you of your employment as a/an ADMINISTRATOR for 260 Days during the 2014 - 2015 School Year. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

- 1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of South Carolina and the District.
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8. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or her agent on or before April 25, 2014. This contract is not valid unless approved by the Board of Education and signed by the Superintendent.

[Handwritten signature]
Employee

[Handwritten signature]
Jeffrey C. Moss, PhD, Superintendent

#1/7/14
Date

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFIED ADMINISTRATIVE
EMPLOYMENT CONTRACT

ELIZABETH O'NAN

Name of Employee


This is to notify you of your employment as a/an **ADMINISTRATOR** for **260** during the **2013 – 2014** School Year. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of South Carolina and the District.
3. The District agrees to pay the Employee according to the salary schedule adopted by the Board. This salary schedule will be made available as soon as practicable. Loss or reduction in any amount of anticipated or appropriated state, local or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, *i.e.*, a furlough, a reduction in contract days in accord with state law, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Any position eliminations will be handled in accordance with **Policy HRS-30: Professional Staff Reduction in Force**.
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8. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or her agent on or before **APRIL 25, 2013**. This contract is not valid unless approved by the Board of Education and signed by the Superintendent.



Employee



Acting Superintendent

4/11/13

Date

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFIED ADMINISTRATIVE EMPLOYMENT CONTRACT

ELIZABETH O'NAN

Name of Employee

This is to notify you of your employment as a/an ADMINISTRATOR for 260 days during the 2012 - 2013 School Year. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

- 1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of South Carolina and the District.
3. The District agrees to pay the Employee according to the salary schedule adopted by the Board. This salary schedule will be made available as soon as practicable. Loss or reduction in any amount of anticipated or appropriated state, local or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, i.e., a furlough, a reduction in contract days in accord with state law, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Any position eliminations will be handled in accordance with Policy HRS-30: Professional Staff Reduction in Force.
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8. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or her agent on or before APRIL 25, 2012. This contract is not valid unless approved by the Board of Education and signed by the Superintendent.

Elizabeth O'Nan
Employee

Tessie P. Mesdale
Superintendent

4/18/12

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFIED ADMINISTRATIVE
EMPLOYMENT CONTRACT

ELIZABETH O'NAN

Name of Employee

This is to notify you of your employment as a/an **ADMINISTRATOR** for **260 days** during the **2011 - 2012** School Year. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of South Carolina and the District.
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Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or her agent on or before **APRIL 25, 2011**. This contract is not valid unless approved by the Board of Education and signed by the Superintendent.

Amanda O'Nan
Employee

Terrie P. Suesdale
Superintendent

4/14/11
Date

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFIED ADMINISTRATIVE
EMPLOYMENT CONTRACT

ELIZABETH O'NAN

Name of Employee

This is to notify you of your employment as a/an **ADMINISTRATOR** for a term commencing **JULY 1, 2010** and ending **JUNE 30, 2011**. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.
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4. The Employee shall receive a performance evaluation in accordance with District policy. This evaluation, if conducted during the term of this contract, shall be conducted by the Superintendent or the Superintendent's representative and shall be based in part upon a written instrument approved by the Superintendent and reviewed with the Employee. The Superintendent or her representative shall confer with the Employee concerning the evaluation received and reasons therefor. The Employee shall be given an opportunity to respond to the evaluation in writing.
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7. An initial offer of employment is subject to receipt of a criminal record history report from the South Carolina Law Enforcement Division, which reveals no good and just cause for its withdrawal.
8. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or her agent on or before **MAY 25, 2010**. This contract is not valid unless approved by the Board of Education and signed by the Superintendent.

E. Amanda O'Nan
Employee

Taerrie P. Suesdale
Superintendent

5-12-10
Date

This is to notify you of your employment as a/an **ADMINISTRATOR** for a term commencing **July 1, 2009, and ending June 30, 2010**. The following conditions of employment have been stipulated by the Board of Education ("Board") and are hereby a part of this contract with Beaufort County School District ("District"):

1. The Employee shall furnish throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall, at the option of said Board, terminate the contract as of the time of disqualification. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of the State and District.
3. The District agrees to pay the Employee according to the salary schedule adopted by the Board. This salary schedule will be made available as soon as practicable. Loss or reduction in any amount of anticipated or appropriated state, local or federal funding may, at the discretion of the District, require a pro-rata reduction of salary; a reduction in the term of this contract and pro-rata reduction in salary, i.e., a furlough consistent with State law; or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in term and/or salary. Any such actions will be based on the recommendation of the Superintendent and must be approved by the Board. Any position eliminations will be handled in accordance with Board Policy D-29 Professional Staff Reduction in Force (RIF).
4. The Employee shall receive a performance evaluation in accordance with District policy. This evaluation, if conducted during the term of this contract, shall be conducted by the Superintendent or the Superintendent's representative and shall be based in part upon a written instrument approved by the Superintendent and reviewed with the Employee. The Superintendent or his representative shall confer with the Employee concerning the evaluation received and reasons therefore. The Employee shall be given an opportunity to respond to the evaluation in writing.
5. The District's administrative assignments are discretionary with the Superintendent. In the event of any change in the District's organizational chart, reduction in force, or whenever it is deemed in the best interest of the District, the Superintendent may reassign the Employee. Further, the District reserves the right to make reassignments, upon notice to and consultation with the affected employee, consistent with S.C. Code Ann. 59-24-15 as amended.

This contract shall be terminated by:

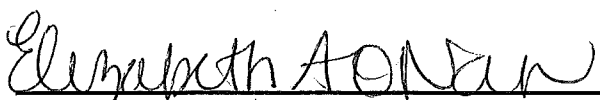
- (a) mutual agreement of the parties;
- (b) discharge for cause in accordance with the provisions of S.C. Code Ann. § 59-25-410 et seq. (1990); and death.

6. An initial offer of employment is subject to receipt of a criminal record history report from the South Carolina Law Enforcement Division, which reveals no good and just cause for its withdrawal.


7. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

8. This agreement is not valid unless authorized by the Board and signed by the Superintendent.

Please indicate your acceptance of this agreement by signing below and returning the original to the Superintendent or his/her agent on or before **April 25, 2009**.



Signature of Employee



Signature of Superintendent

4-9-09

Date

April 1, 2009

Date

This is to notify you of your employment as an **ADMINISTRATOR** for a term commencing **July 1, 2008**, and ending **June 30, 2009**. The following conditions of employment have been stipulated by the Board of Education ("Board") and are hereby a part of this contract with Beaufort County School District ("District"):

1. The Employee shall furnish throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall, at the option of said Board, terminate the contract as of the time of disqualification. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of the State and District.
3. In consideration of this agreement, the Board agrees to pay the Employee a salary as provided by the District's salary schedule, which schedule of salary payments shall be adopted and publicized as soon as practicable. Loss or reduction in any amount of anticipated or appropriated State, local, or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Recommendations to reduce salary or to terminate contracts will be made only after all other remedies have been considered. Any compensation reductions will be made on an equitable basis. Any position eliminations will be handled in accordance with District procedures on Reduction in Force.
4. The Employee shall receive a performance evaluation in accordance with District policy. This evaluation, if conducted during the term of this contract, shall be conducted by the Superintendent or the Superintendent's representative and shall be based in part upon a written instrument approved by the Superintendent and reviewed with the Employee. The Superintendent or his representative shall confer with the Employee concerning the evaluation received and reasons therefore. The Employee shall be given an opportunity to respond to the evaluation in writing.
5. The District's administrative assignments are discretionary with the Superintendent. In the event of any change in the District's organizational chart, reduction in force, or whenever it is deemed in the best interest of the District, the Superintendent may reassign the Employee. Further, the District reserves the right to make reassignments, upon notice to and consultation with the affected employee, consistent with S.C. Code Ann. 59-24-15 as amended.

This contract shall be terminated by:

- (a) mutual agreement of the parties;
 - (b) discharge for cause in accordance with the provisions of S.C. Code Ann. § 59-25-410 et seq. (1990); and
 - (c) death.
6. An initial offer of employment is subject to receipt of a criminal record history report from the South Carolina Law Enforcement Division, which reveals no good and just cause for its withdrawal.
 7. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

This agreement is not valid unless authorized by the Board and signed by the Superintendent.

Please indicate your acceptance of this agreement by signing below and returning the original to the Superintendent or his/her agent on or before **April 25, 2008**.

Manda Wa
Signature of Employee
4/9/08
Date

Taerie P. Suesdale
Signature of Superintendent
April 1, 2008
Date

This is to notify you of your employment as a/an ASST PRINCIPAL HHHS for a term commencing July 1, 2007, and ending June 30, 2008. The following conditions of employment have been stipulated by the Board of Education ("Board") and are hereby a part of this contract with Beaufort County School District ("District"):

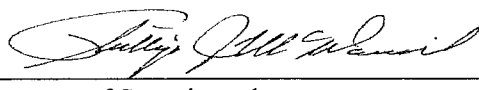
1. The Employee shall furnish throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall, at the option of said Board, terminate the contract as of the time of disqualification. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of the State and District.
3. In consideration of this agreement, the Board agrees to pay the Employee a salary as provided by the District's salary schedule, which schedule of salary payments shall be adopted and publicized as soon as practicable. Loss or reduction in any amount of anticipated or appropriated State, local, or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Recommendations to reduce salary or to terminate contracts will be made only after all other remedies have been considered. Any compensation reductions will be made on an equitable basis. Any position eliminations will be handled in accordance with District procedures on Reduction in Force.
4. The Employee shall receive a performance evaluation in accordance with District policy. This evaluation, if conducted during the term of this contract, shall be conducted by the Superintendent or the Superintendent's representative and shall be based in part upon a written instrument approved by the Superintendent and reviewed with the Employee. The Superintendent or his representative shall confer with the Employee concerning the evaluation received and reasons therefore. The Employee shall be given an opportunity to respond to the evaluation in writing.
5. The District's administrative assignments are discretionary with the Superintendent. In the event of any change in the District's organizational chart, reduction in force, or whenever it is deemed in the best interest of the District, the Superintendent may reassign the Employee. Further, the District reserves the right to make reassignments, upon notice to and consultation with the affected employee, consistent with S.C. Code Ann. 59-24-15 as amended.

This contract shall be terminated by:

- (a) mutual agreement of the parties;
 - (b) discharge for cause in accordance with the provisions of S.C. Code Ann. § 59-25-410 et seq. (1990); and
 - (c) death.
6. An initial offer of employment is subject to receipt of a criminal record history report from the South Carolina Law Enforcement Division, which reveals no good and just cause for its withdrawal.
 7. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.
 8. This agreement is not valid unless authorized by the Board and signed by the Superintendent.

Please indicate your acceptance of this agreement by signing below and returning the original to the Superintendent or his/her agent on or before April 25, 2007.


Signature of Employee


Signature of Superintendent

3/30/07
Date

March 21, 2007
Date

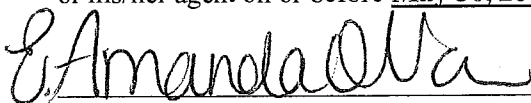
This is to notify you of your employment as a/an **PRINCIPAL** for a term commencing July 1, 2007, and ending June 30, 2008. The following conditions of employment have been stipulated by the Board of Education ("Board") and are hereby a part of this contract with Beaufort County School District ("District"):

1. The Employee shall furnish throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall, at the option of said Board, terminate the contract as of the time of disqualification. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of the State and District.
3. In consideration of this agreement, the Board agrees to pay the Employee a salary as provided by the District's salary schedule, which schedule of salary payments shall be adopted and publicized as soon as practicable. Loss or reduction in any amount of anticipated or appropriated State, local, or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Recommendations to reduce salary or to terminate contracts will be made only after all other remedies have been considered. Any compensation reductions will be made on an equitable basis. Any position eliminations will be handled in accordance with District procedures on Reduction in Force.
4. The Employee shall receive a performance evaluation in accordance with District policy. This evaluation, if conducted during the term of this contract, shall be conducted by the Superintendent or the Superintendent's representative and shall be based in part upon a written instrument approved by the Superintendent and reviewed with the Employee. The Superintendent or his representative shall confer with the Employee concerning the evaluation received and reasons therefore. The Employee shall be given an opportunity to respond to the evaluation in writing.
5. The District's administrative assignments are discretionary with the Superintendent. In the event of any change in the District's organizational chart, reduction in force, or whenever it is deemed in the best interest of the District, the Superintendent may reassign the Employee. Further, the District reserves the right to make reassignments, upon notice to and consultation with the affected employee, consistent with S.C. Code Ann. 59-24-15 as amended.

This contract shall be terminated by:

- (a) mutual agreement of the parties;
 - (b) discharge for cause in accordance with the provisions of S.C. Code Ann. § 59-25-410 et seq. (1990); and
 - (c) death.
6. An initial offer of employment is subject to receipt of a criminal record history report from the South Carolina Law Enforcement Division, which reveals no good and just cause for its withdrawal.
 7. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.
 8. This agreement is not valid unless authorized by the Board and signed by the Superintendent.

Please indicate your acceptance of this agreement by signing below and returning the original to the Superintendent or his/her agent on or before May 30, 2007.



Signature of Employee

5/10/07

Date



Signature of Superintendent

May 9, 2007

Date

CONTRACT FOR PROFESSIONAL SERVICES
FOR THE 2004-2005 SCHOOL YEAR

STATE OF SOUTH CAROLINA
COUNTY OF BEAUFORT

NAME OF EMPLOYEE: ELIZABETH O'NAN
TENTATIVE ASSIGNMENT/SCHOOL: HOME ECONOMICS HHHS TO BE DETERMINED
CONTRACT LEVEL: CONTINUING

This is to notify you of your appointment to a position in Beaufort County School District. This agreement, by and between the Board of Education ("Board") and the Employee, is a HOME ECONOMICS HHHS teacher contract as defined in Section 59-26-40 as amended of the Code of Laws of South Carolina. The following conditions of employment are hereby a part of this contract:

1. The Board agrees to employ the Employee in a professional position for 190 days during the 2004-2005 school year, which includes days of in-service training. The assignment indicated above is tentative and may be changed by the administration upon notice to and consultation with the Employee in accordance with Board policy.
2. The District agrees to pay the Employee according to the salary schedule adopted by the Board, which will be made available as soon as practicable. Loss or reduction in any amount of anticipated or appropriated State, local, or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Recommendations to reduce salary or to terminate contracts will be made only after all other remedies have been considered. Any compensation reductions will be made on an equitable basis. Any position eliminations will be handled in accordance with District administrative procedures on Reduction in Force.
3. The Employee agrees to possess throughout the contract term a valid teaching certificate and/or other professional qualifications required by State law or District policy. Proof of required professional qualifications shall be filed with the District. Failure to maintain such prerequisite qualifications during the contract period shall constitute grounds for termination of this contract.
4. The Employee agrees to render acceptable service, perform all assigned duties, and comply with all District policies, rules, and regulations, including attendance at required school or District meetings and activities. The administration may assign reasonable extracurricular activities to the Employee.
5. An initial offer of employment is subject to receipt of a criminal record history report from the South Carolina Law Enforcement Division, which reveals no good and just cause for its withdrawal.
6. This agreement is not valid unless authorized by the Board and signed by the Superintendent. If, during the term of this agreement, it is found that any part of this contract is illegal under federal or State law, the remainder of the agreement not affected by such ruling shall remain in force and effect.
7. *The employee agrees to work with due diligence towards meeting all requirements to become "highly qualified" to perform his or her teaching assignment, as that term is defined in the NCLB Act and all South Carolina State Board of Education implementing rules and regulations, and the employee agrees to become "highly qualified" by the conclusion of the 2005-2006 school year.*

Please indicate your acceptance of this agreement by signing below and returning the original to the Superintendent or his/her agent on or before April 25, 2004.

Elizabeth O'Nan 4/19/04
Signature Date

James H. Dal March 31, 2004
Superintendent Date

MEMORANDUM

TO: All Teachers, Beaufort County School District
FROM: District Superintendent
DATE: March 30, 2004
RE: **Teacher Responsibilities Under the "No Child Left Behind Act"**

Enclosed with this memorandum is your contract of employment with the Beaufort County School District for the 2004-05 school year. As teachers previously have been advised through written communications and group and/or individual meetings, the federal "No Child Left Behind Act (NCLB)" requires that all teachers become "highly qualified" in their current teaching area(s) or assignment(s) **by the conclusion of the 2005-06 school year**. The determination of an individual teacher as being highly qualified is made in accordance with NCLB and with South Carolina State Board of Education Regulations.

While the District will assist teachers by answering general questions and providing available information about the highly qualified requirement, it is the responsibility of each individual teacher to take the necessary steps to determine what she/he needs to do in order to ensure that she/he meets the highly qualified definition within the required time period.

Please be aware that all contracts issued in the Spring of 2005 for the 2005-06 school year will contain a statement noting that employment with the District beyond the conclusion of the 2005-06 school year will be conditioned upon the teacher achieving highly qualified status.

During the remainder of the current school year and continuing throughout the 2004-05 school year, those teachers who do not currently meet the highly qualified definition, based on their current teaching area(s) or assignment(s), are encouraged to work towards that requirement.

This memorandum must be signed, dated and returned along with the enclosed contract, indicating the teacher's understanding of his/her responsibilities under NCLB.

E. Amanda O'Neil 4/19/04
TEACHER'S SIGNATURE DATE

CONTRACT FOR PROFESSIONAL SERVICES
FOR THE 2003-2004 SCHOOL YEAR

STATE OF SOUTH CAROLINA
COUNTY OF BEAUFORT

NAME OF EMPLOYEE: ELIZABETH O'NAN *Family + consumer sciences*
TENTATIVE ASSIGNMENT/SCHOOL: SCIENCE / BATTERY CREEK HIGH
CONTRACT LEVEL: ANNUAL

This is to notify you of your appointment to a position in Beaufort County School District. This agreement, by and between the Board of Education ("Board") and the Employee, is a SCIENCE teacher contract as defined in Section 59-26-40 as amended of the Code of Laws of South Carolina. The following conditions of employment are hereby a part of this contract:

1. The Board agrees to employ the Employee in a professional position for 190 days during the 2003-2004 school year, which includes days of in-service training. The assignment indicated above is tentative and may be changed by the administration upon notice to and consultation with the Employee in accordance with Board policy.
2. The District agrees to pay the Employee according to the salary schedule adopted by the Board, which will be made available as soon as practicable. Loss or reduction in any amount of anticipated or appropriated State, local, or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Recommendations to reduce salary or to terminate contracts will be made only after all other remedies have been considered. Any compensation reductions will be made on an equitable basis. Any position eliminations will be handled in accordance with District administrative procedures on Reduction in Force.
3. The Employee agrees to possess throughout the contract term a valid teaching certificate and/or other professional qualifications required by State law or District policy. Proof of required professional qualifications shall be filed with the District. Failure to maintain such prerequisite qualifications during the contract period shall constitute grounds for termination of this contract.
4. The Employee agrees to render acceptable service, perform all assigned duties, and comply with all District policies, rules, and regulations, including attendance at required school or District meetings and activities. The administration may assign reasonable extracurricular activities to the Employee.
5. An initial offer of employment is subject to receipt of a criminal record history report from the South Carolina Law Enforcement Division, which reveals no good and just cause for its withdrawal.
6. This agreement is not valid unless authorized by the Board and signed by the Superintendent. If, during the term of this agreement, it is found that any part of this contract is illegal under federal or State law, the remainder of the agreement not affected by such ruling shall remain in force and effect.

Please indicate your acceptance of this agreement by signing below and returning the original to the Superintendent or his/her agent on or before April 30, 2003.

Elizabeth A. O'Nan

Employee

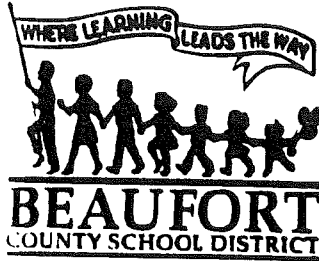
4/25/03
Date

Sharon K. Barts

Superintendent

April 14, 2003

Date



BEAUFORT COUNTY SCHOOL DISTRICT

SECURITY ID BADGE

STATEMENT OF UNDERSTANDING

The Beaufort County School District **requires** all employees to wear, in a visible manner, a photo Security ID Badge at all times while on district premises. As a district employee you play an important role in creating an environment that is safe and secure for students, staff, and visitors to our school district.

Please read and initial each of the following statements:

AO I understand that the Security ID Badge is the property of the Beaufort County School District and will only be used for "official" use.

AO I understand that the Security ID Badge must be worn at or above my waist, on the front of my body, so that my photo and name are visible to others at all times.

AO I understand that the Security ID Badge will be worn properly while on district premises.

AO I understand that the Security ID Badge is for my use only and shall not be loaned or transferred to anyone else.

AO I understand that I will not alter, deface, or duplicate the Security ID Badge in any manner. This includes not placing stickers, pins or other objects on the badge.

AO I understand that I will immediately report the loss of my Security ID Badge to my principal/supervisor and Human Resources. I understand that a replacement badge will be provided to me at cost.

AO I understand that I will return the Security ID Badge to the Human Resources Department when my employment with the school district has ended.

AO I understand that failure to comply with the above statements may result in disciplinary action.

AO I understand that the Security ID Badge has been issued, subject to the above statements and in accordance with the district's Access Control Operating Policy.

By signing, I acknowledge and agree to adhere to the guidelines that have been established for the issue and use of the Security ID Badge.

Print Name: Amanda O'Nan Badge #: 00942 11476910-1A
Signature: Amanda O'Nan Date: 8-20-10

HUMAN RESOURCES USE ONLY:

This Security ID Badge was issued by:

Print Name: Dale F. Crawford Badge #: 942
Signature: Dale F. Crawford Date: 8/20/2010

File in Personnel file.

*5/14/07
PAF above - signed
Contract attached.*

Memorandum

May 9, 2007

To: Ms. Amanda O'Nan, Principal-Elect
Hilton Head Island High School
From: Sue Elling, Executive Director for Personnel
Re: 2007-2008 Contract and Pay Rate

Amanda:

Congratulations on your appointment as principal of Hilton Head Island High School!

Enclosed is your contract for your new position, to become effective on July 1, 2007. Please note that it needs to be returned no later than May 30, 2007. Please return it to my attention at the address on this letterhead. In your new position, your pay rate will change to \$85,000 annually, and your days will change from 220 to 260.

If you have any questions about your contract or anything related to this position change, feel free to call me at 322-2306.

SUE S. ELLING

EXECUTIVE DIRECTOR
FOR PERSONNEL

POST OFFICE DRAWER 309
1300 KING STREET
BEAUFORT, SOUTH CAROLINA
29901-0309

TELEPHONE
843•322•2306
1•800•763•1875

FAX
843•322•2371

EMAIL
sse7843@beaufort.k12.sc.us

Enclosure: 2007-2008 Contract

This is to notify you of your employment as a/an **PRINCIPAL** for a term commencing **July 1, 2007**, and ending **June 30, 2008**. The following conditions of employment have been stipulated by the Board of Education ("Board") and are hereby a part of this contract with Beaufort County School District ("District"):

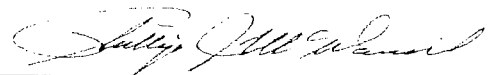
1. The Employee shall furnish throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall, at the option of said Board, terminate the contract as of the time of disqualification. Proof of these qualifications shall be filed with the District Office.
2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of the State and District.
3. In consideration of this agreement, the Board agrees to pay the Employee a salary as provided by the District's salary schedule, which schedule of salary payments shall be adopted and publicized as soon as practicable. Loss or reduction in any amount of anticipated or appropriated State, local, or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Recommendations to reduce salary or to terminate contracts will be made only after all other remedies have been considered. Any compensation reductions will be made on an equitable basis. Any position eliminations will be handled in accordance with District procedures on Reduction in Force.
4. The Employee shall receive a performance evaluation in accordance with District policy. This evaluation, if conducted during the term of this contract, shall be conducted by the Superintendent or the Superintendent's representative and shall be based in part upon a written instrument approved by the Superintendent and reviewed with the Employee. The Superintendent or his representative shall confer with the Employee concerning the evaluation received and reasons therefore. The Employee shall be given an opportunity to respond to the evaluation in writing.
5. The District's administrative assignments are discretionary with the Superintendent. In the event of any change in the District's organizational chart, reduction in force, or whenever it is deemed in the best interest of the District, the Superintendent may reassign the Employee. Further, the District reserves the right to make reassignments, upon notice to and consultation with the affected employee, consistent with S.C. Code Ann. 59-24-15 as amended.

This contract shall be terminated by:

- (a) mutual agreement of the parties;
 - (b) discharge for cause in accordance with the provisions of S.C. Code Ann. § 59-25-410 et seq. (1990); and
 - (c) death.
6. An initial offer of employment is subject to receipt of a criminal record history report from the South Carolina Law Enforcement Division, which reveals no good and just cause for its withdrawal.
 7. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.
 8. This agreement is not valid unless authorized by the Board and signed by the Superintendent.

Please indicate your acceptance of this agreement by signing below and returning the original to the Superintendent or his/her agent on or before **May 30, 2007**.

Signature of Employee



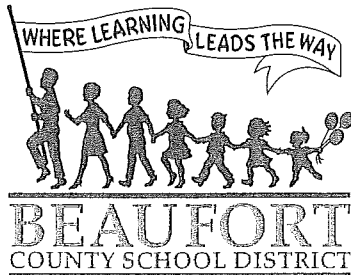
Signature of Superintendent

Date

Date

May 9, 2007

Emp.



VIA HAND DELIVERY AND
REGULAR U.S. MAIL

January 8, 2019

Elizabeth O'Nan



Dear Ms. O'Nan:

This is written to follow up our meeting today, January 8, 2019, in which Dr. Berg advised you that you were being placed on administrative leave with full pay and benefits effective today. This action is being taken because of alleged unprofessional conduct. As explained, this administrative leave will continue until such time as you have been notified otherwise by Dr. Berg.

A full investigation will be made into the claims regarding your conduct. I am unsure when this inquiry will be concluded; however, we will move forward as expeditiously as possible. In the meantime, you are not to return to Hilton Head Island High School for any reason or to attend any school-related functions without prior, express permission from me. Further, since it will be necessary for the District to contact you as part of the inquiry, I ask that you remain available by telephone during normal work hours 8:00 am – 4:00 pm., while you are on administrative leave. As I understand it, your telephone number is [REDACTED]. Please call the Office of Human Resource Services immediately if this number is incorrect.

Lastly, I advised you not to have any direct or indirect contact with faculty, students or parents while on paid administrative leave and encouraged you to refrain from discussing the circumstances surrounding your placement on administrative leave with BCSD employees.

If you have questions or concerns regarding this matter, feel free to contact me directly.

Sincerely,

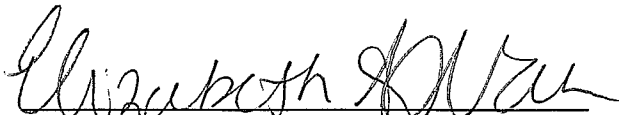
Alice W. Walton
 Chief Administrative and Human Resources Officer

cc: Personnel file

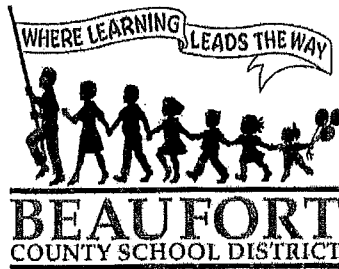
ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt of the attached Letter, dated January 9, 2019. By signing and dating below, I am not admitting to the conduct alleged in the attached Letter, indicating agreement with the sanction or caution set forth in the attached Letter, or waiving any due process rights which I may possess.

I understand a copy of the attached Letter will be placed in my personnel file. I also understand, should I so desire, I have five (5) business days from the date of the attached Letter in which to place a letter of response in my personnel file.


Elizabeth O'Nan

1/10/19
Date



February 8, 2019

Amanda O'Nan

Dear Ms. O'Nan:

In 2014, Facebook pages were created by the Beaufort County School District for each school to establish a presence on social media and link to the website. An "Admin," the highest level of access granted on a Facebook page, was assigned by the district to manage and maintain the page. Best practices required an additional Admin to be assigned as a back-up page manager and at least two (but typically three or four) district-based employees (from the IT and the Communications department) to serve as emergency back-up Admins.

The Hilton Head Island High School "Seahawks" Facebook page is currently managed solely by you because you have not assigned any other staff with Admins responsibilities. The last post to the school's page is dated January 7. That is an unsatisfactory situation because school Facebook pages are used daily to communicate relevant and important school- and district-related information.

If school staff cannot manage the current Facebook page, we will be forced to delete it and create a new one from scratch. This would result in the potential deletion of five years of school-based content, as well as the deletion of the school's 1,700 current Facebook followers. That would obviously represent a major setback for one of the high school's key communications tools.

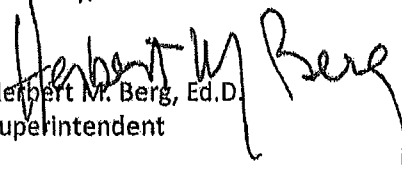
Accordingly, I am directing you to assign Assistant Principal Joe Skirtich as an additional Admin to assist in managing the school's Facebook page. This can be accomplished quickly and easily from your home computer by doing the following:

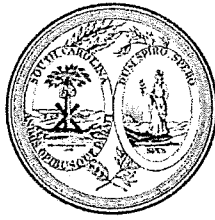
- Log in to your personal Facebook account and access the HHIHS Facebook page.
- Under "Settings," select "Page Roles."
- On the right side of that page, under "Assign a New Page Role," search for Joe Skirtich's personal Facebook profile, set the toggle bar to "Admin," then click "Add" to send Joe an invite.

This will be the first step toward making Hilton Head Island High's Facebook procedures similar to other district schools and ensure that no one person has sole authority over a school- and/or district-managed platform. It also will provide a greater measure of support and back-up in cases of emergency.

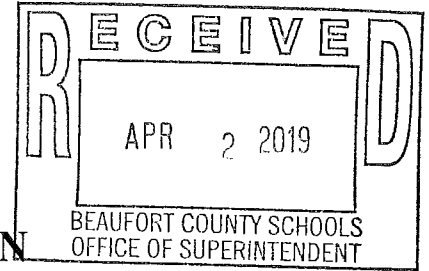
Thank you for your immediate attention to this important matter. If you have any technical questions related to accomplishing the task I have directed, I authorize you to contact Susan Lynch, the district's social media manager, for assistance.

Sincerely,


Herbert M. Berg, Ed.D.
Superintendent



STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION



MOLLY M. SPEARMAN
STATE SUPERINTENDENT OF EDUCATION

March 13, 2019

Ms. Elizabeth A. O'Nan

Re: S.C. Educator Certificate 214457

Dear Ms. O'Nan:

On March 12, 2019, the South Carolina State Board of Education voted to approve the Consent Order of Public Reprimand of your South Carolina educator certificate. A copy of the final Consent Order of Public Reprimand is enclosed for your information.

Sincerely,

Holly M. Hadden

HMH/twm
Enclosure

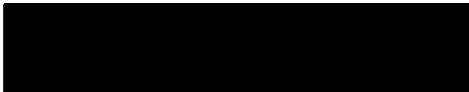
- cc: Molly M. Spearman, State Superintendent of Education
Del-Gratia Jones, Chair, State Board of Education
Marcia Berry, Coordinator, Office of Educator Services, SCDE
Herbert Berg, Superintendent, Beaufort County School District
Reggie Deas, Director of Personnel, Beaufort County School District
Kenneth L. Childs, Esq., Duff & Childs LLC
Ed Kubec, Esq., Coffey Kubec, LLP

BEFORE THE SOUTH CAROLINA STATE BOARD OF EDUCATION

In the Matter of the Suspension or)
)
Revocation of the Educator Certificate of)
)
Elizabeth A. O’Nan)
)
Certificate 214457)

CERTIFICATE OF MAILING

Ms. Elizabeth A. O’Nan



And

Ed Kubec, Esq.
CoffeyKubec, LLP
1 Corpus Christi Place, Suite 105
Hilton Head Island, SC 29928

PERSONALLY APPEARED BEFORE ME Tracy W. Moore, who, being duly sworn, deposes and says: That she is an Administrative Assistant for the South Carolina Department of Education, Office of General Counsel with offices at Columbia, SC; that on the 13th day of March, 2019, she mailed in a sealed envelope, postage prepaid, a copy of the Consent Order of Public Reprimand to Ms. O’Nan and her attorney at the above address.

Tracy W Moore
Tracy W. Moore
Administrative Assistant

SWORN TO BEFORE ME this 13th
DAY of March, 2019.

Wanda A. Davis
Notary Public for South Carolina

My Commission Expires: 2/23/2026

BEFORE THE SOUTH CAROLINA STATE BOARD OF EDUCATION

In the Matter of the)
)
Disciplinary Action of the)
)
Educator Certificate of)
)
Elizabeth A. O’Nan)
)
Certificate 214457)

CONSENT ORDER OF
PUBLIC REPRIMAND

SUMMARY OF THE CASE

The South Carolina State Board of Education (State Board) considered this matter on March 12, 2019. On February 1, 2019, the South Carolina Department of Education (SCDE) sent Elizabeth A. O’Nan a notice letter by certified mail, return receipt, restricted delivery, and regular mail, regarding possible action against his educator certificate. After receiving the notice letter, Ms. O’Nan’s legal counsel contacted the SCDE and advised that she desired to waive her right to a hearing and pursue an alternative resolution in this matter. After considering the evidence presented, the State Board voted to accept this Consent Order of Public Reprimand.

FINDINGS OF FACT

Ms. O’Nan holds a valid South Carolina professional educator certificate. She has over twenty-one years of educator experience and has no prior record of disciplinary action with the State Board.

Ms. O’Nan was employed by the Beaufort County School District (District) as principal of Hilton Head Island High School (School). In August of 2016, the SCDE learned of allegations Ms. O’Nan may have engaged in inappropriate conduct on School grounds after hours. Ms. O’Nan denied the allegations and the SCDE closed the investigation as there was no supporting evidence submitted to the SCDE at that time.

On January 8, 2019, the SCDE learned that evidence exists of published information that may support the allegations. In answer to a second subpoena, the District also provided evidence that was not made available to the SCDE during the 2016 investigation. In the resolution of this case, Ms. O’Nan hereby acknowledges that she placed herself in a sensitive position by meeting an individual for reasons unrelated to

Elizabeth
A. O’Nan
214457
EAO
Initial
3/5/19
Date

School business on School grounds after hours. She acknowledges the serious nature of her lapse of judgement but contends there was no detrimental impact on the School.

Ms. O’Nan has agreed to waive her right to a hearing and resolve this disciplinary matter by entering into this Consent Order of Public Reprimand, subject to the following terms: (1) a Public Reprimand shall be issued by the State Board, (2) the Public Reprimand shall be reported to the NASDTEC Clearinghouse and all South Carolina school districts within thirty days from the date of this order, and (3) the Consent Order of Public Reprimand shall be posted on the SCDE’s website and shall be maintained as a public record in the OGC. After considering the evidence presented, the State Board voted to accept the Consent Order of Public Reprimand with the terms set forth above.

CONCLUSIONS OF LAW

“The South Carolina Board of Education may, for just cause, either revoke or suspend the certificate of any person.” S.C. Code Ann. § 59-25-150 (2017); S.C. Code Ann. § 59-25-160 (2017). Just cause includes unprofessional conduct. S.C. Code Ann. § 59-25-160 (2017); 24 S.C. Code Regs. 43-58 (2017). The State Board finds that the evidence presented by the District would not support a conclusion that just cause exists to suspend or revoke the educator certificate of Elizabeth A. O’Nan; however, the evidence that would be presented would support a conclusion that Ms. O’Nan engaged in unprofessional conduct as a result of inappropriate conduct. The State Board further finds that just cause exists for the issuance of a Public Reprimand to Ms. O’Nan by the State Board.

Now, therefore, it is ordered that the State Board hereby issues a Public Reprimand to Elizabeth A. O’Nan, certificate 214457. The Public Reprimand shall be reported to the NASDTEC Clearinghouse and all South Carolina school districts within thirty days from the date of this order with the grounds listed as “unprofessional conduct.” This Consent Order of Public Reprimand shall be posted on the SCDE’s web site and shall be maintained as a public record in the SCDE’s Office of General Counsel.

Elizabeth
A. O’Nan
214457

EAO
Initial

3/12/19
Date

Elizabeth A. O'Nan, Certificate 214457
Consent Order of Public Reprimand
March 12, 2019
Page 3

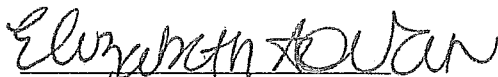
AND IT IS SO ORDERED.

South Carolina State Board of Education

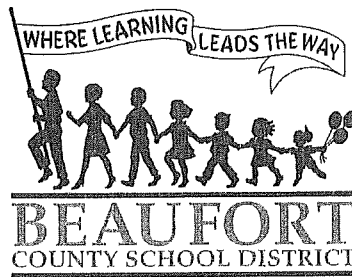

Def-Gratia Jones, Chair

Columbia, South Carolina
March 12, 2019

I, Elizabeth A. O'Nan, S.C. Educator Certificate 214457, understand there has been an investigation concerning alleged violations of the laws and regulations governing the practice of educator certificate holders and that I have waived my right to a hearing in this matter. I understand that the terms set forth in this Consent Order of Public Reprimand are not subject to reconsideration, collateral attack or judicial review. I have read the Consent Order of Public Reprimand, consisting of three pages, and I freely and voluntarily agree to the terms set forth therein. I understand that this Order will be presented to the South Carolina State Board of Education for approval on Tuesday, March 12, 2019. I understand this Consent Order will not become effective until approved by the State Board and, if not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the State Board to adjudicate this matter. If approved by the State Board, I give the SCDE permission to use my electronic signature in the style of "/S/ name" for required website publication.


Elizabeth A. O'Nan

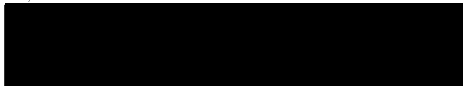
3-5-19
Date



March 20, 2019

VIA ELECTRONIC MAIL

Amanda O’Nan



Dear Ms. O’Nan:

The purpose of this letter is to advise you that I am formally suspending your employment, with full pay and benefits, effective immediately, and recommending to the Beaufort County School District Board of Trustees that your employment with the District be terminated. As set forth below, this recommendation is based on overall concerns with your unprofessional and inappropriate conduct, as well as your dishonesty during the administration’s investigation of your conduct, all of which have impaired your ability to be an effective employee in Beaufort County School District.

Specifically, my recommendation is based on, among other things, the overall facts and circumstances surrounding the fact that you admitted to Alice Walton, Chief Administrative and Human Resources Officer, and me in January 2019 that you were involved in a sexual relationship with a Beaufort County Sheriff’s deputy, but denied to us that any sexual activity occurred at Hilton Head High School (HHHS); and your receipt of a Consent Order of Public Reprimand from the South Carolina State Board of Education dated March 5, 2019, which stated “... Ms. O’Nan hereby acknowledges that she placed herself in a sensitive position by meeting an individual for reasons unrelated to School business on School grounds after hours. She acknowledges the serious nature of her lapse of judgment but contends there was no detrimental impact on the school.” Your acknowledgement in the Consent Order of Public Reprimand appears to contradict your earlier statement to Ms. Walton and me that none of your admitted sexual activity with the deputy took place at HHHS. While you deny sexual activity at HHHS, the deputy admitted in a statement to the Sheriff Department’s Internal investigation that he had sexual relations with you at HHHS. The deputy’s statement has been made publicly available through the media. The deputy’s admission is reinforced by the fact that communications in emails, cell phone records, and the electronic records recording door key access to HHHS strongly suggest you met the deputy multiple times at HHHS after hours, at times ranging between midnight and 4:00 a.m.

These concerns are reinforced by the findings in Protective Services Officer David Grissom’s investigative report dated January 25, 2019. As an example, among other things, Mr.

Grissom determined from records that on several dates, phone calls between your District issued cell phone number and the deputy's personal phone number corresponded to instances in which records reflect a key was used to enter HHHS:

- At 3 a.m. on December 2, 2015, a call was made from your number to the deputy's number. At 3:20 a.m., a key was used to enter HHHS.
- On December 19, 2015, a key was used to enter HHHS at 1:14 a.m. A phone call was then made at 3:26 a.m. from your number to the deputy's number that lasted 2 minutes.
- On December 27, 2015, at 2:32 a.m., a call was made from your number to the deputy's number. A key was used to enter HHHS at 2:49 a.m.
- On January 17, 2016, at 3:00 a.m., a call was made from your number to the deputy's number. At 3:16 a.m., a key was used to enter HHHS.

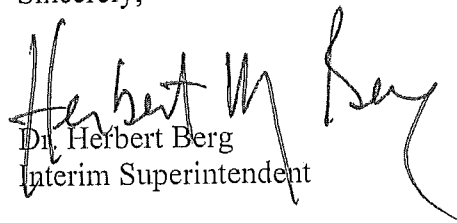
The January 17 phone call at 3:00 a.m. came after a number of communications the previous day between your District email address and the deputy's work email address. Those conversations appeared to focus on your meeting up with the deputy later in the evening. Your e-mail stated that you couldn't meet until after 9, and the deputy replied "me too." You went back and forth discussing times of 1:30 and 1:15. Eventually, at 3:50 p.m., the deputy emailed you and said, "maybe at about 2/ or 3." You replied at 3:52 p.m. by stating, "I could get away at 3." The deputy responded "ok" and "ok ... Let's do that." You asked the deputy if he was on call and he responded with "No but I'll sneak out late." You then emailed again at 10:06 p.m. and said "Hey ... I'm trying to stay off the phone. Want me to call you at 3 and hang up?" The deputy responded by saying "Yes ... Can't text." On January 17 at 3:00 a.m., a phone call was made from your number to the deputy. Then, at 3:16 a.m., according to district records, a key was used to enter HHHS. From August 24, 2015 through April 23, 2016, phone records show 94 calls made during school hours between yourself and the deputy. Your electronic communications with the deputy also suggest a complete lack of professionalism and neglect of your duties regarding your responsibilities as principal at HHHS, which further impair your ability to be effective.

Your overall conduct is both inappropriate and unprofessional for an employee in our District and is entirely inconsistent with District Administrative Regulation HRS-4 (Staff Conduct). Additionally, in my opinion, your conduct, including conduct that occurred at the school, has directly impaired your ability to effectively address student and employee misconduct, which are two primary responsibilities you have as an administrator. Due to your overall conduct, as well as your dishonesty during the administration's investigation, I have lost trust and confidence in your ability to be an effective educator in any capacity in this District under all the circumstances. For all of these reasons, I have concluded that your overall conduct has rendered you unfit and has resulted in the loss of your ability to serve effectively as a professional employee of the District, and justifies your dismissal pursuant to S.C. Code Ann. § 59-25-430.

As provided by Sections 59-25-450 and 59-25-470, you have the right to request a hearing on your suspension and the recommendation of termination, provided you do so in writing within 15 days of your receipt of this notice. Your request may be addressed to me, as

Superintendent, or to Dr. Christina Gwozdz, Board Chair. If you wish to consider an alternative resolution, please let me know.

Sincerely,


Dr. Herbert Berg
Interim Superintendent

STATE OF SOUTH CAROLINA)
)
COUNTY OF BEAUFORT)

SETTLEMENT AGREEMENT AND
GENERAL RELEASE

For and in consideration of the mutual promises between and among the parties to this Settlement Agreement and General Release, the receipt and sufficiency of which are hereby acknowledged, Elizabeth A. O’Nan (“Ms. O’Nan”) and Beaufort County School District (“the District”), hereby agree as follows:

1. Ms. O’Nan voluntarily will resign as an employee of Beaufort County School District, effective May 6, 2019. In exchange for her resignation, the District agrees to pay Ms. O’Nan severance pay in an amount equivalent to the continuation of her salary through June 30, 2019, or Twelve Thousand Two Hundred Sixty One Dollars and Three Cents (\$12,261.03), less normal payroll deductions. For and in consideration of the execution of this agreement and the terms contained herein, and other good and valuable consideration, Ms. O’Nan and her legal counsel shall also receive a check made payable to the law offices of CoffeyKubec, LLP, and Elizabeth O’Nan, in the amount of Thirty Five Thousand Dollars (\$35,000), to be designated as compensatory damages, attorney’s fees and costs, for settlement of a disputed claim. These payments will be delivered eight days after the full execution of this settlement agreement to the law offices of CoffeyKubec, LLP. Ms. O’Nan will be paid for any unused vacation days. Ms. O’Nan waives any right she has to a hearing before the Beaufort County School District Board of Education and/or its designated hearing officer.

2. The District agrees to refer all oral or written requests for references concerning Ms. O’Nan’s employment with the District to the Chief Administrative and Human Resources Officer, who will respond in writing with the following information:

Ms. O’Nan was employed in Beaufort County School District from December 17, 2002 through May 6, 2019. She voluntarily resigned from her employment with the District, effective May 6,

2019.

3. In consideration of the promises and covenants herein, Ms. O’Nan, for herself, her heirs, executors, administrators, and assigns, hereby releases and discharges forever the District and each of its administrators, trustees, employees, agents, servants, successors, and assigns, or any of them, from all claims, demands, actions, and causes of action whatsoever, known or unknown, suspected or unsuspected, under any State or federal law, statute, common law, or public policy, which she has had, now has, or hereafter may have, arising from or relating in any way to her employment relationship with the District, or her separation from employment with the District, including, but not limited to, any claims arising under Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, or the Age Discrimination in Employment Act.

4. In consideration of the promises and covenants herein, the District hereby releases and discharges forever Ms. O’Nan and each of her heirs, executors, administrators, and assigns, or any of them, from all claims, demands, actions, and causes of action whatsoever, known or unknown, suspected or unsuspected, under any State or federal law, statute, common law, or public policy, which it has had, now has, or hereafter may have, arising from or relating in any way to her employment relationship with the District.

5. It is understood and agreed by Ms. O’Nan and her counsel that they shall be personally and solely responsible for deducting all taxes or withholding of any kind required by law from the sums set forth above, and that they are entitled to no further payment from the District, for costs, attorney’s fees, or expenses by virtue of this Agreement, statute, common law, or otherwise.

6. Ms. O’Nan further agrees that the District and their agents or employees have not made any warranty or representation regarding taxable consequences or withholding obligations as to the payments referred to herein. Ms. O’Nan agrees that, should any additional

tax payment or withholding obligations apply to the payments, she will be responsible for the payment of the taxes, including any interest or penalties that may be owed. Ms. O’Nan agrees to indemnify the District and hold it harmless against claims asserted at any time for taxes or withholding of any kind on the payments mentioned in Paragraph 1, above, including any penalties or interest.

7. The parties recognize that the promises and covenants contained herein are made in consideration of Ms. O’Nan’s resignation and are in no way an admission of wrongdoing. This Settlement Agreement and General Release is not, and shall not be construed to be, an admission by the District or any of its administrators, officers, agents, employees, or representatives, that Ms. O’Nan’s claims were warranted or that any payment or compensation to Ms. O’Nan was required by law or equity.

8. This Settlement Agreement and General Release contains the entire agreement between the parties and may only be modified by way of a formal written document executed in the same manner as this Agreement.

9. The parties shall maintain the confidentiality of this agreement and not release a copy of the agreement except as required by law, regulation, subpoena, or court order.

10. Ms. O’Nan will maintain her rights as a parent in the District’s schools and will comply with all procedures applicable to parents while on school property.

11. If, during the term of this Agreement, it is found that a specific clause of the Agreement is illegal under either federal or State law, the remainder of the Agreement not affected by such ruling shall remain in force.

12. Ms. O’Nan is hereby advised to consult with an attorney to review this Settlement Agreement and General Release.


13. Ms. O’Nan agrees that she has been afforded 21 days to review this Settlement Agreement and General Release before affixing her signature to the Agreement, but

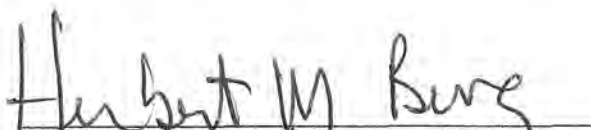
that she may accept this Agreement prior to the expiration of 21 days.

14. After signing this Settlement Agreement and General Release in full, Ms. O’Nan shall have the right to revoke this Agreement so long as such revocation is in writing and received by the District no later than the close of business on the seventh day after the date hereto.


15. Ms. O’Nan acknowledges that the execution of this Agreement is her voluntary act done with full understanding of the terms contained herein and after opportunity to consult with any advisor of her choosing.

WITNESS OUR HANDS AND SIGNATURES this 6TH day of May, 2019.


Witness


Dr. Herbert Berg, Interim Superintendent
Beaufort County School District


Witness


Elizabeth A. O’Nan

RECEIVED

JUN 15 2004

REQUEST FOR CHANGE/ACTION
South Carolina Department of Education
Division of Teacher Quality – Office of Teacher Certification – www.scteacheers.org
3700 Forest Drive, Suite 500
Columbia, South Carolina 29204

Teacher Certification

Directions

- ❖ To initiate action, please complete and submit this form along with support documentation to above address.
- ❖ Requests may be submitted by mail, fax (803-734-2873), or hand-delivery. Requests will be processed in the order they are received, regardless of the method of submission.

| | | | | | |
|---|------------|---------------|------------|-------------|----------------|
| SSN | [REDACTED] | Certificate # | 214457 | District | Beaufort |
| Name | ONan | Elizabeth | A | | |
| | | First | MI | Former Name | |
| Address | [REDACTED] | Hilton Head | SC | 29926 | |
| | Street | | State | Zip | |
| E-Mail | | Home Ph. | [REDACTED] | Work Ph. | (843) 689-4800 |
| Are you currently applying for or participating in PACE (alternative certification)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

Please indicate the nature of your request in the area below.

- 1. Evaluate my transcripts for the alternative certification program (PACE) in the subject of _____.
- 2. Advance my PACE certificate to a professional certificate. All required documentation has been submitted.
- 3. Evaluate my file for adding the certificate area of Secondary school principal + supervisor.
- 4. Evaluate my file for eligibility for the *master's plus 30* credential in the certificate area of _____.
- 5. Add the following certificate area(s) for which *all* requirements have been met: _____.
- 6. Add a one-year extension to my professional certificate.
- 7. Renew my professional certificate. All required documentation has been submitted or is enclosed.
- 8. Advance my initial certificate to a professional certificate *prior* to the automatic processing date (June 30). All requirements have been met. (Teachers who are eligible to advance to a professional certificate and who wish to wait until the June 30 automatic processing date do *not* need to submit this request form.)
- 9. Advance my temporary certificate to the initial or professional level.
- 10. Advance my certificate to the *bachelor's plus 18* level. Official *graduate* transcripts have been submitted.
- 11. Advance my certificate to the *master's degree* level. Official *graduate* transcripts have been submitted.
- 12. Advance my certificate to the *master's plus 30* level in the area of _____.
- 13. Advance my certificate to the *doctorate degree* level. Official *graduate* transcripts have been submitted.
- 14. Approve the following course _____ (PACE teachers check the Web site for procedures.) from _____ for the purpose of _____ . A course description is attached.
- 15. Change my name and/or address, as listed above.
- 16. Add additional year(s) of teaching experience. Verification forms are on file or enclosed.
- 17. Send me a duplicate certificate. The \$5.00 fee is enclosed. (*check or money order only*)
- 18. Other Notes: I have attached my letters of verification + recommendation

Elizabeth A. O'Nan
Signature

4/23/04
Date

Effective Date of Credential

- If the State Department of Education (SDE) receives the educator's request and all required documentation between
- ❖ May 1 and November 1: The change in status, if approved, will be effective July 1 of the same calendar year.
 - ❖ November 2 and April 30: If the educator submitted the request within 45 days of fulfilling the requirements, the change in status, if approved, will be effective on the date that all requirements were satisfied.
 - ❖ November 2 and April 30: If the educator submitted the request more than 45 days *after* fulfilling the requirements, the change in status, if approved, will be effective on the date that all information was received by the SDE.

NAME: Elizabeth A O'Nan

SSN: [REDACTED]

DATE: April 1, 2004

REQUIREMENTS FOR SECONDARY SCHOOL PRINCIPAL AND SUPERVISOR

| | <u>On File</u> | <u>Needs</u> |
|--|----------------|--------------|
| 1. <u>For In-State Applicants</u> | | |
| Valid South Carolina teacher's Grade A or Professional Certificate at the Secondary level. | OK | _____ |
| <u>For -Out-of-State Applicants</u> | | |
| Applicant must meet all requirements for a valid South Carolina teacher's Grade A or Professional Certificate at the Secondary level, except that a minimum qualifying score on the area administrator's examination adopted by the State Board of Education may be submitted in lieu of the examination score required for the teacher's Professional Certificate. | n/a | _____ |
| 2. Master's Degree | OK | _____ |
| 3. Applicants shall submit a minimum score of 590 on the N.T.E. Area Exam in Administration and Supervision. <i>already sent</i> | _____ | Lacks |
| 4. Three years of teaching experience including at least one year of teaching in grades 7-12. A letter verifying this information must be provided by your school district. <i>Attached</i> | _____ | Lacks |
| 5. Completion of an advanced program approved for the training of secondary principals and supervisors from an institution that has a state-approved teacher education program in the area. This college must be accredited for general collegiate purposes by a regional accreditation association, or from an institution that has programs approved for teacher education by the National Council for Accreditation of Teacher Education (NCATE).. <i>scteachers.org certification on ft. recomm.</i> Attached | _____ | Lacks |

NOTE: Specific approved program course requirements may be obtained by contacting a regionally accredited college or university that has in place a State Board of Education approved program in Administration.

NOTE: This worksheet is to be considered advisory only. Prerequisite courses may be required in some cases based on policies of a particular college/university. Requirements are subject to change at the discretion of the State Board of Education.

NOTE: When you complete all requirements, please submit a written request to receive certification in this area.

Request for change

Ernestine O'Berry
Senior Certification Analyst
Office of Teacher Certification

(803) 734 8466

www.scteachers.org
RECEIVED

JUN 15 2004

Teacher Certification

Office of Teacher Certification
 1600 Gervais Street
 Columbia, South Carolina 29201

Verification of Teaching Experience

Instructions: The teacher will complete lines 1-6 before forwarding this form to the school district. The appropriate school official will complete lines 7-10 and return this form to the teacher. Please submit this form with the Request/Change Action form if you are not a new applicant.

Dear Dr Ryan:

I wish to establish my teaching experience in your school system with the South Carolina Department of Education and appreciate your verification.

| | | | |
|---|--|--|--------------------------------|
| 1) Name (Last, First, Middle, Maiden) <u>O'Nan Elizabeth Amanda Williams</u> | | | |
| 2) Address (Street, P.O. Box, RFD) [Redacted] | | City <u>Hilton Head</u> | State or Province <u>SC</u> |
| 3) Social Security Number [Redacted] | | South Carolina Certificate Number <u>214457</u> | |
| 4) Name of School(s) In Which I Taught <u>Hilton Head High</u> | | Area, Grade, or Subject Taught <u>Fam + Cons. Sci</u> | |
| 5) Dates of Employment From (Month, Year): <u>08/03</u> | | To (Month, Year): <u>Present</u> | |
| 6) Date <u>2/6/04</u> | Signature of Teacher <u>Elizabeth A O'Nan</u> | | |

9th - 12th grade

TO BE COMPLETED BY THE APPROPRIATE SCHOOL OFFICIAL

| 7) Employment Record of (Last Name, First, Middle, Maiden): <u>O'Nan Elizabeth Amanda (Williams)</u> | | | | |
|---|-----------------------------|------------------------------------|--|------------------------------------|
| 8) State or Province <u>SC</u> | | County <u>Beaufort</u> | School System <u>Beaufort</u> | |
| 9) Year (For example: 1984-1985) | Name of School | Total Full-Time School Days Taught | Total Part-Time School Days Taught *** | Area, Grade, or Subject Assignment |
| <u>03-present</u> | <u>Hilton Head High Sch</u> | <u>will be 190</u> | | <u>Fam + Cons. Science</u> |
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***Part-time days are only allowed for employment as a teacher. Calculations for this column must be based on the percentage of time taught converted into full-time work days. Example: A teacher teaches the equivalent of one-third (0.33) time for ninety (90) days. This is the equivalent of thirty (30) full-time days (90x0.33 = 29.70). The number 30 should be entered into the appropriate blank.

| | | |
|--|----------------------------------|------------------------------|
| 10) Signature of School Official <u>[Signature]</u> | | Position <u>Principal</u> |
| Date <u>2-6-04</u> | Address <u>70 Wilborn Rd.</u> | |

RECEIVED

JUN 15 2004

Teacher Certification

Office of Teacher Certification
 1600 Gervais Street
 Columbia, South Carolina 29201

Verification of Teaching Experience

Instructions: The teacher will complete lines 1-6 before forwarding this form to the school district. The appropriate school official will complete lines 7-10 and return this form to the teacher. Please submit this form with the Request/Change Action form if you are not a new applicant.

Dear Mr. Jenkins

I wish to establish my teaching experience in your school system with the South Carolina Department of Education and appreciate your verification.

| | | | |
|--|--|--|--------------------------------|
| 1) Name (Last, First, Middle, Maiden) <u>ONAN Elizabeth Amanda Williams</u> | | | |
| 2) Address (Street, P.O. Box, RFD) [Redacted] | | City <u>Hilton Head</u> | State or Province <u>SC</u> |
| 3) Social Security Number [Redacted] | | Postal Code <u>29926</u> | |
| 4) Name of School(s) in Which I Taught <u>Battery Creek High School</u> | | South Carolina Certificate Number <u>214457</u> | |
| 5) Dates of Employment From (Month, Year) <u>Dec 17, 2002 -</u> | | Area, Grade, or Subject Taught <u>Team Dolphin 9-12</u> | |
| 6) Date <u>2/6/04</u> | | To (Month, Year): <u>May 2003</u> | |
| | | Signature of Teacher <u>Elizabeth A. Onan</u> | |

9th-12th grade

TO BE COMPLETED BY THE APPROPRIATE SCHOOL OFFICIAL

| 7) Employment Record of (Last Name, First, Middle, Maiden) <u>ONAN Elizabeth Amanda Williams</u> | | | | | |
|---|---------------------------|------------------------------------|--|------------------------------------|--|
| 8) State or Province <u>SC</u> | | County <u>Beaufort</u> | School System <u>Beaufort County S.D.</u> | | |
| 9) Year (For example: 1994-1995) | Name of School | Total Full-Time School Days Taught | Total Part-Time School Days Taught | Area, Grade, or Subject Assignment | |
| <u>DEC 17 2002 - MAY 03</u> | <u>BATTERY CREEK H.S.</u> | <u>100 days</u> | | <u>Team Dolphin</u> | |
| | | | | <u>Special Services</u> | |
| | | | | <u>Team Learning</u> | |
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*Part-time days are only allowed for employment as a teacher. Calculations for this column must be based on the percentage of time taught converted into full-time work days. Example: A teacher teaches the equivalent of one-third (0.33) time for ninety (90) days. This is the equivalent of thirty (30) full-time days (90x0.33 = 29.70). The number 30 should be entered into the appropriate blank.

| | | |
|--|---|------------------------------|
| 10) Signature of School Official <u>Rodney D. Jenkins</u> | | Position <u>Principal</u> |
| Date <u>2/6/04</u> | Address <u>1 Blue Dolphin Beaufort, SC 29906</u> | |

RECEIVED

JUN 15 2004

Teacher Certification

Office of Teacher Certification
1600 Gervais Street
Columbia, South Carolina 29201

Verification of Teaching Experience

Instructions: The teacher will complete lines 1-6 before forwarding this form to the school district. The appropriate school official will complete lines 7-10 and return this form to the teacher. Please submit this form with the Request/Change Action form if you are not a new applicant.

Dear Mrs. Nolte:

I wish to establish my teaching experience in your school system with the South Carolina Department of Education and appreciate your verification.

| | | | |
|---|--|--|----------------------------------|
| 1) Name (Last, First, Middle, Maiden) <u>O'Nan Elizabeth "Amanda" Williams</u> | | | |
| 2) Address (Street, P.O. Box., RFD) [Redacted] | | City <u>Hilton Head Island</u> | State or Province <u>S.C.</u> |
| 3) Social Security Number [Redacted] | | Postal Code <u>29938</u> | |
| 4) Name of School(s) In Which I Taught <u>Burns Middle School</u> | | South Carolina Certificate Number | |
| 5) Dates of Employment From (Month, Year): <u>8/2000-</u> | | Area, Grade, or Subject Taught <u>6-8 Family + Consumer Science</u> | |
| 6) Date <u>12/19/02</u> | | To (Month, Year): <u>11/2002</u> | |
| 6) Signature of Teacher <u>E. Amanda O'Nan</u> | | | |

TO BE COMPLETED BY THE APPROPRIATE SCHOOL OFFICIAL

| 7) Employment Record of (Last Name, First, Middle, Maiden): <u>O'Nan Elizabeth Amanda Williams</u> | | | | | |
|---|---------------------|------------------------------------|--------------------------------------|------------------------------------|--|
| 8) State or Province <u>FL</u> | | County <u>Hillsborough</u> | School System <u>Hillsborough</u> | | |
| 9) Year (For example: 1984-1985) | Name of School | Total Full-Time School Days Taught | Total Part-Time School Days Taught | Area, Grade, or Subject Assignment | |
| <u>2000-2001</u> | <u>Burns Middle</u> | <u>184</u> | <u>NA</u> | <u>6-8 FCS</u> | |
| <u>2001-2002</u> | <u>Burns Middle</u> | <u>184</u> | <u>NA</u> | | |
| <u>Aug 02 - Nov 02</u> | <u>Burns Middle</u> | | | | |
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***Part-time days are only allowed for employment as a teacher. Calculations for this column must be based on the percentage of time taught converted into full-time work days. Example: A teacher teaches the equivalent of one-third (0.33) time for ninety (90) days. This is the equivalent of thirty (30) full-time days (90x0.33 = 29.70). The number 30 should be entered into the appropriate blank.

| | | |
|---|---|------------------------------|
| 10) Signature of School Official <u>Brenda Nolte</u> | | Position <u>Principal</u> |
| Date <u>1-6-03</u> | Address <u>Burns Middle School 615 Brooker Rd., Brandon FL 33511</u> | |

RECEIVED

JUN 15 2004

Office of Teacher Certification
1600 Gervais Street
Columbia, South Carolina 29201

Verification of Teaching Experience

Instructions: The teacher will complete lines 1-6 before forwarding this form to the school district. The appropriate school official will complete lines 7-10 and return this form to the teacher. Please submit this form with the Request/Change Action form if you are not a new applicant.

Dear Franklin Co. Public Schools

I wish to establish my teaching experience in your school system with the South Carolina Department of Education and appreciate your verification.

| | | | |
|--|--|---|----------------------------------|
| 1) Name (Last, First, Middle, Maiden) <u>O'Nan, Elizabeth "Amanda" Williams</u> | | | |
| 2) Address (Street, P.O. Box, RFD) [Redacted] | | City <u>Hilton Head</u> | State or Province <u>S.C.</u> |
| 3) Social Security Number [Redacted] | | Postal Code <u>29938</u> | |
| 4) Name of School(s) in Which I Taught <u>Elkhorn Middle School</u> | | South Carolina Certificate Number <u>N/A</u> | |
| 5) Dates of Employment From (Month, Year): <u>8/1997</u> | | Area, Grade, or Subject Taught <u>6-8 Family + Consumer Sciences</u> | |
| 6) Date <u>12/9/02</u> | | To (Month, Year): <u>6/2000</u> | |
| Signature of Teacher <u>E. Amanda O'Nan</u> | | | |

TO BE COMPLETED BY THE APPROPRIATE SCHOOL OFFICIAL

| 7) Employment Record of (Last Name, First, Middle, Maiden): <u>Elizabeth Amanda Williams</u> | | | | | |
|---|-----------------------|------------------------------------|---|------------------------------------|--|
| 8) State or Province <u>KY</u> | | County <u>Franklin</u> | School System <u>Franklin County</u> | | |
| 9) Year (For example: 1984-1985) | Name of School | Total Full-Time School Days Taught | Total Part-Time School Days Taught | Area, Grade, or Subject Assignment | |
| <u>1997-98</u> | <u>Elkhorn Middle</u> | <u>185</u> | | <u>FAMCO</u> | |
| <u>1998-99</u> | <u>"</u> | <u>185</u> | | <u>FAMCO</u> | |
| <u>1999-00</u> | <u>"</u> | <u>185</u> | | <u>FAMCO</u> | |
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7th + 8th grade

**Part-time days are only allowed for employment as a teacher. Calculations for this column must be based on the percentage of time taught converted into full-time work days. Example: A teacher teaches the equivalent of one-third (0.33) time for ninety (90) days. This is the equivalent of thirty (30) full-time days (90x0.33 = 29.70). The number 30 should be entered into the appropriate blank.

| | | | |
|--|---|------------------------------|-----------------|
| 10) Signature of School Official <u>Jolly Harte</u> | | Position <u>Personnel</u> | RECEIVED |
| Date <u>1/3/03</u> | Address <u>916 East main street Frankfort KY 40601</u> | | |

JAN 13 2004

VERIFICATION OF COLLEGE PREPARATION
RECOMMENDATION FOR TEACHER CERTIFICATE

Applicant Name: Elizabeth A. O'Nan Soc. Sec. #: [REDACTED]

Address: [REDACTED] City: Hilton Head State: SC Zip: 29926

INSTRUCTIONS: The information below is to be completed by the designated college official. Complete the appropriate section(s) and return this form to the applicant.

TEACHERS / INSTRUCTIONAL PERSONNEL

14. On Mo. Day Year Name of Applicant Social Security Number

satisfactorily completed the teacher preparation program in the following instructional area(s):

Please check applicable information below:

- State Board of Education Approval Program
- State Standards
- NCATE Approved Program
- Other Standards
- Regional Accreditation
- was AWARDED THE DEGREE.
- was NOT AWARDED a degree from this institution.

ADMINISTRATIVE / NON-INSTRUCTIONAL PERSONNEL

* 15. On 6 Mo. 14 Day 2003 Year Elizabeth "Amanda" O'Nan Name of Applicant [REDACTED] Social Security Number

satisfactorily completed the administrative/non-instructional program in the following area(s):

Educational Leadership / Administration and Supervision

Please check applicable information below:

- State Board of Education Approval Program
- State Standards
- NCATE Approved Program
- Other Standards
- Regional Accreditation
- was AWARDED THE Masters DEGREE.
- was NOT AWARDED a degree from this institution.

NON-RECOMMENDATION

16. Name of Applicant Social Security Number is NOT RECOMMENDED for

teacher licensure for the following reason(s):

JUN 15 2004

CERTIFICATION OFFICIAL

Teacher Certification

* Elizabeth M. Hewthorn
Dean or Designated College Official

National-Louis University
College or University

Dean
Title or Position

6/4/04
Date

Date



EXAMINEE SCORE REPORT

| BACKGROUND INFORMATION | | | |
|------------------------|-------------------|-------------------------|------------|
| Examinee's Name: | ONAN, ELIZABETH A | | |
| Candidate ID Number: | 03083485 | Social Security Number: | [REDACTED] |
| | | Sex: | F |
| | | Date of Birth: | [REDACTED] |

| EDUCATIONAL INFORMATION | |
|---|----------------------------|
| College Where Relevant Training Was Received: | (I) |
| Undergraduate Major: | HOME ECONOMICS EDUCATION |
| Graduate Major: | EDUCATIONAL ADMINISTRATION |
| Educational Level: | EARNED MASTER'S DEGREE |
| GPA: | [REDACTED] |

RECEIVED

JUN 15 2004

Teacher Certification

| SCORE RECIPIENT(S) REQUESTED | |
|------------------------------|--------------------------------|
| Code # | Recipient Name |
| R7694 | GA PROFESSIONAL STANDARDS COMM |
| | |
| | |
| | |
| | |

ELIZABETH A ONAN

| CURRENT TEST DATE: | | 03/06/2004 | | Your Score | Possible Score Range | Average Performance Range** | Score Recipient Code(s) from Current Administration | | | |
|--------------------|-------------------------------------|------------|-----------|------------|----------------------|-----------------------------|---|--|--|--|
| Test Code | Test Name | R7694 | | | | | | | | |
| 0410 | ED LEADERSHIP ADMIN AND SUPERVISION | [REDACTED] | 250 - 990 | 640 - 740 | Y | | | | | |
| | | | | | | | | | | |
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Refer to enclosed interpretive leaflet for additional information.

| HIGHEST SCORE AS OF | | 04/01/2004 | | Your Highest Score | Possible Score Range | Score Recipient Code(s) | | | |
|---------------------|-----------|-------------------------------------|------------|--------------------|----------------------|-------------------------|--|--|--|
| Test Date | Test Code | Test Name | R7694 | | | | | | |
| 03/06/2004 | 0410 | ED LEADERSHIP ADMIN AND SUPERVISION | [REDACTED] | 250 - 990 | Y | | | | |
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Scores will be available for reporting for ten years.

MESSAGE CODES

- I INFORMATION NOT PROVIDED OR INCORRECTLY GRIDDED.
- Y SCORE REPORTED TO RECIPIENT LISTED.

** The range of scores earned by the middle 50% of a group of examinees of appropriate educational level (see interpretive leaflet for details) taking this test during the most recent three academic years. N/C means that this range was not computed because the test was taken by fewer than 30 examinees within the most recent three academic years.

PASSED/NOT PASSED INFORMATION BASED ON HIGHEST SCORES EARNED AS OF 04/01/2004

Passed/not passed status provided in this report is based on the passing score in effect on the test date or on the date reported (as indicated next to each score recipient's name). Agencies reserve the right to accept the reporting of scores but not necessarily the passed/not passed status.

| SC STATE DEPT OF EDUCATION | | | | | | Based on Date Reported | |
|----------------------------|-----------|-------------------------------------|--------------------|------------------------|---------------------------|------------------------|--------------------------|
| Test Date | Test Code | Test Name | Your Highest Score | Required Minimum Score | Minimum Score Met/Not Met | Required Passing Score | Passed/Not Passed Status |
| 03/06/2004 | 0410 | ED LEADERSHIP ADMIN AND SUPERVISION | ██████ | | | 590 | PASSED |
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RECEIVED

JUN 15 2004

Teacher Certification

| 7694 GA PROFESSIONAL STANDARDS COMM | | | | | | Based on Test Date | |
|-------------------------------------|-----------|-------------------------------------|--------------------|------------------------|---------------------------|------------------------|--------------------------|
| Test Date | Test Code | Test Name | Your Highest Score | Required Minimum Score | Minimum Score Met/Not Met | Required Passing Score | Passed/Not Passed Status |
| 03/06/2004 | 0410 | ED LEADERSHIP ADMIN AND SUPERVISION | ██████ | | | 620 | PASSED |
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| Test Date | Test Code | Test Name | Your Highest Score | Required Minimum Score | Minimum Score Met/Not Met | Required Passing Score | Passed/Not Passed Status |
|-----------|-----------|-----------|--------------------|------------------------|---------------------------|------------------------|--------------------------|
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The enclosed score interpretive leaflet provides additional information about state requirements. Passed/not passed information not provided if more than one qualifying score is used for a test, or qualifying score is not available.

| DETAILED INFORMATION FOR 03/06/2004 TEST DATE | | | |
|--|--|----------------------|----------------------------|
| Test Category | Raw Points Earned† | Raw Points Available | Average Performance Range‡ |
| EDUCATIONAL LEADERSHIP: ADMINISTRATION AND SUPERVISION | | | |
| I. DETERMINING PUPIL AND COMMUNITY NEEDS | | 12 | 6 - 9 |
| II. CURRICULUM DESIGN AND INSTRUCTIONAL IMPROVEMENT | | 23 | 13 - 18 |
| III. DEVELOPMENT OF STAFF AND PROGRAM EVALUATION | | 18 | 10 - 14 |
| IV. SCHOOL MANAGEMENT | | 28 | 19 - 23 |
| V. INDIVIDUAL AND GROUP LEADERSHIP SKILLS | | 36 | 24 - 30 |
| | RECEIVED JUN 15 2004 Teacher Certification | | |
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† For categories containing multiple-choice items, Raw Points Earned are the number of questions answered correctly. For categories containing constructed response items or essays, the Raw Points Earned are the sum of the weighted ratings awarded.

‡ The range of scores earned by the middle 50% of a group of examinees who took this form of the test at the most recent national administration or other comparable time period. N/C means that this range was not computed because fewer than 30 examinees took this form of the test or because there were fewer than 8 questions in the category or, for a constructed-response module, fewer than 8 points to be awarded by the raters. N/A indicates that this test section was not taken and, therefore, the information is not applicable.

Hilton Head Island-Bluffton Chamber of Commerce

SERVING THE SOUTH CAROLINA LOWCOUNTRY

September 16, 2005

Dr. Helen Ryan
70 Wilborn Rd
Hilton head Island, SC 29926

Dear Helen,

On behalf of the chamber, I want to thank you and the Hilton Head High School staff for helping to making our "K-12 and Beyond" event very successful. I want to especially thank Amanda O'Nan who was great to work with and had everything very well organized. Larry Mercer and David Faulk went above and beyond the call of duty several times over and made sure that the program's AV needs were met and went off without a hitch. They were all three truly remarkable!

Thank you Helen for making it possible for us to actually host an event at the school in your beautiful facility and have the opportunity to showcase the ROTC, the Sea Hawk Ensemble and the Hilton Head High Orchestra. It was a great morning!

Warm regards,



Janie Treon
VP Workforce & Education

cc: Amanda O'Nan
Larry Mercer
David Faulk

**AGREEMENT FOR PURCHASE OF COMPUTER FROM BEAUFORT SCHOOL
DISTRICT BY PAYROLL DEDUCTION**

Beaufort County School District (hereinafter "the District"), in an effort to encourage employees to become familiar with and regularly use personal computers, agrees to use its purchasing power as a District to obtain discounts on the purchase price of certain personal computers and agrees to finance the purchase of such computers by employees in the District. In exchange, Elizabeth A. O'Nan (hereinafter "the employee") authorizes the District to make payroll deductions for the repayment of the purchase price of the computer according to the following terms:

1. The employee understands that the purchase of the computer is voluntary and in no way required by the District.
2. The employee agrees to a purchase price of \$ [REDACTED] for components described on attached voucher.
3. The District agrees that no interest shall be charged the employee on the repayment of the computer.
4. The employee authorizes the District Payroll Administrator to deduct from his/her paycheck [REDACTED] each pay period for a total of not more than 48 payperiods, or until the purchase price is repaid in full. The date of the first payroll deduction shall be ~~11-14-03~~ 12-12-03
5. The employee agrees that if for any reason his/her employment with the District terminates before the purchase price of the computer has been repaid in full, the remaining balance owed the District on the computer shall be deducted from the employee's final paycheck. If at the time of separation from the District, the sum owed the District on the computer exceeds the amount of the employee's final paycheck, the employee will be indebted to the District for that amount, and the employee agrees to repay in full the outstanding balance no later than 30 days after separation from the District.
6. Any modification to the payroll deduction or repayment terms of the purchase price of the computer must be agreed to in writing by both the Administrative Superintendent and the employee.

I certify I have read the conditions and I agree to the terms stated.

Elizabeth A. O'Nan
Employee, Beaufort County School District

STATE OF SOUTH CAROLINA COUNTY OF BEAUFORT

Signed before me the 16th day of October, 20 03

NOTARY SIGNATURE: Robert F. Decker

My commission Expires October 27, 2005

VOUCHER

BEAUFORT COUNTY SCHOOLS
P.O. DRAWER 309
BEAUFORT, SC 29901

Purchaser Elizabeth Amanda O'Neil
Address [Redacted]
Hilton Head, SC 29926
Social Security Number [Redacted]

REMIT TO:
BEAUFORT COUNTY SCHOOL DISTRICT
ATT: Sandi Amsler
P.O. DRAWER 309
BEAUFORT, SC 29901

| DATE | | |
|--|------------|-----------------|
| Description | Unit Price | Total |
| APPLIED DATA | | |
| 2331-J CrownPoint Executive Drive Charlotte, NC 28227 | | |
| 1 Toshiba Satellite A 10 Laptop Pentium 4 2.2GHz 40GB hard drive 256MB RAM DVD/CDRW Integrated 56K modem & LAN Microsoft Windows XP Pro 15" TFT screen Nylon carrying case 1 year depot warranty Surge protector Preloaded Software: Microsoft Office Pro XP, Encarta, Encyclopedia, Quicken Basic 2001 Norton Antivirus | 12-12-03 | \$1,749.00 |
| 1 Warranty Extension to 3 years | 119.00 | |
| 1 Warranty 3 year SystemGuard & Warranty Extension | 215.00 | |
| 1 HP Deskjet 3420 color printer & HP USB cable 2 meter | 99.00 | |
| | TAX | 92.40 |
| TOTAL | | 1,946.40 |

Signature [Signature]
District

Date 10-16-03

Signature [Signature]
Purchaser

Date 10/16/03

Receipt of item listed above _____
APPLIED DATA Purchaser Signature

Date _____

NOTE TO VENDOR: ATTACH VOUCHER TO INVOICE
White: APPLIED DATA Yellow: Purchaser Pink: District

INNOVATION
TOWARD EXCELLENCE

BEAUFORT COUNTY SCHOOL DISTRICT

March 10, 2003

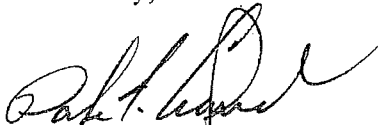
Elizabeth O'Nan
[REDACTED]

Dear Ms. O'Nan:

Because you have been changed from a Substitute Teacher to a Full-Time Teacher, you are now eligible to receive benefits. Your salary will be changed to \$ [REDACTED] effective February 28, 2003. Enclosed you will find the required documents needed to start these benefits. Please call Velda Vaughn, Benefits Specialist at 322-2378 or Darah Latourelle, Director of Benefits at 322-4206 to schedule an appointment to complete these documents

If you have any questions please feel free to contact me at 322-2382.

Sincerely,


Dale F. Crawford
Personnel Assistant

/dc

CC: Mrs. Vaughn
Personnel File

POST OFFICE DRAWER 309
1300 KING STREET
BEAUFORT, SOUTH CAROLINA
29901-0309

TELEPHONE
843•322•2300
1•800•763•1875

FAX
843•322•2371

Personnel Action Form (PAF)

Organization: Beaufort County School District Employee: ELIZABETH O'NAN
Assigned To: User - ADMIN
[Show History](#)

✿ DATE INITIATED: 01/09/2019
✿ EMPLOYEE #: 237919
✿ TYPE OF REQUEST: PLACED ON ADMINISTRATIVE LEAVE WITH PAY

Additional Information:

Characters Available: 250

THIS SECTION IS FOR SCHOOL OR DEPARTMENT USE - Please Provide All Required Information.

✿ NAME: (First Name, Last Name) Elizabeth O'Nan
✿ Position Title: Principal
✿ School / Location: Hilton Head High
✿ Employee Group: Administrative
✿ Employment Status: Full-Time
First Day Of Work: 01/08/2019
Last Day Of Work:
✿ Is this PAF related to a Special Education position? Yes No
Resignation or Retirement Letter Attached:
Add a File
Hours Per Day:
Days Per Year:
✿ ORG #: 10023396
✿ OBJ #: 511100
PROJ #:

POSITION CHANGE:

Old Position:
New Position:

✿ Principal's / Hiring Manager's Email Address: Dale.Crawford@beaufort.k12

✿ DATE SUBMITTED: 01/09/2019

✿ PRINCIPAL'S / HIRING MANAGER'S SIGNATURE:
(Type your name and then click the button to digitally sign.)

Signed: Dale Crawford
Stamped: Wed Jan 09 2019 14:06:27 GMT-0500 (Eastern Standard Time); 1/9/2019 1:06:27 PM; 2019-01-09 19:06:27Z; 207.144.99.79

APPROVAL PROCESS

✿ This PAF Request Has Been: APPROVED

Reason PAF was Disapproved:

Characters Available: 250

Munis Processing: Dale Crawford

DATE: 01/09/2019

THIS PERSONNEL ACTION HAS BEEN APPROVED/DENIED BY: (Type your name and then click the button to digitally sign.)

Signed: Dale Crawford
Stamped: Wed Jan 09 2019 14:07:20 GMT-0500 (Eastern Standard Time); 1/9/2019 1:07:21 PM; 2019-01-09 19:07:21Z; 207.144.99.79

HR / MUNIS PROCESSING INFORMATION

Hourly Rate:
Daily Rate:
Annual Salary:
Position #:
FTE:
Job Class Code:
Employee Group:

Administrative Salary Level:

Administrative Salary Step:

Certified Salary Classification:

Certified Years of Experience:

Classified Salary Level:

Classified Salary Step:

Additional Information:

Characters Available: 250

MUNIS PROCESS COMPLETED BY: (Type your name and then click the button to digitally sign.)

Signed: Dale Crawford
Stamped: Wed Jan 09 2019 14:08:32 GMT-0500 (Eastern Standard Time); 1/9/2019 1:08:32 PM; 2019-01-09 19:08:32Z; 207.144.99.79

Save as Draft

Submit Form

South Carolina State Board of Education

Educator License

Elizabeth A O'Nan

License Number
214457

Social Security Number

Validity Period
07/01/2012 - 06/30/2017

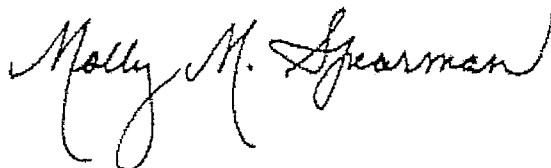
Professional Certificate

Class
Masters

Experience
17

Areas of Licensure

35 - Family & Consumer Science (Home Economics)
72 - Secondary Principal
74 - Secondary Supervisor



Molly M. Spearman
State Superintendent of Education

Date Printed
01/30/2015

This is an unofficial copy printed from the Office of Educator Certification.

COPY - COPY - COPY



pmr no re
re

*I spoke to Amanda
about [redacted] lack
of leadership in
this issue
9/15/10*

MEMORANDUM

TO: Amanda O’Nan
Principal, HHIHS

FROM: Dr. Sean Alford *SA*
Chief Instructional Services Officer

DATE: September 8, 2010

Action: Supervision of Athletic Programs

There have been multiple incidents recently where Hilton Head Island High School (HHIHS) has reported violations of South Carolina High School League (SCHSL) regulations. These violations include but are not limited to:

1. Student ejection from competitions
2. The inclusion of ineligible players on team rosters.

SCHSL regulations have been established to ensure sportsmanship, fairness and equity between its member schools. Unfortunately, HHIHS has displayed actions contrary to the spirit of these regulations.

As I shared with Athletic Directors and coaches on August 12, 2010, I expect for Athletic Directors and coaches to report any violation of SCHSL regulations to their principal and Robert Anderson. As per our conversation on September 7, 2010, proper notification was not made after the most recent violation. Please devise a plan that ensures adherence to SCHSL regulations for all HHIHS athletic programs and proper notification in the event the regulations are compromised.

Continued violations may bring about sanction from the SCHSL. You have a great school with a proud history of academic and athletic excellence. It is imperative that you and your staff adhere to acceptable guidelines regarding athletic participation.

If you need assistance in meeting this standard, please let me know.

Cc: Dr. Jackie Rosswurm
Dr. Valerie Truesdale

Elizabeth O'nan

Acceptable Use and Responsibility Policy for Cellular Devices

1/8/16

I. REASON FOR POLICY

This policy describes the assignment, use, and management of cellular devices (cellular phones, smartphones, MiFi devices, etc.) by employees of Beaufort County School District (BCSD). BCSD provides the use of cellular devices to those individuals whose duties and responsibilities require immediate or remote communication capabilities.

II. POLICY STATEMENT

The Technology Services Department shall be responsible for the administration of cellular device use, including the acquisition of cellular devices and the specific service plan for cellular device use. The acquisition of cellular devices and service plans shall be in accordance with the BCSD Procurement Code.

- A. The assignment of cellular devices must be approved by the district Superintendent or designee and should be only to employees whose duties and responsibilities require immediate communication capabilities. The Technology Services Officer must review the assignment of all cellular devices at least annually to assure compliance with this policy.
- B. A current inventory of all cellular devices will be maintained by the Technology Services Department. Such inventory must include device make and model, serial number, telephone number, and the name of employee to which a device has been assigned.
- C. Each employee assigned a cellular device must sign an acknowledgement of the *Acceptable Use and Responsibility Policy for Cellular Devices*, which is to be maintained in the employee's personnel file.
- D. Each employee assigned a cellular device shall be primarily responsible for the security and maintenance of the unit, and must immediately report the theft, loss, or damage of the unit to the Technology Services Officer. Employees are personally responsible for any charges to replace or repair cellular devices that are lost, stolen, or damaged due to gross negligence.
- E. Each employee is responsible for all incoming and outgoing calls, text messages (SMS/MMS) and data usage made against their cellular device. Assigned cellular devices are only to be used for official business related activities.
- F. The responsibility for assigned cellular devices cannot be transferred to another employee without the approval of the Technology Services Officer. When an employee, to whom a cellular device has been assigned, terminates employment, the unit and all assigned accessories must be returned to the Technology Services Officer in appropriate working condition prior to the employee's last day of work.
- G. All cellular use must be done so in accordance with the BCSD's Acceptable Use and Internet Safety Policies [See Administrative Rules and Procedures I-40, I-40-R(1), I-40-R(2), and I-40-R(4)]. Any employee assigned a cellular device, who fails to comply with the terms of these policies, may have their cellular privileges suspended or revoked and may be subject to disciplinary action.
- H. All cellular phones must be used in accordance with all local and state driving laws.

III. EMPLOYEE AGREEMENT (To be completed for each assigned device)

Assigned Cellular Device(s):

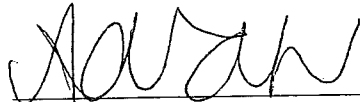
Cellular Phone Smartphone MiFi Device Other Cellular Device

Device Make/Model: iPhone 5s Gray 16GB

Device Serial Number: 3569630641671240

Assigned Accessories: Case, Car Charger, power supply

My signature below acknowledges that I have read, understand, and accept the terms and conditions stated above.



Employee's Signature

1/8/14

Date



CUSTOMER RECEIPT

45

Please keep this important document for your records.

Thank you for choosing Verizon Wireless! To manage your accounts online, please visit vzw.com/mybusiness. If you have any questions about your order please call us at 1-800-922-0204 or dial *611 from your wireless phone. Please be advised that you may receive separate shipments if you purchase multiple items.

Ship To:

ATTN:DONEANE DAISE
BEAUFORT COUNTY SCHOOL
2900 MINK POINT BVLD

SS

BEAUFORT, SC 29902-0000

Order No: 003661732001

Location Code: P166701

Order Process Date: 08/30/2015

Ship Date: 08/31/2015

Wrhs Order No: 0746579599

| Item Description | Item SKU | Retail Price / VZW Cost* | Ship Qty | Item Price | Item Subtotal |
|---------------------|-----------------------------|--------------------------|----------|------------|---------------|
| NEXT DAY BY 8PM | SEDFEDEX001 | | 1 | \$0.00 | \$0.00 |
| IPHONE 5S GRAY 16GB | ME341LL/A | \$ 549.99 | 1 | \$99.99 | \$99.99 |
| | User: ELIZABETH ONAN | | | | |
| | Mobile No: 843-441-7623 | | | | |
| | IMEI: 356963064167124 | | | | |
| 4G 4FF PRE-INST SIM | EMBD4GSIM-N | | 1 | \$0.00 | \$0.00 |
| | User: ELIZABETH ONAN | | | | |
| | Mobile No: 843-441-7623 | | | | |
| | ICCID: 89148000001894736544 | | | | |

| | |
|--------------------|----------|
| Order Subtotal: | \$99.99 |
| SC State Sales Tax | 6.00 |
| Total Tax/Fees | 6.00 |
| Order Total: | \$105.99 |

Payment Info: Bill to Account
XXXXX1732

Verizon Wireless SIM may only be used with devices certified for use on Verizon Wireless' network. You can check if your device is certified at www.verizonwireless.com/certifieddevice

Return/Exchange Policy: New and Certified Pre-Owned merchandise may only be returned or exchanged within 14 days of purchase. You are permitted to make one exchange. If you exchange your current device for another, you must return the original device, or you will be charged the difference between your purchase price and the MSRP. A restocking fee of \$35 applies to any return or exchange of a wireless device (excluding Hawaii). If you received your merchandise through a "Buy One, Get One" offer, both items must be returned in order to receive a refund. Cancellations must occur within 3 days of activation for the Activation Fee to be refunded. If you return your merchandise after the return period, you will not receive a refund and your merchandise will not be returned to you. See verizonwireless.com/returnpolicy for complete details.

BUSINESS AND GOVERNMENT CUSTOMERS: The terms and conditions for return and exchange, including the return period, may vary by contract. Please contact your Verizon Wireless Account Manager or refer to your contract.

Return Instructions: (1) If you return a wireless device, you MUST contact Customer Service if you want to disconnect service. Your wireless service and related access CHARGES WILL CONTINUE until the time you contact Customer Service to disconnect service. (2) Pack merchandise in original packaging and place in shipping box. Please do not return damaged or defective batteries or devices containing damaged or defective non-removable batteries by mail. (3) Include a copy of this receipt; (4) Attach the return label and keep a copy of the label; (5) Return your package using the return shipping label included in your shipping carton, if applicable. If you did not receive a return label in your package - simply go to verizonwireless.com/printlabel, register for My Verizon - then print your prepaid return label.



BEAUFORT COUNTY SCHOOL DISTRICT

Post Office Drawer 309
 1300 King Street
 Beaufort, South Carolina 29901-0309
 (843) 322-2351
 FAX (843) 322-2371
 1-800-763-1875

PERSONNEL USE ONLY

Received:

**APPLICATION FOR
 EMPLOYMENT
 (CLASSIFIED & SUBSTITUTE TEACHING)**

POSITION(S) APPLIED FOR Substitute teacher

NOTE: ALL INFORMATION REQUESTED ON THE APPLICATION MUST BE COMPLETE. References to other documents such as resumes will not be accepted in place of completing any portion of this application. This application will remain active for a period of twelve (12) months from date submitted.

SOCIAL SECURITY NUMBER [REDACTED] DATE OF APPLICATION 11 / 11 / 02 DATE AVAILABLE 11 / 18 / 02

NAME O'Nan, Elizabeth "Amanda"
Last First Middle Other

PRESENT ADDRESS Hilton Head, SC 29929
Street City State Zip
 HOME PHONE [REDACTED]
 BUS. PHONE () N/A
 EMER. PHONE [REDACTED]

PERMANENT ADDRESS Same as above
Street City State Zip

Former Beaufort County School District employee? Yes No If "yes" when? _____

| High School and Location | Date of Attendance | Last Grade Completed | Graduation Date | | |
|---|------------------------|--------------------------|-----------------|---------|-------|
| Scott County High School | 8/89-5/93 | 12 th | 5/93 | | |
| COLLEGE/UNIVERSITY AND LOCATION | DATES ATTENDED From To | MAJOR | MINOR | DEGREE | DATE |
| University of Kentucky Lexington, Kentucky | 6/93 5/97 | Home Economics Education | Merchandising | B.S. | 5/97 |
| National Louis University Tampa, Florida | 4/01 11/02 | Education Administration | | masters | 11/02 |
| | | | | | |

PERSONAL DATA

Have you ever been dismissed from a position? (Please check) Yes No

If yes, explain _____

Have you ever been asked to resign from a position? (Please check) Yes No

If yes, explain _____

Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employer and/or disciplinary action against a license/certificate? (Please check) Yes No

If yes, explain _____

REFERENCES

Complete the information called for below. You must include the name of your most recent employer. If you are applying for a substitute teaching position, include the names of all principals who you have worked for.

| Name of Reference | Position/Relationship | Mailing Address | Phone Number |
|-------------------|--------------------------------|---|--------------|
| 1. Brenda Nolte | Principal | 615 Brooker Road Brandon, Florida 33511 | [REDACTED] |
| 2. Joyce Conner | Supervisor (District level) | 5410 N. 20th St. Learey Technical Tampa, Florida 33610 | |
| 3. David Simpson | Former Principal | 500 Mero Street Frankfort, KY 40601 | |

Do you have a relative who is either a member of the Beaufort County Board of Education or who is employed in any capacity in the Beaufort County School District? Yes No

If "Yes," please give the following information:

| Name of Relative | Relationship | Position Held |
|------------------|--------------|---------------|
| N/A | | |
| | | |

This district is required by South Carolina Law (S-59-26-90 Code of Laws, South Carolina, 1976, as amended) to obtain criminal history record information on applicants for employment.

Have you ever been convicted of a felony, misdemeanor, or a crime involving moral turpitude (including but not limited to: theft, attempted theft, rape, murder, swindling, shop lifting, sale or possession of an illegal drug, assault and indecency with a minor) and/or received probation or deferred adjudication?

Yes No If Yes, please explain. (If more space is needed, attach additional sheet.): _____

(Conviction of a felony is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.) If you are not sure if your police problem fits the above definition, you are encouraged to inform the school district of your problem.

Note: Resume is not sufficient

EMPLOYMENT EXPERIENCE: List all employment (except U.S. Armed Forces) in chronological order, with present employment first. ANY VOIDS IN THE CHRONOLOGICAL ORDER MUST BE EXPLAINED ON A SEPARATE ATTACHMENT. Substitute teaching and/or part time teaching should be clearly labeled under "Position Held." (Use additional paper if necessary.)

PRESENT EMPLOYMENT - Dates from: 07/31/00 to: present

STAFF USE ONLY
Yr. ____ Mo. ____

Name and Address of Employer: Hillsborough County Public Schools

Position Held: teacher Duties: teach 6th - 8th grade - family and consumer sciences

Name of Supervisor/Principal: Brenda Nolte Telephone Number: [REDACTED]

Salary or Hourly Wage: \$ [REDACTED] yr. Reason for Leaving: moving out of state

Did you receive any disciplinary action? No Yes If yes, explain: _____

NEXT MOST RECENT EMPLOYMENT - Dates from: 07/31/97 to: 07/31/00

STAFF USE ONLY
Yr. ____ Mo. ____

Name and Address of Employer: Franklin County Public Schools

Position Held: teacher Duties: taught 6th - 8th grade family + consumer

Name of Supervisor/Principal: David Simpson Telephone Number: [REDACTED]

Salary or Hourly Wage: \$ [REDACTED] Reason for Leaving: moving out of state

Did you receive any disciplinary action? No Yes If yes, explain: _____

(College student - Full time)

NEXT MOST RECENT EMPLOYMENT - Dates from: ____/____/____ to: ____/____/____

STAFF USE ONLY
Yr. ____ Mo. ____

Name and Address of Employer: N/A

Position Held: _____ Duties: _____

Name of Supervisor/Principal: _____ Telephone Number: () _____

Salary or Hourly Wage: _____ Reason for Leaving: _____

Did you receive any disciplinary action? No Yes If yes, explain: _____

NEXT MOST RECENT EMPLOYMENT - Dates from: ____/____/____ to: ____/____/____

STAFF USE ONLY
Yr. ____ Mo. ____

Name and Address of Employer: N/A

Position Held: _____ Duties: _____

Name of Supervisor/Principal: _____ Telephone Number: () _____

Salary or Hourly Wage: _____ Reason for Leaving: _____

Did you receive any disciplinary action? No Yes If yes, explain: _____

MILITARY EXPERIENCE: (Copy of DD214 must be submitted for verification)

Active Duty Dates from: ____/____/____ to: ____/____/____ Branch of Service: _____

Position/Duties: N/A

Signature: E. Amanda Olson

Beaufort County School District

Personnel Action F

Employee Information

Today's Date: (MM/DD/YYYY)

PID: Find by PID Social Security Number: Find by SSN (#####)

If neither lookup automatically populated the employee's name, please enter it below:

Name:

Category: School/Location:

Action

| | |
|--|---|
| <input type="radio"/> Resigned (Send Resignation Letter to HR) | <input type="radio"/> Transfer |
| <input type="radio"/> Retired (Send Retirement Letter to HR) | <input type="radio"/> Position change: (Indicate Below) <input type="text"/> |
| <input type="radio"/> Terminated | <input type="radio"/> Change Number of Days <input type="text"/> |
| <input type="radio"/> TERI Date: <input type="text"/> | <input type="radio"/> Change Number of Hours <input type="text"/> |
| <input type="radio"/> Funding Change (Provide account in comments section below) | <input type="radio"/> Step Upgrade |
| <input type="radio"/> Leave of Absence (FMLA, ADMIN, etc.) | <input checked="" type="radio"/> Other Employee Action (Please explain in comments section) |

Details / Comments

Effective Date: (MM/DD/YYYY)

Provide detailed information regarding the action and the reason for the action:

Employee #: 237919


\$106,271.⁰⁰

Task Notes

Pos # 596001156

PRN 2

Adm 2





Employee Identification

Employee 237919 SSN [REDACTED] Last Name O'NAN First Name ELIZABETH MI Suffix Status A - ACTIVE

32 Hours/Day 8.00

26.000 Hours/Year 2080.00

260.00 Days/Period 0

80.00 Factor 1.0000

A Remain 26.000

Off-Step/Frozen N - No

Pay Status A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

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Off-Step/Frozen N - No

Pay Status

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Calc Code

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Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

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Days/Year

Sched Hours

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Off-Step/Frozen N - No

Pay Status

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Calc Code

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Pay Basis

Off-Step/Frozen N - No

Pay Status

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Days/Year

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Off-Step/Frozen N - No

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Off-Step/Frozen N - No

Pay Status

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Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

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Calc Code

Num Pays

Days/Year

Sched Hours

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Off-Step/Frozen N - No

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A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

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Pay Basis

Off-Step/Frozen N - No

Pay Status

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Calc Code

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Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

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Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

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Calc Code

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Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

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Off-Step/Frozen N - No

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Days/Year

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Off-Step/Frozen N - No

Pay Status

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Num Pays

Days/Year

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Pay Basis

Off-Step/Frozen N - No

Pay Status

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Days/Year

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Off-Step/Frozen N - No

Pay Status

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Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

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Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

A - ACTIVE

Calc Code

Num Pays

Days/Year

Sched Hours

Pay Basis

Off-Step/Frozen N - No

Pay Status

My File Edit Tools Help



Employee Identification

Employee 237919 ... SSN [REDACTED] Last Name ONAN First Name ELIZABETH MI Suffix Status A - ACTIVE

- Text
- Recurring
- Global Add/Del
- Global Update
- Project Update
- Recalc
- Reset Pays
- Mid-Year Reset
- Sched Hours
- View History
- Single Emp Increase
- GL Acct Find
- GL Allocation
- Employee Expense
- Remaining
- Recalc FTE
- Net to Gross

| Main | Cycles/Other | Next Change | Civil Service |
|------------|------------------------------------|-------------|-------------------------|
| Job Class | PRIN | ... | PRINCIPALS |
| Pay Type | 412 | ... | SUPPLEMENT ON 26 PAYS |
| Position | 296001156 | ... | PRINCIPAL |
| Location | 96 - HILTON HEAD HIGH | ... | |
| Group/BU | ADMIN - ADMINISTRATION | ... | |
| Status | F - FULL TIME | ... | |
| Risk Code | 8868 | ... | PROFESSIONAL & CLERICAL |
| Pay Freq | B - BIWEEKLY | ... | |
| Start Date | 06/18/2012 | ... | |
| End Date | 12/31/9999 | ... | |
| Allocation | 0 | ... | |
| Org | 10023396 | ... | SCHOOL ADM |
| Object | 511100 | ... | PRIN SALA |
| Project | | ... | |
| | 100 - 230-233-96-0000-00-00-511100 | ... | |
| Eff Date | 07/01/2015 | ... | |
| Grade | ... | ... | |
| Step | 0 | ... | |

| Calc Code | Hours/Day | 8.00 |
|-----------|-----------|------------------------|
| | 26.000 | Hours/Year 2080.00 |
| | 260.00 | Days/Period 0 |
| | 80.00 | Factor 1.0000 |
| | A | Remain 0.0000 |
| | | Off-Step/Frozen N - No |
| | | Pay Status A - ACTIVE |

| Pay Amounts | Recurring Pay |
|-------------|---------------|
| FTE % | 1.0000 |
| Hourly Rate | 1.4423 |
| Daily Rate | 11.5385 |
| Period Pay | 115.38 |
| Annual Pay | 3,000.00 |
| Remaining | .00 |
| Reference | 3,000.00 |



September 17, 2007

Elizabeth A. O'Nan
Hilton Head Island High School
70 Wilborn Road
Hilton Head Island, SC 29926

Dear Ms. O'Nan:

Amanda

It is my understanding much work and effort has been devoted to a review of administrative salaries during the last three years. In one of the last years of Mr. Gaither's tenure as superintendent, a large committee was formed to recommend changes in the entire administrative salary structure in the district. For several reasons including the projected expense, this committee's recommendations were tabled. Two years ago one hundred thousand dollars was allocated in the budget and distributed to bring assistant principals in closer alignment with other salaries provided in the state and region.

Under Dr. McDaniel's leadership new administrative salary ranges were approved by the Board of Education as part of the salary study conducted by Human Resources and presented in December 2006. These new ranges were implemented with the middle pay period of the 2006-2007 school year as all administrators were brought at least to the beginning point in the new range. This new administrative salary proposal approved on December 5, 2006, called for the entire range to be adjusted by the state mandated cost of living adjustment (COLA) for teachers each year. In accordance with this adjustment, the ranges were increased by 3.31 % across the board. All principals in the district had positive salary adjustments based on the COLA. This adjustment was reflected in their mid-July paycheck.

VALERIE P. TRUESDALE, PH.D.
SUPERINTENDENT

POST OFFICE DRAWER 309
1300 KING STREET
BEAUFORT, SOUTH CAROLINA
29901-0309

TELEPHONE
843•322•2300
1•800•763•1875

FAX
843•322•2330

It is my understanding Dr. McDaniel also committed to principals he would make further recommendations for individual salary adjustments based on principal evaluations completed at the close of the 2006-2007 school year. I asked to delay these recommendations until we were able to study the standardized test results for each school as well. I am now prepared to make my recommendations for principal salary adjustments. It is important for principals to understand the basis for my recommendations. Any recommended adjustments beyond the already implemented COLA are based on the principal's 2006-2007 school year evaluation, student achievement as measured on standardized tests, and/or equity in alignment with other principals in the district with similar success rates, similar experience, and similar school size.

Last year principals received a letter from Dr. McDaniel explaining the implementation of the South Carolina Principal Evaluation Instrument. All principals with the exception of first-year principals were formally evaluated using this model with the criteria listed in the instrument. Dr. McDaniel and his

Elizabeth A. O'Nan
September 17, 2007
Page 2

cabinet used a 1-5 scoring guide for each of the standards. This meant each principal was eligible to achieve a score between nine (9) and forty-five (45). Both the median and the mean for distribution of those 2006-2007 scores was thirty (30) with a high score of thirty-seven (37). My recommendation is for all principals who received a score of thirty-three (33) or higher to receive an adjustment beyond the COLA. This represents the top fourth of performers based on principal evaluations.

In addition to those principals who fall into the category for high evaluation scores, I have further recommended adjustments for principals who have records of academic success, but who seem to be out of alignment with others in the district with similar experience and school circumstances, and factoring in academic success. These adjustments for equity are only considered for principals with positive student achievement results for 2006-2007, and average or better evaluation scores. The total amount of our recommendation for salary adjustments for principals beyond the COLA is \$16,406.

Though I am not recommending an adjustment in your salary for the current school year, it is my hope to refine this salary adjustment process during the current year so we can reward strong performance and results even more in the late summer 2008. You will want to focus on student achievement and principal evaluation standards to ensure that your performance warrants adjustments beyond the COLA at the close of 2007-2008. Note also I do not intend to recommend principals with unsatisfactory evaluations receive any increase in salaries; indeed, an unsatisfactory evaluation will lead to an improvement plan and/or removal from the principal position. The students of Beaufort County are not learning at the rate we should either expect or accept. I know you will join me in our quest for excellence. You have my word in committing to reward those who help us make a positive difference for all students of Beaufort County.

Sincerely,

Valerie Truesdale

Valerie Truesdale, Ph.D.
Superintendent

C: Phyllis White, Chief Operational Services Officer
Jackie Rosswurm, Ph.D., Human Resources Services Officer
Official Personnel Folder

*Ana, Thank you for your focused leadership. If you sustain the courageous energy you've demonstrated in only two months, this will be a year for great strides!
Valerie*

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM
(PENDING FINAL APPROVAL FROM DISTRICT)

 New Hire Transfer Resigned Retired Terminated TERI Other

SCHOOL / DEPARTMENT

Name: O'NAN ELIZABETH AMANDA SSN# [REDACTED]
(LAST) (FIRST) (M.I.)
Address: [REDACTED] City: HILTON HEAD
State: SC Zip: 29926 Email: _____
Phone #: [REDACTED] Cell #: _____ Race: _____
Date of Birth: [REDACTED] School/Location: HHS
Position: PRINCIPAL
Status: Full-Time Part-Time Temporary
Replacement For: HELEN RYAN or New Position
First Day of Work: ____/____/____ Hours Per Day: _____
Last Day of Work: ____/____/____ Days Per Year: 260
ORG: 10023394 OBJ: _____ PROJ: _____
Transferring From: Asst. Prnc To: Principal
EFFECTIVE DATE OF CHANGE: 7 / 01 / 07

Administrator's Signature Date Employee's Signature Date

(THIS SECTION IS FOR DISTRICT USE ONLY)

CALIBRATION APPROVAL: _____ Date: ____/____/____

Hourly Rate: _____ Daily Rate: _____ Annual Salary: 985,000.00

Position #: 296001154 Job Class: PRIN Group: ADMIN

Certificate: Class _____ Yrs. Exp. _____ Upgrade To: Class _____ Yrs. Exp. _____

Sue S. Eling 5-14-07
HUMAN RESOURCES APPROVAL DATE Contract Level

Comments: PROMOTED TO PRINCIPAL

[Signature] 6/29/07
White - HR Yellow - Payroll Pink - Benefits Gold - School/Department

South Carolina State Board of Education

Educator Certificate

Elizabeth A O'Nan



Certificate Number

214457

Social Security Number



Validity Period

12/12/02 TO 06/30/07

Professional Certificate

Class

Experience

Masters

5

Areas of Certification

35 - Home Economics Family & Consumer

Inez Moore Tenenbaum

Date Printed
04/01/03

INEZ MOORE TENENBAUM
STATE SUPERINTENDENT OF EDUCATION

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM

EMPLOYEE # 237919

[Handwritten signature]

New Hire Transfer Resigned Retired Terri Terminated Other

SCHOOL/DEPARTMENT

Name: Dawn Elizabeth A SS# [Redacted]
(Last) (First) (Middle)

Address: [Redacted] Phone # [Redacted]

Race: W Date of Birth: [Redacted] School: BCSD

Position: Secretary

Fund Sources:
General
EIA
Title I
Special Revenue
Food Service
Special Ed.

Status: Full-Time w/Benefits Part-Time Temp. Other

Replacement for: _____

First Day of Work: 2/27/03

Last Day of Work: _____

Annual Salary [Redacted] Grade/Step III/5

Hours Per Day _____ Hourly Rate _____

Daily Rate [Redacted] Days per year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

TRANSFER FROM:

TRANSFER TO:

Grade/Subject: _____

Grade/Subject: _____

Funding Source: _____

Funding Source: _____

School: _____

School: _____

Effective Date: _____

[Handwritten Signature]

Administrator's Signature Date

[Handwritten Signature]

Employee's Signature Date

Change From:

Certificate: Class III Yrs. Exp. 4 Class III Yrs. Exp. 5

Contract _____

Human Resources

Date

Comments: [Handwritten note]

ACCOUNT NUMBER: _____

Beaufort County School District
Technology Systems Acceptable Use Policy for Adults – Revised 07/24/08

Purpose

The purpose of technology systems access, including computer, handheld, network, Internet access, email access, telecommunications, and media retrieval in the Beaufort County School District is to promote educational excellence. Access to technology systems supports the School Board's Ends by providing opportunities for communication, research, collaboration, professional development, and the sharing of successful programs, practices and materials.

Users

These guidelines and conditions of use apply to all employees, contractors, board members, parents, guests, or anyone else with access to any technology resources owned and operated by the Beaufort County School District. The use of Beaufort County School District technology systems is a privilege, not a right, thus all users must submit a signed Acceptable Use Policy to gain access. **Individuals who gain access to technology systems without a signed Acceptable Use Policy may not claim ignorance of the policy as an excuse for violating the stated conditions and guidelines.** A student version of the Acceptable Use Policy is included in the Code of Conduct handbook.

Responsibilities & Acceptable Use

As members of a networked community, users have specific responsibilities with regard to the efficient, ethical and legal utilization of computer devices and networked and Internet resources and must strictly adhere to the following guidelines and conditions of use.

Security

Security on any technology system is a high priority.

- Users are responsible for the proper use of accounts issued to them, such as email, Internet or access to software, and must not provide or display their passwords and login information to anyone, nor leave an application open when unattended.
- Users should change their passwords regularly and make efforts to use passwords that are unique and not easily guessed.
- Users are responsible for all activity under their account.
- Attempts to compromise the security, integrity, or functionality of the system, or possession of tools, while on school or district property, designed to do so, is a violation of this policy. This includes, but is not limited to:
 - intentional uploading or creation of computer viruses
 - deletion or alteration of other user files or applications
 - removing protection to gain access to restricted areas
 - unauthorized blocking of access to information, applications, or areas of the network
- It is a federal offense to break into any security system. Financial and legal consequences of such actions are the responsibility of the user.
- If you feel you have identified a security problem on the network, notify a network system administrator. Do not demonstrate the problem to other users.
- Any user identified as a security risk may be subject to severe restriction of, or cancellation of, privileges.
- It is a violation of this policy to introduce or attach any software or hardware to technology used in the Beaufort County School District, which is not owned by the Beaufort County School District or specifically authorized by the system administrator at the school or district level.
- No modification to any hardware or software owned or managed by Beaufort County School District may be made without specific authorization by the system administrator at the school or district level.

System Resources

System resources are limited and are intended to support the educational objectives of the Beaufort County School District.

- The use of technology systems must be consistent with, and support, educational objectives. Therefore activity on the network, such as Internet sites accessed, communications via email, listservs, forums or chat rooms must support the Board's Ends.
- File space has its limits and users should regularly review and delete unnecessary files, email messages, voicemail messages and content on SchoolNet sites.
- Users should make a conscientious effort to conserve district resources. Use of high bandwidth resources, such as video-conferencing, online music, or streaming video must be related to educational goals and authorized by the system administrator at the school or district level.
- Users are responsible for backing-up copies of documents that are important to their jobs. The District will not be responsible for loss of data.
- Using email to send chain letters, advertisements, personal notices, or engaging in "spamming" (sending an annoying or unnecessary message to large numbers of people) is in violation of this policy.

Privacy

Communications, including voicemail messages, email, attached documents and images are not private. In theory, all records (except those specifically excluded by law), whether in electronic or hardcopy form, are subject to the Freedom of Information Act and open to public inspection.

- Beaufort County School District reserves the right for system administrators to examine, restrict, or remove any material that is on or passes through its technology systems.
- Users are asked to use judgment and caution in communications concerning students and staff to ensure that personally identifiable information remains confidential.
- Users may not reveal home addresses, personal e-mail addresses or personal phone numbers of colleagues or students.

Internet

The Internet provides access to schools, people and informational sites all over the world. The educational potential is limitless, however, users must understand that neither the Beaufort County School District nor any Beaufort County School District employee controls the content of the information available on the systems. The school district does not condone the use of controversial or offensive materials and cannot be held responsible for such use. The Beaufort County School District is in compliance with the Children's Internet Protection Act (CIPA). Filtering services are in use on all computers with access to the Internet.

- Users are expected to take individual responsibility for their appropriate use of the Internet

- Student use of the Internet must be supervised and adults must be aware that filtering does not guarantee that students will not access inappropriate sites
- All communications must be polite and use appropriate language. Swearing and vulgar language are considered inappropriate and are a violation of this agreement.
- Messages relating to, or in support of, illegal activities may be reported to local law enforcement authorities.
- Employees and students, under the direction of a teacher, may publish materials on the Internet on District approved sites that support the school district's Ends and are relevant to school-related activities. In publishing information on the Internet, users must adhere to all previously stated conditions and guidelines as well as the following:
 - An Internet web page may include pictures of students or items of student work, identified by first name only.
 - No web page will be linked to a personal web address on another server.
 - Copyright laws must be adhered to. Permission to copy or use materials must be obtained from the copyright owner and must be cited. The failure of a site to display a copyright notice may not be interpreted as permission to copy the materials.
 - The unauthorized installation, use, storage, or distribution of copyrighted software or materials on district systems is prohibited.

Some examples of unacceptable use of district systems include:

- Unauthorized or excessive personal use.
- Conducting commercial activities, product advertisement, political lobbying, or unethical/illegal solicitation.
- Supporting illegal activities, such as the illegal sale or use of drugs or alcohol, criminal gang activity or threats, intimidation or harassment of any other person, or for any activity prohibited by district policy.
- Accessing, distributing or selling files or web sites that contain pornographic or obscene pictures, videos, stories, or other material; or exposing others to such material.
- Purchasing goods or services, without authorization, that obligates the school or district to another party. The School District will not be held responsible for any financial obligations for goods or services purchased over the Internet or via telephone conversation without appropriate authorization.

Limited Personal Use

Occasional and incidental personal use of the district's IT resources and Internet access is allowed subject to limitations. By the allowance of such use, however, the Beaufort County School District does not grant any ownership, privacy, or expectation of privacy to any person in the contents of any messages or other Internet activities involving district resources or equipment.

Personal use of the Internet is prohibited if:

- _ It materially interferes with the use of IT resources by the district; or
- _ Such use burdens the district with additional costs; or
- _ Such use interferes with the staff member's employment duties or other obligations to the district; or
- _ Such personal use includes any activity that is prohibited under any district (including this rule), state or federal statute or policy.

Consequences

Violation of any of the conditions of this acceptable use policy may be cause for disciplinary action which may include the suspension of accounts for investigation, revocation of system privileges, or termination of contract or employment. Inappropriate conduct or misuse of Beaufort County technology systems may be subject to restitution for costs associated with hardware, software, and system restoration.

Warranty

The Beaufort County School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Beaufort County School District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, misdirected deliveries, or service interruptions caused by system upgrade or repair, its own negligence, or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The Beaufort County School District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

The guidelines and conditions outlined in this policy in no way limit the school district's prerogative to manage its technology systems as it sees fit, or restrict its authority to take any actions it deems necessary to adequately supervise, protect, and, if necessary, discipline its users. The district reserves the right to revise this policy at any time, and all revisions will take effect immediately as per district governance.

The signatures in this Code of Conduct indicate the parties who have signed have read the terms and conditions carefully and understand their significance.

I have read and understand the Beaufort County School District Technology Systems Acceptable Use Policy. I am aware that district technology, including the Internet and network access, is designed for educational purposes. However, I also recognize it is impossible for the Beaufort County School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired on the network. I further understand that the provisions of this policy are subordinate to local, state and federal statute and that violations are unethical and may constitute a criminal offense. Should I commit a violation my access privileges may be revoked and I may be subject to other disciplinary actions prescribed by law or other school policies.

Elizabeth Amanda O'Neil  E. Amanda O'Neil 8-14-08
 Print Name Last 4 # of SSN Signature Date

Our thanks are extended to Bellingham Public Schools, Washington, for allowing us to use parts of their Acceptable Use Policy in creating Beaufort County School District's Technology Systems Acceptable Use Policy for Adults.

South Carolina State Board of Education

Educator Certificate

Elizabeth A O'Nan

Certificate Number
214457

Social Security Number

Validity Period
07/01/07 - 06/30/12

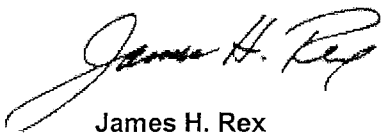
Professional Certificate

Class
Masters

Experience
9

Areas of Certification

- 74 - Secondary Supervisor
- 72 - Secondary Principal
- 35 - Family & Consumer Science (Home Economics)



James H. Rex
State Superintendent of Education

Date Printed
4/25/2007

EMPLOYEE # 237919

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM

New Hire Transfer Resigned Retired Teri Terminated Other
(Comments below)

SCHOOL/DEPARTMENT

Name: O'Nan Elizabeth SS# [Redacted]
(Last) (First) (Middle)

Address: [Redacted] HH, SC 29906 Phone # [Redacted]

Race: _____ Date of Birth: _____ School: HHHS

Position: Assist. Prin.

Status: Full-Time w/Benefits Part-Time Temp.

REPLACEMENT FOR: Steve Gumbler

First Day of Work: 7/15/05 Hours Per Day _____

Last Day of Work: _____ Days Per Year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

TRANSFER FROM: Teacher HHH TRANSFER TO: Asst. Prin. HHH

Primary ORG/OBJ/PROJ: _____ Primary ORG/OBJ/PROJ: 10023396 - 511101

School: _____ School: _____

Effective Date: _____

[Signature] 6-1-05 E. Amanda O'Neil 6/1/05
Administrator's Signature Date Employee's Signature Date

(This Section Completed by the District Office)

Annual Salary 55,728 Daily Rate _____ Position # _____

Hourly Rate _____ Job Class # _____

Change From:

Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____

Contract _____

[Signature] 6/29/05
Human Resources Date

Comments: Substituted School Principal June 3 - July 14

DK to process - Grace High 7/15/05
Received (2) 8-5-05 pay checks

~~8-1-05~~
~~July 18, 2005~~

for 8/5/05 P^gcheck
only

Employee was in a traditional school and, therefore, will receive a ~~7/22/2005~~ and 8/5/2005 summer check from FSY 2004-05 school year. In order for the employee to not have to pay insurance premiums twice, insurance deductions weren't deleted from the new school year FSY 2005-06 ~~7/22/2005~~ and 8/5/2005 paychecks. Employee will receive a total of ~~4~~² paychecks between ~~7/22/2005~~^{8/5/2005} and 8/5/2005. Will reinstate premium deductions on 8/19/2005 paycheck.

Also stopped computer deduction for
Robyn.

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM

EMPLOYEE # 237919

Step upgrade

New Hire Transfer Resigned Retired Teri Terminated Other
(Comments below)

SCHOOL/DEPARTMENT

Name: O'NAN ELIZABETH SS# 1 1
(Last) (First) (Middle)

Address: _____ Phone # _____

Race: _____ Date of Birth: _____ School: HHS

Position: Home Economics

Status: Full-Time w/Benefits Part-Time Temp.

REPLACEMENT FOR: _____

First Day of Work: _____ Hours Per Day _____

Last Day of Work: _____ Days Per Year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

TRANSFER FROM:

TRANSFER TO:

Primary ORG/OBJ/PROJ: _____

Primary ORG/OBJ/PROJ _____

School: _____

School: _____

Effective Date: _____

[Signature] 2/25/05
Administrator's Signature Date

Employee's Signature Date

(This Section Completed by the District Office)

Annual Salary [Redacted] Daily Rate [Redacted] Position # _____

Hourly Rate _____ Job Class # _____

Change From:

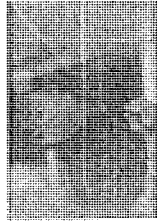
Certificate: Class MA Yrs. Exp. 6 Class MA Yrs. Exp. 7

Contract _____

[Signature]
Human Resources

2/25/05
Date

Comments: Step upgrade, retro pay to 8/3/04.



Certification Portal System

Division of Teacher Quality



- [Users Guide](#)
- [Reports](#)
- [CPS Access](#)
- [District Contact](#)

[Summary](#) | [Certification](#) | [Credentials](#) | [Documents](#) | [Experience](#)
[Change Address](#) | [Renew Credits](#) | [Renew Certificate](#) | [Log Out](#)

Last 4 SSN digits
Name
Certificate #

██████████
Elizabeth A O'Nan
214457

Enter SSN



Experience

Years of Experience: 7.0

| Year | Location | Location Code | Days | FTE | Years Credit |
|------|-------------|---------------|------|-----|--------------|
| 2004 | Beaufort 01 | 0701 | 190 | 1.0 | 1.0 |
| 2003 | Beaufort 01 | 0701 | 190 | 1.0 | 1.0 |
| 2002 | Florida | FL00 | 184 | 1.0 | 1.0 |
| 2001 | Florida | FL00 | 184 | 1.0 | 1.0 |
| 2000 | Kentucky | KY00 | 185 | 1.0 | 1.0 |
| 1999 | Kentucky | KY00 | 185 | 1.0 | 1.0 |
| 1998 | Kentucky | KY00 | 185 | 1.0 | 1.0 |

Email CPS Administrator regarding any technical difficulties.

WANTS - 9 YRS EXP

Print Certificate

South Carolina State Board of Education Educator Certificate

Elizabeth A O'Nan

Certificate Number
214457

Social Security Number

Validity Period
07/01/04 to 06/30/07

Professional Certificate

Class
Masters

Experience
7.0

Areas of Certification

- 72 - Secondary Principal
- 74 - Secondary Supervisor
- 35 - Family & Consumer Science (Home Economics)

Copy - Copy - Copy - Copy



Inez Moore Tenenbaum
State Superintendent of Education

Date Printed
02/25/2005

EMPLOYEE # 237919

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM

New Hire Transfer Resigned Retired Teri Terminated Other
(Comments below)

SCHOOL/DEPARTMENT

Name: O'NAN ELIZABETH SS#

Address: _____ Phone # _____

Race: _____ Date of Birth: _____ School: HHS

Position: _____

Status: Full-Time w/Benefits Part-Time Temp.

REPLACEMENT FOR: _____

First Day of Work: _____ Hours Per Day _____

Last Day of Work: _____ Days Per Year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

TRANSFER FROM:

TRANSFER TO:

Primary ORG/OBJ/PROJ: _____

Primary ORG/OBJ/PROJ _____

School: _____

School: _____

Effective Date: _____

[Signature] 2/23/04
Administrator's Signature Date

Employee's Signature Date

(This Section Completed by the District Office)

Annual Salary Daily Rate Position # _____

Hourly Rate _____ Job Class # _____

Change From:

Certificate: Class MA Yrs. Exp. 5 Class MA Yrs. Exp. 6

Contract _____

[Signature]
Human Resources

2/24/04
Date

Comments: Salary correction; retro pay to 8/11/03 through 01/04/04.

White - HR Yellow - Payroll Pink - Benefits Gold - School/Department

INNOVATION
TOWARD EXCELLENCE

BEAUFORT COUNTY SCHOOL DISTRICT

CONFIDENTIAL LETTER

January 20, 2004

Elizabeth O'Nan
[REDACTED]

Hired: 12-17-02

Dear Elizabeth O'Nan:

This letter is to inform you of a discrepancy in your annual salary for the 2003-2004 year. At present, you are being paid on a MA degree and 5 year(s) experience, which amounts to \$ [REDACTED]. However, your certificate and State Department of Education records indicate that you hold a MA degree and 6 year(s) experience, which amounts to \$ [REDACTED].

Please be advised that on or before February 14, 2004, you must correct this discrepancy by forwarding a corrected certificate to the Human Resources Office. After this date, an immediate corrective adjustment will be made in your annual salary.

If you should have questions, please contact me.

Sincerely,

Otis C. Smith, Jr.

Otis C. Smith, Jr.

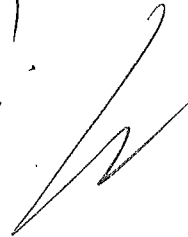
Cc: Personnel File

POST OFFICE DRAWER 309
1300 KING STREET
BEAUFORT, SOUTH CAROLINA
29901-0309

TELEPHONE
843•322•2300
1•800•763•1875

FAX
843•322•2371

*Certificate is
correct, make
changes!*



Print Certificate

South Carolina State Board of Education Educator Certificate

Elizabeth A O'Nan
[Redacted]

Certificate Number
214457

Social Security Number
[Redacted]

Validity Period
12/12/02 to 06/30/07

Professional Certificate

Class
Masters

Experience
6
↑
5 In April

Areas of Certification

35 - Family & Consumer Science (Home Economics)

Copy - Copy - Copy - Copy

Inez Moore Tenenbaum
Inez Moore Tenenbaum
State Superintendent of Education

Date Printed
11/18/2003

EMPLOYEE # 237919

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM

New Hire Transfer Resigned Retired Teri Terminated Other
(Comments below)

SCHOOL/DEPARTMENT

Name: O'NAN ELIZABETH SS# [REDACTED]
(Last) (First) (Middle)

Address: _____ Phone # _____

Race: _____ Date of Birth: _____ School: HHHS

Position: _____

Status: Full-Time w/Benefits Part-Time Temp.

REPLACEMENT FOR: _____

First Day of Work: _____ Hours Per Day _____

Last Day of Work: _____ Days Per Year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

TRANSFER FROM: _____ TRANSFER TO: _____

Primary ORG/OBJ/PROJ: _____ Primary ORG/OBJ/PROJ _____

School: _____ School: _____

Effective Date: _____

[Signature] 2/23/04
Administrator's Signature Date

Employee's Signature Date

(This Section Completed by the District Office)

Annual Salary [REDACTED] Daily Rate [REDACTED] Position # _____

Hourly Rate _____ Job Class # _____

Change From:

Certificate: Class MA Yrs. Exp. 5 Class MA Yrs. Exp. 6

Contract _____

[Signature] 2/24/04
Human Resources Date

Comments: Salary correction, retro pay to 8/11/03
through 2/24/04.

EMPLOYEE # 237919

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM

New Hire Transfer Resigned Retired Teri Terminated Other
(Comments below)

SCHOOL/DEPARTMENT

Name: O'Nan Elizabeth SS# [Redacted]
Address: [Redacted] HH, SC 29906 Phone # [Redacted]

Race: _____ Date of Birth: _____ School: HHHS

Position: Assist. Prin.

Status: Full-Time w/Benefits Part-Time Temp.

REPLACEMENT FOR: Steve Chamblin

First Day of Work: 7/15/05 Hours Per Day _____

Last Day of Work: _____ Days Per Year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

TRANSFER FROM: _____ TRANSFER TO: _____
Primary ORG/OBJ/PROJ: _____ Primary ORG/OBJ/PROJ: 10023396 - 511101
School: _____ School: _____
Effective Date: _____

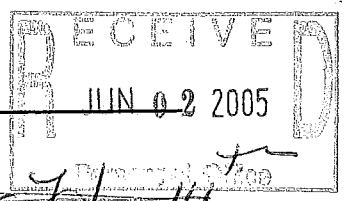
[Signature] 6-1-05 E. Amanda We 6/1/05
Administrator's Signature Date Employee's Signature Date

(This Section Completed by the District Office)
Annual Salary 55,728 Daily Rate _____ Position # _____

Hourly Rate _____ Job Class # _____

Change From:
Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____

Contract _____
[Signature] 6/29/05
Human Resources Date



Comments: Submittal School Principal June 3 July 14
OK to process - Kyril Dykes 7/15/05

ELIZABETH "AMANDA" O'NAN

OBJECTIVE

To become an integral aspect of the total education of today's student.

EXPERIENCE

2003-Present Beaufort County Schools Hilton Head High School
Academic Dean/Assistant Principal/Teacher

2002-2003 Beaufort County Schools Battery Creek High School
9th Grade Social Sciences Teacher

2000-2002 Hillsborough County Schools Burns Middle School (FL)
6th-8th Grade Family and Consumer Sciences Teacher

1997-2000 Franklin County Schools Elkhorn Middle School (KY)
6th-8th Grade Family and Consumer Sciences Teacher

EDUCATION

High School: Scott County High School (Graduation-May 1993)
GPA: █████

Undergraduate: University of Kentucky (Graduation-May 1997)
Major GPA: █████
B.S. in Home Economics Education with a Minor in Merchandising

Graduate: National Louis University-Tampa
GPA: █████
Master's in Educational Leadership

LEADERSHIP QUALITIES (NON-ADMINISTRATIVE RELATED)

HHHS FISH Advisor (2003-Present)

JV Girls Basketball Coach-HHHS (2003-Present)

Team Leader 1997-2002

District VII Advisor (FCCLA) (2001-2002)

Hillsborough County District Advisor (2001-2002)

School Advisory Council (2000-2002)

FCCLA Chapter Advisor (1997-Present)

Volleyball Coach at Burns Middle School (2001-2002)

Girls Basketball Coach at Elkhorn Middle School (1997-2000)

Ky Association of Family and Consumer Sciences (1998-2000)

State Newsletter Editor and President Elect

AWARDS

Burns Middle School Teacher of the Year (2001-2002)

Rookie Teacher of the Year for Tampa, FL (2002)

Ky Teacher of the Year Finalist (1997, 1998, 1999)

CERTIFICATION FOR SOUTH CAROLINA (expires 06/07)

-Family and Consumer Sciences

-Secondary Principal

-Secondary Supervisor

ADMINISTRATIVE EXPERIENCES

- ADEPT evaluator and TEAM administrator
- Administrator for the Academy of Career and Technology
- Completed continuing teacher contract observations and Goal Based Evaluations
- Completed Sports Mind
- Implemented Project Lead the Way
- Implemented Sports Management and Marketing Academy
- Grade level disciplinarian
- Completed the CATE report
- Attended School to Work workshops
- Completed Red Carpet Award application
- Schools that Learn Session 23
- Attended the State Legal Issues in Special Education workshop
- Attended Breaking Ranks II State Conference
- Attended SCASA Winter Conference
- Attended Blue Ribbon Schools Workshop
- Implemented an Improvement Plan for teachers
- Completed Blue Ribbon Schools Blue Print
- Core Bundles Coach/Capacity Team Coach
- Conducted New teacher/Induction/Mentoring program
- A Team Coordinator
- 504 Coordinator
- HOUSSE Evaluator
- Implemented Special programs
 - Reality Store
 - Sexual harassment presentation
 - Ghost Out
 - American Heart Association fundraiser
 - United Way Campaign
 - Vandalism Prevention Night

EMPLOYEE # 37717

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM

New Hire Transfer Resigned Retired Teri Terminated Other
(Comments below)

SCHOOL/DEPARTMENT

Name: O'Neil Elizabeth SS# [REDACTED]

Address: [REDACTED] Phone # [REDACTED]

Race: _____ Date of Birth: _____ School: 111115

Position: Assoc. Asst.

Status: Full-Time w/Benefits Part-Time Temp.

REPLACEMENT FOR: Steve [REDACTED]

First Day of Work: 7/15/05 Hours Per Day _____

Last Day of Work: _____ Days Per Year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

TRANSFER FROM:

TRANSFER TO:

Primary ORG/OBJ/PROJ: _____

Primary ORG/OBJ/PROJ: [REDACTED]

School: _____

School: [REDACTED]

Effective Date: _____

[Signature] Date 6/1/05

[Signature] Date 6/1/05

(This Section Completed by the District Office)

Annual Salary 52,728 Daily Rate _____ Position # _____

Hourly Rate _____ Job Class # _____

Change From:

Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____

Contract _____

Human Resources

Date

Comments: Summer School District 1/20.3 - July 14

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM

EMPLOYEE # 237 919

New Hire Transfer Resigned Retired Terri Terminated Other

SCHOOL/DEPARTMENT

Name: O'Nan, Elizabeth Amanda SS# [REDACTED]
 Address: [REDACTED] Hilton Head SC Phone # [REDACTED]
 Race: W Date of Birth: [REDACTED] School: BCHS
 Position: SCIENCE Instructor - Team Dolphin
 Status: Full-Time w/Benefits Part-Time Temp. Other
 Replacement for: Dexter Davis
 First Day of Work: 2/28/03
 Last Day of Work: by contract.
 Annual Salary: [REDACTED] Grade/Step: _____
 Hours Per Day: _____ Hourly Rate: _____
 Daily Rate: [REDACTED] Days per year: _____

Fund Sources:
 General
 EIA
 Title I
 Special Revenue
 Food Service
 Special Ed.

TO BEGIN ASAP

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

| | |
|-----------------------|-----------------------|
| TRANSFER FROM: | TRANSFER TO: |
| Grade/Subject: _____ | Grade/Subject: _____ |
| Funding Source: _____ | Funding Source: _____ |
| School: _____ | School: _____ |
| Effective Date: _____ | |

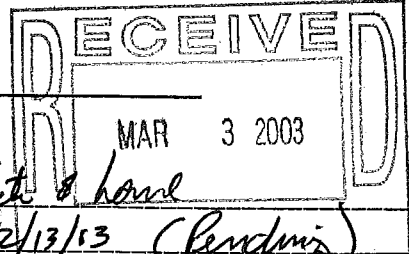
[Signature] 2/28/03
 Administrator's Signature Date

Elizabeth A O'Nan 2/28/03
 Employee's Signature Date

Change From: Certificate: Class _____ Yrs. Exp. _____ Class MA Yrs. Exp. 0

Contract _____
[Signature]
 Human Resources

3/5/03
 Date



Comments: ① App on file (✓) ② Certificate App Complete & hand delivered by Mrs. Linda Cunningham - confirm letter 2/13/03 (Pending)
③ Reference check (by R. Jenkins) (✓)

ACCOUNT NUMBER: _____

INNOVATION
TOWARD EXCELLENCE

BEAUFORT COUNTY SCHOOL DISTRICT

March 10, 2003

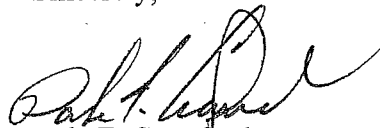
Elizabeth O'Nan
[REDACTED]

Dear Ms. O'Nan:

Because you have been changed from a Substitute Teacher to a Full-Time Teacher, you are now eligible to receive benefits. Your salary will be changed to \$ [REDACTED] effective February 28, 2003. Enclosed you will find the required documents needed to start these benefits. Please call Velda Vaughn, Benefits Specialist at 322-2378 or Darah Latourelle, Director of Benefits at 322-4206 to schedule an appointment to complete these documents

If you have any questions please feel free to contact me at 322-2382.

Sincerely,


Dale F. Crawford
Personnel Assistant

/dc

CC: Mrs. Vaughn
Personnel File

POST OFFICE DRAWER 309
1300 KING STREET
BEAUFORT, SOUTH CAROLINA
29901-0309

TELEPHONE
843•322•2300
1•800•763•1875

FAX
843•322•2371

Beaufort County School District
Network/Internet Acceptable Use Agreement
Introduction to the Computer and Network/Internet Acceptable Use Policy

Computer and network access, including Internet access, is available to students and staff in the Beaufort County School District. Please read this document carefully.

Our goal in offering these services to our school community is to promote educational excellence in schools by providing resource sharing, innovation, and communication.

Technology offers the potential of access to such services as:

- Computer-based tools and applications;
 - Instructional resources and materials;
 - Networked references, research sources, and library catalogs;
- electronic mail services;
- Global information and news;
 - Correspondence with other institutions;
 - Online publishing and information sharing;

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. However, on a global network it is impossible to control access to all materials and an industrious user may discover controversial information.

The Beaufort County School District firmly believes that the valuable information and interaction available on this worldwide network far outweighs the possibility that users may procure material that is not consistent with the educational goals of the District. The smooth operation of the network relies upon the proper conduct of the end users that must strictly adhere to the following guidelines and conditions of use. They are provided here so that you are aware of the responsibilities you are about to acquire. In general, this requires efficient, ethical and legal utilization of the computer and network resources.

This Acceptable Use Policy is binding on all employees and students of Beaufort County schools while they are employed or enrolled in this district as a matter of law, whether this agreement is signed or not.

Signing this agreement will help each school determine whether students, parents, and staff are familiar with the responsibilities of using technology and help each school grant technology privileges consistent with each individual's understanding of these responsibilities.

The guidelines and conditions outlined in this policy in no way limit the school district's prerogative to manage its technology systems as it sees fit, or restrict its authority to take any actions it deems necessary to adequately supervise, protect, and, if necessary, discipline its students and staff.

The district reserves the right to revise this policy at any time, and all revisions will take effect immediately upon approval by the Beaufort County Board of Education.

Access to technology provides connections to computer systems located all over the world. Therefore, students, staff and parents must understand that neither the Beaufort County School District nor any Beaufort County School employee controls the content of the information available on the systems. The Beaufort County School District does not condone the use of controversial or offensive materials and cannot be held responsible for such use. These guidelines and conditions of use apply to all employees and students, or anyone else with access to any technology resources owned and operated by the Beaufort County School District.

All student rights and responsibilities as well as offenses and consequences previously stated in the Student Code of Conduct also apply to computer and network use.

Computer and Network/Internet Guidelines and Conditions of Use

Acceptable Use - The purpose of educational technology in the Beaufort County School District is to support its educational goals. Your use of technology must be consistent with the educational objectives of the Beaufort County School District. Use of computer systems and networks imposes certain responsibilities and obligations on users and is subject to Beaufort County School District policies and local, state, and federal laws. Acceptable use always is ethical, reflects honesty, and shows courtesy in the consumption of shared resources. It demonstrates respect for intellectual property, ownership of information, system security mechanisms

Privileges/Consequences - The use of technology is a privilege, not a right, and inappropriate use may result in restriction of

privileges and other disciplinary action. The principal or his/her designee will deem what is inappropriate use and his/her decision is final. The principal, or his/her designee, retains the right to deny, revoke, or suspend specific user privileges, or restrict access to technology resources, require payment for any, and bring criminal charges if deemed necessary. Any material used, generated or stored by any users is subject to review. The Beaufort County School District reserves the right to examine, restrict, or remove any material that is on or passes through its technology systems. Access to electronic information related to any student or staff member will be governed by the same policies that would apply to that information if it were not in electronic form. Parents, or legal guardians, may request to see the content of any material created or accessed by their child/children, if technically possible.

Security on any computer system is a high priority, especially when the system involves many users. If you feel you have identified a security problem on the network, you must notify a staff member or building network system administrator. Do not demonstrate the problem to other users. Attempts to log on to any network as a system administrator will result in penalties up to expulsion. Attempts to compromise the security, integrity, the functionality of any Beaufort County technology system, or possession of tools, which are designed to do so, while on school property, is a violation of this policy. This includes, but is not limited to, the uploading or creation of computer viruses, deletion or alteration of other user files or applications, removing protection from restricted areas, or the unauthorized blocking of access to information, applications, or areas of the network. Any user identified as a security risk or having a history of problems with other computer systems may be subject to severe restriction or cancellation of privileges. It is a violation of this policy to introduce or attach any software or hardware to technology used in the Beaufort County School District, which is not owned or specifically authorized by the system administrator. No modification to any hardware or software owned or managed by Beaufort County School District may be made without specific authorization by the system administrator.

The Beaufort County School District reserves the right to examine, restrict, or remove any material that is on or passes through its technology systems. Access to electronic information related to any student or staff member will be governed by the same policies that would apply to that information if it were not in electronic form.

A few examples of user activities that violate this policy:

- Commercial advertising, or unethical/illegal solicitation.
- Accessing a file or web site that contains pornographic or obscene pictures, videos, stories, or other material; making copies of such material, or distributing or exposing others to such material.
- Using copyrighted material without permission.
- Sending or receiving messages that are obscene, profane, racist, sexist, inflammatory, threatening, or slanderous toward others.
- Creating and or placing a computer virus on the network or any workstation.
- Sending messages or information with someone else's name on it or misrepresenting the source of information you enter or send.
- Harassing others or requesting or distributing addresses, home phone numbers, or other personal information which could then be used to make inappropriate calls or contacts.
- Sending chain letters or engaging in "spamming" (sending an annoying or unnecessary message to large numbers of people).
- Purchasing something, which requires you to submit a credit card number, or obligates the student or school to another party.
- Revealing home addresses, e-mail addresses, or phone numbers of other students or colleagues.
- Sharing passwords. The only person to ever use a password is the person to whom it belongs.
- Attempting to access and/or alter information in restricted areas of any network or in any way violate the confidentiality rights of other users on any network.
- Failing to report violations of this plan or other conditions that may interfere with the appropriate and efficient use of school resources. Users are required to report any of the following to his/her teacher or the building network administrator as soon as the following are discovered:
 - any messages, files, Web sites, or user activities that contain materials that are in violation of this policy.
 - any messages, files, Web sites or user activities that solicit personal information about you or someone else, or request a personal contact with you or another user. (Asks for your address, phone number, credit card number, Social Security number, or meet you.)
 - attempts by any user to abuse or damage the system or violate the security of the network and its resources.
 - any illegal activity or violation of school policy.

Work Etiquette - The user is expected to abide by the generally accepted rules of network etiquette. Users are expected to be polite and use appropriate language. Swearing and vulgar language are considered inappropriate and are a violation of this agreement. Users need to be certain that they do not reveal home addresses, e-mail addresses, or phone numbers of other students or colleagues. Note that electronic mail (e-mail) is not guaranteed to be private. Messages relating to, or in support of, illegal activities may be reported to the authorities. Please remember that communications and information belong to other people, and should be treated as private property. Please report computers that seem to have a problem, or that are displaying an error message, to a teacher or system administrator.

Publishing Guidelines: Employees and students, under the direction of a teacher, may publish materials on the Internet that support Beaufort County School District's educational goals and are relevant to school-related activities. In publishing information on the Internet, users must adhere to all previously stated conditions and guidelines as well as the following:

- An Internet web page may include pictures of students or items of student work, identified by first name only, if the parent/guardian has indicated his or her permission below.
- No web page will be linked to the student's personal web address on another server.
- Copyright law and District policy do not allow the re-publishing of text or graphics found on the Internet, on District web sites or file servers without explicit written permission.
- The failure of a site to display a copyright notice may not be interpreted as permission to copy the materials. The creator/owner of a web site that improperly or illegally presents copyrighted material may not grant permission for the use of that material. Only the copyright owner may provide the permission.
- Downloading, printing or uploading of files to laptop or school computers, a floppy disk, or a server at school must be approved by a teacher and must be related to school work.

Warranty - The Beaufort County School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Beaufort County School District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, misdirected deliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The Beaufort County School District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

The signatures in this Code of Conduct indicate the parties who have signed have read the terms and conditions carefully and understand their significance.

I have read and understand, and will abide by the above Acceptable Use Policy. I further understand that violation of the regulations above is unethical and may constitute a criminal offense. Should I commit a violation, my access privileges may be revoked and I may be subject to other disciplinary actions prescribed by law or other school policies.

User's full name: (please print) Elizabeth Amanda O'Nan

User's signature: Elizabeth Amanda O'Nan

Date: 11/19/02



SLED CATCH

Carolina Access to Criminal Histories

Results

Name **Elizabeth O Nan**
Date of Birth [REDACTED]
Maiden Name
Gender **Female**
Transaction **000678299**
Date of Check **December 12, 2002 at 14:25**

NO ARREST DATA
IN ACCORDANCE WITH
SEARCH CRITERIA SUBMITTED
S.C. Law Enforcement Division
WWW

To Whom it may Concern:

The criminal history search was based upon the criteria furnished. It did not include a fingerprint comparison, which is the only means of positive identification. This **NO ARREST DATA** verification is only valid as of December 12, 2002 at 14:25 since a record may be established after that time. Therefore, if no action is taken within a reasonable period, it is recommended that another check be made.

Sincerely,

Robert M. Stewart, Chief.
South Carolina Law Enforcement Division

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM

EMPLOYEE # 237919

New Hire Transfer Resigned Retired Terri Terminated Other

SCHOOL/DEPARTMENT

Name: O'Nan Elizabeth SS# 

Address: _____ Phone # _____

Race: _____ Date of Birth: _____ School: _____

Position: 2nd teacher

Status: Full-Time w/Benefits Part-Time Temp. Other

Fund Sources:
General
EIA
Title I
Special Revenue
Food Service
Special Ed.

Replacement for: _____

First Day of Work: _____

Last Day of Work: _____

Annual Salary _____ Grade/Step _____

Hours Per Day _____ Hourly Rate _____


Daily Rate  Days per year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

TRANSFER FROM:
Grade/Subject: _____
Funding Source: _____
School: _____
Effective Date: _____

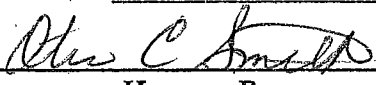
TRANSFER TO:
Grade/Subject: _____
Funding Source: _____
School: _____

Administrator's Signature _____ Date _____

 12/17/02
Employee's Signature _____ Date _____

Change From:

Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____

Contract _____

Human Resources

12/22/02
Date

Comments: _____

ACCOUNT NUMBER: _____