


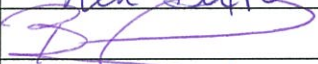


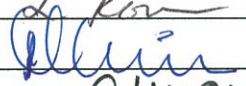
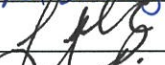

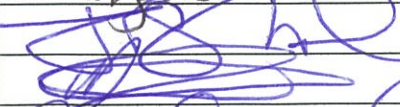



Policy and Procedure Meeting

December 5, 2019, 9:30 am Ed House

SIGN IN SHEET

	<u>NAME:</u>	<u>SIGNATURE</u>
1.	Toni Russo	
2.	Samantha Corbett	
3.	Tochelle Tuttle	
4.	Emilia Silva	Emilia Silva
5.	Laura Leon Zagaya	Yanifer Zagaya
6.	Lea Baxter	Lea Baxter
7.	Bridget Parker	
8.	Kathryn Marte	K. Marte
9.	Connie Bellantoni	Connie Bellantoni
10.	Michelle Bartley	Michelle Bartley
11.	Pat Mincey	Patricia Mincey
12.	Eric Beldoch	Eric Beldoch
13.	Debbie J. Hand	
14.	Monica Alvarez	
15.	Lucy Roman	L. Roman
16.	Patricia Smith	
17.	Deana Guarino	D. Guarino
18.	Marcus Moskowitz	Marcus Moskowitz
19.	Jeckie Campbell	
20.	Scott Pepper	
21.	Liza Torres	Liza Torres
22.	JOHN SHEPPARD	
23.	Mirades Ruiz	
24.	Marya Dena's	Marya Dena's
25.	Barbara Penasso	Barbara Penasso
26.	Grace Giuffre	Grace Giuffre
27.		
28.		
29.		
30.		
31.		
32.		

**Human Resources  
Office Managers Meeting  
December 5, 2019**

- |  |       |
|--|-------|
| 1. New Timesheets                                | SC/MM |
|  |       |
| 2. Employee Attendance on Inclement Weather Days | SRP   |
| • Memo   |       |
|  |       |
| 3. Employee Exit Form                            | JMC   |
|  |       |
| 4. Professional Development Feedback             | JMC   |
| • Feedback                                       |       |
| • Looking Ahead                                  |       |
|  |       |
| 5. Looking Ahead                                 | TR    |
| • Conflict of Interest Form                      |       |
|  |       |
| 6. HR Reminders                                  | SRP   |
| • Transfer Forms                                 |       |
| • Leave Requests                                 |       |
| • Posting Open Positions                         |       |
|  |       |
| 7. Other   |       |





**TEACHING ASSISTANTS ONLY**

## FORM B

**Form B:** *This form is for the use of teaching assistants submitting payment for additional duties.*

Examples for the use of this form: Afterschool Work with students, Extended Day Program, Newcomer Program.

## Teaching Assistants

**ALL TIMESHEETS MUST BE SUBMITTED WITHIN TWO WEEKS OF TIME WORKED.**

ALL INFORMATION ON THIS FORM MUST BE COMPLETED, ANY MISSING INFORMATION WILL BE RETURNED. THIS MAY DELAY PAYMENT TO THE EMPLOYEE.

**Name (Print Clearly)**

School

**B.O.E Approval Date (Mandatory)**

[illegible]

Total Hours: \_\_\_\_\_

Budget Code: \_\_\_\_\_

(Must be provided by Administrator)

\_\_\_\_\_  
Employee's Signature

Date \_\_\_\_\_

*certify that I worked the times and dates as set forth on this timesheet*

Signature of Administrator and/or Cabinet Member when applicable

Date \_\_\_\_\_

*certify that I have authorized this work, and to the best of my knowledge, the time submitted is accurate*

**MUST SELECT ONE**

- Teaching Assistants (Hourly Rate of Pay)

- BOE Rate of Pay

\$

- \$

## Other-explain

Payroll Use Only

Hours/Units: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Total: \_\_\_\_\_

Calculated By: \_\_\_\_\_

## 2019-2020

# FORM C

(NO SUBSTITUTES)

MUST SELECT ONE

- Temporary/Per Diem Staff

Diem Staff

○  
\$

## Other-explain

## Other-explain

Payroll Use Only

Rate of Pay: \_\_\_\_\_

Calculated By: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



## FORM D

**MUST SELECT ONE**

Illness, GED, Pregnant, Order  
of Protection, Suspension,  
CSE

ALL TIMESHEETS MUST BE SUBMITTED WITHIN TWO WEEKS OF TIME WORKED.  
ALL INFORMATION ON THIS FORM MUST BE COMPLETED, ANY MISSING INFORMATION WILL BE RETURNED. THIS MAY DELAY  
PAYMENT TO THE PADI OVER

**Instructor Name (Print Clearly)**

[illegible]

Budget Code: A 2330.154-088-2330

Date \_\_\_\_\_

Signature of Administrator and/or Cabinet Member when applicable

Date \_\_\_\_\_

*certify that I have authorized this work, and to the best of my knowledge, the time submitted is accurate*

Hours/Units: \_\_\_\_\_

Rate of Pay: \$60.93

Total: \_\_\_\_\_

Calculated By: \_\_\_\_\_

- Tutors will be paid for 15 minutes picking up and returning student's assignments to and from their respective schools regardless of the number of students being tutored.
- If a tutor shows up for tutoring and the child does not, the tutor should call the parent/ or guardian and wait thirty (30) minutes. If the student does not show within thirty minutes of his or her scheduled time, then the tutor may leave. Tutors must contact home the student's parents/guardians for every lateness or absence. Tutors must take daily attendance in the District's student information system.





## FORM F

**MUST SELECT ONE**

**ALL TIMESHEETS MUST BE SUBMITTED AS FOLLOWS:**

[illegible][illegible]

	Date
	Employee's Signature

Signature of Administrator and/or Cabinet Member when applicable

Date

○ \$60 HOME EVENTS:  
(Except Varsity Football)

(Except Varsity Football)  
Includes, Game Clock  
Operator, PA Announcer,  
Shot Clock Operator,  
Scorekeeper, Site  
Supervisor/Chaperone

**\$80 HOME VARSITY**  
**FOOTBALL**  
Clock Operator, PA, Site  
Supervisor/Chaperone

○ \$100 AWAY VARSITY  
FOOTBALL

Site Supervisor/Chaperone

☐ \$50 HOME/AWAY  
FOOTBALL CHAIN  
CREW

Must be present 2.5 hours

Payroll Use Only

Hours/Units: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Total: \_\_\_\_\_

Calculated By: \_\_\_\_\_





WHITE PLAINS PUBLIC SCHOOLS

EDUCATION HOUSE  
FIVE HOMESIDE LANE  
WHITE PLAINS, NEW YORK 10605  
914-422-2000  
www.wpcsd.k12.ny.us

Mr. Scott R. Pepper  
Assistant Superintendent for Human Resources

To: Administrators and Supervisors

From: Scott R. Pepper

Date: December 4, 2019

Re: Employee Attendance on Inclement Weather Days

This memo is being sent to clarify the recording of employee attendance on days where the school district declares a delayed opening or early dismissal due to inclement weather.

**Delayed Openings**

Employees who are present are paid for a full day.  
Employees who are absent are charged a full day absence.  
CSEA employees who are hourly are paid for a full day if they report to work.  
Substitute teachers are paid for a full day if they report for work.  
Employees who request a full day personal leave are charged a full day.  
Employees who request a half day (a.m.) personal day are charged a half day.  
Employees who request a half day (p.m.) personal day are charged a half day.

**Early Dismissal Days**

Employees who are present are paid for a full day.  
Employees who are absent are charged a full day absence.  
CSEA employees who are hourly are paid for a full day if they report for work.  
Substitute teachers are paid for a full day if they report for work.  
Employees who request a full day personal leave are charged a full day.  
Employees who request a half day (a.m.) personal day are charged a half day  
Employees who request a half day (p.m.) personal day **are not charged for the day.**

Please reach out to me directly if there are any other unique circumstances which are not covered under the above scenarios.

C: Dr. Joseph L. Ricca, Superintendent of Schools  
Dr. Jackie Manning Campbell, Director of Human Resources  
Payroll  
Office Managers



# WHITE PLAINS CITY SCHOOL DISTRICT

www.wpcsd.k12.ny.us

DRAFT

## Employee Exit Checklist

DRAFT

This section to be completed by Supervisor

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

Employee Job Title: \_\_\_\_\_ Separation Date: \_\_\_\_\_

Paid through date/last paid day: \_\_\_\_\_

Reason for Exit: \_\_\_\_\_ Retirement \_\_\_\_\_ Resignation \_\_\_\_\_ Layoff \_\_\_\_\_ Dismissal for Cause  
\_\_\_\_\_ Abandonment \_\_\_\_\_ Other: \_\_\_\_\_

### Forwarding Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(Payroll must be advised if home address will change in order to receive final paycheck and/or W2 at the appropriate time.)

The following checklist is provided to assist employees and departments with the exit process. **Reminder:** All items belonging to the White Plains City School District are to be collected on or before the employee's last day of work or before distribution of final paycheck.

- 1) **Supervisor:** \_\_\_\_\_ Identification Badge (returned) \_\_\_\_\_ Mobile Phone & password (returned)  
\_\_\_\_\_ Laptop (returned) \_\_\_\_\_ iPad (returned)  
\_\_\_\_\_ Whiteboard accessories (returned) \_\_\_\_\_ Digital Cameras (returned)  
(pens, remote, e-clickers) (still, video, document)  
\_\_\_\_\_ Media Storage Devices (returned)  
(i.e. flash drive/external hard drive)

**If employee does not have Direct Deposit, final check will be mailed.**

\_\_\_\_\_  
Sign and forward to Facilities & Operations

- 2) **Facilities & Operations:** \_\_\_\_\_ Tools & Equipment (returned) \_\_\_\_\_ Uniforms (if applicable)  
\_\_\_\_\_ Building Keys

\_\_\_\_\_  
Sign & Forward to Information Technology

- 3) **Information Technology:**

\_\_\_\_\_ Network and Email Accounts (deactivated) \_\_\_\_\_ Network Files (moved to dept. shared drive)  
\_\_\_\_\_ District Phone (password/message changed) \_\_\_\_\_ Extension (cleared)  
\_\_\_\_\_ Online Training Account (removed) \_\_\_\_\_ IEP Direct Access (discontinued)  
\_\_\_\_\_ Desktop Computer (cleared) \_\_\_\_\_ Web page (deactivated)  
\_\_\_\_\_ Helpdesk called placed to disable computer network account

Received from Supervisor

\_\_\_\_\_ Laptop (passwords cleared) \_\_\_\_\_ iPad (password cleared)  
\_\_\_\_\_ Whiteboard accessories (received) \_\_\_\_\_ Digital Cameras – still, video, document  
(pens, remote, e-clickers) \_\_\_\_\_ Media Storage Devices (flash drives, DVD's)

\_\_\_\_\_  
Sign & Forward to Payroll

Upon completion, this form will be retained in the employee's personnel file.



WHITE PLAINS CITY SCHOOL DISTRICT  
www.wpcsd.k12.ny.us

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DRAFT

4) Payroll

\_\_\_\_\_ Final Paycheck (mailed or picked-up)

\_\_\_\_\_ Paid through date

\_\_\_\_\_ Last Paid Date

\_\_\_\_\_ Forwarding address logged

\_\_\_\_\_ Current phone number logged

\_\_\_\_\_  
Sign & forward to Human Resources

5) Human Resources

\_\_\_\_\_ Phone Directory (removed)

\_\_\_\_\_ Change Order Notification

\_\_\_\_\_ Employee Notification (received)

\_\_\_\_\_ Retirement Forms (if applicable)

\_\_\_\_\_ BOE Agenda Letter

\_\_\_\_\_ BOE Approval Date: \_\_\_\_\_

\_\_\_\_\_ COBRA Letter (if applicable)

\_\_\_\_\_ GCN (deactivate)

\_\_\_\_\_ TEACH online (submit termination)

\_\_\_\_\_ Frontline Account (deactivated)

\_\_\_\_\_ ACCESS database (remove)

\_\_\_\_\_ nVision (deactivate AND put in term date)

\_\_\_\_\_  
Assistant Superintendent for Human Resources



### **CONFLICT OF INTEREST AND DISCLOSURE FORM**

- In order to be compliant with the new State and Grant Guidelines, White Plains City School District employees and BOE members will be required on a yearly basis to complete and sign a Conflict of Interest and Disclosure form
- This form will be included in your yearly GCN training
- To be compliant for this year, the form will be distributed midyear to all BOE members, and any employee involved in the purchasing process
- Along with the form, you will receive a copy of the updated Conflict of Interest and Code of Ethics policies
- The form will need to be filled out, signed and returned to the Human Resources Department
- If you have any questions, please contact Mr. Pepper or Toni Russo

The attached form is a **DRAFT** version. Once the form is finalized and approved it will be distributed.

# DRAFT

## Annual Employee Conflict of Interest and Disclosure Form

The District is responsible to identify and manage, reduce or eliminate conflicts of interest that might exist. The key to handling these potential conflicts is full disclosure by our employees of any potential conflict or the appearance of a conflict.

1. I have read and understand the District's Conflict of Interest and Code of Ethics Policy (see attached).

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

2. I agree to comply with the District's Policies Conflict of Interest and Code of Ethics.

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

Please describe below any relations, transactions, positions you hold or circumstances of which you are aware that you believe could contribute to an actual or perceived conflict of interest between the District and your personal interest- financial, dual loyalty or otherwise:

3. Outside Employment or Service: Identify any outside employment or provision of outside services (owner, board member, employee, etc.) paid or volunteer, current or planned, by you or your family that may pose, or give the appearance of a conflict of interest of which you are aware.

None \_\_\_\_\_

Information to Disclose: \_\_\_\_\_

4. Outside Interests, Financial and Other: Identify any interest of positions that you or your family, directly or indirectly hold in any outside entity from which the District secures or is planning to secure goods or services of which you are aware:

None \_\_\_\_\_

Information to Disclose: \_\_\_\_\_

5. Gifts, Gratuities, Services and Entertainment: Identify any gifts, gratuities, services or entertainment having a total value of \$75.00 or more in a fiscal year from any outside business or individual that does, or is seeking to do business with the District that you or your family have accepted of which you are aware that might be reasonably regarded as influencing or having the potential of influencing your judgment or actions concerning business of the District.

None \_\_\_\_\_

Information to Disclose: \_\_\_\_\_

6. Family or Business Relationship Conflicts: Identify any family or business relationships of which you are aware that you may have with Board of Education members and/or any other employee of the District:

None \_\_\_\_\_

Information to Disclose: \_\_\_\_\_

7. Other: Identify any other activities of which you are aware that you or your family are engaged in that might be regarded as or may give appearance of, a conflict of interest.

None \_\_\_\_\_

Information to Disclose: \_\_\_\_\_

# DRAFT

8. I report that to the best of my knowledge, information and belief, no situation in which I am involved personally or professionally could be construed as a violation of the District's Policies (Insert District Policy Numbers) Conflict of Interest or (Insert District Policy Numbers) Code of Ethics, or as placing me in a position of having a conflict of interest or the appearance of a conflict of interest with the District that I have not disclosed above.

None \_\_\_\_\_

Information to Disclose: \_\_\_\_\_

9. I understand that it is my responsibility to contact the District's Office of Human Resources to complete a new Employee Conflict of Interest and Disclosure Form to notify the District of any changes and or additions that may occur throughout the year.

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

Reporting Theft and Fraud: In accordance with District Policy a Board Member or District employee who has particular knowledge of specific acts, which he or she reasonably believes constitutes wrongful conduct should disclose the wrongful conduct to the appropriate District Official; the Superintendent of Schools or the Board of Education President. You can report suspected theft or fraud of School District money, equipment, resources, materials, or supplies or the use of School District paid work time for personal gain or profit to the Superintendent of Schools or the Board of Education President. They must strive to keep your identity confidential.

I understand and have read the above sections 1-10: Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

PLEASE RETURN TO THE ASSISTANT SUPERINTENDENT FOR HUMAN RESOURCES BY OCTOBER 1. ALL SUBMISSIONS WILL BE REVIEWED AND ISSUES/CONCERNS WILL BE REPORTED TO THE BOARD PRESIDENT BY OCTOBER 31.

## WHITE PLAINS CITY SCHOOL DISTRICT POLICIES: CODE OF ETHICS #2160 & CONFLICT OF INTEREST #9120