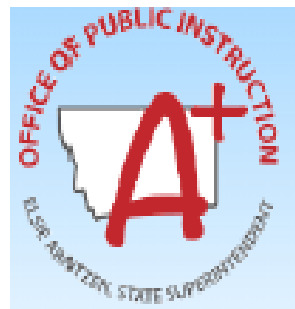


# Human Resources **BEA**

## New Hire Orientation

**Presented By: Deane Reay; Human Resources Manager**



## Friendly Reminder HR needs the following documents:

1. Official college transcript
2. OPI Certificates copies from the last 3 years
3. Montana Educator's License registered at the Yellowstone County Courthouse.

**HR needs all of your Official Transcripts and copies of your MT OPI certificate(s) for the last 3 years in order to do your initial salary placement.**

## ***Official college transcript(s)***

Please contact all of your colleges and have the official transcript (s) mailed to you. Please turn the official transcripts into HR. The transcripts must be official, they cannot be copies



## ***OPI Certificate(s)***

If you have any MT OPI certificates with Classes you have completed in the last three (3) years, please submit copies certificates to HR.

## ***Montana Educators License***

HR needs one of the two sided copies of your Montana Educator's License registered by the Yellowstone County Superintendent Of Schools.

**Yellowstone County Courthouse  
County Treasurer's Office**

**Room 108**

**217 North 27<sup>th</sup> Street  
Billings, MT 59101**

## BEA Salary Schedule

23-  
24

A B C D E F G H I J K L M

BA BA15 BA30 BA45 BA60 BA75 BA90 BA105 MA MA15 MA30 MA45 PHD

|    |        |        |        |        |        |        |        |        |        |        |        |        |        |
|----|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 0  | 41,803 | 43,277 | 44,678 | 46,055 | 47,769 | 49,475 | 51,275 | 52,980 | 49,269 | 50,975 | 52,775 | 54,480 | 56,480 |
| 1  | 42,992 | 44,560 | 46,035 | 47,482 | 49,271 | 51,049 | 52,943 | 54,723 | 50,771 | 52,549 | 54,443 | 56,223 | 58,223 |
| 2  | 44,185 | 45,846 | 47,394 | 48,910 | 50,772 | 52,628 | 54,608 | 56,457 | 52,272 | 54,128 | 56,108 | 57,957 | 59,957 |
| 3  | 45,384 | 47,128 | 48,748 | 50,341 | 52,277 | 54,203 | 56,271 | 58,198 | 53,777 | 55,703 | 57,771 | 59,698 | 61,698 |
| 4  | 46,573 | 48,410 | 50,104 | 51,770 | 53,779 | 55,782 | 57,941 | 59,939 | 55,279 | 57,282 | 59,441 | 61,439 | 63,439 |
| 5  | 47,769 | 49,692 | 51,461 | 53,199 | 55,283 | 57,360 | 59,605 | 61,671 | 56,783 | 58,860 | 61,105 | 63,171 | 65,171 |
| 6  | 48,962 | 50,973 | 52,816 | 54,626 | 56,787 | 58,934 | 61,273 | 63,411 | 58,287 | 60,434 | 62,773 | 64,911 | 66,911 |
| 7  | 50,151 | 52,259 | 54,179 | 56,057 | 58,287 | 60,510 | 62,937 | 65,150 | 59,787 | 62,010 | 64,437 | 66,650 | 68,650 |
| 8  | 51,355 | 53,540 | 55,534 | 57,486 | 59,792 | 62,088 | 64,609 | 66,886 | 61,292 | 63,588 | 66,109 | 68,386 | 70,386 |
| 9  | 52,794 | 55,069 | 56,888 | 58,916 | 61,293 | 63,666 | 66,269 | 68,624 | 62,793 | 65,166 | 67,769 | 70,124 | 72,124 |
| 10 | 53,142 | 55,440 | 58,511 | 60,345 | 62,797 | 65,243 | 67,935 | 70,360 | 64,297 | 66,743 | 69,435 | 71,860 | 73,860 |
| 11 | 53,494 | 55,807 | 59,091 | 62,076 | 64,614 | 67,139 | 69,604 | 72,101 | 66,114 | 68,639 | 71,104 | 73,601 | 75,601 |
| 12 | 53,848 | 56,172 | 59,676 | 63,317 | 65,901 | 68,481 | 73,025 | 75,682 | 67,401 | 69,981 | 74,525 | 77,182 | 79,182 |
| 13 | 54,924 | 57,295 | 60,870 | 64,578 | 67,218 | 69,849 | 74,482 | 77,196 | 68,718 | 71,349 | 75,982 | 78,696 | 80,696 |
| 14 | 57,837 | 60,336 | 64,094 | 68,005 | 70,783 | 73,551 | 78,430 | 81,289 | 72,283 | 75,051 | 79,930 | 82,789 | 84,789 |



## Criteria for Step-up Credit Approval:

- A. Courses must be a minimum of two consecutive hours.
- B. Courses must be tied to one of the four [Charlotte Danielson's Framework for Teaching Domains](#).
- C. Approval will not be given for two courses of the same title and/or course number unless it is clearly shown that there is a significant difference between the courses.
- D. Courses must be directly related to current individual teaching assignment, other areas of endorsement, or a possible future position with the district.
- E. If the district pays the employee's registration fee, travel expenses, or allows the employee to take professional leave, an employee cannot take coursework for salary step-up. An employee must take discretionary leave and pay for all expenses in order to receive salary step-up credit.
- F. Credits presented for step-up can not be simply a random collection of convenient credits, but rather a carefully considered individual approach to staff development and professional development.
- G. Courses which will apply toward an advanced degree in education may be accepted for step-up credit.
- H. Approval of professional development courses and/or individual credit appeals will be decided first by Committee consensus. Should the Committee fail to reach a consensus, a majority vote of four to two is required for approval. Executive decisions can be made through approval from **both** the Director of Adult Education and the Billings Education Association President should issues arise prior to a PDAAC meeting. The PDAAC must review executive decisions for final approval.
- I. Coursework will not be recorded for educational step-up unless prior approval of credit has been recommended by the principal or director and approved by the superintendent or designee (BEA Master Agreement). A "Credit Approval Request" must be completed by the teacher/specialist and recommended by the Principal or Director and approved by the Superintendent or Designee prior to the start date of all coursework (college credit, OPI Renewal Units, or Continuing Education Units, CEU's, for specialists) used for educational step-up. "Credit Approval Requests" submitted after the start date of any coursework will not be approved.

To see a list of current approved course institutions [click here](#)

Links for Teacher Credit Approval for Step UP Form and Pew-Approved Courses:

<https://www.billingschools.org/faculty-staff-portal/professional-development>

## CREDIT APPROVAL REQUESTS FOR STEP-UP - ONLINE

To all BEA Employees:

Credit Approval Requests are processed online, similar to leave requests. Please go to this link, [www2.billings.k12.mt.us/creditapproval](http://www2.billings.k12.mt.us/creditapproval), or the District's website, [www.billingsschools.org](http://www.billingsschools.org), Quicklinks/Credit Approval Requests, **for prior approval of all coursework you want to use for educational step-up.**

To enter online Credit Approval Requests it is like checking your email, log in using your District username (last name, first initial) and password.

### **To submit a "Credit Approval Request" for Step Up:**

Select Request Type (College/University, OPI Renewal Units)  
(or Continuing Education Units - for specialists only)

- Enter the name of the College/University or who is sponsoring the course, the Course Name, the Location of the Course and the Date of the Course
- If you have any notes you would like to add, enter them in the "Notes" section
- File Upload - click "attach document" if additional information is available regarding coursework; upload document in pdf or Word format. For Masters Degrees, put "Masters" as Course name and then, please attach your "Letter of Acceptance" and "Plan of Study"
- Submit Request - your request will go to your building principal/director before going to Human Resources for processing by the Superintendent's designee
- Once your request has been processed, you will receive an email regarding the status of your request

You can view all of your Credit Requests submitted, processed, and **not** recorded for salary step-up under **"My Requests."** After Human Resources receives verification from you that you have completed a pre-approved course (official transcript, copy of MT OPI Certificate Renewal Units form), (or CEU's for specialists) and records the coursework for salary step-up, the course will no longer be listed under "My Requests". You will be emailed an updated "Course History Report" showing the classes have been added to your "Course History Report" for step-up.

Procedures for BEA Educational Salary Step-up are listed under **"Procedures."**

Dates and times you and your principal/director submit and process a request are tracked, so please submit all coursework you want to use for educational step-up **prior** to the start of each class. Requests submitted after the start date of any coursework will not be approved.

Thank you for using the online form for all of your Credit Approval Requests. Please contact

# \*\*\*EXAMPLE\*\*\*

## Course History Report

EMPLOYEE ID#  
00000100

EMPLOYEE Name

| TYPE    | INSTITUTION                  | COURSE DESCRIPTIC       | TRANS  | DATE     | COURSE NO | TOTAL UNIT | GRADE | APPLIED DATE | TOTAL APPL |
|---------|------------------------------|-------------------------|--------|----------|-----------|------------|-------|--------------|------------|
|         | CONTINUING EDUCATION REGISTR | AS&TRT APRAXIA SPCH     | L      | 6/22/05  | PD CEU'S  | 0.80       | ++++  |              | 0.80       |
| PD      | PROFESSIONAL DEVELOPMENT     | 2000 MEA CONFERENCE     | T      | 10/19/00 |           | 1.00       | MA45  | 08/26/2005   | 1.00       |
|         | AMERICAN SPECH/LANG/HEARNG A | 2003 SPR CSAP CONFR     | T      | 5/17/3   | PSHA0313  | 1.00       | MA45  | 08/26/2005   | 1.00       |
| PD      | PROFESSIONAL DEVELOPMENT     | ABT ARTS PRTRNSHP W     | L      | 10/04    | PD        | 1.10       | MA45  | 08/26/2005   | 1.10       |
| PD      | PROFESSIONAL DEVELOPMENT     | ARTS IN EDUCATION       | T      | SP2001   |           | 1.00       | MA45  | 08/26/2005   | 1.00       |
| PD      | PROFESSIONAL DEVELOPMENT     | ARTS PRTRNSHP WRKSH     | L      | FL01     | PD        | 1.00       | MA45  | 08/26/2005   | 1.00       |
|         | CONTINUING EDUCATION REGISTR | AS&TRT APRAXIA SPCH     | L      | 6/22/05  | PD CEU'S  | 0.70       | MA45  | 08/26/2005   | 0.70       |
|         | AMERICAN SPEECH/LANG/HEARN   | CHLDRN RTRNG SCHL T     | L      | 3/17/4   | AAAD0137  | 0.30       | MA45  | 08/26/2005   | 0.30       |
|         | AMERICAN SPCH/LANG/HEARNG A  | CLBRN&INCLSN PRSPT      | T      | 11/27/2  | ASHA6130  | 0.70       | MA45  | 08/26/2005   | 0.70       |
|         | CONTINUING EDUCATION REGISTR | EVDNC BSD LANG/LITR     | L      | 6/24/05  | PD CEU'S  | 1.50       | MA45  | 08/26/2005   | 1.50       |
| TE PD   | PROFESSIONAL DEVELOPMENT     | INSPIRATIONAL SOFTWARE  | T      | 7/10/00  |           | 1.00       | MA45  | 08/26/2005   | 1.00       |
|         | CNTNG ED RGSTRY AM SPEECH LA | MSHA 04 FL CNFRNCE      | L      | 10/22/04 | PD CEU'S  | 1.50       | MA45  | 08/26/2005   | 1.50       |
|         | AMERICAN SPCH/LANG/HEARNG A  | MSHA FALL CONVENTN      | T      | 10/18/3  | AAAD0128  | 1.20       | MA45  | 08/26/2005   | 1.20       |
|         | NORTHWEST NAZARENE UNIVERSI  | TIME TO TEACH           | L      | 9/04     | PD CEU'S  | 1.50       | MA45  | 08/26/2005   | 1.50       |
| CO MSUB | MSU-BILLINGS                 | VISUAL STRAT IMPRV COMM | SU2000 |          | SPED593   | 1.50       | MA45  | 08/26/2005   | 1.50       |

15.80 TOTAL QUARTER CREDITS

15.00 TOTAL CREDITS APPLIED

0.80 AVAILABLE CREDITS

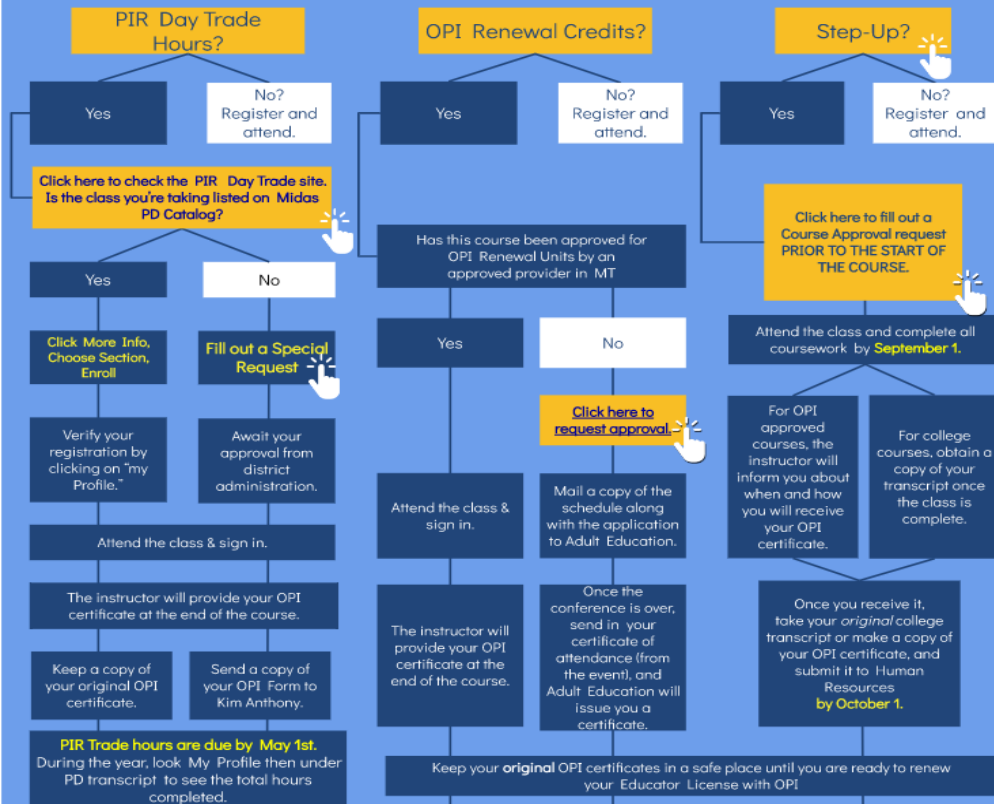
# BPS CREDIT OPTIONS

1

Which type of credit do you need?

2

Follow instructions below:



3

Train it forward by sharing your new learning with your colleagues!

### **Step-Up Credit**

Step-Up credit is used to move across the salary schedule on the collectively bargained agreement. To earn, ensure you submit your Credit Approval Request prior to the course start date. You may receive Step-Up credits for PIR Day Trade courses, ***but you must submit both*** the **Special Request form for PIR Day Trade** and the **Credit Approval Request for Step-Up Approval**.

After submitting a request prior to the course start date be sure to register with the provider. Some courses, such as college courses can be taken for Step-Up. Upon completion, forward a **copy** of your OPI Renewal Units and/or College Transcripts to Human Resources at Lincoln Center. Be sure to keep a copy of your OPI Renewal Units and/or college transcripts for your records.

It is helpful to keep track of your courses. **Credit Tracking Form** is an optional recording sheet.

Please contact Deane Reay in Human Resources, 281-5044 [reayd@billingsschools.org](mailto:reayd@billingsschools.org) with any questions regarding Step-Up credit.

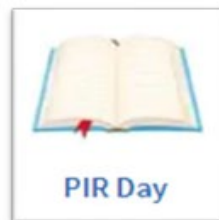
### **OPI Renewal Units**

Almost all course that are applicable to your position can be completed for OPI Renewal Units. Keep the original certificate for your Educator Certificate Renewal.

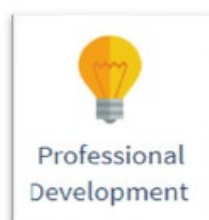
Please contact Maria Weidich in Adult/Community Education, 281-5002 [weidichm@billingsschools.org](mailto:weidichm@billingsschools.org) with any questions regarding OPI Renewal Units.



**Click on:**



**OR:**



## Professional Development

### Trade Credit

Per contract, every staff member needs to earn 18 hours of trade credit on the years MFPE is not hosted in Billings. The new trade site is called Midas.

[TRADE SITE \(MIDAS\)](#)

### Step Up Credit

Step-up credit is used to move across lanes in the collective bargained agreement. Get approval before starting any course.

[CREDIT APPROVAL REQUEST SITE](#)

## STEP-UP

Step-Up credit is used to move across the salary schedule on the **collectively bargained agreement**. To earn credit, ensure you fill out the credit approval request *prior to the course start date*. The route of your request is building administrator and then human resources. If a course is not approved and you disagree with the decision, professionally contact your union representatives or the PDAAC committee.

- [TEACHER CREDIT APPROVAL FOR STEP-UP FORM](#)
- [CRITERIA FOR STEP-UP APPROVAL](#)
- [PDAAC Site](#)



## PIR DAY TRADE

Our current contract states that each 1.0 FTE certified staff member needs to earn 18 hours of trade credit on the years that MFPE is not hosted in Billings. The dates to earn credit start the first day of summer break and end May 1st. If a course is not located on Midas a **special request** must be completed **prior** to the course starting. Montana Educator conferences are always accepted. Check out the [PIR FAQ](#) for common questions.

- Midas Trade Site
- Midas Getting Going Guide
- Trade Special Request Form

## OPI RENEWAL

Office of Public Instruction Courses are accepted for many things, specifically certificate renewal. Our Billings Schools approved provider is **Adult Education**. If you are attending a course or conference that is not from an approved Montana provider, please contact Maria Weidich in Adult Education.





## RENEW AT [WWW.OPI.MT.GOV](http://WWW.OPI.MT.GOV) (every 5 years)

If you have any questions about renewing your Montana Educators license, please contact OPI at [www.opi.mt.gov](http://www.opi.mt.gov)

**IMPORTANT** – Please do not wait until the last minute to renew your license the year it is expiring. It may take OPI 8+ weeks to process your license renewal application. You can not start your renewal process until January 1<sup>st</sup> of the year your license is expiring.

### Renew License

**Renewal Reminder:** Per [ARM 10.57.215](#)(1) the professional development (PD) or college credit you submit to OPI needs to be earned during the term of the license you are renewing starting in June in the last 5 years.

#### What do I need to know?

💡 License renewal applications are now submitted online through the new licensing system, [TeachMT \(TMT\)](#).

💡 Any renewal units or college/university credits you previously entered into the Professional Development section in MSEIS have been transferred into TMT as part of your state educator record. [Review it now by logging into TMT](#). \*Be sure to keep your original renewal unit certificates in case your renewal application is audited when you apply for your license renewal.

💡 You can prepare for your renewal ahead of time! [Click here to see how.](#)

💡 To renew more than one license you will need to select all license types you are renewing, at the same time, from the application menu in TMT. For example, if you have a teaching license and an administrative license, select Renew Teaching License *and* Renew Administrator License. This will create one application for both licenses you need to renew, and charge all required fees.

💡 TMT allows you to enter your PD units ahead of your renewal application. By completing this step, the turnaround of your renewed license can be 24 hours (\*unless audited).

💡 TMT allows you to store your PD unit certificates, and you can upload them as you earn them. By completing this step you will have a secure location for your certificates, and access to download your certificates if needed. You will also be ready if your renewal application is audited.

💡 If your license expired before the current year, you will not be able to apply for a license renewal. Refer to [Lapsed Licenses](#) in the menu below, to submit a Reinstatement application.

💡 Professional development unit certificate approvals and professional development unit provider questions are answered on the [Professional Learning website](#). The Professional Learning team requests that you review the website if you have questions about topics such as:

- Pre-Approval Processes for OPI Renewal Unit Certificates for non-approved professional development unit activities
- locating professional development activities and professional training
- how to navigate the process to provide OPI Professional Development Units to licensed MT educators

💡 If attempting to renew from out-of-country, you will need the service of a VPN (virtual private network) to access the licensure system. If you are not able to access the TMT website, you might also need to provide your IP address to the TMT technical support team by submitting an [Online Support Form](#).

|  |   |                                      |  |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
|--|---|--------------------------------------|--|---|-------------------------------------|----------------------------------|--|---|------------------------------------|--|-------------------------------------|--|-------------------------------------|------------------------------------|---------------------------------------|------------------------------------|------------------------------------|--|--------------------------------|-----------------------------------|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|-----------------------------------|------------------------------------|--|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|-----------------------------------|----------------------------------|---------------------------------------|-------------------------------------|----------------------------------|--|-------------------------------------|---------------------------------|--------------------------------------|-------------------------------|--|
|   | <b>NEW ACCOUNT ONLY</b><br>Billings Public Schools<br>Computer Network Accounts Request Form  |                                      |  |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
|  | I, _____<br>First Name Middle Name Last Name<br>am requesting computer network user accounts. |                                      |  |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| Home Building  |   | Room Number                          | Phone Number                           |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| Position _____<br>Be SPECIFIC (i.e. 6th Grade Teacher, Activities Secretary, Auditorian, Music Teacher, Lunch Clerk, Nurse, GDA)<br>**By knowing your specific position, we are able to give you the permissions to the accounts that you need.  |   |                                      |  |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| Classification: Check One (Check only one labor agreement if unsure)<br><input type="checkbox"/> BEA <input type="checkbox"/> BCEA <input type="checkbox"/> M.E. <input type="checkbox"/> Contract Supplier <input type="checkbox"/> Administrative <input type="checkbox"/> Board <input type="checkbox"/> Other _____  |   |                                      |  |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| *Requested Password _____<br>*NOTE: Passwords need to be 8 characters and must contain at least one capital letter and one number and are recommended to be a mixture of letters, numbers or symbols. We do not guarantee we can honor your request if we will try. Passwords are case sensitive and should contain no spaces.   |   |                                      |  |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| I will be working in the following buildings (Check all that apply):<br><table border="0"> <tr> <td><input type="checkbox"/> Alkali Creek</td> <td><input type="checkbox"/> Burlington</td> <td><input type="checkbox"/> Orchard</td> <td><input type="checkbox"/> Lewis &amp; Clark</td> <td><input type="checkbox"/> Lincoln Center</td> </tr> <tr> <td><input type="checkbox"/> Arrowhead</td> <td><input type="checkbox"/> Central Heights</td> <td><input type="checkbox"/> Poly Drive</td> <td><input type="checkbox"/> Medicine Crow</td> <td><input type="checkbox"/> Facilities</td> </tr> <tr> <td><input type="checkbox"/> Beartooth</td> <td><input type="checkbox"/> Eagle Cliffs</td> <td><input type="checkbox"/> Ponderosa</td> <td><input type="checkbox"/> Riverdale</td> <td><input type="checkbox"/> Food Services</td> </tr> <tr> <td><input type="checkbox"/> Bench</td> <td><input type="checkbox"/> Highland</td> <td><input type="checkbox"/> Rose Park</td> <td><input type="checkbox"/> Will James</td> <td><input type="checkbox"/> Warehouse</td> </tr> <tr> <td><input type="checkbox"/> Big Sky</td> <td><input type="checkbox"/> McKinley</td> <td><input type="checkbox"/> Sandstone</td> <td><input type="checkbox"/> Career Center</td> <td><input type="checkbox"/> ECI</td> </tr> <tr> <td><input type="checkbox"/> Bitterroot</td> <td><input type="checkbox"/> Meadowlark</td> <td><input type="checkbox"/> Washington</td> <td><input type="checkbox"/> Senior</td> <td><input type="checkbox"/> Adult Ed</td> </tr> <tr> <td><input type="checkbox"/> Boulder</td> <td><input type="checkbox"/> Miles Avenue</td> <td><input type="checkbox"/> Ben Steele</td> <td><input type="checkbox"/> Skyview</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Broadwater</td> <td><input type="checkbox"/> Newman</td> <td><input type="checkbox"/> Castle Rock</td> <td><input type="checkbox"/> West</td> <td></td> </tr> </table> |   |                                      |  | <input type="checkbox"/> Alkali Creek   | <input type="checkbox"/> Burlington | <input type="checkbox"/> Orchard | <input type="checkbox"/> Lewis & Clark | <input type="checkbox"/> Lincoln Center | <input type="checkbox"/> Arrowhead | <input type="checkbox"/> Central Heights | <input type="checkbox"/> Poly Drive | <input type="checkbox"/> Medicine Crow | <input type="checkbox"/> Facilities | <input type="checkbox"/> Beartooth | <input type="checkbox"/> Eagle Cliffs | <input type="checkbox"/> Ponderosa | <input type="checkbox"/> Riverdale | <input type="checkbox"/> Food Services | <input type="checkbox"/> Bench | <input type="checkbox"/> Highland | <input type="checkbox"/> Rose Park | <input type="checkbox"/> Will James | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Big Sky | <input type="checkbox"/> McKinley | <input type="checkbox"/> Sandstone | <input type="checkbox"/> Career Center | <input type="checkbox"/> ECI | <input type="checkbox"/> Bitterroot | <input type="checkbox"/> Meadowlark | <input type="checkbox"/> Washington | <input type="checkbox"/> Senior | <input type="checkbox"/> Adult Ed | <input type="checkbox"/> Boulder | <input type="checkbox"/> Miles Avenue | <input type="checkbox"/> Ben Steele | <input type="checkbox"/> Skyview |  | <input type="checkbox"/> Broadwater | <input type="checkbox"/> Newman | <input type="checkbox"/> Castle Rock | <input type="checkbox"/> West |  |
| <input type="checkbox"/> Alkali Creek  | <input type="checkbox"/> Burlington   | <input type="checkbox"/> Orchard     | <input type="checkbox"/> Lewis & Clark | <input type="checkbox"/> Lincoln Center |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| <input type="checkbox"/> Arrowhead   | <input type="checkbox"/> Central Heights  | <input type="checkbox"/> Poly Drive  | <input type="checkbox"/> Medicine Crow | <input type="checkbox"/> Facilities     |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| <input type="checkbox"/> Beartooth   | <input type="checkbox"/> Eagle Cliffs   | <input type="checkbox"/> Ponderosa   | <input type="checkbox"/> Riverdale     | <input type="checkbox"/> Food Services  |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| <input type="checkbox"/> Bench   | <input type="checkbox"/> Highland   | <input type="checkbox"/> Rose Park   | <input type="checkbox"/> Will James    | <input type="checkbox"/> Warehouse      |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| <input type="checkbox"/> Big Sky   | <input type="checkbox"/> McKinley   | <input type="checkbox"/> Sandstone   | <input type="checkbox"/> Career Center | <input type="checkbox"/> ECI            |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| <input type="checkbox"/> Bitterroot  | <input type="checkbox"/> Meadowlark   | <input type="checkbox"/> Washington  | <input type="checkbox"/> Senior        | <input type="checkbox"/> Adult Ed       |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| <input type="checkbox"/> Boulder   | <input type="checkbox"/> Miles Avenue   | <input type="checkbox"/> Ben Steele  | <input type="checkbox"/> Skyview       |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| <input type="checkbox"/> Broadwater  | <input type="checkbox"/> Newman   | <input type="checkbox"/> Castle Rock | <input type="checkbox"/> West          |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| As an employee of BPS, I agree to set educationally relevant objectives for any use of district technology equipment and will not leave students unattended while using technology under my supervision.<br>I have read district-provided Access to Electronic Information, Services and Networks Policy 5600 as well as Procedure 5600 and will abide by the terms therein. I understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation of the regulations, computer privileges may be limited, disciplinary action may be taken and/or appropriate legal action may be pursued.   |   |                                      |  |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| Signature _____  |   | Date _____                           |  |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| Supervisor Signature (must be signed for processing) _____   |   | Date _____                           |  |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |
| Please mail this form to: Lincoln Center, Technology Department, or Fax to 281-6199  |   |                                      |  |   |                                     |                                  |  |   |                                    |  |                                     |  |                                     |                                    |                                       |                                    |                                    |  |                                |                                   |                                    |                                     |                                    |                                  |                                   |                                    |  |                              |                                     |                                     |                                     |                                 |                                   |                                  |                                       |                                     |                                  |  |                                     |                                 |                                      |                               |  |

## Billings School District 2

### HUMAN RESOURCES

#### District-Provided Access to Computer Equipment, Electronic Information, Services and Networks

##### General

The purpose of this policy is to outline the acceptable use of the network-related systems within the Billings Public School District. These rules are in place to protect the students, staff and the District. Inappropriate use, improper planning, and disregard of these policies exposes Billings Public Schools to risks including compromise of network systems and services, and possible damage to the network.

The District makes network related systems including, but not limited to, computer equipment, mobile devices and peripherals, printers, software and apps, operating systems, storage media, network accounts providing curriculum resources, electronic mail and Internet access available to District students and faculty. The District provides this access as part of its instructional program and to promote educational excellence by facilitating resource sharing, innovation and communication.

The District expects all students and staff to take responsibility for appropriate and lawful use of this access, including good behavior for online use. The District may withdraw access to its network and to the Internet when any misuse occurs. District teachers and other staff will make reasonable effort to supervise use of the network, internet access, computers and related devices.

Using the Billings Public School District network is a privilege, not a right. As with all privileges, it is the responsibility of the user to use this service appropriately and in compliance with all school policies and procedures, Montana state laws, and Federal laws. Students and staff members have no expectation of privacy in any materials that are stored, transmitted, or received via the District's electronic network, computers and related devices unless otherwise provided by law. The District reserves the right to monitor, inspect, copy, review, and store, at any time and without prior notice, any and all usage of computers, systems, networks and Internet access and any and all information transmitted or received in connection with such usage.

##### Curriculum

Use of District electronic equipment and networks will be consistent with the curriculum adopted by the District, as well as with varied instructional needs, learning styles, abilities, and developmental levels of students and will comply with selection criteria for instructional materials and library materials. Staff members may use network resources and the Internet throughout the curriculum consistent with the District's educational goals.

#### Acceptable Uses

- A. Use of the Districts network and devices are for Educational Purposes Only.
- B. All use of the District's electronic network must be: (1) in support of education and/or research, and in furtherance of the District's stated educational goals; or (2) for a legitimate school business purpose.

#### Unacceptable Uses of Network.

- A. Uses that violate the law or encourage others to violate the law
- B. Uses that violate school policies or encourage others to violate school policies.
- C. Uses that jeopardize the security of computers, systems, or networks of the District or others including disabling or attempting to disable any type of security or Internet filtering device.
- D. Physically or electronically vandalize District technologies or use the District's electronic technologies to harm, vandalize, damage or disable the property of another person or organization.
- E. Exposing self or others to the potential of personal harm
- F. Cyber bullying, intimidation, harassment, or hazing through the use of electronic communication and/or electronic devices, that disrupts the orderly operation of the school or any school-related program, activity, or function where the school is responsible for the student.
- G. Use of the District's electronic technologies for unauthorized commercial purposes or for financial gain unrelated to the Mission of the District

#### Warranties/Indemnification

The District makes no warranties of any kind, express or implied, in connection with its provision of access to and use of its computer networks and the Internet provided under this policy. The District is not responsible for any information that may be lost, damaged, or unavailable when using the network or for any information that is retrieved or transmitted via the Internet. The District will not be responsible for any unauthorized charges or fees resulting from access to the Internet. Any user is fully responsible to the District and will indemnify and hold the District, its trustees, administrators, teachers, and staff harmless from any and all loss, costs, claims, or damages resulting from such user's access to its computer network and the Internet, including, but not limited to, any fees or charges incurred through purchase of goods or services by a user. The District expects a user or, if a user is a minor, a user's parents or legal guardian to

#### **Policy 5600 Page 3 of 3**

cooperate with the District in the event of its initiating an investigation of a user's use of access to its computer network and the Internet.

#### Violations

If a user violates this policy, the District will limit a user's access or will withdraw access and may subject a user to additional disciplinary action. An administrator or building principal will make all decisions regarding whether or not a user has violated this policy and any related rules or regulations and may deny, revoke, or suspend access at any time, with that decision being final.

#### Policy History:

|                 |  |
|-----------------|--|
| First Reading:  | April 18, 2005 – Board of Trustees         |
| Second Reading: | June 13, 2005 – School/Community Committee |
| Third Reading:  | June 20, 2005 – Board of Trustees          |
| Adopted on:     | June 20, 2005                              |
| Effective on:   | July 1, 2005                               |
| Revised on:     | October 8, 2018                            |
| First Reading:  | January 28, 2019 – Board of Trustees       |
| Second Reading: | February 5, 2019 – Board Operations        |
| Third Reading:  | February 25, 2019 – Board of Trustees      |
| Effective on:   | February 25, 2019                          |



# BPS JOB APPLICANTS COPY

## Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification by **Billings Public Schools** that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at [dojiltdpublicrecords@mt.gov](mailto:dojiltdpublicrecords@mt.gov) or 406-444-3625.

## NCPA/VCA Applicants

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

- ❖ Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D) (2).
- ❖ Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
- ❖ Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

## Privacy Act Statement

*The Montana Department of Labor & Industry, Business Standards Division is required by federal law to provide you this privacy act statement. This statement is also located on the back of the FD-258 fingerprint card.*

"Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety." Eff. 03/30/2018

**By signing below, I acknowledge that I have received a copy of the above Applicant Rights & Consent to Fingerprint Notice and Procedure to Change, Correct, or Update Record, and Privacy Act Statement and that I consent to provide and use my fingerprints for the stated purpose.**

Applicant

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

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

## Billings Public Schools Username and Password Guide

Look for the icon below on <https://www.billingsschools.org/faculty-staff-portal/quicklinks> to log in.

Please call Technology at 281-5050 for assistance.

You must be logged in to your billingsschools.org email to view a printable copy.



Timecard Online



Employee Online

USERNAME: 000 [EMPLOYEE ID #]

PASSWORD: Last 4 digits of your Social Security number. Upon initial login, it will prompt you to change your password to your own selected value. Employee IDs will be given to you by HR.



PowerSchool for Administ



PowerTeacher

USERNAME: Last name first initial

PASSWORD: SAME PASSWORD AS EMAIL



Email

USERNAME: Last name first initial @ billingsschools.org

PASSWORD: SELECTED VALUE UPON FILLING OUT ACCOUNT FORM

You must fill out an Account form first in order to gain access to Email, PowerSchool, Safe Schools, and the Help Desk. If you have a common last name, your email address may change slightly to include your middle initial.



Leave Requests

USERNAME: Last name first initial

PASSWORD: Same password set as your email



Safe Schools

USERNAME: Last name first initial

PASSWORD: Same password set as your email



Help Desk

USERNAME: Last name first initial

PASSWORD: Same password set as your email

# SAMPLE:

Teacher Evaluations

## BILLINGS PUBLIC SCHOOLS

Teacher Evaluation - Licensed Teacher

Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Grade Level: \_\_\_\_\_ Subject Area \_\_\_\_\_

Observation Date \_\_\_\_\_ Pre-Conference Date \_\_\_\_\_

- |  |     |
|--|-----|
| 1. Lesson plans are current, relevant and easy to follow.  | Yes |
| 2. The lesson objectives are consistent with the adopted District wide curriculum.   | Yes |
| 3. The daily objectives are clearly communicated to the students.  | Yes |
| 4. The teacher demonstrates skills that cause the entire class to participate in the daily lessons.  | Yes |
| 5. The students are actively engaged in the learning process throughout the class period.  | Yes |
| 6. The teacher checks student understanding regularly throughout the lesson.   | Yes |
| 7. The teacher provides for individual learning and differentiated instruction.  | Yes |
| 8. The material presented was well organized.  | Yes |
| 9. The teacher demonstrates effective classroom management techniques.   | Yes |
| 10. The teacher demonstrates knowledge for content.  | Yes |
| 11. The teacher monitors student achievement and makes instructional decisions based on their performance.   | Yes |
| 12. The teacher follows District Policy, rules and procedures.   | Yes |
| 13. The teacher maintains professional relationships with the following people: a. <u>Students</u> b. <u>Parents</u> c. <u>Colleagues</u> d. <u>Administration</u> . | Yes |

The following signatures indicate the evaluation has been read and di

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Teacher's Signature

Note: The teacher may submit a written rebuttal within 20 working days.





## Items you can Inter-School Mail to Human Resources

- OPI Certificates:** HR only needs copy of your OPI Certificates for your Steps-Ups. Please keep your original certificate for OPI.
- Official Transcripts:** Please open your official transcripts first to verify that all classes are complete and does not say "In Progress" and your degree awarded is correct-for Step-Up and Initial Hire.
- Volunteer Background Checks:** Make sure all your volunteers have filled out a Volunteer Background Check form and you have given the form to your secretary. Your secretary will send it to HR to have it approved by Katie Nordstrom, Executive Director of Human Resources.
- Contracts:** Please verify that you have a selected your desired pay period (10 month or 12 month), sign and date the white copy.

If you have any questions, please contact Human Resources.



## ID BADGES

Your photo ID Badge must be worn when working Billings Public Schools. If you are needing a replacement ID Badge, email Shelly Ness at [nesss@biflingsschools.org](mailto:nesss@biflingsschools.org). Please provide your school and current position and a replacement badge will be sent via Inter-School Mail.

| HR FAX: 281-6196 |      |           |      |
|------------------|------|-----------|------|
| Theresa          | 5043 | Jacquelyn | 5040 |
| Deane            | 5041 | Katie     | 5039 |
| Shelly           | 5042 | Megan     | 5044 |
| Kham             | 5116 | Jason     | 5022 |

| Insurance |      |       |
|-----------|------|-------|
| Jennifer  | 5045 | -5046 |
| Rachel    | 5987 |       |

| PAYROLL FAX: 281-6179 |        |                 |        |
|-----------------------|--------|-----------------|--------|
| Madonna               | - 5115 | Tatia           | - 5013 |
| Tracy                 | - 5012 | Teacher Payroll |        |
| Admin / Sub Tchrs     |        | Patricia        | - 5015 |
| Elaina                | 5018   | Support Payroll |        |
| Ashlee                | 5014   | Bridette        | - 5996 |
| Brittaney             | 5016   |                 |        |

| TECH SUPPORT     |      |         |      |
|------------------|------|---------|------|
| Help Desk - 5151 |      |         |      |
| Libby            | 5050 | Ryan    | 5057 |
| Eric             | 5060 | Amber E | 5056 |
| Scott            | 5085 | Damon   | 5063 |
| Maicie           | 5058 | Caitlin | 5086 |

| LST            |      |       |  |
|----------------|------|-------|--|
| Brenda Koch    | 5119 | 216-A |  |
| Judy Povilatis | 5027 | 131-R |  |
| Randy Russell  | 5120 | 107   |  |
| Kim Anthony    | 5144 | 222-B |  |
| Jennifer Smith | 5071 | 235R  |  |
| Daniela Walsh  | 5134 | 210   |  |

| Misc              |      |       |  |
|-------------------|------|-------|--|
| Marta McCallister | 5066 | 214   |  |
| Amber Roane       | 5026 | 131-R |  |
| Cyndi Pearce      | 5069 | 222   |  |
| Lisa Stauduhar    | 5073 | Whse  |  |

| Yellowstone County Treasurer  |  |
|-------------------------------|--|
| Yellowstone County Courthouse |  |
| Room 203                      |  |
| 217 n. 27th Street            |  |
| Billings, MT 59101            |  |

| MPERA  |  |
|--|--|
| Website - <a href="http://mpera.mt.gov">mpera.mt.gov</a> |  |
| 100 N Park Avenue Suite 200                              |  |
| PO Box 200131  |  |
| Helena, MT 59620-0131                                    |  |
| Phone: (406)444-3154                                     |  |
| Toll Free: (844)304-5452                                 |  |

| TRS  |  |
|--|--|
| Website - <a href="http://trs.mt.gov">trs.mt.gov</a> |  |
| PO Box 200139  |  |
| 1500 East Sixth Avenue                               |  |
| Helena, MT 59620-0139                                |  |
| Phone: (406)444-3134                                 |  |
| Toll Free: (866)-600-4045                            |  |

| Absence Management                |  |
|-----------------------------------|--|
| (800) 942-3767                    |  |
| ****OFFICE USE ONLY****           |  |
| (not for regular employees)       |  |
| Tech Support: 866-504-8222        |  |
| Opt. 2 (Support) Opt. 1 (Absence) |  |
| Opt. 1 (Absence)                  |  |
| District ID: 19790                |  |
| Frontline App Pin: 7354           |  |

| Workers Comp   |  |
|--|--|
| BPS: Jennifer Kennedy ext. 5045                        |  |
| Shauna Foley   |  |
| <a href="mailto:sfoley@mtsba.org">sfoley@mtsba.org</a> |  |
| PO Box 7029  |  |
| Great Northern Blvd, Ste 201                           |  |
| Helena, MT 59601                                       |  |
| Phone: (406)457-4411                                   |  |
| Toll Free: (877)667-7392                               |  |

| OPI (Office of Public Instruction)                   |  |
|--|--|
| Website - <a href="http://opi.mt.gov">opi.mt.gov</a> |  |
| PO Box 202501  |  |
| Helena, MT 59620-2501                                |  |
| Phone: (406)444-3095                                 |  |
| Toll Free: (888)231-9393                             |  |

| MiCare - ext. 5180 |  |
|--------------------|--|
|--------------------|--|



## Internal Application Reminder

Your application will be retained in active status for one school year. If you wish to apply for any extra positions such as coaching, extracurricular or summer positions, or want to apply for a new position, you will need to log into your current application and apply for the desired position.

To keep your application active, log into your current application, click on EDIT and click on SUBMIT and it will keep your application active for another year.

**OPI (Office of Public Instruction)**

**Website:** [opi.mt.gov](http://opi.mt.gov)

Gen. Info. Phone: (406) 444-3095

Educator License: (406) 444-3150

Toll Free: (888) 231-9393

**Yellowstone County Treasurer**

Yellowstone County Courthouse

Room 203

217 North 27th Street

Billings, MT 59101



## Billings Public Schools

### Quick Guide for Applications:

- Visit our Web Page: [www.billingsschools.org](http://www.billingsschools.org)  
Click on "Departments"
- Click on "Employment Opportunities" in the peach colored box
- You can choose "Request Technical Help" if you are having any trouble
- The "Confirmation" section will alert you if any required elements are missing in order to "Submit" your application.
- **We rely heavily on email, so be sure to check on your email often once you have applied for a position.**

### You will need to LOAD/SCAN into your application:

- 3 letters of Recommendation
- A current Resume
- A Letter of Introduction

### For any positions in the Classroom, you will also need to LOAD/SCAN:

- College Transcripts or Work-keys Test Results
- Current MT Teaching License for Professional Teaching positions or Substitute Teacher

### Need Computer/Internet Access

- Job Service (must be registered with them)  
2121 Rosebud Drive  
(406) 652-3080
- Billings Public Library  
510 N Broadway  
(406) 657-8258

### HUMAN RESOURCES

#### Billings Public Schools

415 North 30th Street Billings, MT 59101-1298



### Parking at the Lincoln Center

Parking at the Lincoln Center can be frustrating, to ease the frustration, parking permits are issued to eligible staff. If you work at the Lincoln Center 2 or more days per week, you are eligible for a parking pass. Please come to Human Resources to be issued the appropriate parking pass.

If you will be at Lincoln Center for training, and are not eligible for a parking pass, you will need to park on the street or across the street in the parking, garage located behind the St John's United Laboratory at Gainan's Commons building.

The City of Billings will cite anyone parked in the spots marked as "City of Billings Parking" and BPS will not reimburse the cost of the ticket.

If you park in the Lincoln Center parking lot (including the lot behind the church), you must have your parking permit displayed and visible at all times. Below are the only 2 acceptable parking passes. If your pass is lost or stolen, please notify Human Resources immediately.



### I. General

#### Parking Regulations and Vehicle Registration for Parking Permit

All vehicles using the Lincoln Center parking lots during regular working hours are required to display an appropriate parking authorization tag. Regular occupants of the Lincoln Center I are required to register their vehicles in the Human Resources Office, Room, 202, and to display their parking tag in the vehicle when it is parked in the lot. Only one tag will be allowed per employee. Temporary users of the lot will be required to display a temporary permit.

Possession and display of a parking tag or permit will entitle the user to park in School District spaces in the two north parking lots at the Lincoln Center. The permit does not allow you to park on 29th street or 30th Street. If you park on 29th or 30th Street and receive a ticket from the City of Billings, it is your responsibility to pay the fine. Possession of a permit does not guarantee the user a parking space, nor does it imply the assumption of any liability by the District. It merely signifies that the user is authorized to use the lot.

The purpose of these regulations and the permit system is to ensure maximum availability of parking for employees of the Lincoln Center and those attending meetings at the Lincoln Center. It is also designed to exclude unauthorized users, particularly from surrounding office buildings. Authorized persons are asked to report violations, particularly by occupants of neighboring buildings, to the Human Resources office.



## Montana Teachers' Retirement System

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### *Congratulations on your new position!*

In public school districts, community colleges, and certain State agencies in the state of Montana, all persons whose job duties are primarily educational/instructional in nature<sup>1</sup> must participate in the Teachers' Retirement System (TRS) beginning with their first day<sup>2</sup> of employment.

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### What is TRS?

The Montana Legislature established TRS as a Defined Benefit pension plan in 1937. In a Defined Benefit pension plan, both you and your employer contribute to the system. Your *member* contributions are kept in your TRS member account, where they earn interest each month.

When you have accrued at least five years of *creditable service* with TRS, you will be a "vested" member, which means you are eligible for a future retirement benefit. The best part? Defined Benefit pensions pay retirees a monthly benefit *for life*, no matter how long they live!



We encourage you to watch our **TRS 101: Retirement System Basics** presentation. You can find a link in the "Active Member" section of our website: [trs.mt.gov](https://trs.mt.gov)

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## What happens next?

1. First, your employer will deduct the required amount of member contributions from your pay and will remit them to TRS.
  - If you have questions about the amount or the timing of those contributions, you should check with your employer.
2. After your employer has remitted your first monthly contributions to TRS, we will mail a Welcome letter to your home address.
  - The letter will explain how to set up a secure "My TRS" online account and it will ask you to designate at least one beneficiary online. (This step can't be done until TRS has received your first monthly contributions from your employer.)

In the meantime, we hope you enjoy your new position. If you have specific questions about TRS, please call our office in Helena at (406) 444-3134 or (866) 600-4045.

<sup>1</sup> The TRS Fact Sheet, Which Positions are Reportable to TRS? provides more detailed information about participation requirements. Fact Sheets can be found on the TRS website: [trs.mt.gov](https://trs.mt.gov).

<sup>2</sup> If you are a new substitute teacher or part-time teachers' aide / paraprofessional who (a) is not already a member of TRS and (b) is likely to work *less than 210 hours* in a fiscal year, you may elect *not* to participate in TRS on your first day of employment. To learn about your options, read the TRS Fact Sheet Substitute Teaching, available at [trs.mt.gov](https://trs.mt.gov).

# ONLINE ACCOUNT OPTIONS

The State of Montana 457(b) Deferred Compensation Plan can help you be better prepared for retirement, and managing your account online is easier than ever!

## I WANT TO ENROLL.

### HOW DO I GET STARTED?

Go to **www.MPERAdcplans.com**

- Click on the **REGISTER** button.
- Click on *I have a plan enrollment code*.
- Enter Group ID: 98469-01
- Enter Plan Enrollment Code: T2ka.MvbM
- Plan Enrollment Code Expiration Date:  
February 1, 2023

MPERA  
PERS • MPORS • HPORS • GWPORS  
SRS • FURS • JRS • 457(b)

PREPARED YOU FOR A BETTER RETIREMENT

About your plan • Investing • Learning center • Plan resources

Participant Login

Username

Password

[Forgot my ID?](#)

**REGISTER**

Take a look at these security tips and best practices »

Start saving for your future  
Start in your plan today for a better retirement tomorrow.

Want to learn more about planning for retirement?  
View the schedule of online events and register now!

Meet your Montana Team  
Get to know the knowledgeable professionals here to help you.

FOR ILLUSTRATIVE PURPOSES ONLY.

Account verification

Enter the information below to verify your account

☐ I do not have a PIN ☐ Share a PIN ☒ I have a plan enrollment code

GROUP ID (PLAN NUMBER)

PLAN ENROLLMENT CODE

**CONTINUE**

Follow the on-screen instructions to complete the enrollment process. You will only need this code when you are enrolling for the first time. After that, use the unique Username and Password you will create to log in to your account.

If you have questions or want help going through the process, contact your local Empower Retirement Plan Counselor at **www.MPERAdcplans.com**.





**BILLINGS PUBLIC SCHOOLS 403(b) PLAN  
NOTICE OF RIGHT TO PARTICIPATE IN THE PLAN AND CONTRIBUTION LIMITS**

**FOR:** Plan Year beginning January 1, 2023

**Elective Deferrals.** The Billings Public Schools 403(b) Plan (the "Plan") allows eligible employees to save for retirement. If you are eligible to participate in the Plan, then you may elect to reduce your compensation by a specified amount and have that amount contributed to the Plan as an elective deferral. There are two types of elective deferrals: Pre-Tax Deferrals and Roth Deferrals. For purposes of this notice, "elective deferrals" means both Pre-Tax Deferrals and Roth Deferrals. Regardless of the type of elective deferral you make, the amount you defer is counted as compensation for purposes of Social Security taxes.

**Pre-Tax Deferrals.** If you elect to make Pre-Tax Deferrals, then your taxable income is reduced by the deferral contributions so you pay less in federal income taxes. Later, when the Plan distributes the deferrals and earnings, you will pay the taxes on those deferrals and the earnings. Therefore, with a Pre-Tax Deferral, federal income taxes on the elective deferral contributions and on the earnings are only postponed. Eventually, you will have to pay taxes on these amounts.

**Roth Deferrals.** If you elect to make Roth Deferrals, the elective deferrals are subject to federal income taxes in the year of elective deferral. However, the elective deferrals and, in certain cases, the earnings on the elective deferrals are not subject to federal income taxes when distributed to you. In order for the earnings to be tax free, you must meet certain conditions. See the question in the Summary entitled "What are my tax consequences when I receive a distribution from the Plan?"

**How do I elect to make contributions to the Plan?**

The amount you elect to defer will be deducted from your pay in accordance with a procedure established by the Plan Administrator. You may elect to defer a portion of your compensation payable on or after your Entry Date. Such election will become effective as soon as administratively feasible after it is received by the Plan Administrator. Your election will remain in effect until you modify or terminate it.

If you are currently participating, you may want to change your amounts for the new Plan Year. You can increase or decrease your contribution or you can leave your amounts the same.

You can contact the Plan Administrator to obtain further information on how to make contributions to the Plan.

**How much can I contribute?**

Your total elective deferrals in any taxable year cannot exceed a dollar limit which is set by law. The limit for 2023 is \$22,500. After 2023, the dollar limit may increase for cost-of-living adjustments. See the paragraph below on Annual dollar limit.

**Age 50 Catch-Up Deferrals.** If you are at least age 50 or will attain age 50 before the end of a calendar year, then you may elect to defer additional amounts (called Age 50 Catch-Up Deferrals) to the Plan as of the January 1st of that year. You can defer the additional amounts regardless of any other limitations on the amount you can defer to the Plan. The maximum Age 50 Catch-Up Deferrals that you can make in 2023 is \$7,500. After 2023, the maximum might increase for cost-of-living adjustments.

**Qualified Organization Catch-Up Deferral.** If you have completed at least 15 years of service with the Employer, and the Employer is a "qualified organization," then you may elect to defer additional amounts (called Qualified Organization

Catch-Up Deferrals) to the Plan which exceed the elective deferral limit. A Qualified Organization Catch-Up Deferral increases the elective deferral limit by the lesser of: (1) \$3,000; (2) \$15,000 reduced by all amounts excluded from your gross income for prior taxable years by reason of your prior Qualified Organization Catch-Up Deferrals; or (3) the excess of \$5,000 multiplied by the number of years of service with the Employer, over your elective deferrals (including Qualified Organization Catch-Up Deferrals, but excluding Age 50 Catch-Up Deferrals) made for prior calendar years. This means that the maximum Qualified Organization Catch-Up Deferral you can contribute is \$3,000 in any calendar year. A "qualified organization" is an educational organization, hospital, home health service agency, health and welfare service agency, or a church-related organization.

If you qualify for both Age 50 Catch-Up Deferrals and Qualified Organization Catch-Up Deferrals, you may contribute both types of catch-up deferrals; however, your contributions must be applied to the Qualified Organization Catch-Up Deferrals before they are applied to the Age-50 Catch-Up Deferrals.

**Annual dollar limit.** Each separately stated annual dollar limit on the amount you may defer (the annual deferral limit and the Catch-Up Deferral limit) is a separate aggregate limit that applies to all such similar salary deferral amounts and Catch-Up Deferrals you may make under this Plan and any other cash or deferred arrangements (including other tax-sheltered 403(b) annuity contracts, simplified employee pensions or 401(k) plans) in which you may be participating. Generally, if an annual dollar limit is exceeded, then the excess must be returned to you in order to avoid adverse tax consequences. For this reason, you need to contact the Administrator if these situations might apply to you. It is desirable to request in writing that any such excess salary deferral amounts and Catch-Up Deferrals be returned to you.

If you are in more than one plan to which you can contribute elective deferrals, you must decide which plan or arrangement you would like to return the excess. If you decide that the excess should be distributed from this Plan, you must communicate this in writing to the Plan Administrator no later than the March 1st following the close of the calendar year in which such excess deferrals were made. However, if the entire dollar limit is exceeded in this Plan or any other plan the Employer maintains, then you will be deemed to have notified the Plan Administrator of the excess. The Plan Administrator will then return the excess deferral and any earnings to you by April 15th.

**What is the maximum annual amount that can be contributed to my account?**

The law imposes a limit on the amount of contributions (excluding Age 50 Catch-Up Deferrals) that may be made to your accounts during a year. For 2023, this total cannot exceed the lesser of \$66,000 or 100% of your includable compensation (generally your compensation for the prior 12-month period). After 2023, the dollar limit might increase for cost-of-living adjustments. Your includable compensation for purposes of this limit is limited for 2023 to \$330,000. After 2023, the dollar limit for includable compensation might increase in future years for cost-of-living adjustments.

**The above limit may also need to be applied by taking into account contributions made to other retirement plans in which you are a participant.** If you have more than 50% control of a corporation, partnership, and/or sole proprietorship, then the above limit is based on contributions made to this Plan as well as contributions made to any 403(b) or qualified plans maintained by the businesses you control. If you control another business that maintains a plan in which you participate, then you are responsible for providing the Plan Administrator with information necessary to apply the annual contribution limits. If you fail to provide necessary and correct information to the Plan Administrator, it could result in adverse tax consequences to you, including the inability to exclude contributions to the plan from your gross income for tax purposes.

You can find out more information about the Plan in the Summary of Plan Provisions. You can obtain a copy from the Plan Administrator.

I have read and understand the 403(b) Eligibility Notice and elect NOT to participate in the 403(b) program at this time. I understand that I may change this election at any time by contacting my Plan Administrator.

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

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

|   |                   |  |  |
|---|-------------------|--|--|
| Ameriprise                                      | Crystal Rieker    | (406) 294-9294                         | <a href="mailto:crystal.rieker@ampf.com">crystal.rieker@ampf.com</a>   |
| ING/VOYA  | Charlie Klimas    | (406) 265-9000<br>(406) 945-0783(Cell) | <a href="mailto:cklimas@gwnsecurities.com">cklimas@gwnsecurities.com</a>   |
|   | Brian S. Lethert  | (406) 657-9621                         | <a href="mailto:brian@spitfirefinancialgroup.com">brian@spitfirefinancialgroup.com</a><br>Spitfire Financial Group |
| Security Benefit                                | Torrey Holmquist  | (406) 543-2340                         | <a href="mailto:torrey@nwiainvest.com">torrey@nwiainvest.com</a>   |
|   | Charlie Klimas    | (406) 265-9000<br>(406) 945-0783(Cell) | <a href="mailto:cklimas@gwnsecurities.com">cklimas@gwnsecurities.com</a>   |
|   | John Brown        | (406) 399-6647                         | <a href="mailto:jbrown@gwnsecurities.com">jbrown@gwnsecurities.com</a>   |
| Empower Retirement<br>(Formerly Mass Mutual)    | Ed Aders          | (406) 252-2447                         | <a href="mailto:aderse@stifel.com">aderse@stifel.com</a>   |
| Corebridge Financial<br>(Formerly AIG or Valic) | Duff Gray         | (406) 633-1751                         | <a href="mailto:duff.gray@corebridgefinancial.com">duff.gray@corebridgefinancial.com</a>                           |
|   | Joshua Keller     | (406) 696-5109                         | <a href="mailto:joshua.keller@corebridgefinancial.com">joshua.keller@corebridgefinancial.com</a>                   |
| Horace Mann Insurance                           | Jason Billingslea | (214) 304-1294                         | <a href="mailto:jason.billingslea@horacemann.com">jason.billingslea@horacemann.com</a>                             |



# EDUCATION FOUNDATION

 BILLINGS PUBLIC SCHOOLS

## WHAT DOES THE EDUCATION FOUNDATION DO? WHY DOES IT EXIST?

*The Education Foundation for Billings Public Schools works alongside School District 2 to provide excellence in education through philanthropy, connection and collaboration. School District 2 is faced with ever increasing demands to prepare students for future roles in the community, but often with extremely limited resources. The Foundation strives to augment educational resources and provide supplemental opportunities so Billings students have the tools to reach their fullest potential. The Foundation leverages private sector funding, expertise, and collaborative partnerships in support of public education. The Foundation's role is critical to meeting the needs of our students and community. An investment in the Foundation is an investment in our students, our teachers, and our future.*





# MONTANA VOTER REGISTRATION APPLICATION

Fields marked with an asterisk (\*) are required. If you do not provide all of the required information, your application to register to vote will not be complete. **UNDER FEDERAL AND/OR STATE LAW ALL ELECTORS MUST PRESENT ID WHEN VOTING.** Please type or print clearly using black or blue ink. **COMPLETE FORM AND SUBMIT TO COUNTY ELECTION OFFICE.**

## ELIGIBILITY REQUIREMENTS AND IDENTIFYING INFORMATION

NOTE: VOTER REGISTRATION REQUIRES U.S. CITIZENSHIP

1 Check all that apply: ☐ New Registration ☐ Name Change ☐ Address Change ☐ Signature Update ☐ Other

2 Are you a citizen of the United States? \* Yes ☐ No ☐  
 Will you be at least 18 years of age on or before the next election? \* Yes ☐ No ☐  
 Will you be a Montana resident for at least 30 days before the next election? \* Yes ☐ No ☐  
 If you checked "No" in response to any of these questions, do not complete this form.

3 Last Name\* First Name\* Middle Name (Optional) Suffix (Jr., Sr., Etc.)

4 Date of Birth\* Contact Phone Number (Optional) Email Address (Optional)  
 month / day / year

5 Select one of the following identifications (ID) options and provide the required information: \*

- ☐ Montana driver's license or Montana state ID card number \_\_\_\_\_  
☐ The last 4 digits of my Social Security Number (SSN) \_\_\_\_\_  
☐ I am unable to provide my Montana driver's license number, Montana state ID card number, or the last four digits of my SSN. I am presenting an original version (in person) or attaching a readable copy (by mail) of the following item(s):  
☐ Military ID card, a tribal photo ID card, a United States passport, or a Montana concealed carry permit.  
 OR  
☐ Photo ID with my name (including, but not limited to, a school district or postsecondary education photo ID) AND a current utility bill, bank statement, paycheck, government check, or other government document that shows my name and current address.

6 Montana Residence Address\* City\* County\* Zip Code\*

7 Mailing Address (required if differs from residence address) City State Zip Code

8 If applicable, check one of the following:

- ☐ Military Domestic (or military spouse or dependent) - only if on active duty and will be absent from place of registration  
☐ Military Overseas (or overseas military spouse or dependent) ☐ U.S. Citizen Overseas

PREVIOUS REGISTRATION INFORMATION - will be used to provide cancellation information to former jurisdiction REQUIRED IF NAME CHANGED OR IF PREVIOUSLY REGISTERED TO VOTE IN ANOTHER MT COUNTY OR IN ANOTHER STATE

9 Previous City, County and State Residence Address of Previous Registration Previous Registration Name

## RECEIVE YOUR BALLOT IN THE MAIL

☐ Yes, I request an absentee ballot to be mailed to me for ALL elections in which I am eligible to vote as long as I reside at the address listed on this application. I understand that if I file a change of address with the U.S. postal service, I must complete, sign, and return a confirmation notice mailed to me by the county election office.

If your mailing address differs during certain times of the year please add the seasonal mailing address information in this space, or contact your county election office. Seasonal mailing address for the period of \_\_\_\_\_ through \_\_\_\_\_ Seasonal Mailing Address: \_\_\_\_\_

## APPLICANT AFFIRMATION

I affirm under penalty of perjury that the information on this application is true, that I am a citizen of the United States, that I will be at least 18 years old on or before the next election, that I will have been a resident of Montana for at least 30 days prior to the next election, and that I am not serving a felony conviction in a penal institution nor have been found to be of unsound mind by a court. I understand that if I have given false information on this application, I may be subject to a fine or imprisonment, or both, under federal and/or state law.

Signature\* Date\*

THE AFFIRMATION ON THIS APPLICATION FOR VOTER REGISTRATION MUST BE SIGNED BY THE APPLICANT - FAILURE TO DO SO WILL PREVENT APPLICATION FROM BEING PROCESSED.

For county use only

Date Senate House Precinct / Split Ward School

649321

PLACE STAMP  
HERE

ELECTION ADMINISTRATOR

County

MT

Please place completed registration application and related documents in an envelope, affix postage, and send to your county Election Administrator office.

| County        | Election Administrator Address | County                 | Election Administrator Address |                      |                                |
|---------------|--------------------------------|------------------------|--------------------------------|----------------------|--------------------------------|
| Beaverhead    | 2 S Pacific St No 3            | Dillon MT 59725        | McCone                         | Box 199              | Circle MT 59215                |
| Big Horn      | PO Box 908                     | Hardin MT 59034        | Meagher                        | Box 309              | White Sulphur Springs MT 59645 |
| Blaine        | PO Box 278                     | Chinook MT 59523       | Mineral                        | Box 550              | Superior MT 59872              |
| Broadwater    | 515 Broadway St                | Townsend MT 59644      | Missoula                       | 140 N Russell St     | Missoula MT 59801              |
| Carbon        | PO Box 887                     | Red Lodge MT 59068     | Musselshell                    | 506 Main             | Roundup MT 59072               |
| Carter        | Box 315                        | Ekalaka MT 59324       | Park                           | 414 E Callender St   | Livingston MT 59047            |
| Cascade       | Box 2305                       | Great Falls MT 59403   | Petroleum                      | Box 226              | Winnett MT 59087               |
| Chouteau      | Box 459                        | Fort Benton MT 59442   | Phillips                       | Box 360              | Malta MT 59538                 |
| Custer        | 1010 Main                      | Miles City MT 59301    | Pondera                        | 20 4th Ave SW        | Conrad MT 59425                |
| Daniels       | Box 247                        | Scobey MT 59263        | Powder River                   | Box 200              | Broadus MT 59317               |
| Dawson        | 207 West Bell                  | Glendive MT 59330      | Powell                         | 409 Missouri         | Deer Lodge MT 59722            |
| Deer Lodge    | 800 Main                       | Anaconda MT 59711      | Prairie                        | Box 125              | Terry MT 59349                 |
| Fallon        | Box 846                        | Baker MT 59313         | Ravalli                        | 215 S 4th St Ste C   | Hamilton MT 59840              |
| Fergus        | 712 W Main                     | Lewistown MT 59457     | Richland                       | 201 W Main           | Sidney MT 59270                |
| Flathead      | 40 11th St W Ste 230           | Kalispell MT 59901     | Roosevelt                      | 400 2nd Ave S        | Wolf Point MT 59201            |
| Gallatin      | 311 W Main Rm 210              | Bozeman MT 59715       | Rosebud                        | Box 47               | Forsyth MT 59327               |
| Garfield      | Box 7                          | Jordan MT 59337        | Sanders                        | Box 519              | Thompson Falls MT 59873        |
| Glacier       | 512 E Main                     | Cut Bank MT 59427      | Sheridan                       | 100 W Laurel Ave     | Plentywood MT 59254            |
| Golden Valley | PO Box 10                      | Ryegate MT 59074       | Silver Bow                     | 155 W Granite Rm 208 | Butte MT 59701                 |
| Granite       | Box 925                        | Phillipsburg MT 59858  | Stillwater                     | Box 149              | Columbus MT 59019              |
| Hill          | 315 4th St                     | Havre MT 59501         | Sweet Grass                    | Box 888              | Big Timber MT 59011            |
| Jefferson     | Box H                          | Boulder MT 59632       | Teton                          | Box 610              | Choteau MT 59422               |
| Judith Basin  | Box 427                        | Stanford MT 59479      | Toole                          | 226 1st St S         | Shelby MT 59474                |
| Lake          | 106 4th Ave E                  | Polson MT 59860        | Treasure                       | Box 392              | Hysham MT 59038                |
| Lewis & Clark | 316 N Park Ave Rm 168          | Helena MT 59623        | Valley                         | 501 Court Sq Box 2   | Glasgow MT 59230               |
| Liberty       | Box 459                        | Chester MT 59522       | Wheatland                      | Box 1903             | Harlowton MT 59036             |
| Lincoln       | 512 California                 | Libby MT 59923         | Wibaux                         | PO Box 199           | Wibaux MT 59353                |
| Madison       | Box 366                        | Virginia City MT 59755 | Yellowstone                    | Box 35002            | Billings MT 59107              |



# **BEA LABOR AGREEMENT**

Your BEA Labor Agreement is online on the  
Billings Public Schools Website:

[www.billingsschools.org](http://www.billingsschools.org)

- On the HOME page click on "Faculty/Staff"
- Click on "Labor Information" in the peach box on the right side
- Select your Labor Agreement

Your Labor agreement contains valuable information and it is advised that you read through your labor agreement so that you are familiar with all policies and procedures such as:

- Staff Rights
- School Days
- Compensation
- Leaves of Absence
- Assignments, transfers and vacancies

It is your responsibility to familiarize yourself with your labor agreement. Every employee hired with Billings Public Schools will adhere to the terms and conditions of employment, practices, school district policies, rules and regulations defined in their labor agreement.

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

U.S. Department of Labor | Wage and Hour Division



# TEACHER PAYROLL OVERVIEW

**Payroll**  
**Accountant:** Tatia Bennett (406) 281-5013

the 20<sup>th</sup> of each month. If the 20<sup>th</sup> is on a Saturday or Sunday, payday is on the Friday before.

Have the employee use their employee ID on all Payroll correspondence. If they do not know their employee ID, please have them contact HR or payroll.

Yellow timesheets for the current month are paid the following month. Please make sure the employee and their supervisor sign all timesheets. Make sure the date and budget codes are on the timesheets otherwise, they will be sent back to the school. In addition, this can delay payment for base hours. Timesheets are due the **10<sup>th</sup>** of the month, and paid on the 20<sup>th</sup>.

We encourage all employees to use direct deposit. Deposits are in the bank on payday. Otherwise, they will receive a paper check delivered to your school on payday.

Billings Education Association (BEA) union dues are figured by the BEA, not payroll. If a teacher agrees with the amount of dues, please contact the BEA office at (406) 248-9812.

Teachers Retirement is mandatory. The district's pre-tax contribution is 9.37% and employee's pre-tax contribution is 8.15%.

**Employee Online:** To log into Employee Online, use your Employee ID: 000#####, and your password. Your password will be set up with the last four digits of your SSN. You can view, print your pay stubs, and update your tax withholdings, direct deposit, and personal information on Employee Online.

## Billings Public Schools TIMESHEET FOR BEA LICENSED EMPLOYEES



| Employee ID # | Name (PLEASE PRINT) | School/Building          |  |
|---------------|---------------------|--------------------------|--|
| Month         | Year                |                          |  |
| <u>DATE</u>   | <u>HOURS</u>        | <u>DATE</u> <u>HOURS</u> |  |
| 1             |                     | 21                       |  |
| 2             |                     | 22                       |  |
| 3             |                     | 23                       |  |
| 4             |                     | 24                       |  |
| 5             |                     | 25                       |  |
| 6             |                     | 26                       |  |
| 7             |                     | 27                       |  |
| 8             |                     | 28                       |  |
| 9             |                     | 29                       |  |
| 10            |                     | 30                       |  |
|               |                     | 31                       |  |

Please mark the appropriate box with an "X" **TOTAL HOURS** \_\_\_\_\_

☐ CURRICULUM  
☐ INSTRUCTIONAL/SUMMER SCHOOL  
☐ EXTRA WORKLOAD DUE TO UNAVAILABILITY OF A SUBSTITUTE TEACHER  
101-00-164-1000122-000 or 201-00-164-1000122-000

Name of Teacher and Subject/Grade of Teacher Substituting For \_\_\_\_\_

☐ EVENING HIGH SCHOOL/SUMMER SCHOOL/MAKE-UP CREDIT PROGRAM (Send timesheet to the Community Education Office)  
☐ HOME-BOUND TEACHER (Regular hourly wage/Regular budget code)  
☐ TEMPORARY NURSE (Regular hourly wage/Regular budget code)  
☐ SHORT-TERM ASSIGNMENT 101-81-720-3500150-000 or 201-81-720-3500150-000

List the Activity \_\_\_\_\_  
I certify the above statement to be correct and compensation is due.

| Employee Signature/Date             | Administrator-Director Signature/Date |
|-------------------------------------|---------------------------------------|
| Budget Code: _____                  |                                       |
| Evening High School use only: _____ | +                                     |
| Hours                               | Prep Hours                            |
| Payroll use only: _____             | x \$                                  |
| Hours                               | Rate                                  |
|                                     | Records                               |
|                                     | Pay                                   |
|                                     | Total Hours                           |

**BILLINGS PUBLIC SCHOOLS**  
 2022-2023 School Calendar  
 Approved 5.17.2021

| JUNE 2022 |   |   |   |   |    |    |
|-----------|---|---|---|---|----|----|
|           |   |   |   |   | 3  | 4  |
| 5         | P | P | P | 9 | 10 | 11 |

| AUGUST 2022 |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|
| Su          | M  | T  | W  | Th | F  | Sa |
|             | 1  | 2  | 3  | 4  | 5  | 6  |
| 7           | 8  | 9  | 10 | 11 | 12 | 13 |
| 14          | 15 | 16 | P  | P  | P  | 20 |
| 21          | 22 | 23 | 24 | 25 | 26 | 27 |
| 28          | 29 | 30 | 31 |    |    |    |

| SEPTEMBER 2022 |    |    |    |    |    |    |
|----------------|----|----|----|----|----|----|
| Su             | M  | T  | W  | Th | F  | Sa |
|                |    |    |    | 1  | 2  | 3  |
| 4              |    | 6  | 7  | 8  | 9  | 10 |
| 11             | 12 | 13 | 14 | 15 | 16 | 17 |
| 18             | 19 | 20 | 21 | 22 | 23 | 24 |
| 25             | 26 | 27 | 28 | 29 | 30 |    |

| OCTOBER 2022 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| Su           | M  | T  | W  | Th | F  | Sa |
|              |    |    |    |    |    | 1  |
| 2            | 3  | 4  | 5  | 6  | 7  | 8  |
| 9            | 10 | 11 | 12 | 13 | 14 | 15 |
| 16           | 17 | 18 | 19 | P  | P  | 22 |
| 23           | 24 | 25 | 26 | 27 | 28 | 29 |
| 30           | 31 |    |    |    |    |    |

| NOVEMBER 2022 |    |    |    |     |     |    |
|---------------|----|----|----|-----|-----|----|
| Su            | M  | T  | W  | Th  | F   | Sa |
|               |    |    | 1  | PTC | PTC | 5  |
| 6             | 7  | 8  | 9  | 10  | 11  | 12 |
| 13            | 14 | 15 | 16 | 17  | 18  | 19 |
| 20            | 21 | 22 | 23 | 24  | 25  | 26 |
| 27            | 28 | 29 | 30 |     |     |    |

| DECEMBER 2022 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | M  | T  | W  | Th | F  | Sa |
|               |    |    |    |    | 1  | 2  |
| 3             | 4  | 5  | 6  | 7  | 8  | 9  |
| 10            | 11 | 12 | 13 | 14 | 15 | 16 |
| 17            | 18 | 19 | 20 | 21 | 22 | 23 |
| 24            | 25 | 26 | 27 | 28 | 29 | 30 |
| 31            |    |    |    |    |    |    |

| JANUARY 2023 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| Su           | M  | T  | W  | Th | F  | Sa |
| 1            | 2  | 3  | 4  | 5  | 6  | 7  |
| 8            | 9  | 10 | 11 | 12 | 13 | 14 |
| 15           | 16 | 17 | 18 | 19 | 20 | 21 |
| 22           | 23 | 24 | 25 | 26 | 27 | 28 |
| 29           | 30 | 31 |    |    |    |    |

| FEBRUARY 2023 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | M  | T  | W  | Th | F  | Sa |
|               |    |    | 1  | 2  | 3  | 4  |
| 5             | 6  | 7  | 8  | 9  | 10 | 11 |
| 12            | 13 | 14 | 15 | 16 | 17 | 18 |
| 19            | 20 | 21 | 22 | 23 | 24 | 25 |
| 26            | 27 | 28 | 29 | 30 |    |    |

| MARCH 2023 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| Su         | M  | T  | W  | Th | F  | Sa |
|            |    |    | 1  | 2  | 3  | 4  |
| 5          | 6  | 7  | 8  | 9  | 10 | 11 |
| 12         | 13 | 14 | 15 | 16 | 17 | 18 |
| 19         | 20 | 21 | 22 | 23 | 24 | 25 |
| 26         | 27 | 28 | 29 | 30 | 31 |    |

| APRIL 2023 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| Su         | M  | T  | W  | Th | F  | Sa |
|            |    |    |    |    |    | 1  |
| 2          | 3  | 4  | 5  | 6  | 7  | 8  |
| 9          | 10 | 11 | 12 | 13 | 14 | 15 |
| 16         | 17 | 18 | 19 | 20 | 21 | 22 |
| 23         | 24 | 25 | 26 | 27 | 28 | 29 |
| 30         |    |    |    |    |    |    |

| MAY 2023 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| Su       | M  | T  | W  | Th | F  | Sa |
|          |    |    | 1  | 2  | 3  | 4  |
| 5        | 6  | 7  | 8  | 9  | 10 | 11 |
| 12       | 13 | 14 | 15 | 16 | 17 | 18 |
| 19       | 20 | 21 | 22 | 23 | 24 | 25 |
| 26       | 27 | 28 | 29 | 30 | 31 |    |

| JUNE 2023 |  |  |  |  |   |   |
|-----------|--|--|--|--|---|---|
|           |  |  |  |  | 1 | 2 |
|           |  |  |  |  | 3 |   |

|  |                                     |
|--|-------------------------------------|
|  | First and Last Day of School        |
|  | Vacation or Holiday                 |
|  | Elementary End of Trimester         |
|  | Six-Week Grading Period for MS & HS |

**Graduation Date/Times**  
 Sunday, May 28  
 Skyview 10:00 am;  
 Senior 2:00 pm; West 6:00 pm

**Note:** Nov. 2 is Parent Teacher Conferences for Elem. and PLC for MS & HS



|  |  |
|--|--|
|  | Last Day of School - June 2 is early release for elementary, middle school and high school.  |
|  | Wed. Professional Learning Community Meetings - Dismissal 1 hour earlier than normal   |
|  | PIR Days - Required  |
|  | PIR/TRADE days - No school   |
|  | Snow Day - This will be a vacation day unless we are required to make up a school day lost due to poor weather earlier in the year. If we are required to make up a day, this vacation day will become a required day of attendance. |
|  | Elementary Parent Teacher Conferences - Elementary early release   |
|  | Middle School Parent Teacher Conferences - MS early release  |
|  | High School Semester Testing - HS early release  |

Deane Reay  
Human Resources Manager

[Reayd@billingsschools.org](mailto:Reayd@billingsschools.org)

(406) 281-5041



## **SAFE SCHOOLS (VECTOR TRAINING)/ EMERGENCY PREPAREDNESS**

**You will receive an email from me regarding Safe Schools and Emergency Preparedness. Please take a moment to read the email and the attachments.**

Each year, 2-4 Safe Schools modules are assigned and **all** Billings Public Schools employees are required to complete these modules. Building administrators allow time during the day for staff to complete these.

In order for all employees to have the same modules completed, new employees will receive extra pay to complete modules from previous years. The number of hours will be on the instruction sheet you receive in the email. ***Since you are being paid additional hours, these need to be completed on your own time and NOT during regular work hours.***

You will also receive a ***Crisis Quick Reference Flip Chart***. In this Flip Chart, you will find procedures on Evacuations, Lockdowns, Armed Intruder and Shelter-In-Place. Please take a moment to familiarize yourself with these procedures. These procedures are standard throughout the district so if you work in multiple buildings, the procedure will be the same.

# **CRISIS QUICK REFERENCE FLIP CHART**

**BILLINGS PUBLIC SCHOOLS**



## CRISIS QUICK REFERENCE FLIP CHART

Notification is always by Administrator/ICS Commander, however, these procedures are for reference purposes and should not take the place of a person's quick thinking and judgement in keeping themselves and their students safe.

This is a quick reference tool to be used in the classrooms of BPS. Student Discussions Points have also been included to educate students about the principles of being prepared. With any emergency or crisis, keeping everyone safe is directly affected by how everyone acts, respects authority and follows instructions and directions from those in charge.

NOTE: Each building will have identified an information officer on their ICS chart; however, during and after a school crisis or emergency, someone from the District's office will give ANY and ALL reports to the media. **UNDER NO CIRCUMSTANCE**, should any staff give information to media or allow the media to interview a student!!

**REMEMBER:** Exercises and drills become better with good practice.

*\*\* Information in this flipchart is a result of work on our Billings Public School's Emergency Response and Crisis Management Project in partnership with our local Emergency Responders and the State and Local Departments of Emergency Services\*\**



# **EVACUATION**

## **Emergencies that may require evacuations include:**

- Fire
- Gas leak
- Chemical spill inside of building
- Physical damage to the building
- Bomb threat

1. Proceed quickly and orderly to designated exit. (If designated exit is unavailable, please proceed to the nearest, safest exit)
2. Take class roster, survival packs, coats and medication if applicable.
3. Proceed to pre-determined site on campus
4. Take roll and report any missing students.
5. Wait for further instructions.

## **If determined unsafe to remain in building: Notification by Admin/ICS Commander**

- Administrator/ICS Commander will notify to proceed to re-location site
- Take roll and report any missing students, staff, or visitors
- Begin student/parent reunification

***\*\*ENCOURAGE STUDENTS TO REFRAIN FROM USING CELL PHONES UNTIL DETERMINED SAFE\*\****

# **EVACUATION**

## **ARMED INTRUDER**

### **Initiated when threat is inside of the building.**

\*Best practice is to remove students away from situation as safe and quickly as possible.

## **RUN-LOCK-FIGHT**

### **1. RUN-**

- Prepare students to get out of "Kill Zone" quickly if it is safe to do so by any means necessary. This may require the destruction of school property (breaking a window, etc.).

### **2. LOCK-**

- If it is not safe to remove students from situation, move students quickly and quietly to a safe, secure place in a room, away from windows and hall. (Usually against a common wall with an adjacent classroom)

### **3. FIGHT-**

- Employees are not expected or encouraged to approach and engage violence with the suspect however, it is an option. This needs to be an individual decision.

## **ARMED INTRUDER**

## **LOCK DOWN**

### **Initiated when threat is outside of the building.**

- Get inside classroom/office (sweep hall and bathrooms)
- LOCK DOORS
- Close and cover all windows in room including classroom doors
- Continue teaching/working and wait for further instructions.

## **LOCK DOWN**

## **SHELTER IN PLACE**

### **Emergencies outside of building would include:**

- Community situations (chemical spills, explosion, etc.)
- Weather Emergencies (heavy snow, funnel clouds, flooding, lightening, high winds)
- Building Emergencies (suicidal person, student emergency)

### **May necessitate staying inside the building and moving staff and students to a larger space such as a gymnasium or cafeteria.**

- Shut all windows and doors to the outside
- Close all venting systems and seal windows if applicable
- Move all students and staff into a larger predetermined area such as gym or cafeteria.
- DO NOT ALLOW anyone to leave the school building if there is a harmful contamination outside from a refinery explosion etc.
- Take roll of students in your area, reporting those students who are not accounted for.
- Wait for further instructions.

*\*\*In the event of a community warning or dangerous situation, teachers NOT on the playground should help open/unlock exit doors to the playground to allow quick and orderly entry back into the building. Alerting system should be in place and communicated and practiced with staff and students\*\**

## **SHELTER IN PLACE**



# **BEA ORIENTATION**

**2022- 2023**

**BENEFITS OFFICE**

**Jennifer Kennedy, Benefits Manager**



## miCare Hours of Operation

### Lincoln Center Hours

|            |                    |
|------------|--------------------|
| Monday:    | 7:00 am - 5:00 pm  |
| Tuesday:   | 7:00 am - 11:00 am |
| Wednesday: | 7:00 pm - 6:00 pm  |
| Thursday:  | 7:00 am - 11:00 am |
| Friday:    | 7:00 am - 5:00 pm  |

### Heights Hours

|            |                    |
|------------|--------------------|
| Monday:    | 7:00 am - 11:00 am |
| Tuesday:   | 12:00 pm - 4:00 pm |
| Wednesday: | 9:00 am - 1:00 pm  |
| Thursday:  | 2:00 pm - 6:00 pm  |

Make an appointment online at [ebms.com](http://ebms.com)



Phone: 1.866.888.8035  
[ebms.com](http://ebms.com)

#### miCare-Heights

Phone: 406.281.5190  
926 Main, Suite #5  
Billings, MT 59105

#### miCare-Lincoln Center

Phone: 406.281.5180  
415 North 30th Street  
Billings, MT 59101



**Contact Information**

miCare Health Center hours of operation are listed when you login to your personal account.

[www.ebms.com](http://www.ebms.com)

1.866.888.8035

**miCare Location(s)**



miCare Health Centers

415 N. 30th Street  
Billings, MT 59101  
406.281.5180

926 Main, Suite 5  
Billings, MT 59105  
406.281.5190

**Services Available**

- Wellness/Annual Exams
- Sick Care
- Chronic Illness
- Health Education
- Lab Tests
- Preventive Screening
- Sports Physicals
- Dermatology
- Annual Health Risk Follow-Up
- Smoking Cessation

**24/7/365 Telemedicine Access**

**WELLVIA**

Talk to a Board Certified Physician now!  
Request a consult with WellVia.  
Patient Care Team: 1.855.WellVia  
Online: [www.wellviasolutions.com](http://www.wellviasolutions.com)

\*\*\* This is not a walk -in Clinic \*\*\*



## Employee FAQ:

### miBenefits CDH Portal

#### What is EBMS miBenefits Consumer Driven

##### Healthcare?

miBenefits CDH is a new and improved participant portal. Users have full 24/7 access to their Flexible Spending Account (FSA), Dependent Care Assistance Program (DCAP), Health Savings Account (HSA) and/or Health Reimbursement Arrangement (HRA), all on one integrated platform. The portal provides participants with powerful self-service account access, plus educational tools that will put you in the driver's seat with your healthcare finances.

#### What information can I find in the miBenefits CDH portal?

- Access benefit plan details, check account balances, and view account transaction history for each benefit plan in which you are enrolled.
- Submit reimbursement requests and upload receipt documentation.
- Access educational and interactive tools to help you make critical spending and savings decisions.
- View graph-based charts displaying fund usage.
- Manage communication preferences with more than 25 proactive alerts.
- Manage details about a benefit debit card, if your account has this option.
- Utilize tools to identify IRS-reimbursable expenses.

#### How can I access the miBenefits CDH portal?

You can access the platform from your laptop or desktop computer. Or, access it on-the-go from any tablet or mobile device with a powerful mobile application, which is available on both iPhone and Android platforms.

#### What if I have questions?

Please contact an EBMS team member at any of the following:

- P 866.857.8182
- T 800.777.3575
- [flex@ebms.com](mailto:flex@ebms.com)

#### How do I log into miBenefits CDH?

##### Have a miBenefits account?

- Go to [www.ebms.com](http://www.ebms.com).
- Click "Login" on the top left.
- Enter your miBenefits username and password. You'll be directed to the miBenefits landing page.
- Click the "FSA, HSA & HRA Portal" button on the miBenefits landing page. You'll be taken to the CDH Portal.

##### New to miBenefits?

- Go to [www.ebms.com](http://www.ebms.com).
- Click login on the top left.
- Select "Not a Registered User?"
- Fill out the user registration form and EBMS will automatically verify your eligibility.
- Go back to the login page and enter your username and password. You'll be directed to the miBenefits landing page.
- Click the "FSA, HSA & HRA Portal" button on the miBenefits landing page and you'll be taken to the CDH Portal.

#### Take control of your healthcare finances by downloading the EBMS CDH Mobile App!

- Search "EBMS miBenefits CDH" in the App Store or Google Play store and download the app.
- Follow the instructions on the registration screens. You can find your employee and employer IDs on your benefit card.  
-Your employee ID is your nine-digit ID number, including the hyphens.  
-The employer ID is EBX, followed by the last five digits of your group number. For instance, if your group number is 0000123, the ID would be EBX00123.
- That's it! Now you have access to all of the wonderful mobile features of the app!



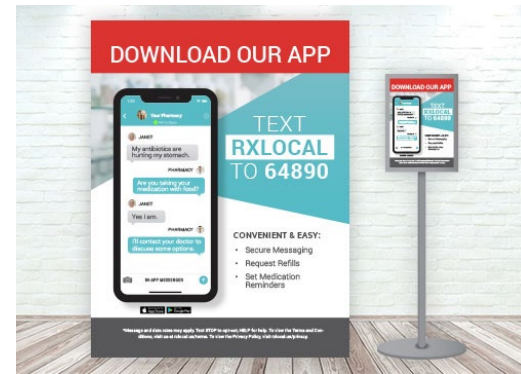
The Portal and App provides you with 24 /7 access to important information about your health benefits in addition to valuable healthcare resources

# miRx - Mail Order Pharmacy

miRX mail order pharmacy is a fast, convenient way for you to save time and money by having your maintenance medications delivered to your home or office. By choosing miRX pharmacy, you are able to receive up to a 90-day supply of FDA-approved prescription drugs at a reduced cost.

Order your prescription refills online: miRX Prescription refills

call to order your refill through our automated refill system at (866) 894-1496 or (406) 869-6551



Directions: Please print in **BLUE** or **BLACK** ink, using all **CAPITAL** letters.

| Member Information   |   |  |                  |
|--|---|--|------------------|
| <input type="checkbox"/> Male <input type="checkbox"/> Female  | Date of Birth (MM/DD/YYYY) _____  |  |                  |
| ID Number (located on card) _____  | Group Number _____  |  |                  |
| Last Name _____  |   | First Name _____   |                  |
| Mailing Address _____  |   |  |                  |
| Physical Address (if different from Mailing Address) _____   |   |  |                  |
| City _____   | State _____   | Zip Code _____   |                  |
| <div> <div> <b>ALLERGIES</b><br/> <input type="checkbox"/> Aspirin<br/> <input type="checkbox"/> Cephalosporin<br/> <input type="checkbox"/> Codeine derivatives<br/> <input type="checkbox"/> Morphine derivatives<br/> <input type="checkbox"/> Penicillin<br/> <input type="checkbox"/> Sulfu drugs<br/> <input type="checkbox"/> None known<br/> <input type="checkbox"/> Other (use lines below) _____ </div> <div> <b>HEALTH CONDITIONS</b><br/> <input type="checkbox"/> Arthritis<br/> <input type="checkbox"/> Asthma<br/> <input type="checkbox"/> Diabetes<br/> <input type="checkbox"/> Glaucoma<br/> <input type="checkbox"/> Heart disease<br/> <input type="checkbox"/> Hypertension<br/> <input type="checkbox"/> Pregnancy<br/> <input type="checkbox"/> Thyroid disease<br/> <input type="checkbox"/> None known<br/> <input type="checkbox"/> Other (use lines at left) _____ </div> </div> |   |  |                  |
| I would prefer my prescription bottles to have easy open caps <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |  |                  |
| Email-Address (to receive information regarding the processing of your order) _____  |   | Home Phone _____   | Work Phone _____ |
| Preferred Method of Communication (if by phone, specify which number): _____   |   | Cell Phone _____   |                  |
| Additional Services Available: <input type="checkbox"/> Auto Refill <input type="checkbox"/> Text Message (when prescription is complete) <input type="checkbox"/> Email Notifications (when prescription is shipped)  |   | <div> <b>Cell Phone Carrier</b><br/> <input type="checkbox"/> Verizon <input type="checkbox"/> AT&amp;T<br/> <input type="checkbox"/> Sprint <input type="checkbox"/> T-Mobile<br/> <input type="checkbox"/> Other _____<br/> <small>For text message notification only</small> </div> |                  |
| Dependent Information  |   |  |                  |
| <input type="checkbox"/> Male <input type="checkbox"/> Female  | Date of Birth (MM/DD/YYYY) _____  |  |                  |
| Dependent Last Name _____  |   | Dependent First Name _____   |                  |
| E-mail Address (to receive information regarding the processing of your order) _____   |   | Alternate Phone _____  |                  |
| Cell Phone _____   | <div> <b>Additional Services Available:</b> <input type="checkbox"/> Auto Refill <input type="checkbox"/> Text Message (when prescription is complete) <input type="checkbox"/> Email Notifications (when prescription is shipped) </div> |  |                  |
| <div> <div> <b>ALLERGIES</b><br/> <input type="checkbox"/> Aspirin<br/> <input type="checkbox"/> Cephalosporin<br/> <input type="checkbox"/> Codeine derivatives<br/> <input type="checkbox"/> Morphine derivatives<br/> <input type="checkbox"/> Penicillin<br/> <input type="checkbox"/> Sulfu drugs<br/> <input type="checkbox"/> None known<br/> <input type="checkbox"/> Other (use lines below) _____ </div> <div> <b>HEALTH CONDITIONS</b><br/> <input type="checkbox"/> Arthritis<br/> <input type="checkbox"/> Asthma<br/> <input type="checkbox"/> Diabetes<br/> <input type="checkbox"/> Glaucoma<br/> <input type="checkbox"/> Heart disease<br/> <input type="checkbox"/> Hypertension<br/> <input type="checkbox"/> Pregnancy<br/> <input type="checkbox"/> Thyroid disease<br/> <input type="checkbox"/> None known<br/> <input type="checkbox"/> Other (use lines at left) _____ </div> </div> |   |  |                  |
| I would prefer my prescription bottles to have easy open caps <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |  |                  |





# ebms PRESENTS WELLVIA Telehealth

Our physician network is available over the telephone:



**24/7/365**

days of the year

## HOW IT WORKS:



Patient calls our Patient Care Center.



A Patient Care Coordinator gathers health information.



A board-certified, state-licensed physician consults with patient.



Physician calls in prescription if appropriate.



A Patient Care Coordinator follows up in 24-48 hours.

## DID YOU KNOW?

70% of all doctor visits can be handled over the phone.



40% of urgent care visits can be managed using Telehealth.

## WHEN IS WELLVIA APPROPRIATE?

### COMMON CONDITIONS

Acid Reflux  
Allergies  
Asthma  
Bladder Infection  
Bronchitis  
Cold & Flu  
Constipation  
Depression  
Diarrhea  
Diabetes  
Fungal Infections  
Gout  
Headache  
Heartburn  
Hemorrhoids  
High Blood Pressure  
Infections  
Nausea  
Pneumonia (mild)  
Rashes  
Sinus Conditions  
Sore Throat  
Thyroid Conditions  
Urinary Tract Infections



### COMMON MEDICATIONS PRESCRIBED

Albuterol  
Allegra  
Amoxicillin  
Augmentin  
Azithromycin  
Bactrim  
Bisoprolol  
Cipro  
Diflucan  
Flonase  
HCTZ  
Ibuprofen 800 mg  
Keflex  
Levaquin  
Lipitor  
Lisinopril  
Macrodan  
Metformin  
Nasonex  
Prednisone  
Pyridium  
Tamiflu  
Zithromax (Z-Pack)

WellVia. Virtual healthcare delivered with exceptional care.

Patient Care Center: 877.872.0370 [www.WellViaSolutions.com](http://www.WellViaSolutions.com)

\*Disclaimer: All rights to WellVia and WellVia's logo are trademarked and reserved to WellSpring Telehealth, LLC and may not be used without prior consent. WellVia services are non-emergency conditions only. For medical emergency, please dial 911. WellVia plans are not replacement for primary care physician and are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Prior to speaking with one of our network physicians, the member must complete a Medical History Questionnaire with WellVia. All consultations are subject to discretion of the attending physician and their clinical judgment in accordance with law limitations. Diagnostic consultations are subject to federal and state regulation and may not be available in your state. For updates and to receive further information, please visit [www.WellViaSolutions.com](http://www.WellViaSolutions.com).



# Medical Benefits

## Deductibles, per Plan Year:

|                          |         |
|--------------------------|---------|
| Per Covered Person ..... | \$1,000 |
| Per Family Unit .....    | \$2,000 |

## Maximum Out -of-Pocket Amount, per Plan Year:

|                       |                   |
|-----------------------|-------------------|
| Covered Person .....  | \$3,000           |
| Per Family Unit ..... | <del>\$6,00</del> |

## Copayments:

|  |      |
|--|------|
| Primary Care Physician's Office Visit..... | \$25 |
|--|------|

**Additional Information regarding the medical benefits are located on the Medical Benefits section of the Billings Public School Employee Health Plan.**





# Dental Benefits



## Preventative:

*Limit of two routine examinations per plan year*

## Plan Year dental deductible:

Per Covered Person.....0.....

Per Family Unit.....\$100.....

For Tooth Implants per Covered Person.....\$2,000 (*Lifetime benefit maximum*)

*Note: Some treatments will apply to Plan Year maximum & Lifetime benefit maximums*

**Additional Information on Dental Care can be found in the Dental Benefits section of the Billings Public School Employee Health Plan.**



# FLEXIBLE SPENDING ACCOUNTS

Billings Public Schools provides employees a means of paying medical and dependent care expenses with pre-tax dollars through a Flexible Benefit Plan. If you have any questions about this tax-saving benefit, contact the Insurance Office at 281-5045 or EBMS at 1-866-248-7204. For further information on identifying eligible medical expenses, the following IRS booklet is available: [Publication 502, Medical and Dental Expenses](#)

**Suncare that's skin deep**  
Put your best face forward this summer with sun & skin-friendly favorites.  
[Shop Now](#)

**Escape for A Day Giveaway**  
Your chance to win a free one-night stay and other amazing prizes!  
[Enter To Win](#)

- **Dependent Care Flexible Spending Account - DCA**
  - **\$ 5,000 Annual Election**
- **Health Flexible Spending Account - FSA**
  - **\$ 2,750 Annual Election**

**Introducing The Camp Collection**  
Little helpers for big explorers!  
[Start Shopping](#)

**My Summer Skincare Routine**  
[Check It Out](#)

**How to Choose the Best Sun Protective Sunglasses**  
[Find Out](#)

<https://ebms.wealthcareportal.com/Page/ShopFsaStore>



- **Employee \$10.38**
- **Emp+Spouse \$20.79**
- **Emp. W/Child(ren) \$22.20**
- **Family \$35.48**

|   | Billings Public Schools /Signature   |
|---|--|
| Exam  | • WellVision Exam covered every 12 months with <b>\$10 Copay</b>   |
| Materials (Lenses and or Frame)             | • <b>\$25 Copay</b>  |
| Frame Allowance                             | <b>\$150</b> Frame allowance or \$80 at Costco/WalMart <b>every 12 months</b>  |
| Lenses                                      | • <b>Single vision, lined bifocal or lined trifocal lenses every 12 months</b>   |
| Lens Enhancements                           | <ul style="list-style-type: none"> <li>•Standard progressive lenses covered in full in-network</li> <li>•Polycarbonate lenses covered for children</li> <li>•<b>35-40%</b> savings on lens enhancements—ex. Solid tints, anti-reflective coating, high index lenses, etc.</li> </ul> |
| Contact Lens Allowance (in lieu of glasses) | <b>\$130</b> allowance for contacts lenses and copay up to <b>\$60</b> for contacts lens exam (fitting and evaluation) <b>every 12 months</b>  |
| Diabetic Eyecare Plus Program (As needed)   | • Services related to diabetic eye disease glaucoma, and age-related macular degeneration. <b>\$20 Copay</b> . Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.  |

Additional details can be found at [VSP.com](https://www.vsp.com) or [Click here to review the Insurance/Benefits Page.](#)



# EMPLOYEE ASSISTANCE PROGRAM

**Mental health assessment, counseling, education and referral to enhance your total health and well being.**

**At Billings Clinic EAP and St Vincent's EAP, *members on the medical plan* will get up to 20 visits per plan year paid at a 100% by the district.**

**You can make an appointment with one of our EAP counselors by calling: BILLINGS CLINIC: 406-255-8469 or 406-255-8481 or ST. VINCENT: 406-237-3585**



## Employee Assistance Program (EAP)

Throughout our lives, all of us will face difficult times. Your EAP can help. Call for professional support that is free and confidential to all members of your household.



Jennifer Finn, MSW,  
LCSW, OSW-C



Stephanie Melmer,  
LCSW



Tia Robinette  
MSW, SWLC



Shannon Shirley,  
MS, LAC, LCPC



### Billings Clinic Employee Assistance Program

For more information or to make an appointment, call (406) 435-6266, email [EAP1@billingsclinic.org](mailto:EAP1@billingsclinic.org), or visit [billingsclinic.com](http://billingsclinic.com)

The Employee Assistance Program can offer telephonic and video consultations from remote locations. Please contact EAP for more information.

1020 N. 27th St., Suite 310 • P.O. Box 37000  
Billings, MT 59107-7000

## What services are offered?

The St. Vincent Healthcare Employee Assistance Program provides help to employees and their families dealing with personal challenges.

- **Free short-term, confidential counseling for you and your family.** Most of life's challenges can be resolved with short-term counseling. Whether you are dealing with depression or relationship issues, the professional counselors at EAP can help.
- **Referral services.** You and your EAP counselor may determine that a referral to another professional or community resource is necessary. If a referral is made, your EAP counselor will work with you to ensure that you receive the help you need, with professionals whose services are covered by your insurance plan.
- **Toll-free 24-hour crisis hotline.** St. Vincent Healthcare EAP offers a toll-free 24-hour crisis hotline. Should you need emergency assistance a counselor is available 24 hours a day.
- **Convenient counseling locations.** EAP counselors are conveniently located to provide you with prompt, courteous service.



1233 North 30th St.  
Billings, MT 59101  
406-237-7000 | [svh.org](http://svh.org)



## **Term Life Insurance and Accidental Death and Dismemberment**

Term Life Volume = \$50,000 (age reductions do apply)  
Accidental Death & Dismemberment = \$50,000

---

### **Long Term Disability**

90 day elimination period  
60 percent coverage/ \$2,500 maximum benefit



## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE ENROLLMENT

ReliaStar Life Insurance Company, Minneapolis, MN  
Telephone: 800-955-7736

A member of the Voya® family of companies

PLAN INFORMATION section to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.

**Billings Public School District #2,**

Group #701858 **Illand Unified School District**  
Union ID: \_\_\_\_\_ Account Number/PAYROLL Cycle 03 - Certified/BEA - Monthly on the 20th

Occupation: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_ Employment Status: ☐ Active Full-Time ☐ Active Part-Time ☐ Retired

This change is due to (Check all that apply):

☐ Initial Eligibility Following Hire ☐ Change in Coverage Amount ☐ Late Entrant ☐ Other \_\_\_\_\_

\*A late entrant is an individual who is first enrolling after the initial available opportunity.

### EMPLOYEE INFORMATION

Employee Name (First, Middle Initial, Last) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Employee ID Number: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### EMPLOYEE LIFE / AD&D INSURANCE

#### Basic Life / AD&D Insurance Election

☒ Employee Only—Elect Coverage (Note: Basic Life and Basic AD&D Insurance is employer provided.)

#### Supplemental Life / AD&D Insurance

Guaranteed Issue (GI) Limit = \$130,000. When you are first eligible for supplemental life coverage, you can elect up to the GI Limit without evidence of insurability.

#### Supplemental Life / AD&D Insurance Election

- ☐ I currently have supplemental life coverage of \$ \_\_\_\_\_  
☐ I am applying for supplemental life coverage of \$ \_\_\_\_\_ (\$10,000 increments)  
☐ I am applying to increase my supplemental life coverage to \$ \_\_\_\_\_ (\$10,000 increments)  
☐ Total supplemental life coverage (current plus additional): \$ \_\_\_\_\_  
☐ Waive coverage.

**BENEFICIARY INFORMATION** (Designate your beneficiary(ies) below. Percentages must total 100%, using whole percentages only. If additional space is required please attach a separate signed and dated document with the same information for each beneficiary.)

|   | Name (First, MI, Last) | DOB | Gender  | SSN / TIN | Relationship | % | Beneficiary Type  |
|---|------------------------|-----|---|-----------|--------------|---|---|
| 1 | Address                |     | <input type="checkbox"/> M <input type="checkbox"/> F |           | Phone ( )    |   | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |
| 2 | Address                |     | <input type="checkbox"/> M <input type="checkbox"/> F |           | Phone ( )    |   | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |
| 3 | Address                |     | <input type="checkbox"/> M <input type="checkbox"/> F |           | Phone ( )    |   | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |

### SPOUSE LIFE INSURANCE

When you are initially eligible for Spouse coverage, you can elect up to \$50,000 in coverage without evidence of insurability. Total Spouse coverage up to \$150,000 is available if Spouse completes an Evidence of Insurability form subject to approval by the insurance company. Spouse coverage is limited to 100% of the employee's supplemental life coverage amount.

Spouse Name (First, Middle Initial, Last) \_\_\_\_\_ Birth Date: \_\_\_\_\_

#### Spouse Life/AD&D Insurance Election:

- ☐ Elect: \$ \_\_\_\_\_ (\$5,000 increments)  
☐ Increase \$ \_\_\_\_\_ (\$5,000 increments)  
☐ Waive coverage.

Note: The employee is the beneficiary for any Spouse insurance coverage.

### CHILDREN LIFE INSURANCE

You are eligible for Children coverage in the below amounts.

Eligible employees may elect Children Supplemental Life Insurance of \$5,000 or \$10,000 on your children to age 26.

#### Children Life Insurance Election:

- ☐ \$ 5,000 for each eligible children  
☐ \$10,000 for each eligible children  
☐ Waive coverage.

Note: The employee is the beneficiary for any Children insurance coverage.

### SPOUSE AND CHILDREN INFORMATION

Enter information below. If additional space is required please attach a separate document.

|   | Spouse Name (First, MI, Last) | DOB | Gender  | SSN       |
|---|-------------------------------|-----|---|-----------|
|   |                               |     | <input type="checkbox"/> M <input type="checkbox"/> F |           |
|   |                               |     |   | Phone ( ) |
|   | Child Name (First, MI, Last)  | DOB | Gender  | SSN       |
| 1 |                               |     | <input type="checkbox"/> M <input type="checkbox"/> F |           |
|   |                               |     |   | Phone ( ) |
| 2 |                               |     | <input type="checkbox"/> M <input type="checkbox"/> F |           |
|   |                               |     |   | Phone ( ) |
| 3 |                               |     | <input type="checkbox"/> M <input type="checkbox"/> F |           |
|   |                               |     |   | Phone ( ) |

### READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life Insurance Company, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are applying for Supplemental Life; Please complete and return the form within 30 days from your start date.

Attn:  
Jennifer Kennedy  
Lincoln Center  
Room 103

# *Payroll Deducted Additional Benefits*



☐ Short Term Disability

☐ Accident Plan

☐ Cancer Insurance Plan

☐ LegalShield

☐ IDShield

☐ Combined

*\*Cancer & Accident plans can be pre-tax*

For more information or enrollment information  
contact Jerry Theis at (406) 294-2529 or text to  
(612) 716-0308, [gerald\\_theisjr@us.aflac.com](mailto:gerald_theisjr@us.aflac.com)

For more information or enrollment information  
contact Rick Halmes at (406) 208-8142  
[rmhalmes@hotmail.com](mailto:rmhalmes@hotmail.com)



## ***District Discounts***

***Show your ID Badge and get a Discount!***

***\*\*Not valid with any other offers. Some restrictions apply.\*\****

**Fitness Centers & Gyms**

**Automotive**

**Beauty & Personal Care**

**Cell Phone**

**Chiropractic**

**Coffee**

**District Events**

**Electrician: Electrical Contracting**

**Fun & Activities**

**Heating & Cooling**

**Pet Care**

**Real Estate**

**Restaurant & Fast Food**

**Shopping & Retail**

**Weight Loss**

**HEADSPACE: Free**

**If you would like us to contact a business that is not listed on the district webpage to see if they would offer a Corporate Discount to the Billings Public Schools, please contact Jennifer Kennedy, Benefits Manager at [kennedyj@billingsschools.org](mailto:kennedyj@billingsschools.org)**



Start at:

<https://www.billingschools.org/>

- “Faculty/Staff”
- “Benefits”

## IN THIS SECTION

Behavior Intervention

**Benefits**

Catering

Curriculum

District Discounts

District Forms

District Staff Directory

Facility Rentals

Help Desk

Labor Information

National Board Certified Teachers

Latest News

Payroll

PLC

Professional Development

Quick Links

Technology Support

Worker's Comp

## Benefits

### HEALTH BENEFITS

The health and well-being of the District's employees is a primary concern. This page provides a snapshot of some of the Billings Public Schools employee benefits. For further information, contact the Insurance Office at 406-281-5045.

Open enrollment will be May 11th through 12:00 PM on June 5th.

- Medical Dental Vision Enrollment
- Benefits Enrollment Form
- Flex Instructions
- LegalShield
  - Quick Start

### Medical and Dental Insurance

Billings Public Schools provides full-time employees with single coverage medical and dental insurance at no cost to the employee.

### Vision Insurance



Billings Public Schools provides full-time employees with single coverage medical and dental insurance at no cost to the employee.

Billings Public Schools through VSP Vision Care provides you access to the TruHearing program, which saves VSP members 30-60% on hearing aids. [Find out more information here!](#)

- TruHearing
- Make the most of your benefits
- VSP.com
- Eyeconic Benefit
- Vision Benefits Plan at a Glance

### FLEXIBLE BENEFIT PLAN

Billings Public Schools provides employees a means of paying medical and dependent care expenses with pre-tax dollars through a Flexible Benefit Plan. If you have any questions about this tax-saving benefit, contact the Insurance Office at 281-5045 or EBMS at 1-866-248-7204. For further information on identifying eligible medical expenses, the following IRS booklet is available: [Publication 502, Medical and Dental Expenses](#)

- CDH MemberPortal FAQ's (Consumer Driven Healthcare)
- How to enroll in Direct Deposit for CDH Reimbursements
- How to submit a CDH claim
- FSA FAQ's

## BENEFITS DOCUMENTS

- 2020-2021 Plan Document
  - Amendment 40
  - Amendment 41
  - Amendment 42
- 2020 Annual Required Notices
- 2020 Premium Breakdown
- 2020 Summary of Benefits

- 2019-2020 Plan Document
- 2019 Annual Required Notices
- 2019 Premium Breakdown
- Medical Plan
- Request for Flex Reimbursement

RETIREE  
BENEFITS

## DISTRICT CONTACT INFORMATION

Billings Public Schools Insurance Office  
Lincoln Center  
415 N 30th  
Billings, MT 59101  
Jennifer Kennedy  
Phone: (406) 281-5045  
Email: [kennedyj@billingschools.org](mailto:kennedyj@billingschools.org)

## EBMS CONTACT INFORMATION

Medical, dental, and flex claim questions:  
1-866-248-7204

Prescription claim questions:  
1-866-894-1504

Hospital pre-certification:  
1-866-894-1505



# BILLINGS PUBLIC SCHOOLS 2021/2022 MEDICAL/DENTAL/VISION ENROLLMENT FORM

Rates Effective July 1, 2021

\*\*\*\*\*Any employee with a change in eligible covered dependents must also complete a new BPS Benefits Enrollment Form.\*\*\*\*\*



MONTHLY RATES: Please Circle your choices below.

|                                   |                  |                     |                            |                |
|-----------------------------------|------------------|---------------------|----------------------------|----------------|
| Plan C Medical Insurance Premiums | Employee \$703   | Employee +1 \$1,119 | Employee +Children \$1,159 | Family \$1,350 |
| Dental Insurance Premiums         | Employee \$57    | Employee + 1 \$97   | Employee + Children \$110  | Family \$128   |
| Vision Insurance Premiums         | Employee \$10.38 | Emp+Spouse \$20.79  | Emp. w/Child(ren) \$22.20  | Family \$35.48 |

The Medical & Dental contribution of \$760 will be paid at 100% for BEA with a 1.0 FTE!

NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

DIST. I.D.#: \_\_\_\_\_ PHONE: \_\_\_\_\_ FTE: 1.0

Please Circle Your Unit: **BEA** BCEA MPEA ADMIN CONTRACT

PLEASE SELECT ONE PLAN: MED DEN + VIS = Total \$ (A)

DISTRICT CONTRIBUTION (\$703 for Medical and \$57 for dental for full time teachers/admin/contract and staff working over 20 hours a week) \$ (B)

SUBTRACT LINE B FROM LINE A. LINE C = EMPLOYEE COST EACH MONTH: \$ **\$760** (C)

Your premium cost (line C) will be deducted pre-tax. There is NO FEE for the pre-tax premium deduction. If you want your premium deducted after-tax, you must contact the Insurance Office and sign a "Premium Pre-Tax Declination Form".

With regard to my salary reduction agreement and my election of benefits, I understand that: "I may not change elections during the Plan Year unless there is a change in my family status. "The Administrator is authorized to adjust the amount of my salary reductions and benefits if it is necessary to satisfy certain provisions of the Internal Revenue Code or as a result of changes in premiums for benefits that are insured. "My election of salary reductions for medical/dental/vision benefits will remain in effect only for the Plan Year for which these elections are made. Failure to sign a new election form during the election period prior to each subsequent Plan Year will be considered an election to participate in the Plan for the Plan Year at the level of benefits selected for the previous year.

X \_\_\_\_\_  
Authorization Signature Date

## DECLINATION OF PARTICIPATION:

I have been given the opportunity to participate in the Medical/Dental/Vision Plan and have elected not to do so.

BCEA, MPEA  
OR Part-time  
BEA ONLY

Signature for Declination of Coverage

Date





# BENEFITS ENROLLMENT FORM

## BILLINGS PUBLIC SCHOOLS BENEFITS ENROLLMENT FORM

Please fill out this form in its entirety.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_ School District I.D. # \_\_\_\_\_

City State Zip Code Phone # \_\_\_\_\_

Home School \_\_\_\_\_ Occupation \_\_\_\_\_

Birth Date \_\_\_\_\_ Male ☐ Single ☐ Married ☐  
Month Day Year Female ☐ Widowed ☐ Divorced ☐

IS YOUR SPOUSE EMPLOYED? Yes ☐ No ☐  
If so, where?

DO YOU HAVE OTHER INSURANCE? Yes ☐ No ☐  
If you or any of your eligible dependents are eligible for other health benefits coverage, please provide the name of the company.

TYPE OF MEDICAL PLAN Employee ☐ Employee + One ☐ Employee + Children ☐ Family ☐

| DEPENDENTS COVERED ON MEDICAL PLAN | SOCIAL SECURITY # | SEX | DATE OF BIRTH | RELATIONSHIP |
|------------------------------------|-------------------|-----|---------------|--------------|
| Spouse:                            | ( - - )           |     |               |              |
| Children:                          | ( - - )           |     |               |              |
|                                    | ( - - )           |     |               |              |
|                                    | ( - - )           |     |               |              |
|                                    | ( - - )           |     |               |              |
|                                    | ( - - )           |     |               |              |
|                                    | ( - - )           |     |               |              |
|                                    | ( - - )           |     |               |              |
|                                    | ( - - )           |     |               |              |

Beneficiary for \$50,000 Life Insurance Policy

Relationship

Primary(ies) \_\_\_\_\_

Contingent(s) \_\_\_\_\_

X \_\_\_\_\_  
Signature of Applicant Date

FOR OFFICE USE

Emp Date \_\_\_\_\_ Inc Eff Date \_\_\_\_\_ Div \_\_\_\_\_ FTE \_\_\_\_\_

Notes:

**BILLINGS PUBLIC SCHOOLS  
2021/2022 SECTION 125 FLEXIBLE SPENDING ACCOUNTS  
ENROLLMENT FORM**



EACH EMPLOYEE MUST SIGN AND RETURN THIS FORM.

The elections you make on this enrollment form will remain in effect for the Plan Year beginning on July 1, 2021 and ending on June 30, 2022.

NAME: \_\_\_\_\_ DISTRICT I.D.#: \_\_\_\_\_  
SOC. SEC. #: \_\_\_\_\_ FTE: \_\_\_\_\_ BARGAINING UNION: **BEA**  
HOME PHONE: \_\_\_\_\_ HOME SCHOOL: \_\_\_\_\_

**Out-of-Pocket Flexible Spending Accounts:**

**Annual Amount**

A. (FLXOPTNA) MEDICAL FLEXIBLE SPENDING ACCOUNT; **MAXIMUM \$2,750** \$ \_\_\_\_\_ PER YEAR  
B. (FLXCPTNA) DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT; **MAXIMUM \$5,000** \$ \_\_\_\_\_ PER YEAR  
C. (FXCOPTNA) SECTION 125 COBRA (BPS PLAN ONLY) \$ \_\_\_\_\_ PER YEAR

**NOTE:** There may be limits on the amounts which can be used for certain benefits. You should review your Summary Plan Description and if you have any questions, please ask your Plan Administrator. With regard to my salary reduction agreement and my election of benefits, I understand that:

\*I may not change elections during the Plan Year unless there is a change in my family status (e.g. change in legal marital status, number of dependents, employment status, work hours, residence or other allowable events).

\*The Administrator is authorized to adjust the amount of my salary reductions and benefits if it is necessary to satisfy certain provisions of the Internal Revenue Code or as a result of changes in premiums for benefits that are insured.

\*My election of salary reductions for medical/dental/vision benefits will remain in effect only for the Plan Year for which these elections are made. Failure to sign a new medical/dental/vision election form during the election period prior to each subsequent Plan Year will be considered an election to participate in the Plan for the Plan Year at the level of benefits selected for the previous year.

\*Any amount over \$500 that are not used during the Plan Year will be forfeited and may not be paid to me in cash or used to provide benefits in a later Plan Year.

\*My Social Security benefits may be reduced as a result of my election.

**THIS AGREEMENT IS:** 1. Subject to the terms of the company's cafeteria plan, medical reimbursement plan, and/or dependent care assistance plan and amended from time to time; 2. Shall be governed by and construed in accordance with applicable laws; 3. Shall take effect under applicable laws; and 4. Revokes any prior election and compensation reduction agreement relating to such plan(s).

<> \_\_\_\_\_  
Authorization Signature Date

**DECLINATION OF PARTICIPATION:** I have been given the opportunity to participate in the Sect.125 Flexible Spending Accounts Plan and have elected not to do so.

NAME: (PLEASE PRINT) \_\_\_\_\_  
SIGN HERE  
TO DECLINE  
SECTION 125 Signature for Declination of Participation Date

**FLEXIBLE SPENDING  
ACCOUNTS  
ENROLL *OR DECLINE***

***ANNUAL Election or  
Declination Required***

**Bargaining Union :  
BEA**



## AUTO FLEX ENROLLMENT

One of the options of the Flex Plan is called "Auto Flex". This allows for you and your dependents, once processed under your Medical plan, to be automatically processed under the unreimbursed medical portion of the Flex Plan, up to the amount you have elected for the current Flex plan year.

If this option is elected, it will be in place for all claims. All claims submitted to the Medical Plan will also be submitted to the Flex Plan. Therefore, if you have your contribution "targeted" for a specific expense that you will incur, for example, in December, you may not want to elect "Auto Flex".

On the other hand, if you do not have your contribution "targeted" for a specific expense, but would like the convenience of the automated processing procedures, you may want to elect this option.

Because of the complications with coordination of benefits and Federal-law, Auto Flex cannot be elected by those what are covered under more than one health plan or health insurance policy.

The Auto Flex option will not be carried over from the previous Flex plan year. Participants will need to enroll each year.

To facilitate proper claims processing, please complete the requested information and sign on the appropriate line below. Please attach this to your enrollment form.

Billings Public Schools

Group Name

Social Security Number

Print Employee Name

I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. The medical expenses will not be reimbursed or are not reimbursed under any health plan coverage and will not be claimed as an income tax deduction. I fully understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to claims. Unless an expense for which payment of reimbursement is claimed is a proper expense, I may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid which relate to such expense.

☐ I hereby elect Auto Flex

☐ I hereby decline Auto Flex

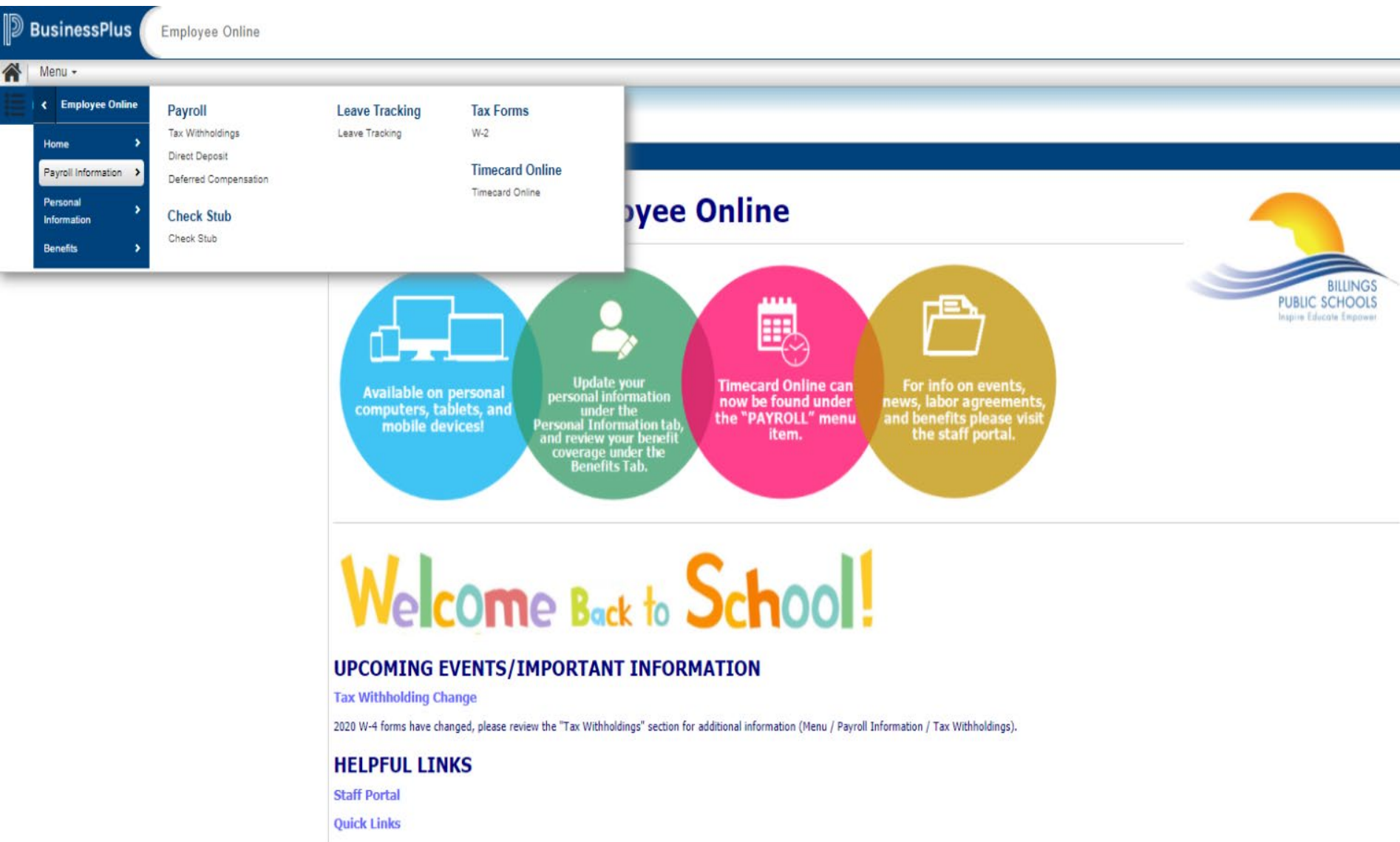
Employees Signature

Date

# CROSSOVER/AUTO PAY ELECT ORDECLINE

# ANNUAL ENROLLMENT

# Reminder: Please Review Your Check Stub!



The screenshot shows the BusinessPlus Employee Online portal. A menu overlay is visible on the left side, listing various options under the 'Employee Online' heading. The main content area features four colored circles with icons and text, followed by a 'Welcome Back to School!' banner and sections for upcoming events and helpful links.

**BusinessPlus Employee Online**

**Menu**

- Employee Online
  - Home
  - Payroll Information
  - Personal Information
  - Benefits

**Payroll**

- Tax Withholdings
- Direct Deposit
- Deferred Compensation
- Check Stub

**Leave Tracking**

- Leave Tracking

**Tax Forms**

- W-2

**Timecard Online**

- Timecard Online

**Employee Online**

**BILLINGS PUBLIC SCHOOLS**  
Inspire Educate Empower

**Available on personal computers, tablets, and mobile devices!**

**Update your personal information under the Personal Information tab, and review your benefit coverage under the Benefits Tab.**

**Timecard Online can now be found under the "PAYROLL" menu item.**

**For info on events, news, labor agreements, and benefits please visit the staff portal.**

**Welcome Back to School!**

**UPCOMING EVENTS/IMPORTANT INFORMATION**

[Tax Withholding Change](#)

2020 W-4 forms have changed, please review the "Tax Withholdings" section for additional information (Menu / Payroll Information / Tax Withholdings).

**HELPFUL LINKS**

[Staff Portal](#)

[Quick Links](#)



Please complete the following 4 forms  
BEFORE YOU LEAVE TODAY!

## Medical -Dental -Vision Enrollment Benefits Enrollment Form 125 Flexible Spending Account Auto Flex Enrollment

Please return to the Lincoln center, Room 103

### BILLINGS PUBLIC SCHOOLS 2021/2022 MEDICAL/DENTAL/VISION ENROLLMENT FORM Rates Effective July 1, 2021

\*\*\*\*\*Any employee with a change in eligible covered dependents must also complete a new BPS Benefits Enrollment Form.\*\*\*\*\*

MONTHLY RATES: Please Circle your choices below.

|                                   |                  |                     |                            |                |
|-----------------------------------|------------------|---------------------|----------------------------|----------------|
| Plan C Medical Insurance Premiums | Employee \$703   | Employee +1 \$1,119 | Employee +Children \$1,159 | Family \$1,350 |
| Dental Insurance Premiums         | Employee \$57    | Employee +1 \$97    | Employee + Children \$110  | Family \$125   |
| Vision Insurance Premiums         | Employee \$10.38 | Emp+Spouse \$20.79  | Emp. w/Children \$22.20    | Family \$35.48 |

NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_  
DIST. ID#: \_\_\_\_\_ PHONE: \_\_\_\_\_ FTE: **1.0**

Please Circle Your Unit: **BEA** ☐ **CEA** ☐ **MPA** ☐ **ADMIN** ☐ **CONTRACT** ☐

PLEASE SELECT ONE PLAN: ☐ **EMD** ☐ **DEN** ☐ **+ VISION** ☐ **+** Total \$ \_\_\_\_\_ (A)  
DISTRICT CONTRIBUTION (\$703 for Medical and \$57 for dental for full time teachers/administrators and staff working over 20 hours a week) \$ \_\_\_\_\_ (B)  
SUBTRACT LINE B FROM LINE A. LINE C = EMPLOYEE COST EACH MONTH: \$ **\$760** (C)

Your premium cost (line C) will be deducted pre-tax. There is NO FEE for the pre-tax premium deduction. If you want your premium deducted after-tax, you must contact the Insurance Office and sign a "Premium Pre-Tax Deduction Form".

With regard to my salary reduction agreement and my election of benefits, I understand that: "I may not change elections during the Plan Year unless there is a change in my family status." (The Administrator is authorized to adjust the amount of my salary reductions and benefits if it is necessary to satisfy certain provisions of the Internal Revenue Code or as a result of changes in premiums for benefits that are insured. "My election of salary reductions for medical/dental/vision benefits will remain in effect only for the Plan Year for which these elections are made. Failure to sign a new election form during the election period prior to each subsequent Plan Year will be considered an election to participate in the Plan for the Plan Year at the level of benefits selected for the previous year."

X \_\_\_\_\_  
Authorization Signature Date

DECLARATION OF PARTICIPATION: I have been given the opportunity to participate in the Medical/Dental/Vision Plan and have elected not to do so.  
BCEA, MPEA OR Part-time **BEA ONLY** Signature for Declaration of Coverage Date

### BILLINGS PUBLIC SCHOOLS BENEFITS ENROLLMENT FORM

Please fill out this form in its entirety.

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Social Security # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ School District ID # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_  
Home School \_\_\_\_\_  
Birth Date \_\_\_\_\_ Male ☐ Female ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐  
Is your spouse employed? Yes ☐ No ☐ DO YOU HAVE OTHER INSURANCE? Yes ☐ No ☐  
If so, where? If you or any of your eligible dependents are eligible for other health benefits coverage, please provide the name of the company.

| TYPE OF MEDICAL PLAN              | EMPLOYEE                 | Employee + One           | Employee + Children      | Family                   |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| DEPENDENT COVERED ON MEDICAL PLAN |                          |                          |                          |                          |
| Spouse                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Beneficiary for \$50,000 Life Insurance Policy Relationship  
Primary/Retiree \_\_\_\_\_  
Contingent(s) \_\_\_\_\_  
X Signature of Applicant Date

Group Code \_\_\_\_\_ PDR OFFICE USE \_\_\_\_\_  
Notes \_\_\_\_\_

### BILLINGS PUBLIC SCHOOLS 2021/2022 SECTION 125 FLEXIBLE SPENDING ACCOUNTS ENROLLMENT FORM

EACH EMPLOYEE MUST SIGN AND RETURN THIS FORM.

The elections you make on this enrollment form will remain in effect for the Plan Year beginning on July 1, 2021 and ending on June 30, 2022.

NAME: \_\_\_\_\_ DISTRICT ID #: \_\_\_\_\_  
SOC. SEC. # \_\_\_\_\_ FTE: \_\_\_\_\_ BARGAINING UNION: **BEA**  
HOME PHONE: \_\_\_\_\_ HOME SCHOOL: \_\_\_\_\_

Out-of-Pocket Flexible Spending Accounts: Annual Amount  
A. (FLXOPTNA) MEDICAL FLEXIBLE SPENDING ACCOUNT: MAXIMUM \$2,750 \$ \_\_\_\_\_ PER YEAR  
B. (FLXOPTNA) DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT: MAXIMUM \$5,000 \$ \_\_\_\_\_ PER YEAR  
C. (FLXOPTNA) SECTION 125 COBRA (BPS PLAN ONLY) \$ \_\_\_\_\_ PER YEAR

NOTE: There may be limits on the amounts which can be used for certain benefits. You should review your Summary Plan Description and if you have any questions, please ask your Plan Administrator. With regard to my salary reduction agreement and my election of benefits, I understand that:  
"I may not change elections during the Plan Year unless there is a change in my family status (e.g. change in legal marital status, number of dependents, employment status, work hours, residence or other allowable events)."  
"The Administrator is authorized to adjust the amount of my salary reductions and benefits if it is necessary to satisfy certain provisions of the Internal Revenue Code or as a result of changes in premiums for benefits that are insured."  
"My election of salary reductions for medical/dental/vision benefits will remain in effect only for the Plan Year for which these elections are made. Failure to sign a new medical/dental/vision election form during the election period prior to each subsequent Plan Year will be considered an election to participate in the Plan for the Plan Year at the level of benefits selected for the previous year."  
"Any amount over \$500 that are not used during the Plan Year will be forfeited and may not be paid to me in cash or used to provide benefits in a later Plan Year."  
"My Social Security benefits may be reduced as a result of my election."

THIS AGREEMENT IS: 1. Subject to the terms of the company's cafeteria plan, medical reimbursement plan, and/or dependent care assistance plan and amended from time to time; 2. Shall be governed by and construed in accordance with applicable laws; 3. Shall take effect under applicable laws; and 4. Revokes any prior election and compensation reduction agreement relating to such plan(s).

X \_\_\_\_\_  
Authorization Signature Date

DECLARATION OF PARTICIPATION: I have been given the opportunity to participate in the Section 125 Flexible Spending Accounts Plan and have elected not to do so.

SIGN HERE TO DECLINE SECTION 125 NAME: (PLEASE PRINT) \_\_\_\_\_  
Signature for Declaration of Participation Date

**EBMS Flex Dept.**  
Employee Benefit Management Solutions, LLC

PO box 21367 Billings, MT 59104-1367  
Phone: 406-254-3575  
www.EBMS.com

### AUTO FLEX ENROLLMENT

One of the options of the Flex Plan is called "Auto Flex". This allows for you and your dependents, once processed under your Medical plan, to be automatically processed under the unreimbursed medical portion of the Flex Plan, up to the amount you have elected for the current Flex plan year.

If this option is elected, it will be in place for all claims. All claims submitted to the Medical Plan will also be submitted to the Flex Plan. Therefore, if you have your contribution "targeted" for a specific expense that you will incur, for example, in December, you may not want to elect "Auto Flex".

On the other hand, if you do not have your contribution "targeted" for a specific expense, but would like the convenience of the automated processing procedures, you may want to elect this option.

Because of the complications with coordination of benefits and Federal law, Auto Flex cannot be elected by those who are covered under more than one health plan or health insurance policy.

The Auto Flex option will not be carried over from the previous Flex plan year. Participants will need to enroll each year.

To facilitate proper claims processing, please complete the requested information and sign on the appropriate line below. Please attach this to your enrollment form.

Billings Public Schools  
Group Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Print Employee Name \_\_\_\_\_

I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. The medical expenses will not be reimbursed or are not reimbursed under any health plan coverage and will not be claimed as an income tax deduction. I fully understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to claims, unless an expense for which payment of reimbursement is claimed is a proper expense, I may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid which relate to such expense.

☐ I hereby elect Auto Flex ☐ I hereby decline Auto Flex  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



**Jennifer Kennedy**

**Benefits Manager**

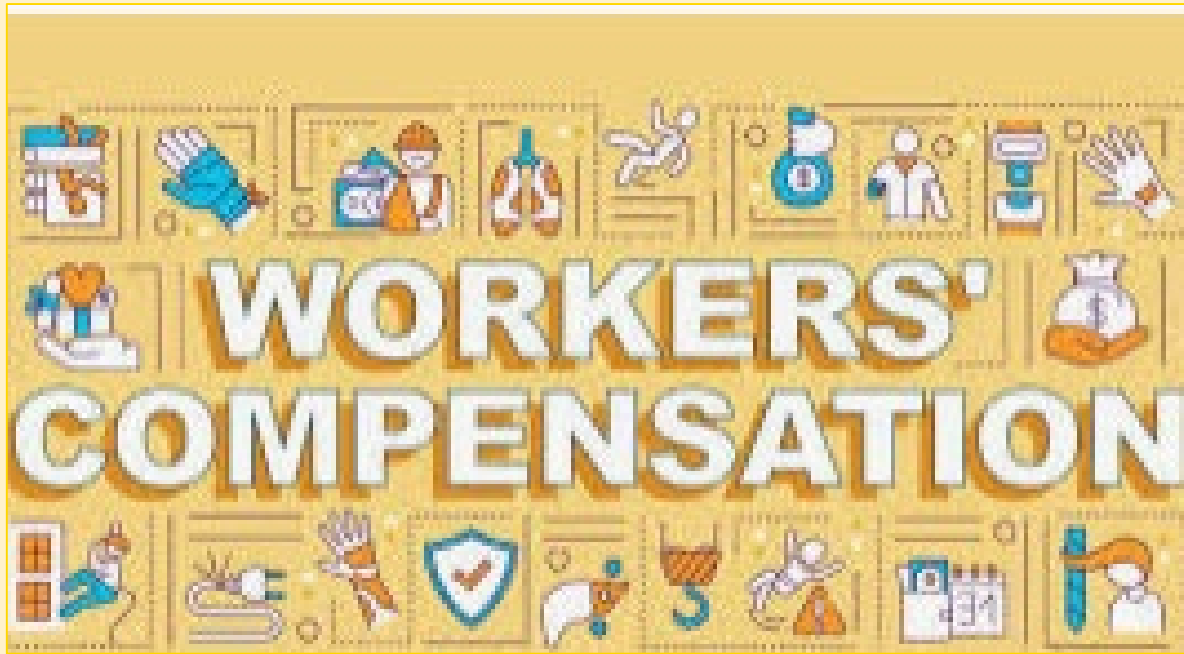
**[kennedyj@billingschools.org](mailto:kennedyj@billingschools.org)**

**(406) 281 -5045**

**This summary is for informational purposes only.**

**All benefits and general provisions described herein are subject to the terms, limitations, and exclusion of the Summary Plan Descriptions for Billings Public Schools.**





**Please let your building Administrator know if you are injured.**

**Your building secretary has required claim forms.**

# IF YOU ARE INJURED

## 1. complete first report of injury form

<https://www.billingsschools.org/>

- Faculty/Staff
  - Workers Comp
  - First Report of Injury

Complete **all** highlighted areas on the form

Employee **must** sign form

Supervisor **must** sign form

Any missing information could delay processing of claim

## 2. Turn completed form into the Benefits Office

Interschool mail your completed form:

Benefits Office

Lincoln Center, Room 103

Attn: Jennifer Kennedy

Or

Email: [kennedyj@billingsschools.org](mailto:kennedyj@billingsschools.org)

\*\*\*Form is processed and sent to Helena\*\*\*  
 MTSBA: Shauna Foley - Claims representative.  
 Email: [sfoley@mtsba.org](mailto:sfoley@mtsba.org)  
 Phone: (406) 457-4411

| Montana Schools Group<br>WCCRRP<br>Workers' Compensation Risk Retention Program   |   |  |              | FIRST REPORT of Injury or Occupational Disease<br><small>Send Completed form to:</small><br>MTSBA Insurance Services<br>PO Box 7029<br>Helena, MT 59604 |                            |   |                        | Toll Free: 1-877-667-7392<br>Fax: 406-457-4505  |             |  |
|---|---|--|--------------|---|----------------------------|---|------------------------|---|-------------|--|
| <b>Worker</b>   |   |  |              |   |                            |   |                        |   |             |  |
| LAST NAME   |   | FIRST NAME   |              | M.I.  | DATE OF BIRTH (MM/DD/YYYY) |   | SOCIAL SECURITY NUMBER |   |             |  |
| MAILING ADDRESS   |   |  |              | CITY  |                            | STATE   |                        | POSTAL CODE   |             |  |
| CONTACT NUMBER  | EDUCATION<br><input type="checkbox"/> LESS THAN HIGH SCHOOL<br><input type="checkbox"/> GED OR HIGH SCHOOL DIPLOMA<br><input type="checkbox"/> BEYOND HIGH SCHOOL |  |              | GENDER<br><input type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> FEMALE   |                            | MARITAL STATUS<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED<br><input type="checkbox"/> SINGLE <input type="checkbox"/> UNKNOWN |                        | NUMBER OF DEPENDENTS  |             |  |
| <b>Wages</b>  |   |  |              |   |                            |   |                        |   |             |  |
| DATE HIRED  | GROSS EARNINGS FOR FOUR PAY PERIODS PRECEDING THE INJURY  |  | DATE/AMOUNT  |   | DATE/AMOUNT                |   | DATE/AMOUNT            |   | DATE/AMOUNT |  |
| EMPLOYMENT STATUS<br><input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER   |   | NUMBER OF DAYS WORKED PER WEEK   |              | WAGE: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> OTHER                         |                            | <input type="checkbox"/> DAY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> YEAR   |                        |   |             |  |
| IN ADDITION TO GROSS EARNINGS CITED ABOVE WORKER RECEIVED: <input type="checkbox"/> OVERTIME <input type="checkbox"/> BONUS <input type="checkbox"/> OTHER  |   |  |              | ESTIMATED VALUE:  |                            | HOURS WORKED PER DAY:   |                        |   |             |  |
| WORKED NEXT SCHEDULED SHIFT<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |   | OFF WORK MORE THAN 4 WORK DAYS<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE                                     |              | DATE LAST WORKED  |                            | DATE OF RETURN TO WORK  |                        | FULL WAGES PAID FOR DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO      |             |  |
| OCCUPATION OF INJURED WORKER  |   | INJURED ASSIGNED TO:<br><input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> ADMIN. |              | SCHOOL SITE/BUILDING WHERE INJ. EMP. WORKS  |                            | PAYROLL CLASSIFICATION CODE:<br><input type="checkbox"/> 3388 <input type="checkbox"/> 3101   |                        |   |             |  |
| <b>Accident Description</b>   |   |  |              |   |                            |   |                        |   |             |  |
| DESCRIPTION OF ACCIDENT:  |   |  |              |   |                            |   |                        |   |             |  |
| CAUSE OF INJURY   |   | CAUSE CODE   | PART OF BODY | PART CODE   | NATURE OF INJURY           |   | NATURE CODE            | DATE AND TIME OF INJURY   |             |  |
| DATE DISABILITY BEGAN:  |   | DATE OF DEATH:   |              | NAMES OF WITNESSES:   |                            | 1) _____ 2) _____ 3) _____  |                        |   |             |  |
| ACCIDENT ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   | ACCIDENT ADDRESS OR LOCATION IF OFF PREMISES:<br>ADDRESS: _____ CITY: _____ STATE: _____ POSTAL CODE: _____  |              |   |                            |   |                        |   |             |  |
| DATE EMPLOYER NOTIFIED:   |   | ACCIDENT REPORTED TO:  |              | SAFETY EQUIPMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                            | SAFETY EQUIPMENT USED? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                        |   |             |  |
| <b>Medical</b>  |   |  |              |   |                            |   |                        |   |             |  |
| ATTENDING PHYSICIAN'S NAME:   |   | ADDRESS:   |              | CITY:   |                            | STATE/ZIP:  |                        | PHONE NUMBER:   |             |  |
| HOSPITAL NAME:  |   | ADDRESS:   |              | CITY:   |                            | STATE/ZIP:  |                        | PHONE NUMBER:   |             |  |
| TYPE OF INITIAL MEDICAL TREATMENT RECEIVED: <input type="checkbox"/> NO TREATMENT <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> TREATMENT ON-SITE BY EMPLOYER OR MEDICAL STAFF <input type="checkbox"/> CLINIC/DX. OFFICE <input type="checkbox"/> HOSPITAL  |   |  |              |   |                            |   |                        |   |             |  |
| <b>Signature</b>  |   |  |              |   |                            |   |                        |   |             |  |
| "This is my claim for workers' compensation benefits due to the on-the-job injury, occupational disease, or death of the above named worker. I understand that signing this claim for compensation authorizes the release to the workers' compensation insurer (and its agents) and to the Montana Uninsured Employers' Fund of Social Security records, rehabilitation records, and all health care information (medical records, pursuant to HIPAA, Public Law 104-191, 42 USC section 1301, et. seq., and section 39-71-604, MCA), that are directly relevant to the claimed injury, disease, or death. I also understand that if I obtain or exert unauthorized control over workers' compensation benefits to which I am not entitled, I may be prosecuted for theft." |   |  |              |   |                            |   |                        |   |             |  |
| Signature of Injured Worker or Beneficiary  |   |  |              |   |                            |   |                        | Date  |             |  |
| <b>Employer</b>   |   |  |              |   |                            |   |                        |   |             |  |
| EMPLOYER NAME:<br>BILLINGS PUBLIC SCHOOLS   |   | DOING BUSINESS AS:   |              |   |                            | FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):<br>81-0001088   |                        |   |             |  |
| MAILING ADDRESS:<br>415 N 30TH ST   |   | CITY:<br>BILLINGS  |              | STATE:<br>MT  |                            | POSTAL CODE:<br>59101   |                        | PHONE NUMBER:<br>(406) 281-5045   |             |  |
| LOCATION OF OPERATION, IF DIFFERENT FROM MAILING ADDRESS:   |   |  |              | NATURE OF BUSINESS OR SIC CODE:<br>SCHOOL DISTRICT  |                            | SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                        |   |             |  |
| DO YOU HAVE ANY REASON TO QUESTION THIS ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |  |              | IF YES, PLEASE EXPLAIN FULLY. USE SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE:  |                            |   |                        | WAS WORKER INJURED WHILE IN YOUR EMPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO |             |  |
| PREPARED BY:<br>JENNIFER KENNEDY  |   |  |              | OFFICIAL TITLE:<br>BENEFITS MANAGER   |                            | DATE:   |                        |   |             |  |
| AUTHORIZED EMPLOYER'S SIGNATURE:  |   |  |              |   |                            | TITLE:  |                        | DATE:   |             |  |
| <b>Insurer</b>  |   |  |              |   |                            |   |                        |   |             |  |
| CLAIM ADMINISTRATOR'S CLAIM NUMBER:   |   | DATE REPORTED TO CLAIM ADMINISTRATOR:  |              | THE ABOVE INFORMATION IS CORRECT WITH THE FOLLOWING EXCEPTIONS: <input type="checkbox"/><br>(ATTACH EXTRA SHEETS IF BOX AT RIGHT IS CHECKED)            |                            |   |                        |   |             |  |
| CLAIM ADMINISTRATOR'S NAME:<br>MTSBA INSURANCE SERVICES   |   |  |              | CLAIM ADMINISTRATOR'S ADDRESS:<br>PO BOX 7029, HELENA, MT 59604   |                            |   |                        | FEIN:<br>81-0480841   |             |  |
| INSURANCE COMPANY NAME:<br>MONTANA SCHOOLS GROUP INSURANCE AUTHORITY/WCCRRP   |   |  |              | POLICY NUMBER:  |                            | POLICY EFFECTIVE DATE:  |                        | POLICY EXPIRATION DATE:   |             |  |



**Montana School Group Insurance Authority  
Workers' Compensation  
Prescription Payment Authorization Form**

\*Please keep a copy of this Authorization Form on file with the script for auditing purposes\*

**Pharmacy:**

This is a temporary workers' compensation Rx payment authorization form. Please submit the prescription using the processing information listed below. If you have any questions or need assistance, please contact the MedicalServiceQuotes.com Customer Service Team at 888-894-3599.

**Processing Information:**

|  |  |
|--|--|
| Processor:   | EHO (Employer Health Options)                      |
| Bin #:   | 004527 (primary – most pharmacies use this number) |
| Specific pharmacy chains that require special codes to process use the following |  |
| Envoy/WebMD:   | 003241   |
| CVS Condor Code:   | 15721  |
| Eckerd's/Rite Aid:   | 2185   |
| Version:   | D.O  |

**Patient Information:**

|  |                                   |                 |   |
|--|-----------------------------------|-----------------|---|
| Last Name:   |                                   |                 |   |
| First Name:  |                                   |                 |   |
| School District:   |                                   |                 |   |
| Group#:  | 87037                             | Gender:         | <input type="checkbox"/> M <input type="checkbox"/> F |
| ID#/SSN#:  |                                   |                 |   |
| Date of Birth:   |                                   | Date of Injury: |   |
| Prior Authorization #:   | Retain this number for future use |                 |   |
| PA# = DOI in YYMMDD format (ex: January 1, 2018 would be 180101) |                                   |                 |   |
| Date Sent:   |                                   |                 |   |

Disclaimer: The information contained on this form may be privileged and protected from disclosure. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately and delete it from your computer. Thank you.

888-894-3599 695 | Jerry Street, Ste 205 Box 7 | Castle Rock, CO 80104

**Please do not use MiCare for  
workers Compensation.**

**Jennifer Kennedy**

**Benefits Manager**

**[kennedyj@billingssschools.org](mailto:kennedyj@billingssschools.org)**

**(406) 281 -5045**

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the left and right sides of the frame, creating a modern, dynamic backdrop for the central text.

# Tatia Bennett Payroll Accountant

(406) 281-5013

# Pay Day

- ▶ Pay day = 20<sup>th</sup> of each month.
- ▶ If the 20<sup>th</sup> is a Saturday or Sunday, pay day will be the Friday before.



# Paychecks

- ▶ The first regular pay day of the school year will be on September 20.

# Paychecks - 10 or 12 pay

- ▶ 10 Pay Option: 10<sup>th</sup> and final check received on the last day of school
- ▶ 12 Pay Option: Final **three** paychecks received on the last day of school

# Paychecks - 10 or 12 pay

Friday, September 2nd

Deadline for changing 10 or 12 pay selection

Submit changes in writing to Payroll.

# Employee ID

- ▶ Use employee ID on all correspondence
- ▶ Forgot your ID#?
  - ▶ Call Payroll or HR

# Discretionary Days

- ▶ 12 for full time
- ▶ Based on FTE for part time
- ▶ Unused discretionary days roll into sick days at the end of the school year.



# Timesheet for BEA Licensed Employees

**Billings Public Schools**  
Time Sheet for BEA  
Licensed Employees

Vsn 21.6.B

Please use **PEN** when filling out time sheet.

**\*Any whiteout or mark outs need to be initialed before submitting.**

|               |           |
|---------------|-----------|
| DATE RECEIVED | DATE PAID |
|---------------|-----------|

|               |                              |                   |
|---------------|------------------------------|-------------------|
| EMPLOYEE ID # | EMPLOYEE NAME (PLEASE PRINT) | SCHOOL / BUILDING |
|---------------|------------------------------|-------------------|

| MONTH            |       | YEAR |       |      |       |      |       |                   |
|------------------|-------|------|-------|------|-------|------|-------|-------------------|
| MONTH PAY PERIOD |       |      |       |      |       |      |       |                   |
| DATE             | HOURS | DATE | HOURS | DATE | HOURS | DATE | HOURS | TOTAL MONTH HOURS |
| 1                |       | 8    |       | 16   |       | 24   |       |                   |
| 2                |       | 9    |       | 17   |       | 25   |       |                   |
| 3                |       | 10   |       | 18   |       | 26   |       |                   |
| 4                |       | 11   |       | 19   |       | 27   |       |                   |
| 5                |       | 12   |       | 20   |       | 28   |       |                   |
| 6                |       | 13   |       | 21   |       | 29   |       |                   |
| 7                |       | 14   |       | 22   |       | 30   |       |                   |
|                  |       | 15   |       | 23   |       | 31   |       |                   |

I certify the above statement to be correct and compensation is due.

|                    |      |                         |      |
|--------------------|------|-------------------------|------|
| EMPLOYEE SIGNATURE | DATE | ADMINISTRATOR SIGNATURE | DATE |
|--------------------|------|-------------------------|------|

| ASSIGNMENT INFORMATION - PLEASE MARK THE APPROPRIATE BOX WITH AN "X"                |  |
|---|--|
| <b>ASSIGNMENT INFORMATION</b>   | <b>BUDGET CODE</b>   |
| <input type="checkbox"/> Extra Workload due to unavailability of substitute teacher | <input type="checkbox"/> 101-00-164-1000122-000 Name of teacher & subject/grade of teacher substituting for: _____ |
| <input type="checkbox"/> Homebound Teacher  | <input type="checkbox"/> 201-00-164-1000122-000 _____  |
| <input type="checkbox"/> Temporary Nurse  | <input type="checkbox"/> Reg. budget/Reg. Rate <input type="checkbox"/> Other Budget/Reg. Rate _____               |
| <input type="checkbox"/> Summer School  | <input type="checkbox"/> Reg. budget/Reg. Rate _____   |
| <input type="checkbox"/> High School Summer School- Credit Recovery                 | _____  |
| <b>OTHER</b>  |  |
| Budget Code(s): _____ Description of Work: _____                                    |  |
| <b>RATE OF PAY</b>  |  |
| <input type="checkbox"/> Curriculum \$ _____  | <input type="checkbox"/> Instructional \$ _____  |
| <input type="checkbox"/> Regular Hourly \$ _____                                    | <input type="checkbox"/> Other \$ _____  |

| ACCOUNTING PURPOSES |     |             |   |      |     |
|---------------------|-----|-------------|---|------|-----|
| HOURS               | CDH | BUDGET CODE | % | RATE | PAY |
|                     |     |             |   | \$   | \$  |
|                     |     |             |   | \$   | \$  |
|                     |     |             |   | \$   | \$  |
|                     |     |             |   | \$   | \$  |
|                     |     |             |   | \$   | \$  |

Available at:

Faculty/Staff page of  
billingssschools.org

School Secretary

Payroll Office  
(Rm 206 - Lincoln Center)

# Timesheets

- ▶ Submission Deadline: 10<sup>th</sup> of the month
- ▶ Hours worked in current month are paid the following month.

Extra hours in August = paid in  
September

# Timesheet Tips

- ▶ Legal name and correct ID number.
- ▶ Separate months = separate timesheets
- ▶ Hours on the date they are worked
- ▶ Initial changes, sign, and date

Missing information will result in a timesheet being returned to the school.

Please avoid delays!

# Direct Deposit

- ▶ Direct Deposit in your bank on payday
- ▶ Paper check delivered to home school on payday

# Union Dues

- ▶ Calculated by the BEA, deducted from your paycheck
- ▶ Questions?

Contact the BEA office at (406) 248-9812.



# Teachers Retirement System (TRS)

- ▶ Participation is mandatory.
- ▶ District pre-tax contribution = 9.37%
- ▶ Employee pre-tax contribution = 8.15%

# Employee Online

- ▶ View and print pay stubs
- ▶ Update tax withholding
- ▶ Change direct deposit
- ▶ Update personal information

# Employee Online

- ▶ Log In: Employee ID# (000xxxxx)
- ▶ Password: Last 4 of SSN

# Questions:

▶ Tatia Bennett

[bennett@billingssschools.org](mailto:bennett@billingssschools.org)

(406) 281-5013



# Welcome

New Hire Orientation  
Technology



# About Us

## Technology Secretary

406.281.505 0

## Help Desk

[help@billingssschools.org](mailto:help@billingssschools.org)

406.281.5151

## Brandon Newpher

Chief Information Specialist

406.281.5051

## Tessa Olson

Ordering & Budgeting Manager

406.281.5053

# Accounts and Email

Please get your HR paperwork done as soon as possible to set your accounts up in Technology.

- EMAIL
- POWERSCHOOL
- HELP DESK
- SAFE SCHOOLS



# LOGIN CREDENTIALS

LAST NAME FIRST INITIAL @  
BILLINGSSCHOOLS.ORG



EMAIL PASSWORD IS THE SAME FOR: LEAVES,  
POWERSCHOOL, HELP DESK, SAFE SCHOOLS,  
CREDIT APPROVALS

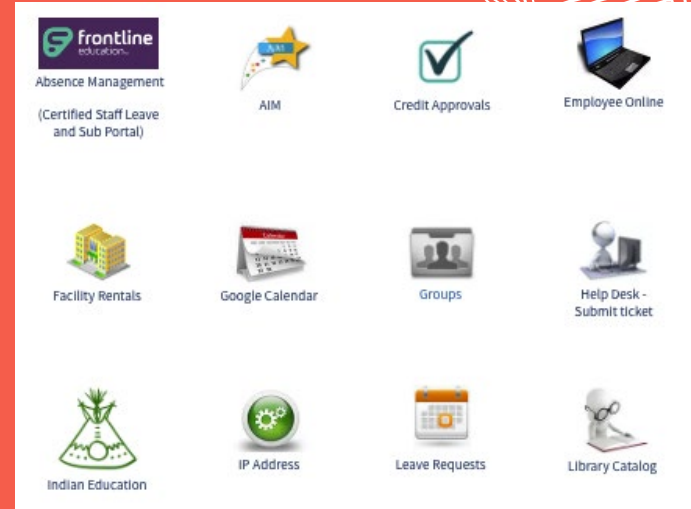
# How To Get to Quick Links

> <https://www.billingsschools.org/faculty>

- staff - portal

> Yellow box on the right side  
of the screen

> Click on Quick Links



# HElp Desk

Help Desk - 406.281.5151

Please place a help desk ticket or email [help@billingssschools.org](mailto:help@billingssschools.org) for technical assistance.

A tech is assigned to each building. Each tech has 3- 4 schools so help desk tickets ensure you don't get missed!

Visit the Help Desk link on the Quick Links page for more!

<https://www.billingssschools.org/faculty-staff-portal/quicklinks>

Technology does not support the use of personal devices. (printers, phones, Alexa)

# Employee Online Login

Username: Employee ID with leading  
zeros to make it 8 digits long  
Example: 00012345

Password: Last 4 digits of your Social  
Security number

We do not mail out W - 2's.  
You must print them online.



# TEACHER WEBSITES

Compliance (Web Accessibility) and the Office of Civil Rights requires public school districts to follow guidelines to improve the accessibility of our websites.

Teacher websites ADA must be created in new Google Sites and follow our checklist of guidelines required to maintain compliance.

Our Technology Integration Specialists offer classes on Google Sites and Web Accessibility.

Google Classrooms are acceptable. SeeSaw is not ADA Compliant however you will know the needs of your students best. Symboloos are NOT compliant.



# Mitel Phones

9

## Voicemail set up:

Your voicemail pin is 1234, you will be prompted to change it upon first login. Stay on the line to set up your voicemail greeting. Don't forget to press # to save your greeting.

If your name on your phone is incorrect, please submit a help desk ticket.

## Connect Client:

We encourage the use of the this software that can be downloaded to your computer. It allow you to manage your phone from you computer monitor. This software does not work outside of the BPS Network.

Visit 10.15.1.2 in your search bar to download.

Username: Last name first initial

Password: changeme


**DIAL 9 TO GET OUT  
OF THE BUILDING!**

# Ordering System

- ✎ All orders must be approved by your home school principal.
- ✎ Do not purchase Technology with the school P - card. All technology over a certain dollar amount must be asset tagged.



# Personal Technology



TECHNOLOGY DOES NOT SUPPORT:  
ALEXA  
PERSONAL PRINTERS  
PERSONAL IPADS  
CELL PHONES

THERE IS A GOOD CHANCE DEVICES SUCH AS THESE WILL NOT FUNCTION PROPERLY ON OUR BPS NETWORK.



CONTENTKEEPER CERTIFICATES ARE CURRENTLY ONLY FOR SCHOOL ISSUES DEVICES. WE WILL NOTIFY YOU WHEN AND HOW TO AUTHENTICATE YOUR PERSONAL DEVICES SUCH AS CELL PHONES WHEN THAT TIME COMES.



IF CONTENT KEEPER CERTIFICATES ARE NOT WORKING ON YOUR SCHOOL ISSUED MACHINE, PLEASE CONTACT YOUR BUILDING TECH. YOUR DEVICE NEEDS TO BE ENROLLED CORRECTLY IN OUR SYSTEMS. THIS WILL HAPPEN IF YOU CANNOT SUCCESSFULLY USE YOUTUBE OR GOOGLE.





# Thanks!

## Any questions?







Billings Public  
Schools

# Technology

**Director: Brandon Newpher**





# Duo Security

## Two-Factor Authentication

- Why do we need two-factor authentication?
- What is Duo Security?
- What is two-factor authentication?
- How will Duo change my login experience?



# What is Duo Security?

Duo Security is a company that provides a cloud-based software service that utilizes two-factor authentication to ensure secure access to services and data.

## What is two-factor authentication?

Two-factor authentication provides a second layer of security to any type of login, requiring extra information or a physical device to log in, in addition to your password.

By requiring two different channels of authentication, we can protect user logins from remote attacks that may exploit stolen usernames and passwords.





# Why do we need two-factor authentication?

Login credentials are more valuable than ever and are increasingly easy to compromise. Over 90% of breaches today involve compromised usernames and passwords.

Two-factor authentication enhances the security of your account by using a secondary device to verify your identity. This prevents anyone but you from accessing your account, even if they know your password.





# How will Duo change my login experience?

---

**Step 1**

Log into your normal programs

---

**Step 2**

Duo will then have you sign in to authenticate your access

---

**Step 3**

Easily sign in with Duo by smart phone!

---

**\*\*if you do not have access to a smartphone please contact the Helpdesk.**

---

# Welcome from the Billings Education Association

We are happy you are here!



Sometimes new  
hire orientation  
is a little  
overwhelming.  
We understand.





Today I want to talk  
about your union  
and the importance  
of being an active  
member.

Introductions are in order:

My name is Doug Robison

I am a business teacher.

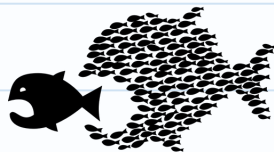
I am your current BEA President.

I was elected into my position by my  
fellow union brothers and sisters.

Hi!



**ORGANIZE!**



# Tell me about our union!

An organization of teaching professionals who  
work to protect their rights and interests

**We  
advocate  
for you!**

In person

For your contract

On a state and  
national level

**We provide  
Professional  
development**

Educator's  
Conference

National Board

Teacher  
Leadership

**You are  
the union!**

All our work is  
done by  
certified staff

Scholarships

Fund for Kids in  
Need

**There are  
Perks to being  
a member!**

Voting rights

Liability  
insurance

Discounts!

Access to a  
person in your  
corner



# How is the BEA structured?

## Who makes decisions?

### Representative council

Each school elects one person for 15 members. They are the most powerful. Meets monthly.



### Board of directors

Elected by the membership. Meets monthly. President, 1st Vice President, 2nd Vice President, Secretary, High School Director, Middle School Director, Elementary Director, Three Directors at Large

### The members

You must be a current member to vote and to receive communication. Ratifies our contract.

What percentage of  
Billings Public Schools  
teachers are members?

94%

# What is the MFPE?

## Are we a part of the NEA or AFT?

Mfpe  
Montana Federation of  
Public Employees

25,000 members in MT

BEA is the largest local  
in Montana

President Amanda  
Curtis, statewide board,  
Doug serves on this  
board



Aft  
American Federation  
of Teachers

Meets every two  
years nationally.

Helps with funding  
to our state.



NEA  
National Education  
Association

Meets every year  
nationally

Helps with funding to  
our state. We benefit  
more than what we give.



# If I need help from my union who do I call?



Every building has at least one building rep. Start here.

They will send out member only communication. Bargaining information, survey's, notes from meetings.

If your building rep can't help- then contact me!



# How do i find my contract?

Go to the School Website:

[www.billingsschools.org](http://www.billingsschools.org)

Click on Faculty/Staff

Click on Labor Information

Click on BEA 2021 -24 Labor Agreement





What is an moa? Why is everyone talking about?



Join our union for the benefits  
Join us online for information



[www.facebook.com/billingseducationassociation](https://www.facebook.com/billingseducationassociation)



**@bealocal7515**

BEA website - [www.beabillings.org](http://www.beabillings.org)

# If I had to know one thing before I go to school....

## Weingarten Rights

### **WEINGARTEN RIGHTS**

*If this discussion could in any way lead to my being disciplined or terminated or have any effect on my personal working conditions, I respectfully request my union representative, officer or steward to be present at this meeting. Without union representation, I choose not to participate in this discussion.*

Be Involved in your Union- it is the U and I in union that makes us strong

Know your Contract

# What does it cost?

| 2022-2023 MFPE and National Dues with Membership Codes |          |             |        |             |        |             |          |
|--|----------|-------------|--------|-------------|--------|-------------|----------|
| Higher Education Faculty and K-12 Certified Members    |          |             |        |             |        |             |          |
| Effective September 1, 2022                            |          |             |        |             |        |             |          |
| SALARY LEVEL   | NATIONAL |             | MFPE   |             | BEA    |             | TOTAL    |
|  | Code     | Annual Dues | Code   | Annual Dues | Code   | Annual Dues |          |
| Salary of \$48,675 or higher                           | AC-1-100 | \$240.00    | AC-0-5 | \$390.00    | Step 5 | \$175.00    | \$805.00 |
| Salary of \$38,940 to \$48,674                         | AC-1-100 | \$240.00    | AC-0-4 | \$312.00    | Step 4 | \$159.00    | \$711.00 |
| Salary of \$29,205 to \$38,939                         | AC-1-100 | \$240.00    | AC-0-3 | \$234.00    | Step 3 | \$125.00    | \$599.00 |
| Salary of \$19,470 to \$29,204                         | AC-1-50  | \$120.00    | AC-0-2 | \$156.00    | Step 2 | \$93.00     | \$369.00 |
| Salary up to \$19,469                                  | AC-1-25  | \$69.00     | AC-0-1 | \$78.00     | Step 1 | \$60.00     | \$207.00 |

What does that include? Everything we have discussed. The negotiation of your contract, advocacy for you individually, as a group at SD2, state wide, and nationally .

Time to fill out the membership form!

Press HARD - carbon copy

Why do we need your home phone? Email?

Dues? We can fill that out!

Your copy is the last page. Turn in your membership form and get your gift!

# Welcome Video from President Curtis:

Welcome to your Union

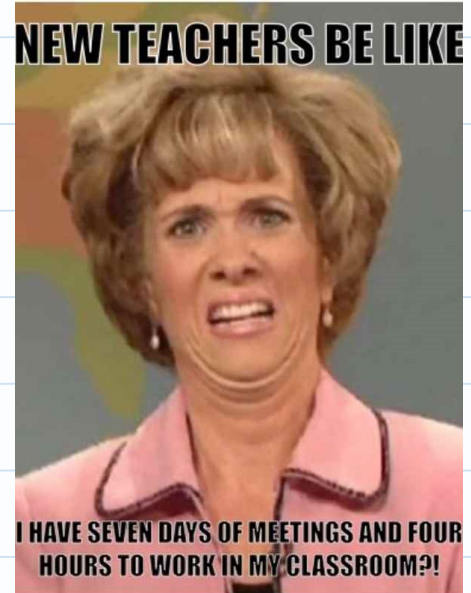
We wish you all the best this  
year. We are here to help.  
we are glad you are here!



Two things I love more than  
*anything* in the world:

1. The beginning of summer.
2. The beginning of a new school year.

WE ARE  
TEACHERS







# Homeless Education Program Billings Public Schools

Kevin Brook

Homeless Education Liaison, K-12

Riverside Middle School

Office: 281-6719

Cell: 671-8421

[brookks@billingsschools.org](mailto:brookks@billingsschools.org)

# Which child is homeless?



# Federal Definition of Homeless Children & Youth

Individuals who lack a **fixed, regular, and adequate nighttime residence** and includes those:

- Living in emergency/transitional shelters
- Living in trailer parks and campgrounds because they lack adequate living accommodations
- Doubled-up because of loss of housing or other similar situations

## Definition, Continued

- Living in runaway shelters, abandoned buildings, cars, parks, the streets or other inadequate accommodations
- Throwaway children (i.e. those whose parents or guardians will not permit them to live at home) if they live on the streets, in shelters, or in other transitional or inadequate accommodations
- Living in hotels, motels due to economic hardship.



# Identified Homeless Students enrolled in SD2 Billings

2019-20: 457 identified students

2020-21: 468 identified students

2021-2022: 573 identified students

Covid Impact 2019-2021 School Years

# BPS Homeless Program

- Full time Liaison
- School supplies, hygiene items, backpacks, etc.
- School Transportation – MET/fuel only cards
- School fees, gym shoes
- Anything that ensures the academic success of homeless students



# Student & Parent Educational Rights

Immediate enrollment and participation in school

- Homeless families do not need to provide proof of residency or address that could cause delay
- Lack of school records, birth certificate or immunization records cannot prevent homeless student from enrolling
- Homeless students have the right to remain in school of origin and the district MUST provide transportation



# Student & Parent Educational Rights, Continued

- Additional academic assistance through Title 1
- Equal access to all programs the student may qualify for  
– cannot be disqualified due to homeless status
- Equal access to extra-curricular activities.
- If transportation is a barrier to a student's or parent's participation, then the LEA can provide it. For example: Parent Teacher Conferences, Open House, School Carnival, Music concerts, etc.

# Hidden Homelessness



*"Could someone help me with these?  
I'm late for math class."*

- Often times, a student will not share what they are going through. However, there are often signs that teachers can look for.



Our Shared Response...

The Power of Relationships

# FRONTLINE Absence Management

Absence Management will be used to request time off and locate a substitute.

You must enter an absence for any time you are out of the classroom, whether you need a substitute or not.

Once an absence is entered, it will start the process for locating a substitute, it does not have to be approved before it starts this process.

An absence can be entered up to 48 hours after the start of an absence. If the cutoff time is missed, contact the secretary.

Absences can be canceled up to 30 minutes prior to the start time. If an absence is not canceled, and substitute arrives at the school, the school will still be required to pay for that substitute.

Jobs do not “call” out for a sub until 48 hours prior to the job start time, however it will be available immediately to preferred subs. Below is an example of how the system will call out for subs:

|         | SUNDAY  | MONDAY  | TUESDAY  | WEDNESDAY   | THURSDAY                                   | FRIDAY  | SATURDAY  |
|---------|---|---|--|---|--|---|---|
| MORNING |  | <i>Call for<br/>Monday<br/>jobs only</i>                      | <i>Call for<br/>Tuesday<br/>jobs only</i>                      | <i>Call for<br/>Wednesday<br/>jobs only</i>                 | <i>Call for<br/>Thursday<br/>jobs only</i> | <i>Call for<br/>Friday<br/>jobs only</i>  |  |
| EVENING | <i>Call for<br/>Monday &amp;<br/>Tuesday<br/>jobs only</i>                          | <i>Call for<br/>Tuesday &amp;<br/>Wednesday<br/>jobs only</i> | <i>Call for<br/>Wednesday &amp;<br/>Thursday<br/>jobs only</i> | <i>Call for<br/>Thursday &amp;<br/>Friday<br/>jobs only</i> | <i>Call for<br/>Friday<br/>jobs only</i>   |  |  |

PREFERRED SUBSTITUTE PROCESS:

Substitutes are offered jobs on a preferred system using a calculation from when the job is entered and the start time. Jobs are available for web shopping based on the lead time as follows:

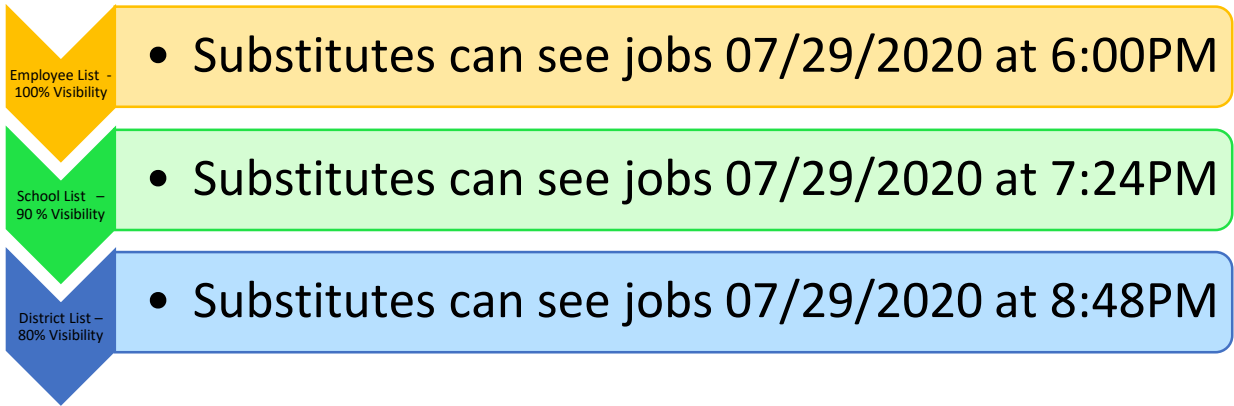
- Employee 100%
- Schools 90%
- District 80%

Add preferred subs as you find subs that work well in your classroom. This will help fill jobs quicker. If you are new to the District you may need to ask others who they recommend. Instructions are included in your packet to set up preferred subs.

Setting up the Preferred Sub list will open more subs sooner to the jobs. If you do not have any preferred subs, your job will not be visible until it reaches the 90% lead time – IF schools have preferred subs set up – if not it will not be available until it reaches the 80%. Below is a chart that explains this process.

EXAMPLE: An employee creates an absence at 6:00 PM on July 29th and her absence starts at 8:00 AM on July 30th. This gives the system exactly 14 hours of Lead Time.

| Lead Time     | 14 Hours                     |
|---------------|------------------------------|
| Employee List | 100% Visibility (14hrs)      |
| School List   | 90% Visibility (12hrs 36min) |
| District List | 80% Visibility (11hrs 12min) |



## **ACCESS TO FRONTLINE**

**3 Emails will be sent to your Billings Public Schools email account:**

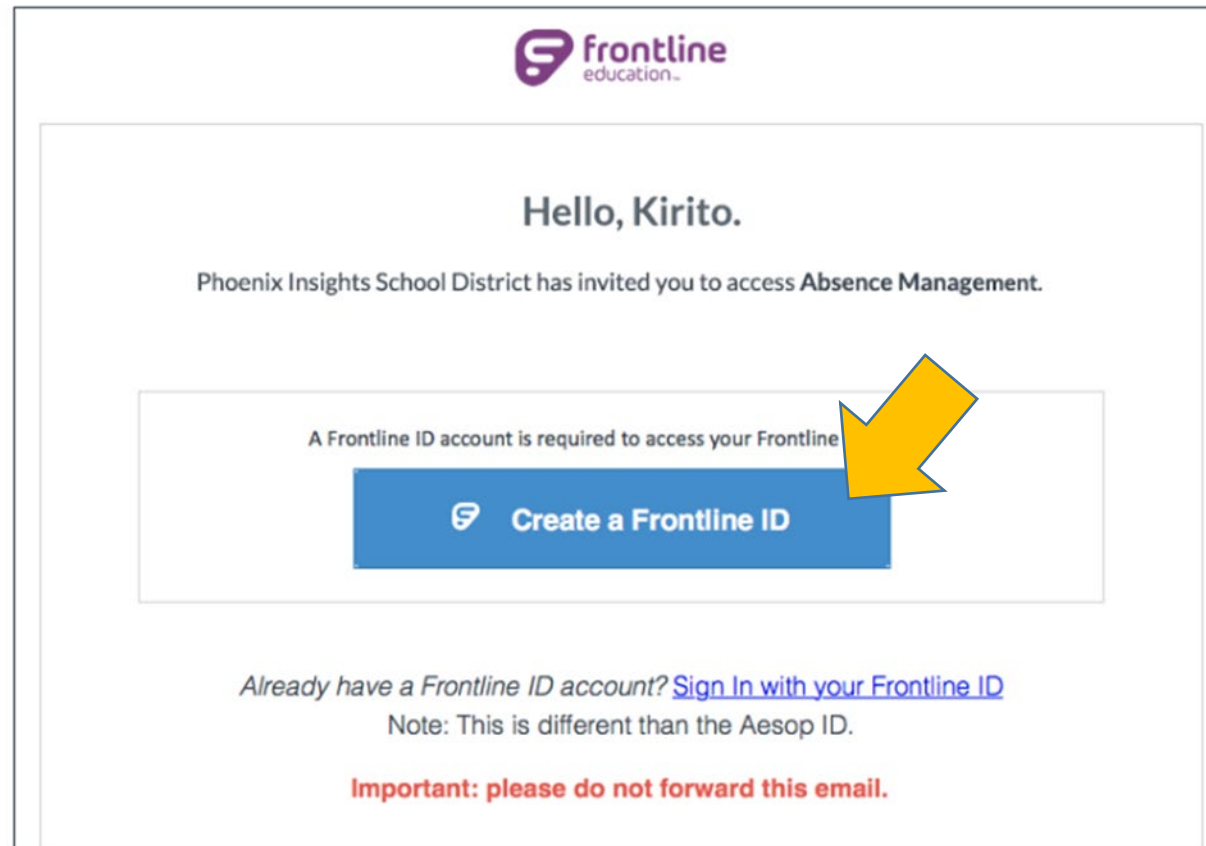
- Welcome To Frontline**
- My Employee Letter**
- Invitation to Join**

**If you do not know your email account, please contact your school for assistance.**

**If you do not receive all 3 emails, look in your JUNK/SPAM folders. If the emails are not found there, then contact Megan Taylor in Human Resources.**



You must access Absence Management via the web using the Invitation that is sent. Create an access ID using the District standard of last name first initial (just like your email) and password.



High

Billings Public Schools

posted on Monday, July 1, 2019

WELCOME TO BILLINGS PUBLIC SCHOOLS - DISTRICT #2

**At this time please do not submit for any Discretionary time for the 2019/2020 school year. Absence Reason Balances will be loaded in July and you may enter any Discretionary time off requests beginning July 15, 2019. If a request is submitted prior to 07/15/19 it will be denied/deleted and will need to be resubmitted. Thank you for your cooperation.**

You MUST use all of your Discretionary before Sick time. Please make sure to check your balance prior to entering your time off. To check you balance - log onto Absence Management > Account (left hand side) > Absence Reason Balance

**2019-2020 Black Out Days (for Teachers only!)**

[2019](#)

[2020](#)

**TEACHERS - SECRETARIES - ADMINISTRATORS:**

*When creating jobs please note in the text instructions:*

*\*\*If the job is not at your home school or if it's at multiple locations so the substitute teacher has appropriate transportation*

*\*\*If the job is outside so substitute teachers know to dress appropriately*

*Thanks!*

Low

Billings Public Schools

posted on Monday, July 1, 2019

**Scheduled Maintenance**

Due to scheduled maintenance, Absence Management may experience intermittent connection issues on Saturday, July 13, between 6:00am-10:00am EDT. We apologize for any inconvenience this may cause.

\*\*\*This message will remain posted until July 13, 2019.\*\*\*



Dismiss

## How to get Frontline Support for Training videos

The screenshot displays the Frontline Education Absence Management interface. At the top, the user is logged in as 'TEST TEACHER' and is viewing the 'Absence Management' section for 'Billings Public Schools'. A blue arrow points to a question mark icon in the top right corner, which has opened a 'HELP RESOURCES' dropdown menu. Another blue arrow points to the 'Frontline Support' link within this menu. The menu also contains contact information for Billings Public Schools, including the name Laurie Bogers, phone number (406) 281-5044, fax number (406) 281-6196, and email address Bogersl@Billingschools.Org. Below the calendar, there are tabs for 'Create Absence', 'Scheduled Absences', 'Past Absences', and 'Denied Absences'. The 'Create Absence' tab is active, showing a form to select a date, substitute, reason, time, and add notes. A 'Helpful Hint' is provided for selecting multiple days. The 'FILE ATTACHMENTS' section on the right allows for dragging and dropping files or choosing a file from the system. The bottom of the screen shows a 'Cancel' button and a green 'Create Absence' button.

VIEWING AS  
**TEST TEACHER**   **Absence Management**   Billings Public Schools

NAVIGATION  
Home  
Absences  
Feedback  
Account  
Directory

July 2019  
SUN MON TUE WED THU FRI SAT  
1 2 3 4 5 6  
7 8 9 10 11 12 13  
14 15 16 17 18 19 20  
21 22 23 24 25 26 27  
28 29 30 31

August 2019  
SUN MON TUE WED THU  
1  
4 5 6 7 8  
11 12 13 14 15  
18 19 20 21 22  
25 26 27 28 29 30 31

HELP RESOURCES  
CONTACT YOUR ORGANIZATION  
Billings Public Schools  
Laurie Bogers  
Phone: (406) 281-5044, Fax: (406) 281-6196  
Bogersl@Billingschools.Org  
Frontline Support

Absences Closed Day In-Service Day

Create Absence   0 Scheduled Absences   0 Past Absences   0 Denied Absences

Please select a date  
Need more options? Advanced Mode

July 2019  
SUN MON TUE WED THU FRI SAT  
30 1 2 3 4 5 6  
7 8 9 10 11 12 13  
14 15 16 17 18 19 20  
21 22 23 24 25 26 27  
28 29 30 31 1 2 3

Substitute Required No  
Absence Reason Select One  
Time Please enter a valid time range using the HH:MM AM format. Full Day 07:45 AM to 03:45 PM  
Notes to Administrator (not viewable by Substitute)  
Helpful Hint: You can select multiple days individually or click-and-drag to select a range of dates.  
255 character(s) left

FILE ATTACHMENTS  
DRAG AND DROP FILES HERE  
Choose File No file chosen  
Shared Attachments


Cancel Create Absence


frontline education  
© 2019 | All rights reserved

# Welcome! How can we help?

Find answers (creating an absence, report writer, employees, etc.)

Search

 Home

 Employee Help

Basics and Tips

› Adding and Managing Absences

★ Feedback and Preferred Subs

Absence Management Mobile

Insights Platform Overview

Insights Platform Management

Frontline Mobile App

Browser and IT Resources

Popular Questions for Employees

› Getting Started for Employees

› The Employee Home Page

› Employee QuickStart Guide

› Managing Personal Information

› Changing Your PIN

› What is Teachwise?

› Employee Web Basic Training  
[Video]

› Employee Web Advanced Training  
[Video]

Absence Reason Balances



AN ABSENCE

sences

Feedback

## **Once you have reviewed the training videos in Absence Management, you can begin entering absences.**

Please review the Absence Reason Guidelines to help you enter the correct leave type. This is included in your New Hire Folder.

### **Discretionary Time**

- 12 Days/year – These days are for vacations, personal time and “sick” time. Once these days are used, no more time will be granted.
  - If days are not used, the following year, days will roll into a “Sick Bank”
    - This is the only way to accrue “sick” time. Use Discretionary time wisely and only if absolutely needed.
    - NOTE: Once you have accrued sick time, sick leave can only be used after all Discretionary time has been used.
- Maternity Leave – No sooner than 3 months prior to your due date, contact Megan Taylor in Human Resources for the process of maternity leave.
- Professional Leaves – MUST be approved before taking the time off. Use the guidelines for the appropriate leave type.

Please contact Megan Taylor in Human Resources if you have any questions about what leave type you should be using or concerns with an absence approval.

# **LEAVE WITHOUT PAY**

**Must be approved by the District appointed Administration**

**Only granted when all Discretionary and Sick time have been used AND under extenuating circumstances**

**Leave without pay could affect benefits and retirement.**

**NEVER take Leave without Pay on the last day of school. You must be in a paid status on the last day of school if you want your paid benefits to continue through the summer break.**

**Excessive absences- if an employee reaches the stage of leave without pay, classroom productivity becomes a concern. Continuous Education is a priority and the best way to achieve that is to have teachers in their classrooms.**

**Use your Discretionary days ONLY when absolutely needed.  
Try and plan vacations during breaks in school and summer months.  
Try to schedule medical appointments outside of school hours.  
Plan for the future – save your days!**

**Illness and injuries can happen at anytime; you want to have time available when you need it the most.**

# **BLACKOUT DAYS**

The District calls 30 “Blackout Days” (as needed) throughout the school year.

These are days that the District feels might have a potential sub shortage due to the amount of staff that will be out.

All Blackout Days will be called no less than 3 days prior to the day.

A District wide email will be sent out to all employees. Dates will also be listed on Absence Management in the Web Alert pop up when you sign into Absence Management.

If a Blackout Day has been called, all Discretionary leaves from that point on will be denied for that day. If you have an emergency, please contact your school administration and they will help you process your absence.

If you already have an absence submitted prior to the day being declared a Blackout Day, it does not mean that it will be denied.

\*\*\* Please note \*\*\* It is ALWAYS up to administration to approve absences, whether a blackout day has been called or not. Submission of an absence is not a guaranteed approval. Please plan accordingly and have absences submitted and approved prior to taking Discretionary time, if possible. A confirmation number is not approving the absence, it is confirming you have entered an absence.

If you have any issues or concerns with your absence on a blackout day, please contact Megan Taylor in Human Resources



# FMLA Family Medical Leave Act (FMLA)

If you are going to miss 4 days or more from work due to a medical issue, whether it is yourself or a family member, please contact Megan Taylor in Human Resources. This includes maternity leave.

Human Resources will help you manage the time off and send you paperwork for FMLA.

FMLA is job protection that is provided under Federal Law and is in addition to your Labor Agreement protection. Additional information is provided in your new hire folder.

If you are unsure if your extended leave qualifies for FMLA, ALWAYS contact HR. We are here to answer any questions you may have.

WELCOME TO  
BILLINGS PUBLIC  
SCHOOLS  
AND  
HAVE A GREAT YEAR!!



# **2022 BEA New Hire Orientation**





**Welcome Video**

## What our department can do....

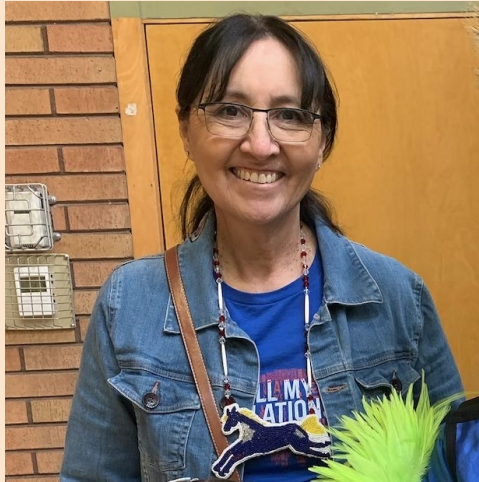
- **Indian Education for All Professional Development**
- **Increase the Graduation Rate for our American Indian Students**
- **Academic Achievement of American Indian Students**
- **Improve Parent Involvement of American Indian Students**



## Curriculum Coaches

Jacie Jeffers

(406-696-8253) Middle and High School



Carolyn Rusche

(406-670-4906) Elementary

# BPS Office of Indian Education

Our goals are twofold, to support American Indian students in their academic achievement and provide schools, staff and the community with Indian Education for All knowledge, skills, and content. We strive to ensure that Indian Education for All provides cultural enrichment, academic engagement, and equitable pedagogy for all students.

## IPAC and Coordinators

[Parent Information](#)

## Building Your Cultural Literacy

▪ [Living Nations, Living Words](#)

▪ [The Value of NCCS and IEFA](#)

## Adaptable K-12 Lesson

▪ [Why We Have Braids and Long Hair](#)

▪ [Reading School Texts](#)



Calli Nicholson

[rusche-nicholsonc@billingssschools.org](mailto:rusche-nicholsonc@billingssschools.org)

**2845071**



[www.efbps.org](http://www.efbps.org)



Kelly McCandless, Executive Director





# Mission

We provide support to educators and students through philanthropy, connection, and collaboration. We strive to give all students the tools they need to reach their greatest potential and to develop into engaged and productive citizens.



# Foundation Programs

Programs and events  
organized and offered by  
the Education Foundation  
for Billings Billings Schools.



- Classroom Grants: Supporting innovative educator ideas that spark the passion for learning and teaching
- Scholarships: Encouraging academic excellence to further student and educator achievement
- Reading Rocks: Addressing the "summer slide" by providing reading support to students
- Backpack Meals, Elementary and Teen Pantries: Providing nutritious food to students who face food insecurity



# Foundation Programs

Programs and events organized and offered by the Education Foundation for Billings Billings Schools.



- Angel Fund Endowment: Assisting middle and high school students with needs so they can continue in school



- SD2 Homeless Fund: Supporting basic needs for identified homeless students in SD2 to help them attend and thrive in school



- Partners in Education: Building relationships between businesses and schools



- Fundraising: Engaging the community in supporting school teams, clubs, and PTA's to directly benefit students and schools





# Get Involved

The Education Foundation is here for our educators and our students.



## **Payroll Deduction**

Support the Foundation's programs through regular payroll deductions



## **Classroom Grants**

Fund your innovative idea! Apply for a grant and enhance the way you educate students



## **Connect Students**

Ensure your students are aware of our programs and take advantage of the support & scholarships available