



# ANNISTON CITY SCHOOLS

## Substitute Employment Information Sheet

### Substitute Information

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

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Social Security Number or Employee ID #: \_\_\_\_\_

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

### Emergency Contact Information

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

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

Primary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship: \_\_\_\_\_

### Prior Employment Information

Are you retired? Yes  No

If yes, from where? \_\_\_\_\_

Participant in TRS / ERS? Yes  No

**NOTE:** Retirees who are receiving retirement benefits from the TRS and are employed with an agency that participates in the TRS or ERS are subject to limitations on the compensation they can receive without an adverse impact on their retirement benefits.

**Employee's Withholding Certificate**

Department of the Treasury  
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works**

Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

FORM  
**A4**  
(REV. 3/2014)

ALABAMA DEPARTMENT OF REVENUE  
50 North Ripley Street • Montgomery, AL 36104 • InfoLine (334) 242-1300  
[www.revenue.alabama.gov](http://www.revenue.alabama.gov)



# Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

## Part I – To be completed by the employee

EMPLOYEE NAME _____		EMPLOYEE SOCIAL SECURITY NUMBER _____	
STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____

### HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. ....
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.  
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption .....
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.  
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. ....
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* .....
5. Additional amount, if any, you want deducted each pay period. .... \$ \_\_\_\_\_
6. This line to be completed by your employer: Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) .....

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

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

## Part II – To be completed by the employer

EMPLOYER NAME _____		EMPLOYER IDENTIFICATION NUMBER (EIN) _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

**DEPENDENTS:** To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

**THIS FORM MAY BE REPRODUCED**



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>     <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



# ANNISTON CITY SCHOOLS

## Direct Deposit Authorization Form

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

Social Security Number: \_\_\_\_\_ or Employee Number: \_\_\_\_\_

**NOTE: One of the following documents must be attached to start a direct deposit:**

1. **A Check** (marked VOID) that your financial institution has generated with your name, address, routing number, and account number on a pre-numbered instrument.
2. **An Official Bank Form** printed from your bank (or given with banking card), which provides your account number and the routing number of the financial institution where the account is active.

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

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Deposit \$ \_\_\_\_\_ . \_\_\_\_ **OR**  **Total Net Amount**    Checking:  Savings:  Other:

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

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Deposit \$ \_\_\_\_\_ . \_\_\_\_ **OR**  **Total Net Amount**    Checking:  Savings:  Other:

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

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Deposit \$ \_\_\_\_\_ . \_\_\_\_ **OR**  **Total Net Amount**    Checking:  Savings:  Other:

I, \_\_\_\_\_, authorize the Payroll Department of Anniston City Schools to deposit amounts owed to me by direct deposit to account(s) listed above. By signing below, I am acknowledging that I am responsible for requesting the above changes and that all new information submitted is accurate.

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

\_\_\_\_\_  
Date

**NOTE: All direct deposit charges must be received by the 15<sup>th</sup> of the month in order for the automated system to test the account lines for errors and process directly to your financial institution the following month. All direct deposit charges received after the 15<sup>th</sup> will be entered and become active during the processing of the new month's payroll.**



Acknowledgement of Receipt  
Anniston City Board of Education Policy Information  
The Drug-Free Workplace Act of 1988  
(P.L. 110-690) Effective March 18, 1989

**To the Employee:**

This acknowledgement must be completed, signed, and returned to your immediate supervisor.

I, \_\_\_\_\_, an employee of the Anniston City Board of Education, hereby certify that I have received a copy of this school system's policy statement regarding the maintenance of a drug-free workplace. I realize that the manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on this school system's premises and violation of this policy can subject me to disciplinary action, including termination of employment. I realize that as a condition of employment by this school system, a federal grantee, I must abide by the terms of this policy and will notify the Personnel Office of the Anniston City Board of Education, of any criminal drug conviction occurring in the workplace no later than five (5) days after such conviction. I understand that on-the-job drug use is specifically prohibited by the policies of the Anniston City Board of Education and that the penalties may include termination of employment.

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Signature

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Date



## Responsibilities and Expectations of Substitutes

### **SUBSTITUTE TEACHERS**

As a substitute teacher, you are responsible for upholding the school system's policies; including (but not limited to) professionalism, school safety, and classroom/student management.

- For professionalism, you are expected to follow the proper procedures for appropriate and professional conduct, timeliness and accountability, and abiding by the school dress code.
- For school safety, you are expected to follow the proper procedures for releasing a child from class, reporting all injuries and accidents, and abiding by the fire/disaster drill and crisis management policies.
- For classroom management, you are expected to follow the proper procedures for classroom procedures, lesson plans, and ensuring instructional continuity.
- For student management, you are expected to follow the proper procedures for maintaining a positive learning environment, maintaining order and discipline, and following policies regarding non-routine student punishment.

### **SUBSTITUTES (OTHER)**

As a substitute, you are responsible for upholding the school system's policies; including (but not limited to) professionalism and school safety.

- For professionalism, you are expected to follow the proper procedures for appropriate and professional conduct, timeliness and accountability, and abiding by the school dress code.
- For school safety, you are expected to follow the proper procedures for reporting all injuries and accidents and abiding by the fire/disaster drill and crisis management policies.

I, \_\_\_\_\_, a substitute of the Anniston City Board of Education, hereby certify that I have received a copy of this school system's guidelines of responsibilities and expectations regarding a substitute position. I understand that failure to follow these policies can result in disciplinary action, not excluding termination.

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Signature

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Date

# WELCOME TO ANNISTON CITY SCHOOLS!



**Your Employee Number is**

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**To ensure timely and accurate payment, do the following:**

1. Make sure you have accepted / scheduled the day of absence you are covering via the Frontline Education (AESOP) online platform.
2. Sign the substitute log in the front office.
3. Use the timeclock.





## Substitute Resource Sheet

### **ATTACHED FILES:**

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- Frontline Education Substitute QuickStart Guide (Absence Management)
- ACS Payroll Rates
- ACS District Calendar

### **JOB MANAGEMENT:**

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Accepting, Rejecting, and cancelling substitute jobs is facilitated through Frontline Education's online platform (previously AESOP). Please reference the attached "Frontline Education Substitute QuickStart Guide (Absence Management)" for detailed instructions.

**Create New Account:** [www.aesoponline.com](http://www.aesoponline.com)  
**Account Login:** [www.app.frontlineeducation.com](http://www.app.frontlineeducation.com)

### **THINGS TO NOTE:**

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- Make sure you have accepted / scheduled the day of absence you are covering on the Frontline Education (AESOP) online platform (use above links)
- When on the job, don't forget to do the following:
  - Sign the Substitute Log at the Front Office
  - Use the Timeclock
- Unless otherwise stated, payment is on the last workday of each month

### **DISTRICT SCHOOL INFORMATION:**

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Anniston City Schools	Phone	Principal	Website
Cobb Pre-K Academy	256-231-5030	Ms. Hall	<a href="http://www.annistonschools.com/Domain/312">www.annistonschools.com/Domain/312</a>
Golden Springs Elementary	256-231-5050	Dr. Tatum	<a href="http://www.annistonschools.com/Domain/405">www.annistonschools.com/Domain/405</a>
Randolph Park Elementary	256-231-5080	Ms. Brown	<a href="http://www.annistonschools.com/Domain/466">www.annistonschools.com/Domain/466</a>
Anniston Middle School	256-231-5020	Ms. Robinson	<a href="http://www.annistonschools.com/Domain/224">www.annistonschools.com/Domain/224</a>
Anniston High School	256-231-5010	Mr. Posey	<a href="http://www.annistonschools.com/Domain/82">www.annistonschools.com/Domain/82</a>



# Absence Management

## SIGNING IN

Type [aesoponline.com](http://aesoponline.com) in your web browser's address bar or go to [app.frontlineeducation.com](http://app.frontlineeducation.com) if you have a Frontline Account.

The Sign In page will appear. Enter your ID/username and PIN/password and click **Sign In**.

## RECOVERING CREDENTIALS

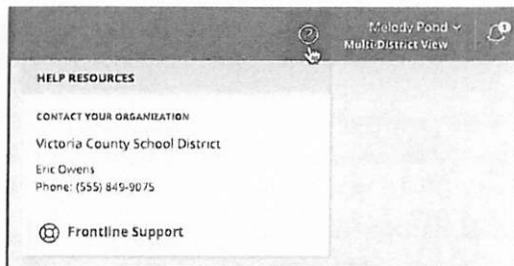
If you cannot recall your credentials, use the recovery options or click the "**Having trouble signing in?**" link for more details.

## SEARCHING FOR AVAILABLE JOBS

You can review available jobs directly on the homepage. These potential jobs appear in green on the calendar and in list form under the "Available Jobs" tab.

To accept a job, click the **Accept** button beside the absence (or click **Reject** to remove a job from the list).

Date	Time	Duration	Location
Mon, 4/30/2018	11:00 AM - 6:00 PM	Full Day	Victoria County School District Victoria County Community Schools



## GETTING HELP AND TRAINING

If you have questions, want to learn more about a certain feature, or want more information about a specific topic, click **Help Resources** and select **Frontline Support**. This opens a knowledge base of help and training materials.

## ACCESSING ABSENCE MANAGEMENT ON THE PHONE

In addition to web-based, system accessibility, you can also find and accept available jobs, manage personal information, change your PIN number, and more, all on the phone.

### When You Call into Absence Management

To call, dial **1-800-942-3767**. You'll be prompted to enter your ID number (followed by the # sign), then your PIN number (followed by the # sign).

When calling the Absence Management system, you can:

- Find available jobs – **Press 1**
- Review or cancel upcoming jobs – **Press 2**
- Review or cancel a specific job – **Press 3**
- Review or change your personal information – **Press 4**

### When the Absence Management System Calls You

If an available job has not been filled by another substitute two days before the absence is scheduled to start, the system will automatically begin to call substitutes and try to fill the job.

Keep in mind, when the system calls you, it will call about one job at a time, even if you're eligible for other jobs. You can always call in (see "When You Call into Absence Management" section above) to hear a list of all available jobs.

**Note:** When the system calls, be sure to say a loud and clear "Hello" after answering the call. This will ensure that the system knows you picked up the call.

When you receive a call, you can:

- Listen to available jobs – **Press 1**
- Prevent Absence Management from calling again today – **Press 2**
- Prevent Absence Management from ever calling again – **Press 9**

If you are interested in the available job, **Press 1**. You will be asked to enter your PIN number (followed by the # sign). The Absence Management system will list the job details, and you will have the opportunity to accept or reject the job.





# ANNISTON CITY SCHOOLS

## Payroll Rates

### Teacher Rates:

Substitute License: \$112.50 per day

Valid Certification: \$135.00 per day

**Clerical / Aides Rate:** \$112.50 per day

**Child Nutrition Rate:** \$60.00 per day

**Custodian Rate:** \$80.00 per day

**NOTE: Unless otherwise stated, payment is on the last workday of each month.**

*For substitutes that work more than 15 consecutive days for the same teacher/position, the daily rate will be increased by \$10.00 for each additional day worked. This means that on day 16 and all other subsequent days there will be a \$10.00 increase to the above daily rate. If there is a break in service (an absence, work for another teacher or position, etc.), the consecutive daily count starts over again and the above daily rate is back into effect without the additional daily increase.*

# ANNISTON CITY SCHOOLS

## 2024-2025 School Calendar



July 2024						
S	M	T	W	T	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 2024						
S	M	T	W	T	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

September 2024						
S	M	T	W	T	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					

October 2024						
S	M	T	W	T	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 2024						
S	M	T	W	T	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

December 2024						
S	M	T	W	T	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				

July 4	Independence Day
Aug 1	9-month Employees First Day
Aug 1-6	Teacher In-Service Days
Aug 7	First Day for Students
Sept 2	Labor Day
Sept 3	E-Learning Day/PD
Oct 11	E-Learning Day/PD
Oct 14-18	Fall Break
Nov 11	Veterans Day
Nov 22	E-Learning Day/PD
Nov 25-29	Thanksgiving Break
Dec 23-Jan 3	Winter Holiday Break
Jan 6-7	Teacher In-Service Days
Jan 8	Students Return
Jan 20	Martin Luther King Jr Day
Feb 17	Presidents Day
Feb 18	E-Learning Day/PD
Mar 24-28	Spring Break
Apr 28	E-Learning Day/PD
May 26	Memorial Day
May 29	Last Day for Students
May 30	Teacher In-Service Day
Jun 2-3	S Teachers Work Days
Jun 19	Juneteenth

January 2025						
S	M	T	W	T	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 2025						
S	M	T	W	T	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	

March 2025						
S	M	T	W	T	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 2025						
S	M	T	W	T	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			

May 2025						
S	M	T	W	T	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 2025						
S	M	T	W	T	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					

9 Month Non-OSR Aides & LPN Work Days	
August 1	First day of Work
Aug 1-6	Oct 11
Nov 22	Jan 7
May 29	Last Day of Work

9 Month CNP Work Days	
August 1	First Day of Work
Aug 1-6	
Sept 3	Oct 11
Nov 22	Jan 6-7
May 30	Last Day of Work

10 Month Employee Work Days	
July 22	First Day of Work
All E-Learning & Teacher In-Service Days	
June 10	Last Day of Work

11 Month Employee Work Days	
July 8	First Day of Work
All E-Learning & Teacher In-Service Days	
June 25	Last Day of Work

12 Month Employee Work Days	
July 1	First Day of Work
All E-Learning & Teacher In-Service Days	
Oct 14-18	Jan 2-3
Nov 25-26	Mar 24
Dec 23	

- School Closed/Holidays  
 Institute Day
- In-Service Planning (No school for students)  
 E-Days/PD for Staff
- TEAMS Teachers Extra Work Days  
 First & Last Day of School