

# HUMAN RESOURCES SUPPORT STAFF NEW HIRE ORIENTATION

Presented By: Deane Reay; Human Resources Manager



# Billings Public Schools

## Human Resource Services

415 North 30<sup>th</sup> Street Billings MT 59101-1298  
(406) 281-5042 FAX (406) 281-6196  
[www.billingschools.org](http://www.billingschools.org)

### Support New Employee Orientation

#### WELCOME

##### • NEW HIRE PAPERWORK

W-4; I-9; Email Account; ID Badge  
Direct Deposit; Job Description  
Fingerprint background check  
Retirement-PERS/TRS; Union  
BCEA/MFPE Labor Agreement  
Name/Address Change

**Deane Reay** 281-5041  
Human Resources Manager  
[reayd@billingschools.org](mailto:reayd@billingschools.org)

##### • ADDITIONAL WORK

**Vacancy Announcements** –  
Emailed, Posted on Website  
Apply by going to Employment  
[www.billingschools.org](http://www.billingschools.org)

##### • WORK SCHEDULE CALENDARS

Substitute Support  
9-Month; 9-Month Custodian I/II  
10-Month; 11-Month; 12-Month

##### • INSURANCE BENEFITS

Eligibility – over 20 hours a week  
Hepatitis B (no cost through  
Occupational Health)

**Jennifer Kennedy** 281-5045  
Benefits Manager  
[kennedyj@billingschools.org](mailto:kennedyj@billingschools.org)

##### • PAYROLL

**Timesheets/Timecard On-Line**  
**Payday – 10<sup>th</sup> & 24<sup>th</sup> of each month**  
1<sup>st</sup> – 15<sup>th</sup> paid on the 24<sup>th</sup>  
16<sup>th</sup> – end of month paid on 10<sup>th</sup>

**Elisabeth Stone** 281-5015  
Payroll Accountant III  
[stones@billingschools.org](mailto:stones@billingschools.org)  
[payroll@billingschools.org](mailto:payroll@billingschools.org) 281-5015

**On-Line Leave Requests –**  
Sick (90 calendar days)  
Vacation (6 months)  
Probationary Period (120 days)  
**Employee On-Line; Direct Deposit**

TimeCard Online 281-5060

##### • WORKER'S COMPENSATION

First Report of Injury; Claims Process;  
Occupational Health; Jury Duty

**Laura Bogers, HR Assistant**  
[bogersl@billingschools.org](mailto:bogersl@billingschools.org) 281-5044

##### • TECHNOLOGY

Internet Access; Tech Support  
Your E-mail Account is your last  
name, first initial@billingschools.org

**Lindsey Principe** 281-5050  
[principe1@billingschools.org](mailto:principe1@billingschools.org)

##### • SAFETY

Safety for Students & Staff  
SAFESCHOOLS MODULES

**Cyndi Pearce** 281-5069  
[pearcec@billingschools.org](mailto:pearcec@billingschools.org)

##### • RECORD RETENTION

Policies and Procedures  
HIPPA ACT - Privacy for Students

..... 281-5020

##### • UNIONS

BCEA Union

**Jennifer Lelgiewicz, President** 281-5795  
[lelgiewiczj@billingschools.org](mailto:lelgiewiczj@billingschools.org)  
[bceabillings@gmail.com](mailto:bceabillings@gmail.com)

MFPE Union

**Tim Schaff, President** 281-5788  
[schafft@billingschools.org](mailto:schafft@billingschools.org)

**BILLINGS PUBLIC SCHOOLS****Human Resource Services**415 North 30<sup>th</sup> Street • Billings, Montana 59101-1298

406 281-5041 • Fax 406 281-6196

www.billingsschools.org

**SUBSTITUTE SUPPORT EMPLOYEE PROFILE**

Please check the work area(s) below that you are qualified to substitute.

CHECK	JOB CLASSIFICATION	CHECK	JOB CLASSIFICATION
<input type="checkbox"/>	Secretary	<input type="checkbox"/>	Custodian
<input type="checkbox"/>	Instructional Paraprofessional (Aide)	<input type="checkbox"/>	Lunch Driver/Helper
<input type="checkbox"/>	Special Needs Assistant	<input type="checkbox"/>	General Duty Assistant
<input type="checkbox"/>	Special Education Bus Assistant	<input type="checkbox"/>	Crosswalk Guard

If you will work at all locations in the District, enter **YES** here \_\_\_\_\_. Or, check your preferences from Level and Area of Town.

CHECK	LEVEL	CHECK	Area of Town
<input type="checkbox"/>	Elementary	<input type="checkbox"/>	West End
<input type="checkbox"/>	Middle School	<input type="checkbox"/>	Central
<input type="checkbox"/>	High School	<input type="checkbox"/>	South End
<input type="checkbox"/>	Lincoln Center/Warehouse/Facilities	<input type="checkbox"/>	Heights
<b>I prefer to work only at these schools:</b>			

Are you available to work: ☐ All day; ☐ Morning only; or ☐ Afternoon onlyIf you are available to work five days a week, enter **YES** here \_\_\_\_\_

Or check your preferences.

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>Comments:</b>				

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_**Printed Name** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_**Address** \_\_\_\_\_**Phone Number** \_\_\_\_\_

**PLEASE RETURN TO:**  
**HUMAN RESOURCE SERVICES**  
**Billings Public Schools**  
**415 North 30<sup>th</sup> Street Room 202**  
**Billings, MT 59101-1298**

# **REQUIREMENTS OF EMPLOYMENT FOR INSTRUCTIONAL PARAPROFESSIONALS**

Anyone wanting to work in the classroom, helping out the teacher, as an Instructional Paraprofessional (IPP) must have 2 years of college (60 Semester Credits or 90 Quarter Credits) or take the WorkKeys Test.

In January 2002, the "NO CHILD LEFT BEHIND ACT OF 2001" (NCLB Act) was signed into Federal Law. School districts must comply with the requirements.

In order to work for the School District in the classroom as an IPP or Tutor, a copy of your official transcripts or a copy of the WorkKeys Test must be provided to the School District before employment.

## **WorkKeys Test**

There are three modules to the WorkKeys Test for teacher assistants; math, writing, and reading. To check out sample questions you can go to [www.act.org/workkeys](http://www.act.org/workkeys) and in the top box on the right-hand side of the page (WorkKeys Proficiency Certificate for Teacher Assistants) click on that link. This will take you to a page that will allow you to look at sample questions for all three areas. The score needed to pass each module are writing – 3, math – 4, and reading – 5. You can take a WorkKeys Practice Test on-line for \$4.00 to \$5.00 a test.


The WorkKeys Test is given at the Lincoln Center (Adult/Community Education), 415 N 30<sup>th</sup>, 281-5110; [fletchers@billingssschools.org](mailto:fletchers@billingssschools.org). To schedule a time to take the WorkKeys Test, call or email to set up a time that is convenient for you. The cost of the WorkKeys Test is \$50.00 for all three tests at the Lincoln Center (Adult/Community Education). If you need to re-take one of the modules, the cost is \$10.00 for Applied Math and Reading for Information, \$20.00 for Business Writing.

## **CALL OR EMAIL TO SCHEDULE WORKKEYS TEST:**

**Lincoln Center (Adult/Community Education); 415 N 30<sup>th</sup>, Billings  
MT 59101; 281-5110; [fletchers@billingssschools.org](mailto:fletchers@billingssschools.org)**

Pay fees in Room 107. Bring a picture ID and your paid receipt to Room 114 the day of your WorkKeys Test.



	<b>NEW ACCOUNT ONLY</b> Billings Public Schools Computer Network Accounts Request Form																																										
	I, _____ First Name Middle Name Last Name am requesting computer network user accounts.																																										
Home Building		Room Number	Phone Number																																								
Position _____ Be SPECIFIC (i.e. 6th Grade Teacher, Activities Secretary, Auditorian, Music Teacher, Lunch Clerk, Nurse, GDA) **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) <input type="checkbox"/> BEA <input type="checkbox"/> BCEA <input type="checkbox"/> M.E. <input type="checkbox"/> Contract Support <input type="checkbox"/> Administrative <input type="checkbox"/> Board <input type="checkbox"/> Other _____																																											
*Requested Password _____ *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, but we will try. Passwords are case sensitive and should contain no spaces.																																											
I will be working in the following buildings (Check all that apply): <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"/> Riverside</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"/> Riverside	<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	
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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. 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 Administrators



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



## 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 - mpera.mt.gov	
100 N Park Avenue Suite 200	
PO Box 200131	
Helena, MT 59620-0131	
Phone: (406)444-3154	
Toll Free: (844)304-5452	

TRS	
Website - trs.mt.gov	
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 - opi.mt.gov	
PO Box 202501	
Helena, MT 59620-2501	
Phone: (406)444-3095	
Toll Free: (888)231-9393	

MiCare - ext. 5180	
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## 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.billingspublicschools.org](http://www.billingspublicschools.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



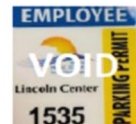
### Parking at the Lincoln Center

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





### PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) OPTIONAL MEMBERSHIP ELECTION

This election must be completed by both employee and employer and received by MPERA within 90 days of the employee's hire date or the employee waives membership. If any information in this form conflicts with statute or rule, the statute or rule will apply. If you have any questions about optional membership, please contact our office.

#### EMPLOYEE INFORMATION – to be completed by employee

Last Name	First Name, MI	Social Security Number *
Date of Birth	Email Address	Phone Number

Membership is optional only for certain new employees. (See optional positions below.) I understand the election is irrevocable. If you currently have a PERS account (already have contributions in PERS through this or any other agency), you cannot elect out of PERS. If you are a retired member of PERS, the working retiree restrictions apply. § 19-3-1106, MCA.

If I elect PERS membership, I can only stop participating in PERS if I terminate my covered employment, and refund my contributions.

If I decline membership

- If I decline membership, I may not become a member while still employed in this position. However, if I work more than 960 hours in a fiscal year, cumulative of all PERS employers, membership becomes mandatory and I must begin making retirement contributions.
- If I decline membership, terminate employment, and become employed in another optional position within 30 days of termination, I may not become a member in the second optional position.
- If I decline membership, terminate employment, and become employed in another optional position 30 days or more after my termination, I am allowed a new election.
- If I decline membership, I will not receive membership service or service credit for employment for which membership was declined.
- If I subsequently accept employment in a position for which retirement is mandatory, I must become a member regardless of this election.

I am not an active, inactive or retired member of PERS. I understand that I have the option to choose PERS membership due to employment with this agency.

#### IRREVOCABLE ELECTION:

- ☐ I decline PERS membership  
☐ I elect PERS membership (Please complete a PERS Membership Card / Designation of Beneficiary)

Employee Signature	Date
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#### EMPLOYER INFORMATION – to be completed by employer

Employing Agency	Employer Number	Employee's Hire Date
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Please verify the above employee is eligible for optional membership. Working retirees, excluded employees and mandatory members are NOT eligible for an optional membership election. § 19-3-401, 403 and 412, MCA.

Check the type of optional position (you must check only one):

- ☐ Employee working 960 hours or less      ☐ Employee directly appointed by the Governor  
☐ Chief administrative officer of a city or county      ☐ New employee of a county hospital or rest home.  
☐ Legislative branch employee working 10 months or less to perform work related to the legislative session.

Printed Name	Title	Phone Number ( )
Signature		Date

Return completed form to MPERA within 90 days of hire. Retain a copy for your records.

\* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 8041A and 8109



### PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) MEMBERSHIP/DESIGNATION OF BENEFICIARY FORM

#### MEMBER INFORMATION

Last Name		First Name, MI	Social Security Number*
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Employing Agency	Employer Number (MPERA use only)
Member's Mailing Address			
City		State	Zip Code
Daytime Phone Number ( )		Email Address	

#### PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION

Completion of this section revokes all prior beneficiary designations unless you are prohibited from changing your beneficiary by a valid temporary restraining order issued pursuant to § 40-4-121, MCA. You may designate one or more primary or contingent beneficiaries by using a separate line for each person. Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased. If you list two or more primary (or two or more contingent beneficiaries) they will be treated on a share and share alike basis. If you prefer a different allocation, please specify. If you designate a trust, a charitable organization or your estate as a primary or contingent beneficiary, you will also need to complete the "Other Designation" section.

**Primary Beneficiary - attach additional list if necessary.**

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%

**Contingent Beneficiary (optional) - attach additional list if necessary.**

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%

**Other Designation (NOTE: Any designated trust must already be in existence - this form cannot create a trust. Further, by designating a trust you verify that it is (1) valid under state law; (2) irrevocable on or before your death; and (3) for the benefit of identifiable living person(s).)**

Name of Trust, Charity or Estate	Trustee/Contact Name
Address	Tax Identification Number

#### REQUIRED SIGNATURES

Member Signature	Date
Witness Name printed (not a beneficiary)	Witness Signature
	Date

Original signatures are required. MPERA cannot accept faxed or photocopies of this form.

This form must be filed with MPERA before any changes will take effect.

# 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

FOR ILLUSTRATIVE PURPOSES ONLY.

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 includible compensation (generally your compensation for the prior 12-month period). After 2023, the dollar limit might increase for cost-of-living adjustments. Your includible compensation for purposes of this limit is limited for 2023 to \$330,000. After 2023, the dollar limit for includible 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 (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> 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 (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 (Formerly Mass Mutual)	Ed Aders	(406) 252-2447	<a href="mailto:aderse@stifel.com">aderse@stifel.com</a>
Corebridge Financial (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 Missoula 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 59523	Wibaux PO Box 199 Wibaux MT 59353
Madison	Box 366	Virginia City MT 59755	Yellowstone Box 35002 Billings MT 59107



# BCEA OR MPEA Labor Agreement

Your BCEA or MPEA 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 Absences
- Assignments, Transfers, and Vacations

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



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

JUNE 2022						
					3	4
5	P	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
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18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER 2022						
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30	31					

NOVEMBER 2022						
Su	M	T	W	Th	F	Sa
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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
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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
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

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
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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
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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						
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					

- 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.
- Wes. Professional Learning Community Meetings - Dismissal 1 hour earlier than normal
- P PIR Days - Required
- P PIR/TRADE days - No school
- SD Snow Day: This will be a vacation day unless we are required to make up a school day just 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.
- PTC Elementary Parent Teacher Conferences - Elementary early release
- PTC Middle School Parent Teacher Conferences - MS early release
- PTC High School Semester Testing - HS early release

**BILLINGS PUBLIC SCHOOLS**  
9-Month Support Employees  
2022-2023 School Year

July 2022						
S	M	T	W	Th	F	S
					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 2022						
S	M	T	W	Th	F	S
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September 2022						
S	M	T	W	Th	F	S
					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						

October 2022						
S	M	T	W	Th	F	S
					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						

November 2022						
S	M	T	W	Th	F	S
					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						

December 2022						
S	M	T	W	Th	F	S
					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						
S	M	T	W	Th	F	S
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						
S	M	T	W	Th	F	S
					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						

March 2023						
S	M	T	W	Th	F	S
					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						
S	M	T	W	Th	F	S
					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						

May 2023						
S	M	T	W	Th	F	S
					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						
S	M	T	W	Th	F	S
					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						

\*All 9-month employees will have two additional holidays designated by the Superintendent as February 20, 2023, and March 16, 2023.

182 Work Days  
12 or 14 Holidays\*  
194 or 196 Total Days

# BILLINGS PUBLIC SCHOOLS

## 9-Month Custodian I and II Employees

2022-2023 School Year

July 2022							January 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2	1	2	3	4	5	6	7
3	4	5	6	7	8	9	8	9	10	11	12	13	14
10	11	12	13	14	15	16	15	16	17	18	19	20	21
17	18	19	20	21	22	23	22	23	24	25	26	27	28
24	25	26	27	28	29	30	29	30	31				
31					21	0			1	1	20		
August 2022							February 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
1	2	3	4	5	6	7	1	2	3	4	5	6	7
7	8	9	10	11	12	13	5	6	7	8	9	10	11
14	15	16	17	18	19	20	12	13	14	15	16	17	18
21	22	23	24	25	26	27	19	20	21	22	23	24	25
28	29	30	31				26	27	28				
					10	13					1	19	
September 2022							March 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2							
4	5	6	7	8	9	10	5	6	7	8	9	10	11
11	12	13	14	15	16	17	12	13	14	15	16	17	18
18	19	20	21	22	23	24	19	20	21	22	23	24	25
25	26	27	28	29	30		26	27	28	29	30	31	
					1	21					4	2	17
October 2022							April 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2							
2	3	4	5	6	7	8	2	3	4	5	6	7	8
9	10	11	12	13	14	15	9	10	11	12	13	14	15
16	17	18	19	20	21	22	16	17	18	19	20	21	22
23	24	25	26	27	28	29	23	24	25	26	27	28	29
30	31				2	19	30				1	1	18
November 2022							May 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2							
6	7	8	9	10	11	12	7	8	9	10	11	12	13
13	14	15	16	17	18	19	14	15	16	17	18	19	20
20	21	22	23	24	25	26	21	22	23	24	25	26	27
27	28	29	30				28	29	30	31			
					3	19					2	21	
December 2022							June 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2							
4	5	6	7	8	9	10	4	5	6	7	8	9	10
11	12	13	14	15	16	17	11	12	13	14	15	16	17
18	19	20	21	22	23	24	18	19	20	21	22	23	24
25	26	27	28	29	30	31	25	26	27	28	29	30	
					3	16							20

\*All 9-month employees will have two additional holidays designated by the Superintendent as February 20, 2023, and March 16, 2023.

185 Work Days

12 or 14 Holidays\*

197 or 199 Total Days

02/25/2022 dr

# BILLINGS PUBLIC SCHOOLS

## 10-Month Support Employees

2022-2023 School Year

July 2022							January 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2	1	2	3	4	5	6	7
3	4	5	6	7	8	9	8	9	10	11	12	13	14
10	11	12	13	14	15	16	15	16	17	18	19	20	21
17	18	19	20	21	22	23	22	23	24	25	26	27	28
24	25	26	27	28	29	30	29	30	31				
31					21	0					1	21	
August 2022							February 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
1	2	3	4	5	6	7	1	2	3	4	5	6	7
7	8	9	10	11	12	13	5	6	7	8	9	10	11
14	15	16	17	18	19	20	12	13	14	15	16	17	18
21	22	23	24	25	26	27	19	20	21	22	23	24	25
28	29	30	31				26	27	28				
					2	21					1	19	
September 2022							March 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2							
4	5	6	7	8	9	10	5	6	7	8	9	10	11
11	12	13	14	15	16	17	12	13	14	15	16	17	18
18	19	20	21	22	23	24	19	20	21	22	23	24	25
25	26	27	28	29	30		26	27	28	29	30	31	
					1	21					3	2	18
October 2022							April 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2							
2	3	4	5	6	7	8	2	3	4	5	6	7	8
9	10	11	12	13	14	15	9	10	11	12	13	14	15
16	17	18	19	20	21	22	16	17	18	19	20	21	22
23	24	25	26	27	28	29	23	24	25	26	27	28	29
30	31				2	19	30				1	1	18
November 2022							May 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2							
6	7	8	9	10	11	12	7	8	9	10	11	12	13
13	14	15	16	17	18	19	14	15	16	17	18	19	20
20	21	22	23	24	25	26	21	22	23	24	25	26	27
27	28	29	30				28	29	30	31			
					3	19					2	21	
December 2022							June 2023						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2							
4	5	6	7	8	9	10	4	5	6	7	8	9	10
11	12	13	14	15	16	17	11	12	13	14	15	16	17
18	19	20	21	22	23	24	18	19	20	21	22	23	24
25	26	27	28	29	30	31	25	26	27	28	29	30	
					3	16							17

\*All 10-month employees will have two additional holidays designated by the Superintendent as February 20, 2023, and March 16, 2023.

200 Work Days

12 or 14 Holidays\*

212 or 214 Total Days

12/29/2021 dr

# DEANE REAY HUMAN RESOURCES MANAGER

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

(406) 281-5041

Several thin, white, parallel diagonal lines are positioned on the right side of the image, extending from the middle towards the bottom right corner.



# Support Staff Orientation

**BENEFITS OFFICE**

**Jennifer Soden, Benefits Manager**





# **BILLINGS PUBLIC SCHOOLS** **2022/2023 MEDICAL/DENTAL/VISION ENROLLMENT FORM** Rates Effective July 1, 2022

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

MONTHLY RATE \$: Please Circle your choices below.

<b>Plan C Medical Insurance Premiums</b>	Employee \$738	Employee +1 \$1,176	Employee +Children \$1,217	Family \$1,418
<b>Dental Insurance Premiums</b>	Employee \$57	Employee + 1 \$97	Employee + Children \$110	Family \$128
<b>Vision Insurance Premiums</b>	Employee \$10.38	Emp + Spouse \$20.79	Emp. w/Child(ren) \$22.20	Family \$35.45

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

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

Please Circle Your Unit: BEA BCEA MPEA ADMIN CONTRACT

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

DISTRICT CONTRIBUTION (\$738 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: \$ \_\_\_\_\_ (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

## **DECLINATION OF PARTICIPATION:**

I decline 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

The Medical & Dental contribution of \$795 will be paid at 100% for Support Staff with over a .5 FTE

If you work 17 -20 hours a week you can purchase District Insurance.



# 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.**



- **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	•Standard progressive lenses covered in full in-network •Polycarbonate lenses covered for children • <b>35-40%</b> savings on lens enhancements—ex. Solid tints, anti-reflective coating, high index lenses, etc.
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.](#)



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

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

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### **Long Term Disability**

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



# 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:





# 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](#)

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

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

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

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

**BILLINGS PUBLIC SCHOOLS  
2022/2023 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, 2022 and ending on June 30, 2023.

NAME: \_\_\_\_\_ DISTRICT I.D.#: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_ FTE: \_\_\_\_\_ BARGAINING UNION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME SCHOOL: \_\_\_\_\_

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

**Annual Amount**

A (FLXOPTNA) MEDICAL FLEXIBLE SPENDING ACCOUNT; **MAXIMUM \$2,850** \$ \_\_\_\_\_ 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 \$570 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 :  
BCEA or MPEA**



## 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

## 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 <input type="checkbox"/> Contingent
2	Address		<input type="checkbox"/> M <input type="checkbox"/> F		Phone ( )		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
3	Address		<input type="checkbox"/> M <input type="checkbox"/> F		Phone ( )		<input type="checkbox"/> Primary <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.

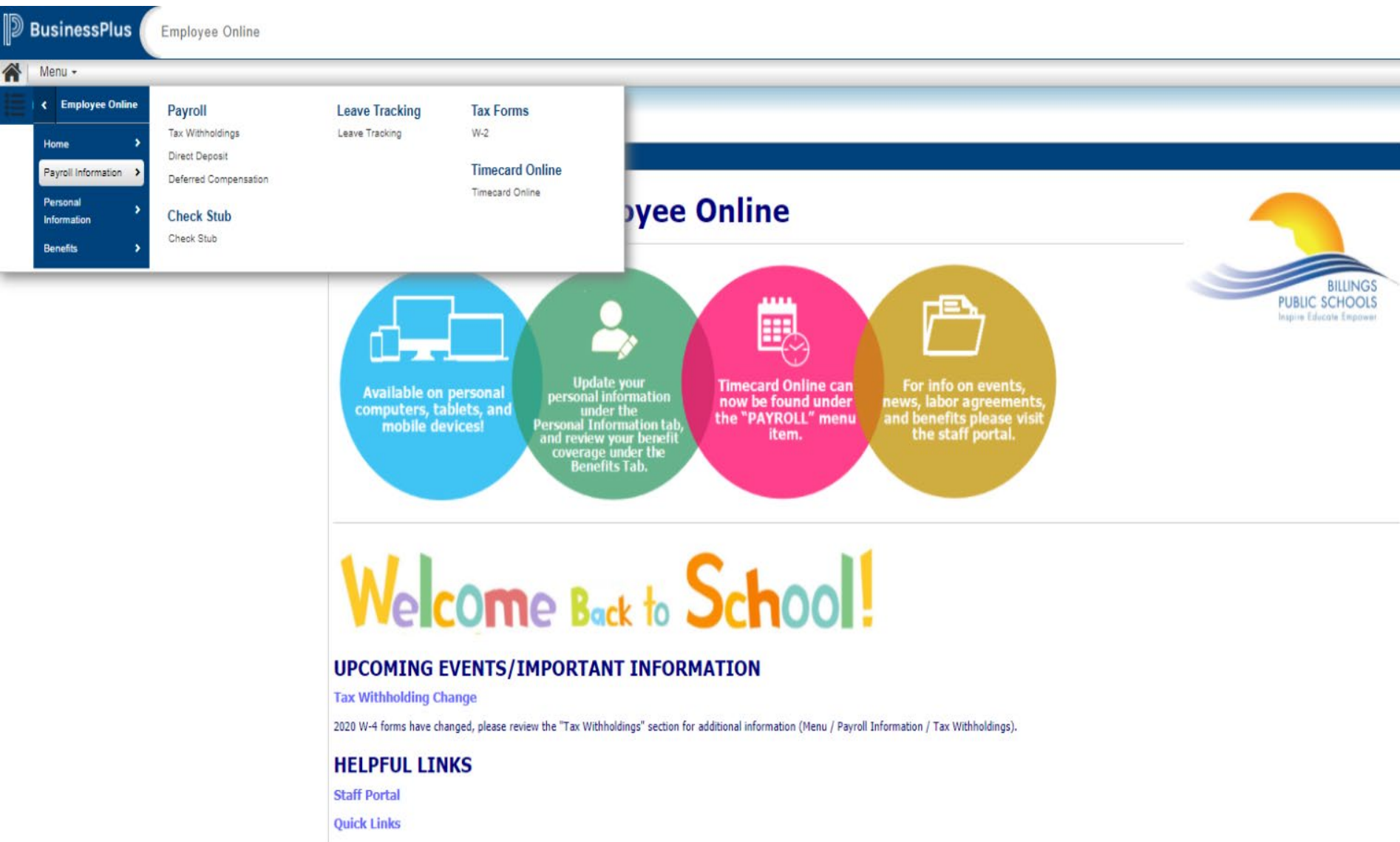
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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



# 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 a 'Welcome Back to School!' message, followed by 'UPCOMING EVENTS/IMPORTANT INFORMATION' and 'HELPFUL LINKS'. The Billings Public Schools logo is in the top right corner.

**BusinessPlus** Employee Online

Menu

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

**Payroll**

- Tax Withholdings
- Direct Deposit
- Deferred Compensation

**Check Stub**

- Check Stub

**Leave Tracking**

- Leave Tracking

**Tax Forms**

- W-2

**Timecard Online**

- Timecard Online

**Employee Online**

**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](#)

**BILLINGS PUBLIC SCHOOLS**  
Inspire Educate Empower



## 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)

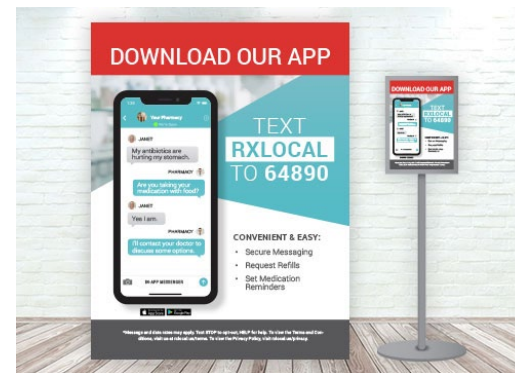
\*\*\* This is not a walk -in Clinic \*\*\*

# 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.

<b>Member Information</b>		<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 _____																							
<p><b>Please Complete</b></p> <table border="0"> <tr> <td><b>ALLERGIES</b></td> <td><b>HEALTH CONDITIONS</b></td> </tr> <tr> <td><input type="checkbox"/> Aspirin</td> <td><input type="checkbox"/> Arthritis</td> </tr> <tr> <td><input type="checkbox"/> Cephalosporin</td> <td><input type="checkbox"/> Asthma</td> </tr> <tr> <td><input type="checkbox"/> Codeine derivatives</td> <td><input type="checkbox"/> Diabetes</td> </tr> <tr> <td><input type="checkbox"/> Morphine derivatives</td> <td><input type="checkbox"/> Glaucoma</td> </tr> <tr> <td><input type="checkbox"/> Penicillin</td> <td><input type="checkbox"/> Heart disease</td> </tr> <tr> <td><input type="checkbox"/> Sulfu drugs</td> <td><input type="checkbox"/> Hypertension</td> </tr> <tr> <td><input type="checkbox"/> None known</td> <td><input type="checkbox"/> Pregnancy</td> </tr> <tr> <td><input type="checkbox"/> Other (use lines below)</td> <td><input type="checkbox"/> Thyroid disease</td> </tr> <tr> <td></td> <td><input type="checkbox"/> None known</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other (use lines at left)</td> </tr> </table> <p>I would prefer my prescription bottles to have easy open caps <input type="checkbox"/> YES <input type="checkbox"/> NO</p>						<b>ALLERGIES</b>	<b>HEALTH CONDITIONS</b>	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cephalosporin	<input type="checkbox"/> Asthma	<input type="checkbox"/> Codeine derivatives	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Morphine derivatives	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Sulfu drugs	<input type="checkbox"/> Hypertension	<input type="checkbox"/> None known	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Other (use lines below)	<input type="checkbox"/> Thyroid disease		<input type="checkbox"/> None known		<input type="checkbox"/> Other (use lines at left)
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	<input type="checkbox"/> Other (use lines at left)																										
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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)		<p><b>Cell Phone Carrier</b></p> <input type="checkbox"/> Verizon <input type="checkbox"/> AT&T <input type="checkbox"/> Sprint <input type="checkbox"/> T-Mobile <input type="checkbox"/> Other _____ <small>For text message notification only</small>																									
<b>Dependent Information</b>		<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 _____																									
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**ebms** PRESENTS  
**WELLVIA**  
Telehealth

Our physician network is available over the telephone:

 **24/7/365**  
days of the year

**HOW IT WORKS:**



**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  
Ciprofloxacin  
Diflucan  
Flonase  
HCTZ  
Ibuprofen  
800 mg  
Keflex  
Levamisole  
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 call 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).



**RECUCO**  
HEALTH

**WellVia's Brand is  
Becoming Recuco**

WellVia's making an exciting brand transition to Recuco, and the existing application will be retired on November 15th, 2022.

All current users will be **required to download and sign into the Recuco Care** app on or before that date to continue receiving services.

To get started, click the button below.

- There will be no changes to your available services and benefits
- Your login, profile, and medical records will remain the same
- The Recuco Care app is the same app you know and love, just with a new look and feel

**WELLVIA**  
A RECUCO HEALTH COMPANY



**RECUCO**  
HEALTH

# Our App is Changing

**WellVia is becoming Recuco! Here's what you need to know.**

WellVia's making an exciting brand transition to Recuco! The existing app will be retired in November, and all current users will be required to download and sign into the Recuco Care app to continue receiving services. Rest assured:

There will be no changes to your available services and benefits

The Recuco Care app is the same app, just with a new look and feel

Your login, profile, and medical records will remain the same

It's quick and easy to begin using the new Recuco Care app



**November 1st**

You'll notice a new screen when you open the WellVia app, describing the brand transition and providing you a link to download the new app. For the first couple weeks you'll be able to dismiss this screen and continue in the WellVia app as usual.



**November 15th**

On this date, you'll no longer be able to dismiss the new screen describing the brand transition to Recuco. You'll need to click the "Download the Recuco Care app" button to login with your existing username and password and continue receiving services.

Note: In addition to the new mobile app, you'll see a notice on the prior website ([member.wellviasolutions.com](http://member.wellviasolutions.com)) directing you to the new website ([member.recucohealth.com](http://member.recucohealth.com)). You'll also notice that when you speak with doctors and Member Services agents, they'll begin referring to Recuco instead of WellVia.

**RECUCO**  
HEALTH

Get started with the new Recuco Care app today | Scan QR Code to Download







# 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)



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

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## 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





# *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)



## 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



## ***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 Soden, Benefits Manager at [sodenj@billingsschools.org](mailto:sodenj@billingsschools.org)



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** ☐ BEA ☐ 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/administrator 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.

Signature for Declaration of Coverage Date

Signature for Declaration of Coverage Date

### BILLINGS PUBLIC SCHOOLS BENEFITS ENROLLMENT FORM

Please fill out this form in its entirety.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address \_\_\_\_\_ School District ID # \_\_\_\_\_

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

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

Birth Date \_\_\_\_\_ Male ☐ Female ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐

Are you or any of your eligible dependents eligible for other health benefits coverage, please provide the name of the company: \_\_\_\_\_

DO YOU HAVE OTHER INSURANCE? Yes ☐ No ☐

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

DEPENDENT COVERED ON MEDICAL PLAN

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

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Signature \_\_\_\_\_

### 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).

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

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

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

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

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

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

**EBMS Flex Dept.**  
Employee Benefits 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.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

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Signature \_\_\_\_\_

Signature \_\_\_\_\_



**Jennifer Soden**

**Benefits Manager**

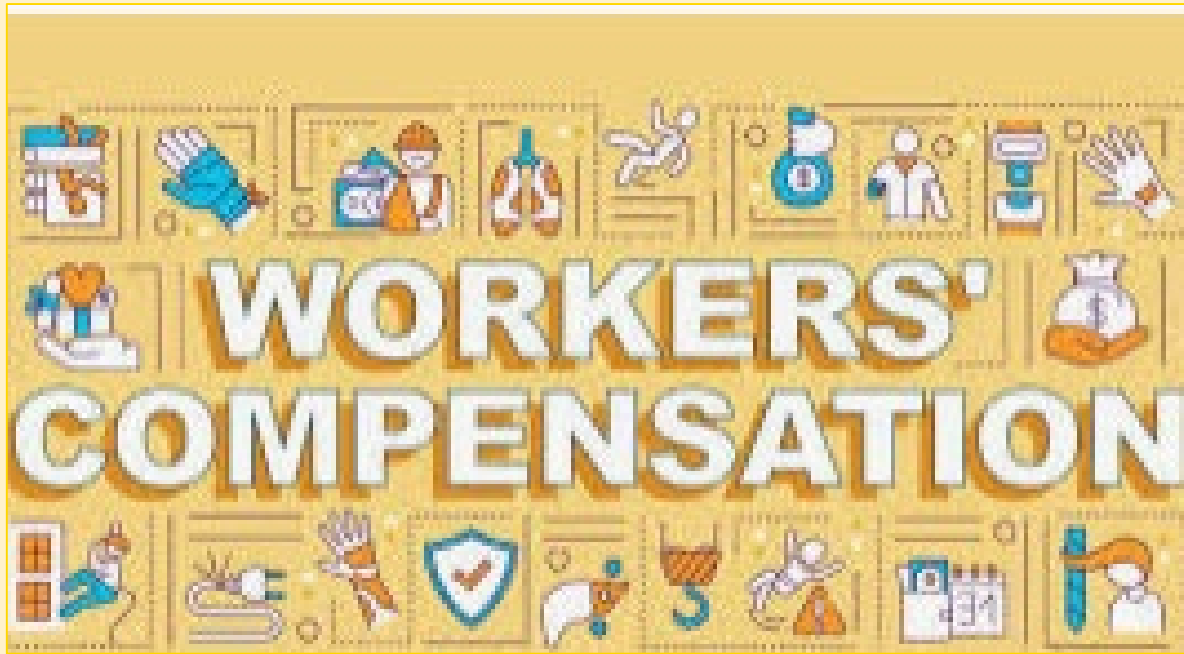
**[soden.j@billingsschools.org](mailto:soden.j@billingsschools.org)**

**(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/>

- o 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 WCCRRP Workers' Compensation Risk Retention Program				FIRST REPORT of Injury or Occupational Disease <small>Send Completed form to:</small> MTSBA Insurance Services PO Box 7029 Helena, MT 59604				Toll Free: 1-877-667-7392 Fax: 406-457-4505		
<b>Worker</b>										
LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH (MM/YY/YY)		SOCIAL SECURITY NUMBER			
MAILING ADDRESS				CITY		STATE		POSTAL CODE		
CONTACT NUMBER	EDUCATION <input type="checkbox"/> LESS THAN HIGH SCHOOL <input type="checkbox"/> GED OR HIGH SCHOOL DIPLOMA <input type="checkbox"/> BEYOND HIGH SCHOOL		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> FEMALE		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <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 <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 <input type="checkbox"/> YES <input type="checkbox"/> NO		OFF WORK MORE THAN 4 WORK DAYS <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: <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: <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: 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:		DOING BUSINESS AS:				FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):				
BILLINGS PUBLIC SCHOOLS						81-4001088				
MAILING ADDRESS:		CITY:	STATE:	POSTAL CODE:		PHONE NUMBER:				
415 N 30TH ST		BILLINGS	MT	69101		(406) 281-5045				
LOCATION OF OPERATION, IF DIFFERENT FROM MAILING ADDRESS:				NATURE OF BUSINESS OR SIC CODE:		SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
				SCHOOL DISTRICT						
DO YOU HAVE ANY REASON TO QUESTION THIS ACCIDENT?		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:		OFFICIAL TITLE:		DATE:						
JENNIFER KENNEDY		BENEFITS MANAGER								
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"/> (ATTACH EXTRA SHEETS IF BOX AT RIGHT IS CHECKED)						
CLAIM ADMINISTRATOR'S NAME:		CLAIM ADMINISTRATOR'S ADDRESS:		FEIN:						
MTSBA INSURANCE SERVICES		PO BOX 7028, HELENA, MT 59604		81-0480841						
INSURANCE COMPANY NAME:		POLICY NUMBER:		POLICY EFFECTIVE DATE:		POLICY EXPIRATION DATE:				
MONTANA SCHOOLS GROUP INSURANCE AUTHORITY/WCCRRP										



**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 895 | Jerry Street, Ste 205 Box 7 | Castle Rock, CO 80104

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

**Jennifer Soden**

**Benefits Manager**

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

**(406) 281 -5045**



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.**

---





# Support Payday

The only day better than Friday is payday!



# Payroll Accountant

Patricia Hoagland

Phone: 406-281-5015

Email

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





# How Do I get paid?

## Submit Time

It is then approved by your secretary and admin

1<sup>st</sup> and last day of the month

## Process your Time

After the pay period closes I start processing everyone's time!

## Payday!

You will either receive a paper check or direct deposit

10<sup>th</sup> and 24<sup>th</sup> of the month



# Times are a ch



## Sick Time

Start accruing from day one.  
Have to wait 90 days to use.

## Off Probation

After 120 days you come off  
probation and get the regular rate!

## Vacation Time

Start accruing from day one.  
Have to wait 6 months to  
use



# Holidays!

Always check your calendar to make sure you qualify for the holiday pay! And what are PIR days.

- Always paid at your current FTE hours
- No waiting period to be paid for holidays
- Extra Holidays
- PIR Days: Can use vacation but you can't use sick



A Timecard  
Is Worth a  
Thousand  
Words





TC Status: **Open**

PayClass: 500

Calendar: **12**  
MONTH

PayRate: 20.53000

Save

Submit Time

Hrs/Day: 8.00

Position: 07DS01ACC3 Supervisor: Undefined

[Calendar](#) << Prev [Next](#) >>

Hour Code	Sun 3/14	Mon 3/15	Tue 3/16	Wed 3/17	Thu 3/18	Fri 3/19	Sat 3/20	This week Job total	All Jobs
HOURLY				8.00	8.00	8.00		24.00	87.00
OVERTIME									
SICK USE									
VAC USED			8.00					8.00	9.00
HOLIDAY									
XTRA HOL									
COMPEARN									
COMP USE									
JURY PAY									
CFI PAID									
UNPAID									
BEREVPAY									
COVIDBNK									
<b>This week</b>			8.00	8.00	8.00	8.00		32.00	32.00
<b>All weeks</b>		16.00	24.00	24.00	16.00	16.00		96.00	96.00





Hour Code	Sun 3/21	Mon 3/22	Tue 3/23	Wed 3/24	Thu 3/25	Fri 3/26	Sat 3/27	This week Job total	All Jobs
HOURLY		8.00	7.00	8.00	8.00	8.00		39.00	95.00
OVERTIME									
SICK USE									
VAC USED			1.00					1.00	1.00
HOLIDAY									
XTRA HOL									
COMPEARNS									
COMP USE									
JURY PAY									
CFI PAID									
UNPAID									
BEREVPAY									
COVIDBNK									
<b>This week</b>		8.00	8.00	8.00	8.00	8.00		40.00	40.00
<b>All weeks</b>		16.00	24.00	24.00	16.00	16.00		96.00	96.00



Detailed Time Entry on 3/23/2021 for HOURLY

Close

Ring In	Ring Out	Hours	WorkOrder	ReasonCd	Notes (40 characters)
		7.00		OTHER I	LONG LUNCH FOR APT

Add

Apply Save

JURY PAY									
CFI PAID									
UNPAID									
BEREVPAY									
COVIDBNK									
<b>This week</b>		8.00	8.00	8.00	8.00	8.00		40.00	40.00
<b>All weeks</b>		16.00	24.00	24.00	16.00	16.00		96.00	96.00



Subbing  
Blue  
Tinesshets  
&Frontline



# I subbed for someone. Now



Is it ~~another~~  
support staff?

Is it ~~for~~  
extra duties?

Is it ~~for~~ a  
teacher?

Then fill out a  
blue timesheet!

Fill out a blue  
timesheet!

Enter your time  
on frontline!





# **Billings Public Schools** **Time Sheet for Support Employees**

Vsn 21.6.A

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

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

DATE RECEIVED

DATE PAID

55555

EMPLOYEE ID #

Sam Gamgee

EMPLOYEE NAME (PLEASE PRINT)

Shire

SCHOOL / BUILDING

Frodo Baggins

NAME OF PERSON SUBSTITUTING FOR:

Groundskeeper

POSITION OF PERSON SUBSTITUTING FOR:

August

MONTH

1 2021

YEAR

Comments:

Mr. Frodo was gone on a quest.

1 <sup>ST</sup> PAY PERIOD				2 <sup>ND</sup> PAY PERIOD			
DATE	HOURS	DATE	HOURS	DATE	HOURS	DATE	HOURS
1	_____	8	_____	16	_____	24	8
2	_____	9	_____	17	_____	25	8
3	_____	10	_____	18	_____	26	_____
4	_____	11	_____	19	_____	27	_____
5	_____	12	_____	20	_____	28	_____
6	_____	13	_____	21	_____	29	_____
7	_____	14	_____	22	_____	30	_____
		15	_____	23	8	31	_____
TOTAL HOURS - 1 <sup>ST</sup> PAY PERIOD				TOTAL HOURS - 2 <sup>ND</sup> PAY PERIOD			
_____				24			

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

Sam Gamgee

EMPLOYEE SIGNATURE

08/26/21

DATE

Groundskeeper

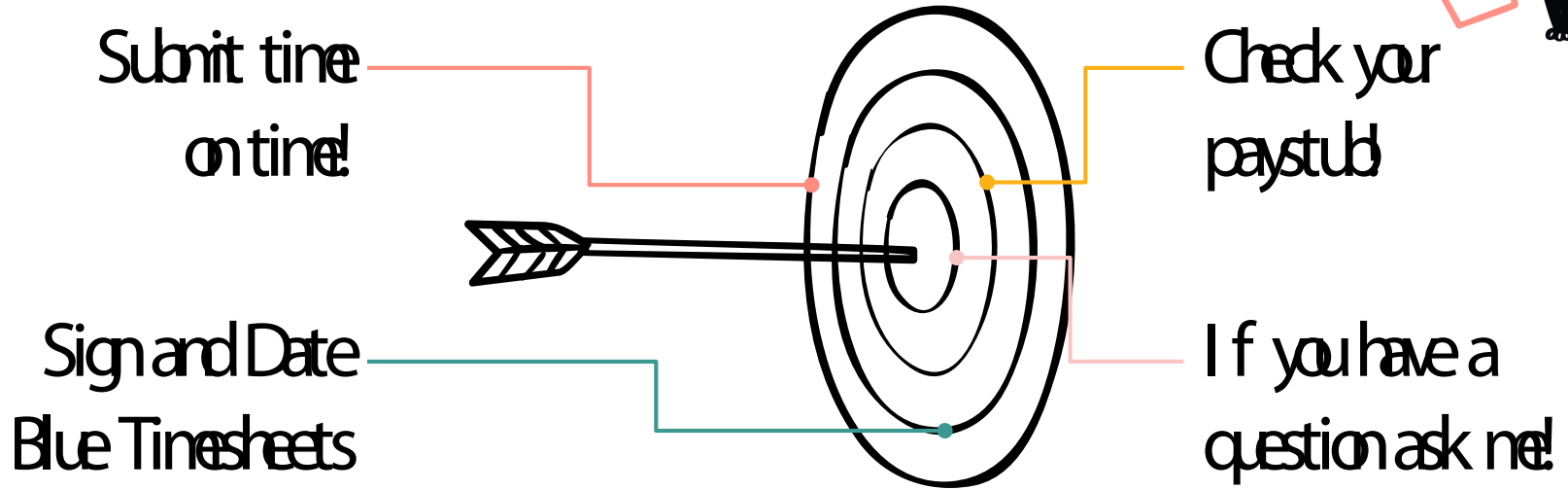
ADMINISTRATOR SIGNATURE

08/27/21

DATE

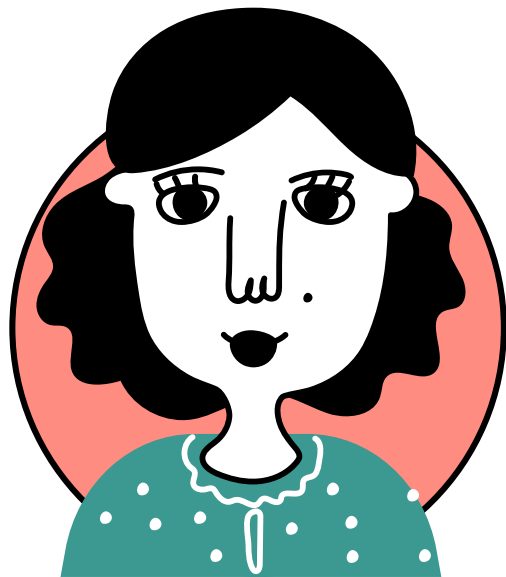


# How to Make Payday Effo





# Employee Online



View and Print Paystubs!  
Make changes to your direct  
deposit

View and Print W2!  
Make Changes to your W4 online

Update your address and personal  
information

Access Timecard Online





# 2022/23 Split Year Calendar

Calendar

edia

  
Your source for calendars

July 2022						
Su	Mo	Tu	We	Th	Fr	Sa
				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						

August 2022						
Su	Mo	Tu	We	Th	Fr	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			

September 2022						
Su	Mo	Tu	We	Th	Fr	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	

October 2022						
Su	Mo	Tu	We	Th	Fr	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					

November 2022						
Su	Mo	Tu	We	Th	Fr	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			

December 2022						
Su	Mo	Tu	We	Th	Fr	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	Mo	Tu	We	Th	Fr	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	Mo	Tu	We	Th	Fr	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				

March 2023						
Su	Mo	Tu	We	Th	Fr	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	Mo	Tu	We	Th	Fr	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	Mo	Tu	We	Th	Fr	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						
Su	Mo	Tu	We	Th	Fr	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	
	3					

## Key

PIR/Non-Work Days

Pay Period Ends. All Timecards and Blue Timesheets need to be submitted to Admin

Bank Holidays

Admin approve Timecards and all Blue Timesheets are sent to Payroll Office by 4pm

School Holidays

First and Last day of school

Pay Days

# Thanks!

Do you have any questions?  
hoaglandp@billingschools.org  
406-281-5015  
Billings Public Schools

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Please keep this slide for attribution.





# Welcome

New Hire Orientation  
Technology

# About Us

**Elisabeth "Libby" Stone**  
Technology Secretary  
406.281.5050

**Brandon Newpher**  
Chief Information Specialist  
406.281.5051

**Help Desk**  
[help@billingssschools.org](mailto:help@billingssschools.org)  
406.281.5151

**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

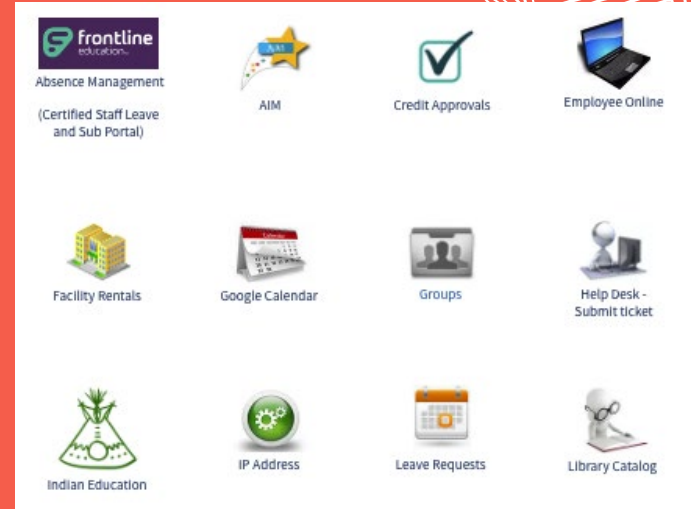
# How To Get to Quick Link

> <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!

Did you know when you leave a voicemail message to the help desk it creates a help desk ticket for you?

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.

# Mitel Phones

## 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 ISSUED 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?







Welcome to Billings Classified  
Employees Association (BCEA)

# What is a Union?

Employees with  
a common

JOB  
WORKPLACE  
EMPLOYER

who band together for  
POWER



# Who is MFPE?

- The biggest union in Montana
- The most professionally diverse union in America

ALL of the workers in public schools (pre-k through University)

City, County, and State Employees

Law Enforcement and Corrections Officers

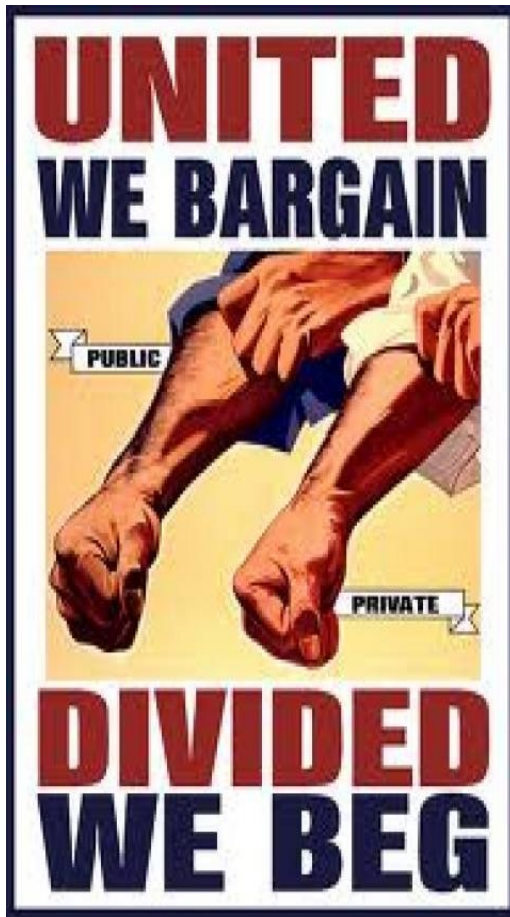
# Union Structure

We are NEA, AFT, and  
AFL-CIO members

We are MFPE members

We are BCEA members

# Benefits of Being a Union Member



## **LABOR UNIONS:**

THE FOLKS WHO BROUGHT YOU THE WEEKEND,  
CHILD LABOR LAWS, OVERTIME,  
MINIMUM WAGE, INJURY PROTECTION,  
WORKMENS COMPENSATION INSURANCE,  
PENSION SECURITY, RIGHT TO ORGANIZE . .ETC.



# Benefits of Being a Union Member



Professional development opportunities



Securing competitive wages and benefits/collective bargaining



Job security and protections



A voice in the workplace



A network of support

# Nonmembers Benefit From Our Work

- Membership is voluntary
- Nonmembers still enjoy the benefits of having their contract and benefits bargained by the union
- Nonmembers can't have no voice or vote on contracts, leadership, etc.
- Members' dues pay for nonmembers' benefits

# Member-Only Benefits

Through the buying power of our two national affiliates, NEA and AFT, all MFPE members are eligible for incredible deals on insurance, phone plans, home financing, discounted shopping, entertainment & travel, low-cost credit cards, legal & financial services, and much more.

[Find out more at MFPE member benefits](#)



**NEA Member  
Benefits**



**AFT Member  
Benefits**

# Local Officers:

**President** - Jennifer Leligdowicz, Secretary at Facility Services

**Vice President** - Tessa Olson, Technology Order and Budget Manager, Lincoln Center

**Secretary** – Julie Urso, SNA, Rimrock Learning Center

**Treasurer** - Cindy Herman, Accountant in Business office, Lincoln

**Director-at-Large** – Vacant

**Elem. Area Director** - Denise Joy, SNA at Burlington

**Middle School/ECI/First Student Area Director** – Jan McCandless, Bus SNA at First Student

**High School Area Director** - Vacant

# Where do I find union information?

- bceabillings.org (website) – minutes, newsletters, CBA, list of Board officers, events, etc.
- Local Board Officers
- bceabillings@gmail.com
- Jennifer Leligdowicz – jleligdo@Hotmail.com or cell (406)696-2203
- [MFPE.org](http://MFPE.org)





# Join Today!





## **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**