

REMSEN CENTRAL SCHOOL
BOARD OF EDUCATION MEETING
ELEMENTARY LIBRARY
TUESDAY, NOVEMBER 8, 2022
6:00 P.M

AGENDA

- 1.0 Call to Order
- 2.0 Public Participation
 - 2.1 Questions & Concerns from the Public
- 3.0 Consent Agenda
 - 3.1 Preliminary Actions
 - 3.2 Business Operations
- 4.0 Reports to the Board of Education
 - 4.1 Elementary Principal's Report
 - 4.2 High School Principal's Report
 - 4.3 Facilities Report
 - 4.4 Transportation Report
 - 4.5 Athletic Director's Report
- 5.0 Old Business
- 6.0 New Business
 - 6.1 Committee on Special Education
 - 6.2 Excess Items
 - 6.3 Adoption of Remsen Central School District Vision Statement
 - 6.4 Adoption of Remsen Central School District Mission Statement
 - 6.5 Adoption of Remsen Central School District Core Values
 - 6.6 First Read of Board of Education Policies – Section 6000
 - 6.7 2023-2024 Budget Development Calendar
- 7.0 Personnel
 - 7.1 Request for Medical Leave
 - 7.2 Request for Maternity Leave
 - 7.3 Appointment of Cleaner
 - 7.4 Appointment of Special Education Teacher
 - 7.5 Request for Maternity Leave
 - 7.6 Appointment of Scorekeeper
 - 7.7 Appointment of Volunteer Assistant Coach

8.0 Information & Correspondence

9.0 Soaring to Success – Board of Education Roundtable Remarks

10.0 Executive Session for:

Matters that will imperil the public safety if disclosed
Any matter that ma disclose the identity of a law enforcement agent or informer
Information relating to current or future investigation or prosecution of a criminal offense that would imperil effective law enforcement if disclosed.
Proposed, pending , or current litigation
Collective negotiations pertaining to the Union pursuant to article 14 of the Civil Service Law
The medical, financial, credit, or employment history of a particular person or corporation, or matters leading to the appointment, employment, promotion, demotion, discipline, suspension, dismissal, or removal of a particular person or corporation.
The preparation, grading , or administration of exams
The Proposed acquisition. sale- or lease of real property or the proposed acquisition sale or exchange of securities, but only when publicity would substantially affect the value of these things.
Discussing student records made confidential by federal law (FERPA or IDEA
Hearing an appeal of a student suspension
Hearing an appeal of an employee grievance
Seeking legal advice from our attorney , which is made privileged b law

11.0 Adjournment

REMSEN CENTRAL SCHOOL BOARD OF EDUCATION
ELEMENTARY LIBRARY
TUESDAY NOVEMBER 8, 2022 – 6:00 p.m.
SUPERINTENDENT’S MEMORANDUM

1.0 Meeting Call to Order — Mrs. Mary Lou Allen, Board President, will call the meeting to order at 6:00 p.m. Pledge of Allegiance recited by all present.

2.0 Public Participation - We are about to convene into the public comment period of our meeting. Any district resident wishing to speak during public session is required to sign in, stating your full name, address, contact information and the topic that you wish to discuss. If you have not signed in and you wish to speak, the District Clerk will bring the sign-in sheet over to you at this time.

We will insist that all speakers and members of the audience maintain civility and respect. The board will now entertain public comments for up to a maximum of 30 minutes. Each individual speaker will be allotted three minutes. Please be reminded that written comments or concerns to be shared with the Board may also be submitted or emailed to the district clerk, Ms. Olivia Woolheater or to the Superintendent, Mr. Timothy Jenny at any time.

2.1 Questions and Concerns from the Public

3.0 Consent Agenda - RECOMMENDED ACTION - A single motion to approve the following routine items:

3.1 Preliminary Actions

- A. Approval of Minutes — October 11, 2022 ENC 3.1 A
- B. Additions to and Approval of Agenda

3.2 Business Operations

- A. Warrants for Payment ENC. 3.2A
- B. Treasurer's Report ENC. 3.2B
- C. Revenue Status Report ENC. 3.2C
- D. Appropriation Status Report ENC. 3.2D

4.0 Reports to the Board of Education

- 4.1 Elementary Principal's Report ENC. 4.1
- 4.2 High School Principal's Report ENC. 4.2
- 4.3 Facilities Report ENC. 4.3
- 4.4 Transportation Report ENC. 4.4
- 4.5 Athletic Director's Report ENC. 4.5

5.0 Old Business

6.0 New Business

- 6.1 Committee on Special Education - RECOMMENDED ACTION - Approve the Following "RESOLVED, that the Board of Education accept recommendations of the Committee on Special Education from meetings held on October 17, 29, and 31, 2022. Please be reminded that discussion of a specific IEP should be referred to Executive Session.

ENC. 6.1

- 6.2 Excess Items - RECOMMENDED ACTION - Approve the following: "RESOLVED, that the Board of Education declares the six door stainless steel cooler, Fisher XLS snow plow, and Farm King 840 3-point snow blower items as noted on the attached list to be excess."

ENC 6.2

- 6.3 Adoption of Vision Statement - RECOMMENEDED ACTION- Approve the following: "RESOLVED, that the Board of Education adopt the Remsen Central School District Vision Statement: *Remsen Central School District forever aspires to be a unique, distinguished, welcoming learning community that fosters a growth mindset and essential traits of great character. RCS will remain dedicated to cultivating and supporting each students' individual abilities and interests as they confidently work to realize their full potential to lead happy, healthy, successful lives. All Remsen students will Soar to Success.*"

ENC 6.3

- 6.4 Adoption of Mission Statement - RECOMMENEDED ACTION - Approve the following: "RESOLVED, that the Board of Education adopt the Remsen Central District School Mission Statement: *The mission of Remsen Central School District is to lead by example, instill essential traits of great character, foster a sense of belonging, and provide a solid academic foundation. Students will be empowered to learn and achieve to their individual potential through diverse, challenging, relevant and engaging educational opportunities and differentiated learning experiences. A commitment to students first, positive relationships, quality instruction, continuous personal and professional growth, recognition for hard work, as well as a comprehensive system of student supports provided in a safe, encouraging learning environment with consistently high expectations for everyone, will ensure that all Remsen students Soar to Success.*"

ENC 6.3

- 6.5 Adoption of Core Values - RECOMMENEDED ACTION- Approve the following: "RESOLVED, that the Board of Education adopt the Remsen Central School District Core Values:

We are committed to quality student learning, service, and preparation.

Academic excellence and hard work will be valued and recognized.

We will model and instill integrity, kindness, hard work, perseverance, professionalism, commitment, teamwork, respect, independence, self-discipline, humility, responsibility, love, and empathy.

The little things make a big difference.

We will provide a safe, healthy, welcoming and supportive learning environment with clear expectations that motivates students to do their best, solve problems, be creative, think intelligently, understand multiple perspectives, collaborate, and have fun.

Consistency in routines and procedures is essential.

We will enthusiastically embrace and encourage a growth mindset, learn to persevere through challenges, and understand that failure is an opportunity to learn and grow throughout life.

Always strive to improve.

We will utilize student data and feedback, the thoughtful application of knowledge, skills and traits, daily interactions, assessments, projects and state and national standards to measure student growth, learning, and achievement.

Every day is a gift, full of possibilities.

We are grateful for our school community. We will work collectively to ensure we are able to leave our children, for generations to come, with an even better community and school than we have today."

ENC 6.3

6.6 First Read of Board of Education Policies – Section 6000

ENC 6.6

6.7 Approval of 2023-2024 Budget Development Calendar - RECOMMENEDED ACTION - Approve the following: "RESOLVED, that the Board of Education approve the Budget Development Calendar for the 2023-2024 year."

ENC 6.7

7.0 Personnel

7.1 Request for Medical Leave - RECOMMENEDED ACTION - Approve the following: "RESOLVED, that the Board of Education approve the request of Renee Morrison for medical leave of absence from November 15th through December 27, 2022."

ENC 7.1

7.2 Request for Maternity Leave - RECOMMENED ACTION - Approve the following: “RESOLVED, that the Board of Education approve the request of Lauren Carpenter for Maternity leave from January 20, 2022 through May 1, 2023.”

ENC 7.2

7.3 Appointment of Cleaner - RECOMMENED ACTION - Approve the following: “RESOLVED, that the Board of Education appoint Zachary Prosser to the position of cleaner effective November 9, 2022, at the hourly rate of \$14.60”

ENC 7.3

7.4 Appointment of Special Education Teacher - RECOMMENED ACTION - Approve the following: “RESOLVED, that the Board of Education of the Remsen Central School District, pursuant to Section 2509 of the Education Law and in compliance with part 30.3 of the Rules of the Board of Regents, upon the recommendation of Timothy Jenny, Superintendent of Schools does hereby appoint Erin Muzio, of Remsen, NY who holds a valid NYS certificate permitting her to teach subjects in the area of General Special Education – Educating Children with Handicapping Conditions in public schools of New York State, to the position of Special Education 7-12 teacher in said tenure area for a probationary period of three years to commence on December 12, 2022, and to expire December 12, 2025; and BE IT FURTHER RESOLVED that Erin Muzio, during her first year of this appointment be paid at the annual salary as outlined in the 2018-2026 agreement between Remsen Teachers’ Association and the Board of Education at Step 11, Column A, plus an additional \$300 for six graduate credit hours earned above her Master’s Degree.”

ENC 7.4

7.5 Request for Maternity Leave - RECOMMENED ACTION - Approve the following: “RESOLVED, that the Board of Education approve the request of Brittany Austin for Maternity Leave from February 27, 2023 through April 10, 2023.”

ENC 7.5

7.6 Appointment of Scorekeeper - RECOMMENED ACTION - Approve the following: “RESOLVED, that the Board of Education appoint Elizabeth Bellinger to the position of Scorekeeper for the Girls’ JV and Varsity Volleyball teams for the 2022-2023 season.”

ENC 7.6

7.7 Appointment of Volunteer Assistant Coach - RECOMMENED ACTION - Approve the following: “RESOLVED, that the Board of Education appoint

Jared Williams as a Volunteer Assistant Coach for the Remsen Girls' Volleyball program for the 2022-2023 season.”

ENC 7.7

8.0 Information & Correspondence

9.0 Soaring to Success – Board of Education Roundtable Remarks

10.0 Executive Session for:

	Matters that will imperil the public safety if disclosed
	Any matter that ma disclose the identity of a law enforcement agent or informer
	Information relating to current or future investigation or prosecution of a criminal offense that would imperil effective law enforcement if disclosed.
	Proposed, pending , or current litigation
	Collective negotiations pertaining to the Union pursuant to article 14 of the Civil Service Law
	The medical, financial, credit, or employment history of a particular person or corporation, or matters leading to the appointment, employment, promotion, demotion, discipline, suspension, dismissal, or removal of a particular person or corporation.
	The preparation, grading , or administration of exams
	The Proposed acquisition. sale- or lease of real property or the proposed acquisition sale or exchange of securities, but only when publicity would substantially affect the value of these things.
	Discussing student records made confidential by federal law (FERPA or IDEA
	Hearing an appeal of a student suspension
	Hearing an appeal of an employee grievance
	Seeking legal advice from our attorney , which is made privileged b law

11.0 Adjournment

PERSONNEL

RECRUITMENT, SELECTION AND APPOINTMENT OF PERSONNEL

I. Statement of Policy

The quality of an education program is highly dependent on the abilities and dedication of its staff. The Board of Education (the Board) seeks to recruit, select, and employ the best qualified candidates available. Consideration is given to professional preparation and educational achievements, prior professional experience, general cultural background, character and the Remsen Central School District's (the District) needs. The Board is committed to recruiting and hiring the best qualified candidates available while striving to develop a diverse workforce.

II. Recruitment of Instructional Staff

- A. The Superintendent or designee should become acquainted with the relevant labor pools. For certified positions, they should maintain a close working relationship with colleges and universities with teacher training programs known to produce quality candidates.
- B. Lines of communication should be established with Building Principals and Personnel Directors in adjacent districts, as well as with other employers with similar positions.
- C. Contact should be developed with professional associations which periodically advertise position vacancies. The readership of local newspapers, periodicals and other forms of media should also be investigated for potential job applications.
- D. Care should be taken, however, to avoid any action that could appear to encourage a prospective employee to default on obligations to another school district or employer.

III. Hiring of Instructional Staff

- A. A thorough review process is required, including careful documentation and verification of claimed credentials and required licenses.
- B. Administrative and management positions cannot be filled unless the Superintendent and the Board of Education concur on the appointment.
- C. The Superintendent or designee will promptly notify the selected candidate and seek acceptance, and promptly inform the unsuccessful applicants. The Board may reserve the right to conditional employment upon the passing of a physical examination and/or completion of other requirements such as certification.

POLICY

Draft 02/03/2022

PERSONNEL

6001

RECRUITMENT, SELECTION AND APPOINTMENT OF PERSONNEL

IV. Non-Instructional Staff

The success of the support services program is highly dependent on the quality and abilities of those employed to carry out this mission. Recruitment and hiring of support staff is governed by the Civil Service Law. Candidates for competitive class positions must pass a civil service examination and appear on the eligible list provided to the school District by the Oneida County Personnel Department.

Remsen Central School District

Legal Ref: NYS Education Law §§1709, 1804, 3001, 3004 Sections 23, subdivision 4 a, New York State Civil Service Law

Adopted: 10/12/82 Readopted: 12/15/92

Revised: 10/12/86, 06/20/17, _____

Policy

Draft 02/03/2022
6002

PERSONNEL

OATH OF ALLEGIANCE

All personnel, excluding employees in the labor class, shall be required to take an oath of allegiance to the Constitution of the United States of America and the State of New York before the effective date of their appointment; or to comply with this requirement by subscribing and filing a written affirmation attesting to the loyalty oath, with the District Clerk.

Remsen Central School District

Legal Ref: NYS Education Law ~~Section~~ § 3002

Adopted: 08/08/89 Readopted: 12/15/92

Revised: 06/20/17, _____

Policy

Draft 02/03/2022
6003

PERSONNEL

EVALUATION, RESIGNATION AND TERMINATION

I. Evaluation:

- A. All personnel in the Remsen Central School District shall be subject to a continuous program of supervision and evaluation in order to promote improved performance and to make decisions regarding the occupancy of positions.
- B. The process of evaluation during the probationary period shall be intensified and adequately documented to support the administrative recommendations regarding continued employment.
- C. The Superintendent shall establish procedures for evaluation of all professional and non-professional staff.
- D. The supervision and evaluation of the instructional staff shall be guided by the contractual agreement and the Annual Professional Performance Review Plan adopted by the Board of Education.

II. Resignation:

Employee resignations should be submitted in writing to the Superintendent with a minimum of thirty (30) days. Resignation notices of a shorter duration may be accepted and approved when mutually agreed upon. (Is this still the policy of the District?)

III. Termination:

Termination of employment will be carried out in compliance with applicable laws, regulations and negotiated agreements.

Remsen Central School District
Adopted: 06/20/17
Revised: _____

Regulation

Draft

6003.1 DELETE

PERSONNEL

INSTRUCTIONAL STAFF EVALUATION

- I. The evaluation of instructional staff shall be conducted according to the following procedures:
 - A. All monitoring or observation of the work of a teacher shall be conducted openly and with full knowledge of the teacher. The use of eavesdropping, closed circuit television, public address or audio systems, and similar surveillance devices shall be strictly prohibited.
 - B. All evaluations shall be reduced to writing within three (3) days of the evaluation. If the teacher disagrees with the evaluation, he may submit a written answer which shall be attached to the file copy of the evaluation in question and/or submit any complaints through the grievance procedure.
 - C. Each observation of a teacher in teaching situations shall be for one full period in the secondary area and one full lesson in the elementary area.
 - D. Each observation of a teacher shall be followed by a personal conference between the teacher and his evaluator for purposes of clarifying the written evaluation report.
 - E. If an evaluator finds a teacher lacking, the reasons therefore shall be set forth in clear and accurate terms, as shall an identification of the ways in which the teacher is to improve and of assistance to be given by the administrator and other staff members. In subsequent evaluation reports, failure to again note a deficiency shall be interpreted to mean that adequate improvement has taken place.
 - F. No evaluation shall unduly interfere with the normal teaching-learning process.
 - G. Probationary teachers shall be observed and evaluated between two and five times yearly. Tenured teachers shall be observed and evaluated between one and three times every three years. Teachers will be notified of the week(s) during which their evaluation will take place.
 - H. Each teacher, upon his their employment or at the beginning of the school year, whichever is later, shall be appraised of the specific criteria on which he they will be evaluated.

POLICY

PERSONNEL

6003.1

INSTRUCTIONAL STAFF EVALUATION

- I. All evaluations shall be done by the Superintendent or trained and qualified designee.

Remsen Central School District

Approved by the Superintendent: 06/20/17, _____

Adopted: 11/09/76 Readopted: 12/15/92

Revised: 08/08/89

Regulation

Draft 02/03/2022

PERSONNEL

6003.1 Revise/Renumber 6003.2

NON-INSTRUCTIONAL EVALUATION

I. —

~~— The purpose of the non-teaching personnel evaluation program is to provide employees with a fair and objective evaluation of their performance, identify strengths and weaknesses, and agree upon a practical improvement program.~~

II. Evaluation Forms

- A. Evaluation forms will be completed by the employee's supervisor annually. The supervisor will review the evaluation results with the employee during a post evaluation conference, and the employees will be given the opportunity to agree or disagree with the evaluation results.
- B. Completed and signed evaluation forms will be maintained as confidential records in the employee's personnel file in the Remsen Central School District office (original), the immediate supervisor's office (copy), and the employee is to be given a copy. Evaluation results will not be released to anyone other than the employee involved, without written permission from that employee.
- C. An employee who disagrees with ~~his/her~~ their evaluation results may appeal such evaluation. The employee has the right to file, in writing, ~~his/her~~ their complaints to ~~his/her~~ their immediate supervisor within ten (10) working days after the evaluation has been reviewed. If the complaint cannot be satisfactorily resolved at this level, the employee may proceed to the Superintendent of Schools, and if necessary, the Board of Education.

Remsen Central School District

Approved by the Superintendent: 06/20/17, _____

Adopted: 10/12/86

Revised: 12/15/92

Policy

Draft 02/03/2022
6004 DELETE

PERSONNEL

EXPECTATIONS FOR INSTRUCTIONAL STAFF PERFORMANCES

Classroom teachers shall be responsible for performing the following duties:

1. Teach such subjects or grades as qualified and appointed to teach.
2. Write lesson plans in a manner which can be understood by a substitute as well as the classroom teacher and administration.
3. Continually strive to promote understanding between parents, students and community.
4. Assist in the supervision of such school day activities as called upon to do by their immediate supervisor.
5. Keep adequate student records and make such reports as are necessary on a timely basis.
6. Adhere to all policies, rules and regulations, local and/or state law.
7. Provide opportunities for students to learn the duties of democratic citizenship by assumption of responsibilities in their daily school living.
8. Support the program and activities of the school and in every way possible help build and maintain a high morale on the part of both faculty and student body.
9. Attend all professional meetings which are called by the Superintendent and/or Building Administration.
10. Maintain an inventory of all equipment and supplies assigned to their custody and see that they are properly used and safeguarded.
11. Requisition supplies, equipment, and services within budget allocations.
12. The teacher shall strive to maintain complete control of the class at all times. Discipline situations which may arise should be handled by the teacher, who may, if necessary, call upon the administration for assistance.
13. The teacher's dress and manner should be applicable to their professional responsibilities.
14. The teacher shall be knowledgeable in all areas of child development and conduct the class in an atmosphere of friendliness, warmth, and good mental health.
15. Perform all other duties that properly come within the scope of employment.

Remsen Central School District

Adopted: 08/09/77 Readopted: 12/15/92

Revised: 06/20/17, _____

Would the District like the term *Exit* or *Separation* Interview? Both or used and we can either use both with a slash or pick one term. District decision.

Policy

Draft 02/03/2022

6004 Revise/Renumber 6008

PERSONNEL

SEPARATION INTERVIEWS

I. ~~Honest separation interviews require only a small investment of time, and can result in better utilization of personnel, improved employee relations, and more effective management of our human resources. They are also a method of insuring the fairness and consistency of our policies and procedures on dismissals as well as voluntary quits.~~

II. Statement of Policy

A. All Remsen Central employees terminating their services shall be given an exit interview prior to final salary payment. The School Business Administrator will conduct the interview and ~~both she/he~~ the School Business Administrator and employee shall complete and sign the exit interview form.

A. Letters of resignation shall accompany the exit interview forms for all voluntary quits. The completed form shall be forwarded to the Superintendent of Schools, signed by ~~him/her~~ the Superintendent of Schools, and filed in the employee's personnel folder.

B. The form is in two parts. Part A is to be filled out by the employee prior to the interview. Part B is to be completed by the School Business Administrator during or after the interview. Correspondence regarding dismissal should accompany the completed forms.

III. Analysis

An analysis of separation interviews should be conducted jointly by the Superintendent and the School Business Administrator. Problem areas in morale or supervision or in misclassification of positions may then be acted upon without delay.

Remsen Central School District

Adopted: 06/12/79

Revised: 12/15/92, 06/20/17, _____

Policy

Draft 02/03/2022

6005 DELETE

PERSONNEL

DUTIES OF NON-INSTRUCTIONAL STAFF

I. Supervision

All employees shall be under the supervision of the Superintendent who shall have the authority to assign duties within the scope of employment of each employee. Direct supervision of specific groups of non-instructional employees may be designated to other members of the administrative staff.

II. Work Day

Employees engaged on a twelve-month basis shall work eight hours per day from Monday-Friday during school vacation periods, other than those days previous designated as legal holidays, unless prior arrangements are made with the Superintendent.

Remsen Central School District
Adopted: 08/08/89
Revised: 12/15/92, 06/20/17

Policy

Draft 02/03/2022

6005 Revise/Renumber 6007

PERSONNEL

RELATIVES AS CO-WORKERS

In the event that the Remsen Central School District (the District) employs individuals who are related to each other by either blood or marriage, the ~~Remsen Central School~~ District will make every effort to ensure that neither of those individuals is responsible for the evaluation or supervision of the other.

Remsen Central School District

Adopted: 07/12/05

Revised: 06/20/17, _____

Policy

Draft 02/03/2022
6006 DELETE

PERSONNEL

CONVERTING FULL-TIME TO PART-TIME STATUS: ACCUMULATED DAYS

- I. When an employee changes status from being full-time to being part-time, or from being part-time to full-time, it will be the policy of the Remsen School District to use an established formula for the transfer of accumulated days.
- A. For a transfer from part-time to full-time, it will involve the multiplying of the percentage of the time worked as a part-time employee times the number of accumulated days as a part-time employee to arrive at the number of full days credited.
- I.E. With a fifty percent employee with six accumulated days going to full-time, multiply six times .50 which equals three full-time days.
- B. For a transfer from full-time to part-time, it will involve the dividing of the number of accumulated days by the percentage of time the employee works as a part-time employee to arrive at the number of part-time days credited.
- I.E. With a full-time employee with six accumulated days, going from full-time to .50 time, divide six by .50 which equals 12 half days.
- C. In a case of an uneven number, the numbers should be rounded off.

Remsen Central School District

Adopted: 08/14/84 Readopted: 12/15/93

Revised: 06/20/17

PERSONNEL

CERTIFICATION AND INCIDENTAL TEACHING

I. Certification

All Remsen Central School District employees filling positions for which certification is required shall meet certification requirements of the Commissioner of Education as implemented through the State Education Department Office of Teaching Initiatives (Teacher Education and Certification).

II. Incidental Teaching

- A. The Superintendent may assign a teacher to teach a subject not covered by the teacher's certificate for a period not to exceed five classroom hours per week OPTIONAL LANGUAGE and due to the COVID-19 crisis during the school year for a period not to exceed ten classroom hours a week, when, after extensive recruitment, no certified teacher is available.
- B. Upon making such an assignment, the Superintendent shall file an application within twenty business days ~~promptly apply~~ to the Commissioner of Education for approval of the assignment, in accordance with the Commissioner's regulations.

Remsen Central School District

Legal Ref: 8 NYCRR §80-5.3, NYS Education Law, ~~Section~~ § 3004

Adopted: 06/20/17

Revised: _____

Policy

Draft 02/03/2022

6101

PERSONNEL

PROBATION AND TENURE (EDUCATIONAL POSITIONS)

I. Scope of Policy

This Policy applies to all appointments of professional educators to full-time service in one or more positions in which tenure may be acquired in accordance with the provisions of the Education Law. This includes Remsen Central School District (the District) administrators, teachers in the classroom service, teachers in pupil personnel services, and teaching assistants.

II. Board Appointments

A. Appointments of professional educators are made by a majority vote of the Board of Education (the Board) upon recommendation of the Superintendent. The Board shall appoint and assign a full-time professional educator so that at least 40% of the educator's time is devoted to a designated tenure area.

B. Each resolution of the Board making a probationary appointment or an appointment on tenure to a full-time position shall set forth:

1. The name of the appointee,
2. Each tenure area in which the professional educator will devote at least 40 % of their time,
3. The beginning date of the appointment,
4. The expiration date of the appointment, if probationary, ~~and~~ The resolution must state:
 - a. to receive tenure, the individual must receive composite or overall APPR ratings of effective or highly effective in at least three of the four preceding years; and
 - b. if the professional educator receives an ineffective composite or overall APPR rating in their final year of probation, they will not be eligible for tenure at that time;
5. the certification status of the appointee in reference to the position(s) to which appointed.

C. Tenure Areas

1. The tenure area designated in each Board resolution of appointment to a full-time teacher or teaching assistant position shall be in conformance

POLICY

Draft 02/03/2022

PERSONNEL

6101

PROBATION AND TENURE (EDUCATIONAL POSITIONS)

with Part 30 of the Regents' Rules. Administrative tenure areas shall be determined by the Board, upon recommendation from the Superintendent.

2. If, at the time of initial appointment, the Board proposes to assign an educator to devote 40% of their time to more than one tenure area, the Board resolution shall designate each such tenure area.
3. After initial appointment, no professional educator may be assigned to devote 40% or more of their time to a different tenure area without their written consent. When an educator consents to such an assignment, a separate resolution of probationary appointment in the new area shall be adopted by the Board.

D. Probationary Period

1. It is the policy of the Board to provide responsible administrators with the maximum allowable time to evaluate each professional educator before a tenure determination is made. Therefore, appointments will be made for a full four (4) ~~three (3)~~ year period except where a shorter period is provided for by law.
2. The probationary period will not exceed three (3) years for professional educators previously appointed to tenure in this or another school district within the state, provided that professional educator was not dismissed from the prior district and met the required annual professional performance review (APPR) rating in their final year of service there.
3. Jarema credit may be applied towards probationary service up to two (2) years for a regular substitute teacher.
4. If the professional educator received an APPR rating of ineffective in their final probation year, the Board may not award tenure, but may extend that professional educators probationary time by an additional year.

III. Tenure Determinations

A. Superintendent Recommendation

With respect to each professional educator serving under a probationary appointment, the Superintendent shall provide the Board with a written recommendation as to whether that person should be awarded an appointment with tenure. The recommendation shall be provided in time for Board action on the recommendation to be taken at least thirty (30) days before the end of the probationary appointment.

POLICY

Draft 02/03/2022

6101

PERSONNEL

PROBATION AND TENURE (EDUCATIONAL POSITIONS)

B. Board Action

1. Where the Superintendent recommends an appointment upon tenure, the Board may accept that recommendation and make such an appointment by majority vote.
2. Where the Superintendent recommends an appointment upon tenure, the Board may nevertheless vote to deny tenure, which shall be considered a tentative action by the Board and shall be reconsidered at a second Board meeting, and the educator shall be provided at least thirty (30) days notice of the Board's intent to deny tenure and the date set for final action.
3. Where the Superintendent recommends against an award of tenure, the Board shall adopt a resolution removing the individual from service with the District.
4. Where a professional educator has been appointed to devote 40% of their time to more than one tenure area, tenure shall be separately conferred or denied in each area.

Remsen Central School District

Legal Ref: New York State Education Law Sections §§ 3012, 3014 and 2509;
8 N.Y.C.R.R. 30; Matter of Griswold, Ed. Rept. 527 (1960).

Adopted: 11/09/76 Readopted: 12/15/92

Revised: 10/12/86, 06/20/17, _____

Policy

Draft 02/03/2022
6102 DELETE

PERSONNEL

OUTSTANDING TEACHER AWARD

- I. The Remsen Central School Board of Education has developed an Outstanding Teacher Award to focus attention on the appreciation of accomplished teachers of our district. This is an effort to recognize the dedication, creativity, and professionalism of our faculty.
- II. The award is to be presented at the end of the school year during an assembly.
- III. Written nominations will be sought from the Student Council, Remsen Teachers Association, and the Remsen Central School Alumni Association. Additional nominations from community sources are also welcome.
- IV. All written nominations must be submitted to the District Clerk by May 1st of each year.

Remsen Central School District
Adopted: 04/84
Revised: 12/15/92, 06/20/17

PERSONNEL

SUBSTITUTE TEACHERS

- I. Itinerant Substitute: One who is assigned on a daily basis to take the place of a regularly employed teacher.
- a. Base Rate - \$_____ per day for uncertified substitutes and \$_____ per day for certified substitutes.
- II. Regular Substitute: One who is assigned to take the place of a regularly employed teacher who is absent for an extended period of time (more than three months).
- a. Base Rate - Step 1-A of base salary on the current salary schedule.
- III. Staff Substitute: A current member of the teaching staff covering an individual class period.
- a. Base Rate: _____ per class period.

Remsen Central School District

Adopted: 11/09/76

Revised: 01/22/85, 08/08/89, 12/15/92, 09/18/01, 06/20/17

PERSONNEL

APPOINTMENT OF ATHLETIC COACHES

I. Statement of Policy

- A. It is the Policy of the Remsen Central School District (the District) to appoint interschool athletic coaches in conformance with Sections 135.4 and 135.5 of the Commissioner's Regulations. This includes all head coaches and assistants for varsity, junior varsity, freshman and junior high (modified) teams.
- B. Interschool athletic coaches shall be appointed by the Board of Education (the Board), upon recommendation of the Superintendent.
- C. This Policy governs the appointment of all interschool athletic coaches, whether serving in a paid or unpaid (volunteer) capacity.

II. Minimum Qualifications To Be Appointed An Interschool Athletic Coach

- A. To be considered for appointment by the Board as an athletic coach, an individual must:
 - 1. Be a certified physical education teacher with valid first aid and CPR certification, as described in Section 135.5 of the Commissioner's Regulations, or
 - 2. Be a teacher certified in an area other than physical education who
 - a. possesses coaching qualifications and experience, and
 - b. has a valid first aid and CPR certification, as described in Section 135.5 of the Commissioner's Regulations, and
 - c. has completed the education program for coaches described in Section 135.4(c)(7)(i)(c)(2), or has demonstrated a plan and intention to complete such a program within the time frame described there, and
 - d. on a biennial basis, completes a course of instruction relating to mild traumatic brain injuries; or
 - 3. Hold a professional coaching certificate issued by the Commissioner and, if that certificate was issued before August 7, 2014, complete two-hours of coursework or training in child abuse and maltreatment in compliance with Section 3036 of the Education Law, or

APPOINTMENT OF ATHLETIC COACHES

4. If no one holding the qualifications described in subsections 1 through 3 above is a candidate, hold a temporary coaching license issued by the Commissioner and, if that license was issued before August 7, 2014, complete two-hours of coursework or training in child abuse and maltreatment in compliance with Section 3036 of the Education Law, or
 5. Have been employed as a coach in New York State schools on or before September 1, 1974.
- B. When the District is unable to obtain the services of a teacher with coaching qualifications and experience, and a person with coaching qualifications and experience satisfactory to the Superintendent is available, the Superintendent is authorized to support that person's application for a temporary coaching license by submitting to the Commissioner the statement described in Section 135.4(c)(7)(i)(c)(3)(i) of the Commissioner's Regulations.
- C. No one shall serve as an athletic coach in the District who has not undergone fingerprinting and received clearance from the State Education Department.
- III. Evaluation of Coaches Holding A Professional Coaching Certificate
- A. Each person who serves in the District as a coach pursuant to a professional coaching certificate shall be evaluated in writing each year. The evaluation shall be performed by the athletic director or principal who has been responsible for the supervision of the coach that year.
- B. Each evaluation of a person holding a professional coaching certificate shall include an assessment of the following components:
1. communication and interpersonal skills, including interactions with colleagues, students, parents, and the general public,
 2. supervisory capabilities,
 3. organizational capabilities,
 4. leadership capabilities,
 5. knowledge and proficiency in first aid, CPR, sexual abuse guidelines, and athlete injury-related protocols and procedures,

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Draft 02/03/2022

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PERSONNEL

APPOINTMENT OF ATHLETIC COACHES

6. compliance with District requirements and guidelines for purchasing equipment, uniforms, and related supplies, and for storing and maintaining sports equipment.

IV. Compliance and Recordkeeping

- A. The Superintendent shall establish procedures to ~~insure~~ ensure that all appointed coaches complete any necessary courses and maintain current first aid skill and knowledge.
- B. Permanent records of persons who serve in the District as athletic coaches shall be maintained.

Remsen Central School District

Legal Ref.: 8 NYCRR §§ 80-1.4, 135.4 and 135.5; NYS Education Law § 3036

Adopted: 06/20/17

PERSONNEL

Policy Is Required If District Has Mentoring Program
MENTORING PROGRAMS FOR FIRST YEAR TEACHERS

I. Statement of Policy

All new teachers in the Remsen Central School District (the District) holding an initial certificate must complete a mentored teaching experience within their first year of employment as a teacher. The District must incorporate the design and planning of such mentored experiences for all first year teachers in its employer into the District Professional Development Plans.

II. Policy Purpose

The purpose of the mentoring program is to provide support for new teachers in order to ease the transition from teacher preparation to practice, thereby increasing the retention of teachers, and to increase the skills of new teachers in order to improve student achievement in accordance with the New York State learning standards. The Professional Development Plan shall describe how the District will provide a mentoring program for teachers who must participate in a mentoring program to meet teaching experience requirement for the professional certificate as prescribed by Commissioner's Regulations.

III. Development and Implementation

The mentoring program shall be developed and implemented consistent with any collective bargaining obligation required by Article 14 of the Civil Service Law (i.e., the Taylor Law); however, Commissioner's Regulation does not impose a collective bargaining obligation that is not required by Taylor Law.

In accordance with Commissioner's Regulations, the Professional Development Plan shall describe the following elements of the mentoring program:

- A. The procedure for selecting mentors, which shall be published and made available to staff of the District and, upon request, to members of the public;
- B. The role of mentors, which shall include but not limited to providing guidance and support to the new teacher;
- C. The preparation of mentors, which may include but shall not be limited to the study of the theory of adult learning, the theory of teacher development, the elements of the mentoring relationship, peer coaching techniques, and time management methodology;
- D. Types of mentoring activities, which may include but shall not be limited to modeling instruction for the new teacher, observing instructional planning with the new teacher, peer coaching, team teaching, and orienting the new teacher to the school culture; and

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PERSONNEL

Policy Is Required If District Has Mentoring Program
MENTORING PROGRAMS FOR FIRST YEAR TEACHERS

- E. Time allotted for mentoring, which may include but shall not be limited to scheduling common planning sessions; releasing the mentor and the new teacher from a portion of their instructional and/or non-instructional duties; and providing time for mentoring during Superintendent conference days, before and after the school day, and during summer orientation sessions.

IV. Confidentiality of Mentor – New Teacher Interaction

The information obtained by a mentor through interaction with the new teacher while engaged in the mentoring activities of the program shall not be used for evaluating or disciplining the new teacher unless:

- A. Withholding such information poses a danger to the life, health, or safety of an individual including, but not limited to, students and staff of the school; or
- B. Such information indicates that the new teacher has been convicted of a crime, or has committed an act which raises a reasonable question as to the new teacher's moral character or
- C. The District has entered into an agreement, negotiated pursuant to Article 14 of the Civil Service Law whose terms are in effect, that provides that the information obtained by the mentor through interaction with the new teacher while engaged in the mentoring activities of the program may be used for evaluating or disciplining the new teacher.

V. Exemptions to above Mentoring Requirements

Pursuant to Commissioner's Regulations, teachers holding initial certificates who have two (2) or more prior years of teaching experience do not need to be provided a mentored experience as enumerated in this policy.

VI. Recordkeeping Requirements

The District shall maintain documentation of the implementation of the mentoring program described in the Professional Development Plan for at least seven (7) years from the date of completion of the mentoring activity; and it shall be available for review by the State Education Department. Such documentation will include the information enumerated in Commissioner's Regulations.

Remsen Central School District

Legal Ref: NYS Education Law §§ 3004 and 3006, 8 NYCRR §§ 52.21, 80-3.4, 80-5.13, 80-5.14 and 100.2

Adopted: 06/20/17

Revised: _____

Policy

Draft 02/03/2022
6106 DELETE

PERSONNEL

JOB DESCRIPTIONS

The Superintendent shall be responsible for the establishment of all District job descriptions, with the exception of the position of Superintendent. He/She shall report to the Board the contents of such job descriptions.

Remsen Central School District

Adopted: 12/15/92

Revised: 06/20/17

PERSONNEL

EMPLOYEE HEALTH INSURANCE TERMINATION

- I. It is the policy of the Remsen Central School Board of Education to terminate health insurance coverage for any employee the last day of the month in which employment terminates.

Example:

Termination date 1/10; health insurance terminates 1/31.

- II. This policy includes employees giving both immediate termination notices and advance termination notices.
- III. Exceptions to this policy will require Board of Education approval.

Remsen Central School District

Adopted: 06/12/84 Readopted: 12/15/92

Revised: 06/20/17

Law pertains to examination as to the physical or mental capacity of such person to perform his or her duties may be referred to and considered for the evaluation of service of the person examined or for disability retirement.

Policy

Draft 02/03/2022
6200 DELETE

PERSONNEL

HEALTH EXAMINATIONS

I. Physical Examinations

- A. All new employees of the will be required to have a physical examination upon employment, including such diagnostic testing as may legally be required which is deemed necessary by the school physician.
(Does the District do this?)
- B. Bus Drivers are required to have an annual physical examination to be conducted during the month of August. (Already required to maintain CDL-"S")

II. Proof Of Exam

New employees will submit proof of a physical examination which physical examination will be at the individual employee's expenses. The employee will be responsible to submit a physical form, signed and dated by the physician stating that said employee is physically able to conduct their day-to-day duties and responsibilities.

III. Protracted Or Recurring Illness(s)

Individuals who show protracted or recurring illness(s), or where frequent absenteeism because of illness has been a factor, may be required to submit to interim physical examinations. Such examinations may be arranged with the school physician at Board of Education expense, or completed by the individual's physician, the cost of which is to be assumed by the individual. (Will have to check legal language if policy is kept)

Remsen Central School District
Legal Ref: NYS Education Law 913
Adopted: 11/09/76
Revised: 08/08/89, 01/17/95, 06/20/17

PERSONNEL

Policy is Required
DRUG-FREE WORKPLACE POLICY

I. Statement of Policy

- A. The Remsen Central School District (the District) is committed to maintaining a drug free work environment and adopts this policy to ensure compliance with the *Drug Free Workplace Act of 1988*.
- B. Penalties for violations of this Policy shall be administered in a manner consistent with applicable statutes, collective bargaining agreements that relate to employee discipline and the District's Code of Conduct.
- C. The unlawful manufacture, distribution, dispensation, possession, or use of a "controlled substance" (any substance listed in any schedule of 21 U.S.C. Section 812) is prohibited on District property and at District-sponsored events. The use or possession of a prescribed medication in any manner other than as prescribed is also prohibited on District property and at District-sponsored events.

II. Drug-Free Awareness Program

- A. Each new employee shall be given a copy of this Policy.
- B. The Superintendent shall adopt a procedure that will ensure that each District employee is informed about:
 - 1. This Policy,
 - 2. The dangers of drug abuse in the workplace,
 - 3. Available drug counseling and rehabilitation services and the District's employee assistance program, and
 - 4. The penalties that may be imposed upon District employees for violations of this Policy.

III. Special Rules Relating to Employees Working under a Federal Grant

- A. The District will notify each employee working under a federal grant that as a condition of working under the grant, the employee will abide by the terms of this policy.
- B. When a District employee working under a federal grant is convicted of a violation of a criminal drug statute:

POLICY

Draft 02/03/2022
6201

PERSONNEL

Policy is Required
DRUG-FREE WORKPLACE POLICY

1. The Employee must notify the District of the conviction no later than five days after the conviction; and
2. The Superintendent (or designee) will notify the federal agency providing the grant of the employee's conviction no later than ten days after it learns of the conviction; and
3. The District will initiate appropriate disciplinary action and/or will require the employee to participate in an appropriate rehabilitation program no later than 30 days after it learns of the conviction.

Remsen Central School District

Legal Ref: 41 USCA 8103; 20 USC 7104; 21 CFR 1308.11, 1308.15; 34 CFR 85

Cross Ref: 1004, Code of Conduct

Adopted: 12/15/92

Revised: 04/14/15, 01/14/20, _____

LEAVES OF ABSENCE FOR SERIOUS
HEALTH CONDITIONS OR FAMILY CARE

I. Statement of Policy

- A. It is the policy of the Remsen Central School District (the District) to allow an employee to be absent from his/her duties for the reasons stated in the Family and Medical Leave Act (“FMLA”), as amended. This includes absence for the following purposes:
1. The employee’s own serious health condition that renders the employee unable to work at all, or unable to perform at least one of the essential functions of the employee’s job;
 2. To care for a son, daughter, spouse, or parent with a serious health condition;
 3. To adopt a child, or to receive a child into foster care;
 4. The birth of a child, and to care for the employee’s newborn child;
 5. To care for a son, daughter, spouse, parent, or next of kin who is a member of the armed services and who has a serious injury or illness incurred in the line of duty; or,
 6. To respond to certain qualifying exigencies when a family member is on active duty or is called to active duty with the armed services.
- B. An employee absent for a purpose within the scope of this Policy and compliant with obligations under this Policy will be reinstated to their same or an equivalent position at the end of the absence, provided the employee continues to meet the qualifications for the position and the employee’s employment would not have been terminated or altered had the employee not been absent.
- C. This Policy and any administrative regulations or procedures approved by the Superintendent shall be implemented so as to comply with the FMLA and any applicable provisions of the District’s collective bargaining agreements.

LEAVES OF ABSENCE FOR SERIOUS
HEALTH CONDITIONS OR FAMILY CARE

II. Employee Eligibility

A. Length of Service

To be eligible for an allowed absence under this Policy, an employee must have been employed by the District for a minimum of twelve (12) months (52 weeks). Nonconsecutive periods of employment will be counted together to determine eligibility, provided no break in employment exceeds seven (7) years. Time spent fulfilling a Reserve or National Guard obligation after initial employment with the District will be considered as time employed by the District.

B. Hours Worked

To be eligible for an allowed absence under this Policy, an employee must have worked a minimum of 1,250 hours for the District over the previous 12 months. Satisfaction of this requirement shall be calculated using the definition of "hours worked" under the Fair Labor Standards Act ("FLSA"). An employee who is away from work to fulfill a Reserve or National Guard obligation will be credited with "hours worked" as though the employee had performed their normal duties for the District during that time.

C. Serious Health Condition

An employee qualifies for an allowed absence under this Policy when the employee experiences an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider; and when the employee's presence is necessary to care for a parent, son, daughter, or spouse who experiences such a condition.

D. Care of a Newborn Infant

An employee who is the mother or father of a newborn infant qualifies for an allowed absence to care for the newborn during the 12 months following the birth.

E. Adoption or Foster Care

An employee who has a son or daughter placed with them for adoption or foster care qualifies for an allowed absence during the 12 months following the placement, as well as prior to the placement for purposes related to the placement (e.g., court appearances, counseling sessions).

PERSONNEL

LEAVES OF ABSENCE FOR SERIOUS
HEALTH CONDITIONS OR FAMILY CAREF. Military Caregiver

An employee who is the son, daughter, spouse, parent, or next of kin of a current member of the Regular Armed Forces, the National Guard, or the Reserves, or of a veteran, qualifies for an allowed absence under this Policy if the military member is on the temporary disability retired list because of a serious injury or illness incurred in the line of duty for which they are undergoing medical treatment, recuperation, or therapy; is otherwise in outpatient status; or is otherwise on the temporary disability retirement list. In the case of a veteran, leave is available if the injury or illness manifested itself within five years of the treatment, recuperation, or therapy.

G. Active Duty Qualifying Exigency

If the spouse, son, daughter, or parent of an employee is a member of the National Guard or Reserves, and is on active military duty, or is called to active duty, then the employee is allowed to be absent for one or more of these qualifying exigencies:

1. Short-notice deployment,
2. Military events and ceremonies, including family assistance or support meetings,
3. Childcare and school activities,
4. To make financial and legal arrangements related to the deployment,
5. Counseling services for the employee, covered military member, or a child in the required degree of relationship to the covered military member,
6. Rest and recuperation,
7. Post-deployment activities, and
8. Additional activities that arise out of the covered military member's active duty or call to active duty, provided the District and the employee agree that the activities qualify as an exigency.

If the spouse, son, daughter, or parent of an employee is a member of the Regular Armed Forces and is deployed to a foreign country, then the employee is allowed to be absent for one or more of the above contingencies.

POLICY

Draft 02/03/2022

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PERSONNEL

LEAVES OF ABSENCE FOR SERIOUS
HEALTH CONDITIONS OR FAMILY CARE

III. Duration of Excused Absence

- A. An employee who qualifies for leave under any combination of purposes 1, 2, 3, 4, and 6 in Section I.A. of this Policy is allowed an absence of up to twelve (12) weeks in a school year (July 1 – June 30).
 - 1. Where both the mother and the father of a newborn, adopted, or foster placed child are employees of the District, the total absence allowed under this Policy to the two parents for purposes 3 and 4 in section I.A. of this Policy shall be 12 weeks.
- B. An employee who qualifies for leave to care for an injured or ill service member (purpose 5 in Section I.A.) is allowed a single absence of up to 26 weeks in a single 12 month time period. The single 12 month time period used for this purpose begins when the employee is first absent for this purpose.
 - 1. During the 12 month time period used for this purpose, the employee's total absence for all FMLA purposes may not exceed 26 weeks.
 - 2. If the employee requests leave to care for more than one injured or ill service member, or requests leave due to more than one injury or illness of the same service member, the absence allowed by this Policy shall be calculated in accordance with the limitations and allowances of applicable federal regulations.

IV. Intermittent or Reduced Schedule Absence

- A. Intermittent absences, or a reduced schedule, will be classified as an allowable leave under this Policy where it is certified as medically necessary because of the serious health condition of the employee, a covered family member of the employee, or a covered service member to whom the employee has the required relationship.
 - 1. Intermittent leave shall be taken and recorded in increments of time consistent with the practice for other absences.
- B. An employee will also be allowed intermittent absences related to a qualifying exigency arising from the active duty, or call to active duty, of a qualified military member.

PERSONNEL

LEAVES OF ABSENCE FOR SERIOUS
HEALTH CONDITIONS OR FAMILY CARE

- C. An employee will not generally be allowed intermittent absences related to the birth, adoption, or foster placement of a child, but such absence may be allowed at the discretion of the Superintendent.
- V. Information Provided by District to Employees
- A. A notice explaining the FMLA, and providing other required information, shall be posted physically in District buildings in a manner that complies with federal regulations. A copy of this general notice shall also be provided to each new employee.
- B. When an employee requests a leave of absence, or the District acquires knowledge that an employee's absence may be for a purpose covered by this Policy and FMLA, the District shall, within five (5) business days, provide the employee with written notice of:
1. Whether the District considers the employee eligible for leave under FMLA and this Policy, and, if not, the reason; and
 2. The employee's rights and obligations, and the consequences of not fulfilling those obligations.
- C. The District shall notify the employee in writing that the employee's absence is designated as allowable leave under this Policy and FMLA, or it is not. This notice shall be given within five (5) business days of the District having sufficient information to make this determination.
1. The District's requirement that the employee's accumulated paid leave be applied to the absence shall be described in the determination notice.
- D. The District shall responsively answer questions from employees regarding their rights and responsibilities under FMLA and this Policy.
- VI. Information Provided by Employees to District
- A. Where the reason for an employee's absence is foreseeable, the employee is required by this Policy and FMLA to give 30 days notice of the intended absence and the reason for it. Where 30 days notice is not possible, the employee must give as much notice as is practicable. This will apply to many cases of planned medical procedures (for the employee or a family member), adoptions and foster placements, and births.

PERSONNEL

LEAVES OF ABSENCE FOR SERIOUS
HEALTH CONDITIONS OR FAMILY CARE

1. An employee should provide this notice to their immediate supervisor or to Superintendent of Schools.
 2. Employees must consult with the District when planning medical treatment, and make a reasonable effort to schedule the treatment so as not to disrupt District operations.
- B. Where the need for an employee's absence is not foreseeable, the employee must provide the District with as much notice as is practicable under the circumstances. The employee should provide enough information to establish that the purpose of the absence fits the requirements of this Policy and FMLA, and the expected duration of the absence.
- C. Employees shall responsively answer District questions intended to clarify whether an absence qualifies as an allowable absence, and to allow planning for the employee's absence.
- VII. Coordination with Paid Leave

The general rule is that an employee is not paid for time spent away from work for one of the purposes covered by this Policy. However, if the employee has accrued paid benefit time, the employee may elect to apply that accrued time to the allowable absence, so that the employee is paid during the absence and the balance of accrued time is reduced accordingly. The amount of benefit time, and the category of benefit time used, is determined by the terms and conditions of applicable Board of Education policies, established District practices, and applicable collective bargaining agreements. An employee electing this option shall so indicate in the employee's notice to the District of the need for leave.

VIII. Continuation of Health Care Insurance

- A. During any absence that qualifies for treatment under this Policy and FMLA, the District shall maintain the employee's coverage under a group health insurance plan on the same conditions as coverage was provided prior to the absence. In addition,
1. Any changes made to the scope or terms of coverage provided to active employees under the group health plan will be made available to an employee absent from work in accordance with this Policy, and
 2. Notice of any opportunity to change plans or benefit levels that occurs while the employee is absent will be given to the employee.

PERSONNEL

LEAVES OF ABSENCE FOR SERIOUS
HEALTH CONDITIONS OR FAMILY CARE

3. The District's continuation of group health plan benefits will end if circumstances occur that end, or would have ended, the employment relationship with the absent employee.
- B. During an allowable absence under this Policy and FMLA, an employee's obligation to pay group health insurance premiums continues. Notice of this obligation will be given at the time that the absence is designated as coming under this Policy.
1. If paid leave is applied to an allowable absence, employee premium obligations shall be deducted from payroll in the usual manner.
 2. If the allowable absence is unpaid, the employee is required to make payment to the District at the time that a payroll deduction would otherwise have been processed by the District.
 - a. If the employee's payment is more than 30 days late, the Superintendent shall decide whether the District will exercise its right under FMLA to discontinue the employee's coverage.
 - b. If an employee fails to make a payment, the Superintendent shall decide whether the District will exercise its right under FMLA to recover the amount from the employee.

IX. Required Certifications

- A. An employee's request that an absence for medical reasons be treated as an allowable absence under this Policy shall be supported by a medical certification sufficient to allow the District to determine that the absence is related to a serious health condition of the employee, a family member, or a qualifying member of the armed services. Unless an alternate form is promulgated by the Superintendent, the certification shall be provided to the Superintendent within fifteen (15) calendar days from receipt of notice on the form included in the FMLA regulations of the U.S. Department of Labor.
1. If the District finds a submitted certification to not be complete and sufficient, it will notify the employee in writing what additional information is required and provide at least seven (7) calendar days for the employee to provide additional information.

PERSONNEL

LEAVES OF ABSENCE FOR SERIOUS
HEALTH CONDITIONS OR FAMILY CARE

2. The District may invite the employee to authorize direct communication with the employee's health care provider, but may not require such authorization as a precondition of determining whether the absence qualifies as FMLA leave.
 3. Recertifications will be requested as permitted by FMLA and applicable regulations.
- B. The first time an employee requests that an absence be classified as allowable because of a qualifying exigency arising out of active duty (or call to active duty) of a covered military member, the employee shall provide a copy of the covered military member's active duty orders or other documentation issued by the military sufficient to allow the District to determine that the absence qualifies for treatment under this Policy.
- C. At the discretion of the Superintendent, the District shall require an employee absent pursuant to this Policy and FMLA to periodically report on the employee's status and intent to return to work.
- D. An employee whose allowable absence was related to the employee's own serious health condition shall be required to submit a fitness-for-duty certification, addressing only the conditions described in previously submitted medical certifications, before returning to work.
- X. Superintendent Responsibility
- The Superintendent shall ~~insure~~ ensure that required notices are properly posted in District buildings, that required information is distributed to staff members, and that supervisory personnel are familiar with the District's obligations under FMLA and the internal procedures for meeting those obligations.

Remsen Central School District

Legal Ref: FMLA of 1993; 29 CFR 825

Adopted: 06/15/11

Revised: 06/20/17, _____

Regulation

Draft 02/03/2022

6300.1

PERSONNEL

REQUEST FOR FAMILY/MEDICAL LEAVE

Employee Name: _____ Date of Request: _____

Department: _____ Position Title: _____

Hire Date: _____

I request a Family/Medical Leave for the following reason (check one):

- _____ 1. The employee's own serious health condition that renders the employee unable to work at all, or unable to perform at least one of the essential functions of the employee's job;
- _____ 2. To care for a son, daughter, spouse, or parent with a serious health condition;
- _____ 3. To adopt a child, or to receive a child into foster care;
- _____ 4. To care for the employee's newborn child;
- _____ 5. To care for a son, daughter, spouse, parent, or next of kin who is a member of the armed services and who has a serious injury or illness incurred in the line of duty; or,
- _____ 6. To respond to certain qualifying exigencies when a family member is on active duty or is called to active duty with the armed services.

Method of Leave Requested

- _____ 1. Consecutive Leave
- _____ 2. Intermittent or Reduced Leave Schedule (Specify Schedule Below)

Date leave is to begin: _____ Expected duration of leave: _____

Remsen Central School District
Superintendent Approved: 06/15/2011, 06/20/17, _____

Regulation

PERSONNEL

Draft 02/03/2022

**Notice of Eligibility & Rights and Responsibilities
under the Family and Medical Leave Act**
**DO NOT SEND TO THE DEPARTMENT OF LABOR.
PROVIDE TO EMPLOYEE.**

U.S. Department of Labor
Wage and Hour Division

6300.2



OMB Control Number: 1235-0003

Expires: 6/30/2023

In general, to be eligible to take leave under the Family and Medical Leave Act (FMLA), an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. §§ 825.300(b), (c) which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Information about the FMLA may be found on the WHD website at www.dol.gov/agencies/whd/fmla.

Date: _____ (mm/dd/yyyy)

From: _____ (Employer) To: _____ (Employee)

On _____ (mm/dd/yyyy), we learned that you need leave (beginning on) _____ (mm/dd/yyyy) for one of the following reasons: (Select as appropriate)

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child
- Your own serious health condition
- You are needed to care for your family member due to a serious health condition. Your family member is your:
 - Spouse
 - Parent
 - Child under age 18
 - Child 18 years or older and incapable of self-care because of a mental or physical disability
- A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active duty status. Your family member on covered active duty is your:
 - Spouse
 - Parent
 - Child of any age
- You are needed to care for your family member who is a covered servicemember with a serious injury or illness. You are the servicemember's:
 - Spouse
 - Parent
 - Child
 - Next of kin

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

SECTION I – NOTICE OF ELIGIBILITY

This Notice is to inform you that you are:

- Eligible** for FMLA leave. (See Section II for any Additional Information Needed and Section III for information on your Rights and Responsibilities.)
- Not eligible** for FMLA leave because: (Only one reason need be checked)
 - You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately: _____ towards this requirement.
(months)
 - You have not met the FMLA's 1,250 hours of service requirement. As of the first date of requested leave, you will have worked approximately: _____ towards this requirement.
(hours of service)

Employee Name: _____

- You are an airline flight crew employee and you have not met the special hours of service eligibility requirements for airline flight crew employees as of the first date of requested leave (i.e., worked or been paid for at least 60% of your applicable monthly guarantee, and worked or been paid for at least 504 duty hours.)
- You do not work at and/or report to a site with 50 or more employees within 75-miles as of the date of your request.

If you have any questions, please contact: _____ (Name of employer representative)
at _____ (Contact information).

SECTION II – ADDITIONAL INFORMATION NEEDED

As explained in Section I, you meet the eligibility requirements for taking FMLA leave. Please review the information below to determine if additional information is needed in order for us to determine whether your absence qualifies as FMLA leave. Once we obtain any additional information specified below we will inform you, **within 5 business days**, whether your leave will be designated as FMLA leave and count towards the FMLA leave you have available. **If complete and sufficient information is not provided in a timely manner, your leave may be denied.**

(Select as appropriate)

- No additional information requested. If no additional information requested, go to Section III.
- We request that the leave be supported by a certification, as identified below.
- | | |
|--|--|
| <input type="checkbox"/> Health Care Provider for the Employee | <input type="checkbox"/> Health Care Provider for the Employee's Family Member |
| <input type="checkbox"/> Qualifying Exigency | <input type="checkbox"/> Serious Illness or Injury (Military Caregiver Leave) |

Selected certification form is attached / not attached.

If requested, medical certification must be returned by _____ (mm/dd/yyyy) (Must allow at least 15 calendar days from the date the employer requested the employee to provide certification, unless it is not feasible despite the employee's diligent, good faith efforts.)

- We request that you provide reasonable documentation or a statement to establish the relationship between you and your family member, including *in loco parentis* relationships (as explained on page one). The information requested must be returned to us by _____ (mm/dd/yyyy). You may choose to provide a simple statement of the relationship or provide documentation such as a child's birth certificate, a court document, or documents regarding foster care or adoption-related activities. Official documents submitted for this purpose will be returned to you after examination.
- Other information needed (e.g. documentation for military family leave): _____
The information requested must be returned to us by _____ (mm/dd/yyyy).

If you have any questions, please contact: _____ (Name of employer representative)
at _____ (Contact information).

SECTION III – NOTICE OF RIGHTS AND RESPONSIBILITIES

Part A: FMLA Leave Entitlement

You have a right under the FMLA to take unpaid, job-protected FMLA leave in a 12-month period for certain family and medical reasons, including up to **12 weeks** of unpaid leave in a 12-month period for the birth of a child or placement of a child for adoption or foster care, for leave related to your own or a family member's serious health condition, or for certain qualifying exigencies related to the deployment of a military member to covered active duty. You also have a right

Employee Name: _____

under the FMLA to take up to **26 weeks** of unpaid, job-protected FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness (*Military Caregiver Leave*).

The 12-month period for FMLA leave is calculated as: (*Select as appropriate*)

- The calendar year (January 1st - December 31st)
- A fixed leave year based on _____
(*e.g., a fiscal year beginning on July 1 and ending on June 30*)
- The 12-month period measured forward from the date of your first FMLA leave usage.
- A "rolling" 12-month period measured backward from the date of any FMLA leave usage. (*Each time an employee takes FMLA leave, the remaining leave is the balance of the 12 weeks not used during the 12 months immediately before the FMLA leave is to start.*)

If applicable, the single 12-month period for *Military Caregiver Leave* started on: _____ (*mm/dd/yyyy*).

You (*are* / *are not*) **considered a key employee** as defined under the FMLA. Your FMLA leave cannot be denied for this reason; however, we may not restore you to employment following FMLA leave if such restoration will cause substantial and grievous economic injury to us.

We (*have* / *have not*) determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. Additional information will be provided separately concerning your status as key employee and restoration.

Part B: Substitution of Paid Leave – When Paid Leave is Used at the Same Time as FMLA Leave

You have a right under the FMLA to request that your accrued paid leave be substituted for your FMLA leave. This means that you can request that your accrued paid leave run concurrently with some or all of your unpaid FMLA leave, provided you meet any applicable requirements of our leave policy. Concurrent leave use means the absence will count against both the designated paid leave and unpaid FMLA leave at the same time. If you do not meet the requirements for taking paid leave, you remain entitled to take available unpaid FMLA leave in the applicable 12-month period. Even if you do not request it, the FMLA allows us to require you to use your available sick, vacation, or other paid leave during your FMLA absence.

(*Check all that apply*)

- Some or all of your FMLA leave will not be paid.** Any unpaid FMLA leave taken will be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- You have requested to use some or all of your available paid leave** (*e.g., sick, vacation, PTO*) during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- We are requiring you to use some or all of your available paid leave** (*e.g., sick, vacation, PTO*) during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- Other:** (*e.g., short- or long-term disability, workers' compensation, state medical leave law, etc.*) _____
Any time taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

The applicable conditions for use of paid leave include: _____

For more information about conditions applicable to sick/vacation/other paid leave usage please refer to _____

_____ available at: _____

Employee Name: _____

Part C: Maintain Health Benefits

Your health benefits must be maintained during any period of FMLA leave under the same conditions as if you continued to work. During any paid portion of FMLA leave, your share of any premiums will be paid by the method normally used during any paid leave. During any unpaid portion of FMLA leave, you must continue to make any normal contributions to the cost of the health insurance premiums. To make arrangements to continue to make your share of the premium payments on your health insurance while you are on any unpaid FMLA leave, contact _____ at _____.

You have a minimum grace period of (30-days or _____ *indicate longer period, if applicable*) in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

You may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave if you do not return to work following **unpaid** FMLA leave for a reason other than: the continuation, recurrence, or onset of your or your family member's serious health condition which would entitle you to FMLA leave; or the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or other circumstances beyond your control.

Part D: Other Employee Benefits

Upon your return from FMLA leave, your other employee benefits, such as pensions or life insurance, must be resumed in the same manner and at the same levels as provided when your FMLA leave began. To make arrangements to continue your employee benefits while you are on FMLA leave, contact _____ at _____.

Part E: Return-to-Work Requirements

You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. An equivalent position is one that is virtually identical to your former position in terms of pay, benefits, and working conditions. At the end of your FMLA leave, all benefits must also be resumed in the same manner and at the same level provided when the leave began. You do not have return-to-work rights under the FMLA if you need leave beyond the amount of FMLA leave you have available to use.

Part F: Other Requirements While on FMLA Leave

While on leave you (will be / will not be) required to furnish us with periodic reports of your status and intent to return to work every _____.

(Indicate interval of periodic reports, as appropriate for the FMLA leave situation).

If the circumstances of your leave change and you are able to return to work earlier than expected, you will be required to notify us at least two workdays prior to the date you intend to report for work.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF LABOR. EMPLOYEE INFORMATION.

PERSONNEL

Certification of Health Care Provider for Employee's Serious Health Condition under the Family and Medical Leave Act

U.S. Department of Labor
Wage and Hour Division



WAGE AND HOUR DIVISION

OMB Control Number: 1235-0003

Expires: 6/30/2023

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found on the WHD website at www.dol.gov/agencies/whd/fmla.

SECTION I – EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name: _____
First Middle Last

(2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)

(3) The medical certification must be returned by _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

(4) Employee's job title: _____ Job description (is / is not) attached.
Employee's regular work schedule: _____
Statement of the employee's essential job functions: _____

(The essential functions of the employee's position are determined with reference to the position the employee held at the time the employee notified the employer of the need for leave or the leave started, whichever is earlier.)

SECTION II - HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form. Your patient has requested leave under the FMLA. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of the employee. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves *inpatient care* or *continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart on page 4.

You may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.

Employee Name: _____

Health Care Provider's name: (Print) _____

Health Care Provider's business address: _____

Type of practice / Medical specialty: _____

Telephone: () _____ Fax: () _____ E-mail: _____

PART A: Medical Information

Limit your response to the medical condition(s) for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

- (1) State the approximate date the condition started or will start: _____ (mm/dd/yyyy)
- (2) Provide your **best estimate** of how long the condition lasted or will last: _____
- (3) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

Inpatient Care: The patient (has been / is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): _____

Incapacity plus Treatment: (e.g. outpatient surgery, strep throat)
Due to the condition, the patient (has been / is expected to be) incapacitated for *more than* three consecutive, full calendar days from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy).

The patient (was / will be) seen on the following date(s): _____

The condition (has / has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)

Pregnancy: The condition is pregnancy. List the expected delivery date: _____ (mm/dd/yyyy).

Chronic Conditions: (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.

Permanent or Long Term Conditions: (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).

Conditions requiring Multiple Treatments: (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

None of the above: If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

Employee Name:

(4) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis)

PART B: Amount of Leave Needed

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage.

(5) Due to the condition, the patient (had / will have) planned medical treatment(s) (scheduled medical visits) on the following date(s):

(6) Due to the condition, the patient (was / will be) referred to other health care provider(s) for evaluation or treatment(s).

State the nature of such treatments: (e.g. cardiologist, physical therapy)

Provide your best estimate of the beginning date (mm/dd/yyyy) and end date (mm/dd/yyyy) for the treatment(s).

Provide your best estimate of the duration of the treatment(s), including any period(s) of recovery (e.g. 3 days/week)

(7) Due to the condition, it is medically necessary for the employee to work a reduced schedule. Provide your best estimate of the reduced schedule the employee is able to work. From (mm/dd/yyyy) to (mm/dd/yyyy) the employee is able to work: (e.g., 5 hours/day, up to 25 hours a week)

(8) Due to the condition, the patient (was / will be) incapacitated for a continuous period of time, including any time for treatment(s) and/or recovery.

Provide your best estimate of the beginning date (mm/dd/yyyy) and end date (mm/dd/yyyy) for the period of incapacity.

(9) Due to the condition, it (was / is / will be) medically necessary for the employee to be absent from work on an intermittent basis (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your best estimate of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur times per (day / week / month) and are likely to last approximately (hours / days) per episode.

Employee Name: _____

PART C: Essential Job Functions

If provided, the information in Section I question #4 may be used to answer this question. If the employer fails to provide a statement of the employee’s essential functions or a job description, answer these questions based upon the employee’s own description of the essential job functions. An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be *not able* to perform the essential job functions of the position during the absence for treatment(s).

(10) Due to the condition, the employee (was not able / is not able / will not be able) to perform *one or more* of the essential job function(s). Identify at least one essential job function the employee is not able to perform:

Signature of Health Care Provider _____ Date _____ (mm/dd/yyyy)

Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)
Inpatient Care
<ul style="list-style-type: none"> • An overnight stay in a hospital, hospice, or residential medical care facility. • Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.
Continuing Treatment by a Health Care Provider (any one or more of the following)
<p>Incapacity Plus Treatment: A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:</p> <ul style="list-style-type: none"> ○ Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or, ○ At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.
<p>Pregnancy: Any period of incapacity due to pregnancy or for prenatal care.</p>
<p>Chronic Conditions: Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.</p>
<p>Permanent or Long-term Conditions: A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer’s disease or the terminal stages of cancer.</p>
<p>Conditions Requiring Multiple Treatments: Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.</p>
<p>PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT</p> <p>If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.</p>

Certification for Military Family Leave for Qualifying Exigency under the Family and Medical Leave Act

U.S. Department of Labor
Wage and Hour Division



DO NOT SEND FORM TO THE DEPARTMENT OF LABOR.
RETURN THE COMPLETED FORM TO THE EMPLOYER.

OMB Control Number: 1235-0003
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that eligible employees may take FMLA leave for a qualifying exigency while the employee's spouse, child, or parent (the military member) is on covered active duty or has been notified of an impending call or order to covered active duty. The FMLA allows an employer to require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. 29 U.S.C. §§ 2613, 2614(c)(3). The employer must give the employee **at least 15 calendar days** to provide the certification. 29 C.F.R. § 825.305(b). If the employee fails to provide complete and sufficient certification, the employee's FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found on the WHD website at <http://www.dol.gov/agencies/whd/fmla>.

SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, it asks the employer for the information necessary for a complete and sufficient qualifying exigency certification, which is set out at 29 C.F.R. § 825.309. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.**

- (1) Employee name: _____
First Middle Last
- (2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)
- (3) This certification must be returned by _____ (mm/dd/yyyy).
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE

Please complete all Parts of Section II and sign the form before returning it to your employer. The FMLA allows an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. If requested by your employer, your response is required to obtain the benefits and protections of the FMLA. 29 C.F.R. § 825.309. Failure to provide a complete and sufficient certification may result in a denial of your FMLA leave request. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. **You are responsible for making sure the certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. § 825.313.

- (1) Provide the name of the military member on covered active duty or call to covered active duty status:

First Middle Last

(2) Select your relationship of the military member. The military member is your:

- Spouse
- Parent
- Child, of any age

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave for a qualifying exigency related a military member who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave for a qualifying exigency related a military member for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Employee Name: _____

PART A: COVERED ACTIVE DUTY STATUS

Covered active duty or call to covered active duty in the case of a member of the Regular Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country. Covered active duty or call to covered active duty in the case of a member of the Reserve components means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to: Section 688 of Title 10 of the United States Code; Section 12301(a) of Title 10 of the United States Code; Section 12302 of Title 10 of the United States Code; Section 12304 of Title 10 of the United States Code; Section 12305 of Title 10 of the United States Code; Section 12406 of Title 10 of the United States Code; chapter 15 of Title 10 of the United States Code; or, any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation. 10 U.S.C. § 101(a)(13)(B).

An employer may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active duty status, and the dates of the military member's covered active duty service. **This information need only be provided to the employer once, unless additional leave is needed for a different military member or different deployment.**

- (3) Provide the dates of the military member's covered active duty service: _____
- (4) Please check one of the following and attach the indicated written document to support that the military member is on covered active duty or call to covered active duty status:
- A copy of the military member's covered active duty orders
- Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command
- I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status

PART B: APPROPRIATE FACTS

Under the FMLA, leave can be taken for a number of qualifying exigencies. 29 C.F.R. § 825.126(b). Complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes available written documentation which supports the need for leave such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or a document confirming an appointment with a third party (e.g., a counselor or school official, or staff at a care facility, a copy of a bill for services for the handling of legal or financial affairs). Please provide appropriate facts related to the particular qualifying exigency to support the FMLA leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.

- (5) Select the appropriate **Qualifying Exigency Category** and, if needed, provide additional information related to the event:
- Short notice deployment (*i.e.*, deployment within seven or fewer days of notice)
- Military events and related activities (*e.g.*, *official ceremonies or events, or family support and assistance programs*):

- Childcare related activities for the child of the military member (*e.g.*, *arranging for alternative childcare*):

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REGULATION

Employee Name: _____

- Care for the military member's parent (e.g., admitting or transferring the parent to a new care facility):

- Financial and legal arrangements related to the deployment (e.g., obtaining military identification cards)
- Counseling related to the deployment (i.e., counseling provided by someone other than a health care provider)
- Military member's short-term, temporary Rest and Recuperation leave (R&R) (leave for this reason is limited to 15 calendar days for each instance of R&R)
- Post deployment activities (e.g., arrival ceremonies, or reintegration briefings and events): _____
- Any other event that the employee and employer agree is a qualifying exigency: _____

(6) Available written documentation supporting this request for leave is (attached / not attached / not available).

PART C: AMOUNT OF LEAVE NEEDED

Provide information concerning the amount of leave that will be needed. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency leave needed. Be as specific as you can; terms such as "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage.

(7) List the approximate date exigency started or will start: _____ (mm/dd/yyyy)

(8) Provide your best estimate of how long the exigency lasted or will last:
From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

(9) Due to a qualifying exigency, I need to work a **reduced schedule**. Provide your **best estimate** of the reduced schedule you are able to work:
From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)
I am able to work _____
(e.g., 5 hours/day, up to 25 hours a week)

(10) Due to a qualifying exigency, I will need to be absent from work for a **continuous period of time**. Provide your **best estimate** of the beginning and ending dates for the period of absence:
From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

Employee Name: _____

(11) Due to a qualifying exigency, I will need to be absent from work on an **intermittent basis** (periodically).

Provide your **best estimate** of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.

Over the next 6 months, absences on an **intermittent basis** are estimated to occur: _____ times per (day / week / month) and are likely to last approximately _____ (hours / days) per episode.

(12) My leave is due to a qualifying exigency that involves **Rest and Recuperation leave** (R & R) of the military member (leave for this reason is limited to 15 calendar days for each instance of R & R leave).

List the dates of the military member's R &R leave:

From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

PART D: THIRD PARTY INFORMATION

If applicable, please provide information below that may be used by your employer to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meetings with third parties include: arranging for childcare or parental care, to attend non-medical counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations. This information may be used by your employer to verify that the information contained on this form is accurate.

Individual (e.g., name and title) or Entity / Organization: _____

Address: _____

Telephone: () _____ Fax: () _____ E-mail: _____

Describe purpose of meeting: _____

Employee Signature _____ Date _____ (mm/dd/yyyy)

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF DEPARTMENT OF LABOR. RETURN FORM TO THE EMPLOYER.

Certification of Health Care Provider for Family Member's Serious Health Condition under the Family and Medical Leave Act

U.S. Department of Labor
Wage Hour Division



OMB Control Number: 1235-0003
Expires: 6/30/2023

**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.
RETURN TO THE PATIENT.**

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave to care for a family member with a serious health condition to submit a medical certification issued by the family member's health care provider. 29 U.S.C. §§ 2613; 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found on the WHD website at www.dol.gov/agencies/whd/fmla.

SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name: _____
First Middle Last

(2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)

(3) The medical certification must be returned by _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE

Please complete and sign Section II before providing this form to your family member or your family member's health care provider. The FMLA allows an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of your family member. If requested by your employer, your response is required to obtain or retain the benefit of the FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). **You are responsible for making sure the medical certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. §§ 825.305-825.306. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA leave request. 29 C.F.R. § 825.313.

(1) Name of the family member for whom you will provide care: _____

(2) Select the relationship of the family member to you. The family member is your:
 Spouse Parent Child, under age 18
 Child, age 18 or older and incapable of self-care because of a mental or physical disability

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Employee Name: _____

(3) Briefly describe the care you will provide to your family member: (Check all that apply)

 Assistance with basic medical, hygienic, nutritional, or safety needs Transportation Physical Care Psychological Comfort Other: _____(4) Give your **best estimate** of the amount of leave needed to provide the care described: _____(5) If a **reduced work schedule** is necessary to provide the care described, give your **best estimate** of the reduced schedule you are able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy), I am able to work
(hours per day) _____ (days per week).

Employee

Signature _____ Date _____ (mm/dd/yyyy)

SECTION III - HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form below. A family member of your patient has requested leave under the FMLA to care for your patient. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a family member with a serious health condition. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that *involves inpatient care or continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart at the end of the form.

You also may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.

Health Care Provider's name: (Print) _____

Health Care Provider's business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

PART A: Medical Information

Limit your response to the medical condition for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

(1) Patient's Name: _____

(2) State the approximate date the condition started or will start: _____ (mm/dd/yyyy)

(3) Provide your **best estimate** of how long the condition lasted or will last: _____(4) For FMLA to apply, care of the patient must be medically necessary. Briefly describe the type of care needed by the patient (e.g., assistance with basic medical, hygienic, nutritional, safety, transportation needs, physical care, or psychological comfort).

Employee Name: _____

(5) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

Inpatient Care: The patient (has been / is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): _____

Incapacity plus Treatment: (e.g. outpatient surgery, strep throat) Due to the condition, the patient (has been / is expected to be) incapacitated for more than three consecutive, full calendar days from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy).

The patient (was / will be) seen on the following date(s): _____

The condition (has / has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)

Pregnancy: The condition is pregnancy. List the expected delivery date: _____ (mm/dd/yyyy).

Chronic Conditions: (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.

Permanent or Long Term Conditions: (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).

Conditions requiring Multiple Treatments: (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

None of the above: If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

(6) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) _____

PART B: Amount of Leave Needed

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine if the benefits and protections of the FMLA apply.

(7) Due to the condition, the patient (had / will have) **planned medical treatment(s)** (scheduled medical visits) (e.g. psychotherapy, prenatal appointments) on the following date(s): _____

(8) Due to the condition, the patient (was / will be) **referred to other health care provider(s)** for evaluation or treatment(s).

State the nature of such treatments: (e.g. cardiologist, physical therapy) _____

Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the treatment(s).

Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery _____ (e.g. 3 days/week)

Employee Name: _____

(9) Due to the condition, the patient (was / will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date: _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the period of incapacity.

(10) Due to the condition it, (was / is / will be) medically necessary for the employee to be absent from work to provide care for the patient on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur _____ times per (day / week / month) and are likely to last approximately _____ (hours / days) per episode.

Signature of Health Care Provider _____ Date _____ (mm/dd/yyyy)

Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)
Inpatient Care
<ul style="list-style-type: none"> • An overnight stay in a hospital, hospice, or residential medical care facility. • Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.
Continuing Treatment by a Health Care Provider (any one or more of the following)
<p><u>Incapacity Plus Treatment:</u> A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:</p> <ul style="list-style-type: none"> ○ Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or, ○ At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.
<p><u>Pregnancy:</u> Any period of incapacity due to pregnancy or for prenatal care.</p>
<p><u>Chronic Conditions:</u> Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.</p>
<p><u>Permanent or Long-term Conditions:</u> A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.</p>
<p><u>Conditions Requiring Multiple Treatments:</u> Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.</p>

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.

Policy

Draft 02/03/2022
6301

PERSONNEL

LEAVE FOR CANCER SCREENING

I. Statement of Policy

Each employee of the District shall have, upon request, a paid leave of absence for a sufficient period of time, not to exceed four (4) hours on an annual basis, to undergo ~~screening for breast cancer~~ screening.

~~Each employee of the District shall have, upon request, a paid leave of absence for a sufficient period of time, not to exceed four (4) hours on an annual basis, to undergo screening for prostate cancer.~~

Leave taken pursuant to this policy shall be excused leave, and shall not be charged against any other leave to which the employee may be entitled.

II. Responsibility of Superintendent

The Superintendent shall inform all building principals, directors, and other staff members who are responsible for responding to employee leave requests of this policy; and shall institute a system for recording leave taken pursuant to this policy.

Remsen Central School District
Legal Ref: Civil Service Law §159-b
Adopted: 06/20/17
Revised: _____

Policy

Draft 02/03/2022
6302

PERSONNEL

JURY DUTY

I. Statement of Policy

Any Remsen Central School District (the District) employee called upon by court to serve on jury duty shall be compensated at full pay for time served, subject to the following conditions.

II. Such compensation for time served on jury duty is subject to the following conditions:

- A. The employee returns to the District all compensation received, if any, except mileage paid by the county, state, federal and/or local government for serving jury duty.
- B. In departments where work schedules may be adjusted, the employee's work schedule may be adjusted.
- C. If the employee's work schedule is adjusted for this period, and he/she completes a normal workweek, provision (A) above shall not prevail.
- D. The employee shall notify ~~his/her~~ their supervisor, or appropriate person, promptly of ~~his/her~~ their notice to appear for jury duty.

Remsen Central School District

Legal Ref: Judiciary Law Section 521(b)

Adopted: 058/08/89 Readopted: 12/15/92

Revised: 06/20/17, _____

Policy

Draft 02/03/2022
6303

PERSONNEL

NON-INSTRUCTIONAL STAFF SICK LEAVE BENEFITS

- I. Accumulated sick leave time shall be determined using the following standards:
- A. Full-time non-teaching Remsen Central School District employees are defined as twelve (12) month employees who work a minimum of six and one half (6 ½) hours per day, with a minimum work week of thirty-seven and one half (37 ½) hours, and a minimum yearly time of one thousand nine hundred fifty (1950) hours.
- B. Part-time non-teaching employees shall have their accumulated sick leave time pro-rated on the basis of a six and one half (6 ½) hour day. (Full-time). For the purpose of determining the amount of sick day payment credit to be given at retirement, the following ratio will be used:
- 6 1/2 hour day = 1 sick day Ex. - 10 days at end of year = 10 days
- 4 hours to 6 1/4 = 3/4 sick day Ex. - 10 days at end of year = 7 ½ days
- 2 hours to 3 3/4 = 1/2 sick day Ex. - 10 days at end of year = 5 days
- 1 1/2 hour day = 1/4 sick day Ex. - 10 days at end of year = 2 ½ days
- C. Upon retirement, and provided ninety (90) days prior notice of intent to retire, paid employees shall be granted by the Board of Education eleven dollars and fifty cents (\$11.50) per accumulated sick day time, with part-time employees' payment determined by the above ratio, up to a maximum of thirty (30) days credit.

Remsen Central School District

Adopted: 08/11/81

Revised: 11/09/82, 12/15/92, 06/20/17, _____

PERSONNEL

Policy is Required
FINGERPRINTING AND CRIMINAL HISTORY RECORD
CHECKS FOR PROSPECTIVE EMPLOYEES

I. Statement of Policy

- A. The Remsen Central School District (the District) shall not employ or utilize a prospective school employee unless that person has been granted a clearance for employment by the State Education Department (SED), or an emergency conditional appointment has been made in a manner consistent with this Policy and applicable Regulations of the Commissioner.
- B. The term “prospective school employee” means any individual who is reasonably expected to provide services that will involve direct contact with students under the age of 21 and who is:
1. seeking a compensated position with the District and is not currently employed by the District or a student enrolled in the instructional program of a grade level in such covered school;
 2. an employee of a provider of contracted services to the District who is to be placed within the District; or
 3. a worker who is to be placed within the District under a public assistance employment program pursuant to title 9-B of article V of the Social Services Law, directly or through contract.
- C. The term “prospective school employee” does not include any individual who:
1. is seeking a position as a school bus driver or school bus attendant and is cleared for employment pursuant to sections 509-cc, 509-d and/or 1229-d of the Vehicle and Traffic Law after fingerprinting and a criminal history record check and whose fingerprints remain on file with DCJS;
 2. has provided services for the District in the previous school year either: in a compensated position, or as an employee of a provider of contracted services to such covered school, or as a worker placed within the covered school under a public assistance employment program pursuant to title 9-B of article V of the Social Services Law directly or through contract; or
 3. is reasonably expected to provide services for the District on no more than five days in the school year in which services are to be performed, provided that the District will be providing in-person supervision of such individual while that individual is providing such services. Individuals

POLICY

PERSONNEL

Draft 02/03/2022
6400

Policy is Required
FINGERPRINTING AND CRIMINAL HISTORY RECORD
CHECKS FOR PROSPECTIVE EMPLOYEES

providing such time-limited and supervised services may include but shall not be limited to: artists, guest lecturers and speakers, and sports officials.

II. Procedure For Clearance

- A. In situations where a prospective school employee has been previously fingerprinted and entered into the State Education Department's (SED) criminal history file, the individual shall notify the District that a file exists at SED, and the District shall notify SED of that fact and request clearance.
- B. In situations where a prospective school employee has not previously been fingerprinted and entered into the SED records, the District shall notify the prospective school employee of the fingerprinting requirement, and provide instructions regarding how and when the individual may arrange to complete the fingerprinting, including providing copies of necessary forms.
- C. In situations where a prospective school employee has not previously been fingerprinted and entered into the SED records, the individual shall be advised of the amount of the fee associated with the fingerprint clearance process, and the procedure for paying that fee to SED or any authorized State vendor, and shall also be advised that:
 - 1. the fee may not be charged if:
 - a. the fee is associated with the employee's participation in an authorized public assistance employment program, or
 - b. the individual is receiving certain employment services through the Federal Temporary Assistance for Needed Families Block Grant.

The fee shall be paid by the social services district making such employment placement or assignment and the cost of such fees.

- 2. the individual may submit a request to the Board of Education (the Board), ~~on a form provided by SED,~~ for a waiver of the fee based on financial hardship.

III. Notification of Employment/Separation from Employment

When a prospective employee who was fingerprinted and cleared for employment is initially employed or leaves employment the District is required to notify SED on the mandated forms.

POLICY

Draft 02/03/2022

6400

PERSONNEL

Policy is Required
FINGERPRINTING AND CRIMINAL HISTORY RECORD
CHECKS FOR PROSPECTIVE EMPLOYEES

IV. Employment Based on Conditional Clearance

- A. To the extent permitted by law, the Superintendent may recommend that the Board make a conditional appointment pending notification from SED of clearance. Before making such a recommendation, the Superintendent shall ~~insure~~ ensure that the prospective school employee has signed a statement indicating whether to the best of their knowledge they are not the subject of a pending criminal charge or a conviction in any jurisdiction outside New York State; and shall submit a request for conditional clearance to the Commissioner.
- B. If the Board makes a conditional appointment, the appointment shall not be effective until the Commissioner has notified the District that conditional clearance has been granted.
- C. If a conditional appointment becomes effective, it shall terminate 45 days later, or when the Commissioner notifies the District as to whether clearance has been granted, whichever is earlier. If the Commissioner notifies the District that clearance for employment has been granted, the conditional appointment shall continue as a regular appointment.

V. Employment Based on Emergency Conditional Appointment

- A. To the extent permitted by law, the Superintendent may recommend that the Board make an emergency conditional appointment when the following conditions exist:
- a vacancy occurred less than ten (10) business days before the start of school or during any school session, including summer school, without sufficient notice to allow for clearance or conditional clearance; and
 - no other qualified person is available to fill the vacancy temporarily; and
 - to maintain services which the District is legally required to provide or services necessary to protect the health, education or safety of students or staff.
- B. Before making such a recommendation, the Superintendent shall ~~insure~~ ensure that the prospective school employee has signed a statement indicating whether to the best of their knowledge they are not the subject of a pending criminal charge or a conviction in any jurisdiction, including New York State. The Superintendent shall also ~~insure~~ ensure that a request for conditional clearance is promptly submitted to the Commissioner.

POLICY

Draft 02/03/2022
6400

PERSONNEL

Policy is Required
FINGERPRINTING AND CRIMINAL HISTORY RECORD
CHECKS FOR PROSPECTIVE EMPLOYEES

- C. If the Board makes a conditional appointment, the appointment may be made effective prior to notice from the Commissioner of conditional clearance.
 - D. If an emergency conditional appointment becomes effective, it shall terminate 20 business days later, or when the Commissioner notifies the District as to whether conditional clearance or clearance has been granted, whichever is earlier. If the Commissioner notifies the District that conditional clearance for employment has been granted, the emergency conditional appointment shall terminate and the appointment shall continue as a conditional appointment.
- VI. Safety of Students who have Contact with Conditionally Employed Employees
- A. The District affirms its commitment to the safety of students who have contact with an employee holding a conditional or emergency conditional appointment.
 - B. Supervisors of any employee holding a conditional or emergency conditional appointment shall be informed of the basis of such appointment and be directed to supervise such employee closely. If feasible, supervisors shall be asked to assign conditionally employed individuals in a manner where they do not work alone with children.

Remsen Central School District

Legal Ref: ~~Chapter 179 of the Laws of 2009~~, 8 NYCRR 80-1.1 and Part 87; NYS Correction Law Sections 752 and 753 Article 23-A; and Executive Law Section 296(16).
NYS Education Law §§1604(39)(d), 1709(39)(d), 1804(9)(d), 3004-b, 3004-c and 3035 (30); NYS Executive Law §296(16);

Adopted: 108/09/01

Revised: 10/14/03, 06/20/17, _____

Regulation

Draft 02/03/2022

6400.1

PERSONNEL

STATEMENT FOR EMERGENCY CONDITIONAL OR CONDITIONAL APPOINTMENT

I. I, _____ (applicant's name), have been advised and understand that New York State law requires, as part of the clearance process for this position, that I be fingerprinted for the purposes of a criminal history records search. Pending such clearance I make the following representations:

A. If a conditional appointment.

I, _____ (applicant's name), certify that, to the best of my knowledge, I

do
do not

have a pending criminal charge or criminal conviction in any jurisdiction outside of New York State.

B. If an emergency conditional appointment.

I, _____ (applicant's name), certify that, to the best of my knowledge, I

do
do not

have a pending criminal charge or criminal conviction in New York State or any jurisdiction outside of New York State.

If my answer above is affirmative, I provide the following information listing such charge or conviction, including the nature of the offense, the date of the charge/ conviction and the jurisdiction.

I hereby certify that my statement is, to the best of my knowledge and belief, true and correct and that any omission and/or misrepresentation of any material fact may be cause for the Remsen Central School District to refuse to hire me or revoke an offer of conditional employment, or to terminate my employment if employed.

Date: _____

Name: _____

Remsen Central School District

Approved by the Superintendent: 06/20/17, _____

Adopted: 10/09/01

Is this still an option with the District? If not, then we will delete.

Regulation

Draft 02/03/2022
6400.2 Revise/DELETE

PERSONNEL

PAYROLL DEDUCTION AUTHORIZATION

I have received information in the fingerprinting packet supplied by the NYS Education Department that explains the obligation of the Remsen Central School District to fingerprint prospective employees who are appointed on or after July 1, 2001.

I understand that the fees for the required fingerprinting/criminal background check are the responsibility of the employee, unless exempted by law.

I elect the following option for the payment of the required fingerprinting fee:

- Pay the NYSED directly by ~~MorphoTrust~~ IdentoGO.
- Authorize the District to make such payment and authorize payroll deduction to repay the fingerprinting fee per payroll for six (6) payroll periods.

If electing salary reduction, I understand that if I leave paid employment with the District before full repayment is made that the remaining balance due will be deducted from my final paycheck. If a substitute employee, I understand that if the entire amount is not repaid by April 1st of the first year of employment, the remaining balance will be deducted from the next paycheck of that year.

Employee Signature

Date

Central Business Office Use Only

Received By

Date

Remsen Central School District
Approved by the Superintendent: 06/20/17, _____
Adopted: 12/09/03

PERSONNEL

POLICY IS REQUIRED DRUG AND ALCOHOL TESTING

I. Purpose

To establish a District-based alcohol and drug testing program to help prevent accidents and injuries resulting from the misuse of alcohol and drugs by covered drivers of commercial motor vehicles in compliance with the Department of Transportation regulations and pursuant to the Omnibus Transportation Employee Testing Act of 1991 (the Act) and 49 CFR Part 40.

II Applicability

This policy applies to all District employees or applicants who have been extended a conditional offer of employment who operate commercial motor vehicles and are subject to the commercial drivers license (CDL) requirements established by the DOT.

III. Objectives

To establish rules and procedures to deter all illegal drug use, and deter on-duty, pre-duty and post-accident alcohol use, as well as on-duty alcohol impairment stemming from pre-duty use, for all covered drivers who perform safety sensitive functions;

To detect and eliminate the possibility that District covered drivers will perform safety-sensitive functions after testing positive for alcohol or drugs;

To comply with applicable federal and state laws, including the Omnibus Transportation Employee Testing Act of 1991;

To provide reasonable measures for the early detection of personnel not fit to perform activities within the scope of this policy;

To maintain a workplace free of drugs and alcohol; and

To inform employees through education, in service training and other appropriate forums, about illegal drugs, and alcohol abuse, their use, possession, distribution, and the effects of such substances;

IV. Testing

There are several occasions when an individual will be subject to drug and alcohol tests pursuant to this policy. Prior to the administration of the following tests, the District or its testing agent will notify the covered driver that the test is required under the Code of Federal Regulations.

The testing occasions shall include:

DRUG AND ALCOHOL TESTING**1. Pre-duty testing**

- a. Pre-duty testing is testing for drugs that the District will administer after a conditional offer of employment has been extended and prior to any covered driver's performance of a safety-sensitive function. The District will not allow any covered driver to commence the performance of any safety-sensitive function unless the drug testing reveals a verified negative test result.
- b. The District may, in its sole discretion, forego pre-duty testing where the exceptions promulgated by the regulations relating to drug and alcohol testing of covered drivers by their previous employers, are satisfied.

2. Reasonable Suspicion testing

- a. Reasonable suspicion testing is alcohol and drug testing that the District will conduct when it has reasonable suspicion to believe that a covered driver has engaged in conduct prohibited by this policy. Reasonable suspicion must be based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of a covered driver by the Director of Special Education, Occupational Education, Assistant Directors of such programs or any other supervisor as determined by the District who is specially trained to recognize alcohol misuse or drug use. The observations may include indications of the chronic and withdrawal effects of controlled substances.
- b. A written record shall be made of observations leading to reasonable suspicion, signed by the supervisor or person who made the observations, within twenty-four (24) hours of the observed behavior or before the results of drugs test are released, whichever is earlier.
- c. The District shall not administer a reasonable suspicion alcohol test more than eight (8) hours following a determination that reasonable suspicion exists to believe that the alcohol prohibitions of this policy have been violated. Covered drivers are subject to reasonable suspicion alcohol testing as follows: Immediately prior to performing safety sensitive functions, while performing safety sensitive functions, or immediately following the performance of safety sensitive functions. Reasonable suspicion drug testing may be conducted at any time the covered driver is on duty for the district.

3. Random testing

- a. Random testing is unannounced testing for alcohol and drugs administered

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in a statistically random manner throughout the year to covered drivers employed by the District in ratios as required by the DOT regulations, so that all covered drivers have an equal probability of selection each time a random test is administered.

- b. Covered drivers are subject to random alcohol testing as follows: immediately prior to performing safety sensitive functions, or while performing safety sensitive functions, or immediately following the performance of safety sensitive functions. Random drug testing may be conducted at any time the covered driver is on duty for the district.

4. Post Accident testing

- a. A post-accident test is a test for alcohol and drugs administered following an accident involving a commercial motor vehicle to each surviving covered driver:
 - 1. who was performing safety sensitive functions with respect to the vehicle, if the accident involved the loss of human life; OR
 - 2. who receives a citation under state or local law for a moving violation arising from the accident; AND
 - i. if the accident resulted in one or more motor vehicles incurring substantial structural damages as a result of the accident; OR
 - ii. if the accident resulted in bodily injury to a person who as a result of the injury immediately receives medical treatment away from the scene of the accident.
- b. The District will not administer a post-accident alcohol test more than eight hours following the accident and will not administer a post-accident drug test more than 32 hours following the accident. A covered driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the District to have refused to submit to testing. This shall not be construed to require the delay of necessary medical attention for injured individuals following an accident or to prohibit a covered driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.
- c. The results of a breath or blood test for the use of alcohol or a urine test for the use of drugs, conducted by federal, state, or local officials having independent authority for the test, shall be considered to meet the

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requirements of the policy concerning post-accident testing, provided such tests conform to applicable federal, state, or local requirements and that the results of the test are obtained by the District. If such a test results in an alcohol concentration below 0.02, a 24 hour out-of-service order may be issued by the law enforcement official.

5. Return to duty testing

Return to duty testing is alcohol and/or drug testing conducted after a covered driver has engaged in prohibited conduct under this policy prior to the employee's return to the performance of a safety-sensitive function. The alcohol test result must indicate an alcohol concentration of less than .02 and/or a drug test must indicate a verified negative result for illegal drugs.

6. Follow-up testing

Follow-up tests are given following a determination by the Substance Abuse Professional (SAP) that a driver is in need of assistance in resolving problems associated with misuses of alcohol and/or drugs. This is an unannounced test, given at least six (6) times within twelve (12) months with the actual frequency and number of tests determined by the substance abuse professional (SAP), but in no event may the follow up testing continue for a period beyond 60 months from the covered driver's return to duty. The substance abuse professional may terminate the requirement of follow-up testing at any time after the first six (6) tests have been administered if he or she determines that follow-up testing is no longer necessary.

Covered drivers are subject to follow-up alcohol testing as follows: immediately prior to performing safety sensitive functions, or while performing safety sensitive functions, or immediately following the performance of safety sensitive functions. Follow-up drug testing may be conducted at any time the covered driver is on duty for the district.

V. Testing Procedures

The District shall retain an approved company to perform collection and testing, to ensure chain of custody requirements, and to ensure the correct employee is tested and matched with the correct test results. Such company will be required to follow the federal regulations to ensure compliance with the blind sample, calibration of the EBT, laboratory certification and proper training of the Breath Alcohol Technician (BAT). Testing for alcohol and/or controlled substances will be taken on-site or at the laboratory, in a secure location that affords visual and aural privacy and with the proper safeguards to ensure the integrity of the specimens collected. The Drug and Alcohol Coordinator (see appendix) can be contacted to request the name of the company hired to perform the drug and alcohol testing services.

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If the test comes back positive dilute, that shall be considered a positive verified test and the covered driver shall not be allowed to take another test.

If the test comes back negative dilute for (can limit to pre-employment testing, return to duty testing and follow up testing or extend to all forms of testing covered by policy), then the covered driver shall (shall not) be required to take another test. If re-tested, there will be a fee for the second test. Employees to be re-tested must be given the minimum possible advance notice that he or she must go to the collection site. The result of the second test becomes the test of record. If an employee is directed to take another test, and the employee declines to do so, the employee has refused the test for the purpose of this policy and the federal drug and alcohol testing regulations. If the test comes back canceled, neither positive nor negative for drugs or alcohol, the employee shall not be allowed to perform safety sensitive functions if a negative result is required by the regulations. District shall order a recollection in the case of a canceled test for the purpose of re-testing in the case of pre-employment, return to duty or follow up testing.

1. Alcohol

Alcohol testing will be administered by a trained and qualified BAT. The evidential breath testing device (EBT) used for testing shall meet the standards promulgated by the DOT and have a quality assurance plan developed by the manufacturer to insure proper calibration.

If the initial test reveals an alcohol concentration of .02 or greater, a confirmatory test must be performed. The confirmatory test result is the final test result for the purposes of this policy.

2. Drugs

A Department of Health and Human Services certified laboratory will perform drug testing on urine samples provided by covered drivers. The drugs for which tests will be conducted are: Marijuana (THC), Cocaine, Phencyclidine (PCP), Opiates, and Amphetamines. The cutoff levels for these drugs will be those set forth in the DOT regulation.

3. Uncompleted testing

If a screening or confirmation test cannot be completed, or if an event occurs that would invalidate the test, the BAT, shall, if practicable begin a new screening or confirmation test, as applicable, e.g., using a new breath alcohol testing form with a new sequential test number.

VI. Requirements Prior to Commencing Safety Sensitive Position

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In the case of all new safety sensitive employees, the District shall request the following written information, after obtaining the prospective employee's written consent, from DOT regulated employers who have employed the employee at any time during the two years prior to the date of the employee's application or transfer:

- a. Alcohol tests with a result of 0.04 or higher alcohol concentration
- b. Verified positive drug test
- c. Refusal to be tested
- d. Other violations of DOT agency drug and alcohol testing; and
- e. With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return to duty requirements.

The above listed information should be obtained and reviewed before the prospective employee commences performing any safety sensitive functions. However, the District has a 30 day grace period from the day the employee starts to perform safety sensitive functions in which to obtain or make and document a good faith effort to obtain this information. The District must not allow any employee to continue performing safety sensitive functions after 30 days if District has not obtained or made and documented a good faith effort to obtain this information.

The District must ask the prospective employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

If the prospective employee admits that he/she has tested positive or a refusal to test then the District may choose not to hire the prospective employee. However, if the District does choose to hire a prospective employee that has admitted that he/she has tested positive or refused to test, the District must not use the employee to perform safety sensitive functions, until and unless the employee documents successful completion of return to duty process.

VII. Prohibited Conduct

1. No covered driver shall report for duty or remain on duty requiring the performance of safety sensitive functions while having an alcohol concentration of 0.02 or greater.
2. A covered driver shall not be on duty or operate a commercial motor vehicle while the covered driver possesses alcohol.

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3. A covered driver shall not use alcohol while performing safety sensitive functions.
4. No covered driver shall perform safety-sensitive functions within six (6) hours after using alcohol.
5. A covered driver required to take a post accident alcohol test shall not use alcohol for eight (8) hours following the accident, or until he/she undergoes a post accident alcohol test, whichever is first.
6. A covered driver shall not report for duty or remain on duty requiring the performance of safety sensitive functions when the driver is using drugs, except when the use is pursuant to the instructions of a physician who has advised the driver that the drug does not affect the driver's ability to safely operate a commercial motor vehicle.
7. No driver shall report for duty, remain on duty or perform a safety-sensitive function, if the driver tests positive for controlled substances.
8. Independent of the requirements of the Act and the regulations promulgated thereunder, the covered driver must provide written notice from the physician to the Drug and Alcohol Coordinator that he or she is using controlled substances pursuant to the instructions of the physician and that he or she advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle.
9. A covered driver shall not refuse to submit to an alcohol or drug test required under this policy.
10. An applicant for employment, who has been given a conditional offer of employment may not refuse to sign a release authorizing the District to request from all former employer's, where the employee was a covered driver, his or her drug and alcohol testing records.

VIII. Consequences for covered drivers

Pursuant to the Act and the regulations:

1. A covered driver who has an alcohol concentration of at least 0.02 shall be removed immediately from his/her performing safety sensitive position for at least 24 hours and shall not return until he/she is evaluated by a substance abuse professional, completes any other steps required by the SAP and takes a return to duty test.
2. A covered driver who has an alcohol concentration of at least 0.04 shall be removed immediately from his/her safety sensitive position and may not return until he or she is evaluated by a substance abuse professional, completes any other steps required by the SAP and takes a return to duty test.
3. A covered driver who has a verified positive result on a drug test shall be prohibited from performing safety sensitive functions until the employee is evaluated by a substance abuse professional, completes any other steps required by the SAP and takes a return to duty test.
4. A covered driver who refuses to submit to a test shall be prohibited from

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performing safety sensitive functions until the employee is evaluated by substance abuse professional, completes any other steps required by the SAP and takes a return to duty test.

5. A covered driver may not perform safety-sensitive functions, if there exists a reasonable suspicion that the driver is under the influence of, or impaired by, alcohol as shown by the behavioral, speech, and performance indicators of alcohol misuse, until an alcohol test is administered and the driver's alcohol concentration measures less than .02 or 24 hours have elapsed following a determination that reasonable suspicion exists to believe that the alcohol prohibitions of this policy have been violated.
6. A covered driver may not perform safety-sensitive functions even if his or her alcohol concentration is less than 0.02, or the alcohol concentration is unknown, if the employer detects the presence of alcohol in the driver by other means.

Independent of the requirements of the Act and the regulations promulgated thereunder, a covered driver may not perform safety-sensitive functions, if there exists a reasonable suspicion that the driver is under the influence of, or impaired by, drugs as shown by the behavioral, speech, and performance indicators of drug abuse, until a drug test is administered and there is a verified negative result.

Independent of the requirements of the Act and the regulations promulgated thereunder, covered drivers who have been found to have violated the prohibited conduct under this policy will be immediately suspended from their safety-sensitive function without pay pending a complete review of the test results and what led to the test results, if appropriate. After review, if the covered driver was found to have an alcohol concentration of 0.04 or greater, a positive drug test, or refused to submit to a test, the employee shall be terminated. If the covered driver was found to have an alcohol concentration between 0.02 and 0.04, he or she shall be required to be evaluated by a substance abuse professional, complete any other steps required by the SAP and take a return to duty test before returning to work.

A covered driver who is an applicant for employment who has been extended a conditional offer of employment shall have such conditional offer revoked if:

1. He/she undergoes a drug test which reveals a verified positive test result, or
2. He/she admits, during the pre-duty request for prior employment drug and alcohol testing, they had a positive test or refused to test on any pre-employment drug or alcohol testing administered by the employer to which the employee applied for, but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years and the Board chooses not to hire the prospective employee, or
3. He/she previously failed to successfully complete a rehabilitation program (return to duty process) established by a substance abuse professional resulting from a violation of that employer's policy or the Act, or

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4. He/she fails to provide a release for the District to request from former employer's where the individual was a covered driver.
5. The above actions shall be taken in accordance with the provisions of the employee's collective bargaining agreement, §75 of the Civil Service Law and/or §3020-a of Education Law, whichever is applicable.

IX. Referral, evaluation, and treatment

The requirements of this section do not apply to applicants who refuse to submit to a pre-duty drug test or who have a pre-duty drug test with a verified positive test result.

1. The District shall make available to a covered driver who has violated this policy, information regarding the resources available for evaluating and resolving problems associated with the misuse of alcohol and use of drugs, including the names, addresses, and telephone numbers of substance abuse professionals and counseling and treatment programs. The District shall ensure that the listed substance abuse professionals do not refer the covered driver to the substance abuse professional's private practice, or to a person or organization from which the substance abuse professional receives remuneration, or in which the substance abuse professional has a financial interest.
2. The District requires that each covered driver who engages in conduct prohibited by this policy shall be evaluated by a substance abuse professional who shall determine what assistance, if any, the employee needs in resolving problems associated with alcohol misuse and drug use. The substance abuse professional shall also determine if follow up testing is necessary and if so, the number and frequency of such testing. The costs associated with this evaluation shall be the responsibility of the covered driver.
3. Before a covered driver returns to duty requiring the performance of a safety-sensitive function after engaging in conduct prohibited by this policy, the covered driver shall undergo a return to duty test.
4. The substance abuse professional will determine if the covered driver has properly followed any rehabilitation program prescribed following the evaluation.

X. Employee Notification

The District shall provide a copy of this policy to each covered driver and to his/her collective bargaining agent. Each covered driver is required to sign a statement certifying that (s)he has received this information. The District shall maintain the original signed certification for the duration of the employee's employment or two (2) years, whichever is longer. The District will provide a copy of the certification to the covered driver upon

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request.

XI. Savings Clause

If any provision of this policy is, or shall at any time be contrary to the law, then such policy provision shall be considered modified or deleted so as to comply with the superseding legal requirements, without any effect on the remaining policy provisions.

Remsen Central School District

Legal Ref: U.S. Constitution, 4th Amendment
Omnibus Transportation Employee Testing Act of 1991, 49 USC §§31136; 31306
Americans with Disabilities Act, 42 USC §§12111-12117
49 CFR Parts 40, 382 and §§395.20 and 521(b)
New York Vehicle and Traffic Law, §§509-l; 1192; 1193
New York Labor Law, §201-d

Adopted: 12/19/95

Revised: 07/12/05, 06/20/17

DRUG AND ALCOHOL TESTING

Appendix A

Drug and Alcohol Testing Definitions

Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol's, including methyl and isopropyl alcohol.

Alcohol use: The consumption of any beverage, mixture, or preparation, including any medication containing alcohol.

Breath Alcohol Technician (BAT):

An individual who operates an evidential breath testing device and instructs and assists individuals in the alcohol testing process.

BAC or Alcohol Concentration:

Breath Alcohol Concentration (BAC), or alcohol concentration, is the amount of alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

Commercial Motor Vehicle:

A motor vehicle or a combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

1. has a gross combination weight of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
2. has a gross vehicle weight rating of 26,001 or more pounds; or
3. is designed to transport 16 or more passengers, including the driver; or
4. is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Material Regulations.

Confirmation test :

In drug testing, a second analytical procedure to identify the presence of a specific drug or metabolite that is independent of the screening test and that uses a different technique and chemical principle from that of a screening test in order to ensure reliability and accuracy. Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine. In alcohol testing, a second test following a screening test with a result of .02 or greater, that provides quantitative data of alcohol concentration.

Covered driver:

District employees who operate commercial motor vehicles and applicants for employment with the district who are applying for positions as drivers of

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commercial motor vehicles (for the purposes of pre-duty testing only).

Drug and Alcohol Coordinator:

The Drug and Alcohol Coordinator shall be the Jefferson - Lewis DISTRICT Health and Safety Coordinator who is located at 20104 NYS Rt. 3, Watertown, NEW YORK 13601, and may be reached at 779-7000.

Evidential breath testing device (EBT):

A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's Conforming Product's List of Evidential Breath Measurement Devices."(CPL)

Medical Review Officer (MRO):

A licensed physician responsible for receiving laboratory results generated by the District's drug test program, who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's positive test result together with his or her medical history and any other relevant biomedical information.

Refuse to submit (to an alcohol or drug test):

Means that a covered driver refused to take a drug test if they:

- (1) fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer,
- (2) fail to remain at the testing site until the testing process is complete, provided that an employee who leaves the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test,
- (3) fail to provide a urine specimen for any drug test required by this policy or DOT agency regulations,
- (4) in the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen,
- (5) fail to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure,
- (6) fail or decline to take a second test the employer or collector has directed the individual to take,
- (7) fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process,
- (8) fail to cooperate with any part of the testing process, or
- (9) if the MRO reports that you have a verified adulterated or substituted test result or you refuse to take a drug test.

DRUG AND ALCOHOL TESTING***Screening test:***

In alcohol testing, means an analytical procedure to determine whether a driver may have a prohibited concentration of alcohol in his or her system. In drug testing, an immunoassay procedure to eliminate "negative" urine specimens from further consideration.

Safety sensitive function:

Any of those on-duty functions (promulgated at 49 CFR §395.2 On-Duty time) as listed below:

1. All time at a carrier or shipper plant, terminal, facility, or other property, waiting to be dispatched, unless the driver had been relieved from duty by the District.
2. All time inspecting equipment as required by the Federal Motor Carrier Safety Regulations (FMCSR'S), or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time.
3. All time spent at the driving controls of a commercial motor vehicle in operation.
4. All time, other than driving time, spent on or in a commercial motor vehicle (except for time spent resting in the sleeper berth.)
5. All time spent loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded.
6. All time spent performing the driver's requirements associated with an accident promulgated at 49 CFR §§392.40 and 392.41.
7. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Substance Abuse Professional:

A substance abuse professional means a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and drugs-related disorders.

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POLICY IS REQUIRED DRUG AND ALCOHOL TESTING (TRANSPORTATION)

I. Statement of Policy

It is the policy of the Remsen Central School District (the District) that no District employee shall operate a District school bus or a District vehicle when the operation of the vehicle requires a Commercial Driver's License (CDL) if that employee is under the influence of drugs or alcohol. To further this policy, the District follows a program of drug and alcohol testing designed to meet the requirements of the New York State Vehicle and Traffic Law (referred to in this Policy as "state law") and the federal Omnibus Transportation Employee Testing Act of 1991, including the implementing regulations adopted by the U.S. Department of Transportation (together referred to in this Policy as "federal law"). No person shall be hired into or assigned to perform the duties of a safety sensitive position (as described below) unless each test administered to that person returns a verified negative result.

II. Scope of Policy

A. Positions to Which This Policy Applies

This Policy applies to employment in any position for which the assigned duties include either the operation of a school bus, as that term is defined in state law, or the operation of a vehicle that requires a CDL, as determined by federal law. These positions are considered "safety sensitive positions", and District employees holding these positions are considered "safety sensitive employees".

B. Persons to Whom This Policy Applies

1. Applicants for employment in safety-sensitive positions who receive a conditional offer of employment are subject to pre-employment testing under this Policy. A person who is employed by the District in a non-safety sensitive position and who seeks to be hired or transferred into a safety sensitive position is considered an applicant relative to that safety sensitive position. When used in this Policy, the term "applicant" refers to these persons.
2. Persons employed by the District in safety sensitive positions are subject to drug and alcohol testing under the circumstances set forth in this Policy and as otherwise required by state or federal law. When used in this Policy, the terms "employee" and "driver" refer to these persons.

III. Communication of Policy

A. Drug and Alcohol Coordinator

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The Superintendent shall designate a Drug and Alcohol Coordinator to answer questions relative to the procedures and materials relative to this Policy. The Coordinator shall ensure that all affected employees are informed of the Policy and related forms and regulations, including the identity of and contact information for the Coordinator, and are provided with either a paper copy of the Policy or a link to an online copy of the Policy.

B. Distribution of Information

The Coordinator shall provide a copy of this Policy and any accompanying documents outlining additional information, procedures and/or regulations developed by the District to effectuate this Policy, to each person employed in a safety sensitive position, and shall ensure that each applicant for employment in a safety sensitive position receives a copy of this material.

C. Documentation

Each person receiving the Policy material shall be required to sign a statement certifying that they have received this information. The District shall maintain the original signed acknowledgement for the duration of the employee's employment or two (2) years, whichever is longer. The District will provide a copy of the certification to the driver upon request. Representatives of applicable collective bargaining units shall be notified of the availability of this information.

IV. Program Standards and Testing Protocols

A. Contracted Services

The Superintendent is authorized to contract with an appropriately credentialed vendor, board of cooperative educational services, or other municipality for the services necessary to implement the District's drug and alcohol testing program, including sample collection and testing, documenting chain of custody, and ensuring that the correct employee is tested and matched with the correct test results. Such contractor must be in compliance with all state and federal regulations including but not limited to calibration of all devices, laboratory certification by the U.S. Department of Health and Human Services, and proper training of the Breath Alcohol Technician (BAT) and other staff.

B. Notice to the Test Subject

Prior to the administration of the following tests the District or its testing agent will notify the driver that the test is required under state law or federal law.

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C. Test Standards

1. Collection of specimens to be tested will be taken on-site or at the laboratory, in a secure location that affords visual and aural privacy and with the proper safeguards to ensure the integrity of the specimens collected.
2. The prohibited drugs for which specimens will be tested are: Marijuana (THC), Cocaine, Phencyclidine (PCP), Opioids (including heroin, and the synthetic opioids hydrocodone, oxycodone, hydromorphone and oxymorphone), and amphetamines. The cutoff levels for these drugs will be those set forth in federal law.
3. If an initial breath test reveals an alcohol concentration of .02 or greater, a confirmatory test shall be performed. The confirmatory test result is the final test result for the purposes of this Policy.
4. If a screening or confirmation test cannot be completed, or if an event occurs that would invalidate the test, the technician, shall, if practicable begin a new screening or confirmation test, as applicable, e.g., using a new breath alcohol testing form with a new sequential test number.
5. If a test result is reported as canceled, meaning neither positive nor negative for drugs or alcohol, the test subject shall not be allowed to perform safety sensitive functions if a negative result is required by state or federal law. The District shall order collection of another specimen for the purpose of re-testing in the case of a canceled test result related to pre-employment, return to duty, or follow up testing.

D. Specimens Reported as Dilute

1. If a test result is reported as positive dilute, that shall be considered a positive verified test result and no confirmatory test or retest shall be conducted.
2. If a test result is reported as negative dilute for pre-employment testing, return to duty testing, or follow up testing, then the test subject shall be required to take another test. The result of the second test becomes the test of record.
 - a. Persons to be re-tested must be given the minimum possible advance notice of the time to report to the collection site.

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- b. If a person is directed to take another test and declines to do so, that will be categorized as a test refusal for the purpose of this Policy and the federal drug and alcohol testing regulations.

V. Pre-Employment Testing

A. General Rule

Pre-employment testing for drugs and alcohol will be administered by the District to all applicants after a conditional offer of employment has been extended and prior to any applicant's performance of a safety-sensitive function.

B. Information Regarding Prior Test Outcomes

1. Each applicant will be asked whether the applicant has tested positive after, or refused to take, any pre-employment drug or alcohol test administered by a potential employer pursuant to federal law during the past two years.
2. Each applicant will be asked to identify all prior employers or potential employers that required the applicant to submit to drug or alcohol testing in fulfillment of state or federal law within the prior two years, and to sign a written document authorizing those entities to release to the District the following information: alcohol tests with a result of 0.04 or higher alcohol concentration, verified positive drug test, the applicant's refusal to be tested, any other violations of federal law drug and alcohol regulations, and, with respect to any employee who violated a federal law drug and alcohol regulation, documentation of the employee's successful completion of federal law return to duty requirements.
3. The above listed information should be obtained and reviewed before the applicant is assigned to perform any safety sensitive functions. However, the District may employ and assign the applicant to perform safety sensitive functions for a period of up to 30 days if the District has made and documented a good faith effort to obtain this information. The District will not allow any employee to continue performing safety sensitive functions after 30 days if the District has not obtained or made and documented a good faith effort to obtain this information.

C. Withdrawal of Conditional Offer of Employment

Where an applicant for a position subject to this Policy has received a conditional offer of employment, that conditional offer will be withdrawn if any of the following circumstances occurs:

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1. The applicant's pre-employment drug test returns a positive result;
2. The applicant reports as part of the District's pre-employment process that within the prior two years the applicant applied for employment in a position governed by either the New York law applicable to school bus drivers or the federal law applicable to CDL holders, and the applicant either refused to submit to the test or tested positive for drugs or alcohol;
3. The applicant reports that they failed to successfully complete a rehabilitation program (return to duty process) established by a substance abuse professional after violation of a prior employer's policy or applicable law; or
4. The applicant fails to provide a release for the District to request information from a former employer of the applicant or a potential employer to which the applicant applied for employment in a safety sensitive position subject to the state or federal drug and alcohol testing requirements.

VI. Drug and Alcohol Tests Administered To Employees

A. Reasonable Suspicion Testing

1. An employee in a safety sensitive position is required to submit to a drug or alcohol test whenever a responsible supervisor or administrator has reasonable suspicion to believe that the employee has engaged in conduct prohibited by this policy. Employees are subject to reasonable suspicion alcohol testing at any time the employee is on duty for the district.
2. Reasonable suspicion must be based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of an employee by a responsible supervisor or administrator who has been trained to recognize alcohol misuse or drug use.
 - a. The observations may include indications of the chronic and withdrawal effects of controlled substances.
 - b. A written record shall be made of the observations leading to reasonable suspicion, signed by the supervisor or administrator who made the observations, within twenty-four (24) hours of the observed behavior or before the results of the drug and/or alcohol test are released, whichever is earlier.

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3. The District shall not administer a reasonable suspicion alcohol test more than eight (8) hours following a determination that reasonable suspicion exists to believe that the alcohol prohibitions of this policy have been violated.
4. The Superintendent or the Superintendent's designee shall arrange for the training of all supervisors or other individuals who may be utilized to determine whether "reasonable suspicion" exists to test an employee for prohibited conduct involving alcohol or controlled substance use/abuse.

B. Random Testing

1. The District randomly tests employees subject to this Policy for evidence of drug or alcohol consumption. Random tests are not announced and employees are selected for testing in a statistically random manner throughout the year as required by state and federal law. Each covered employee has an equal probability of selection each time a random test is administered.
2. Random drug and/or alcohol testing may be conducted at any time the covered driver is on duty for the district.
3. All employees assigned to drive a school bus as part of their duties are subject to random testing.

C. Post-Accident testing

1. Following an accident involving a commercial motor vehicle, a post-accident test for alcohol and drugs is administered to each surviving covered driver who:
 - a. was performing safety sensitive functions with respect to the vehicle, and the accident involved the loss of human life; or
 - b. receives a citation under state or local law for a moving violation arising from the accident, and the accident either resulted in one or more motor vehicles incurring substantial structural damages as a result of the accident or resulted in bodily injury to a person who, as a result of the injury, immediately received medical treatment away from the scene of the accident.
2. The District will not administer a post-accident alcohol test more than eight hours following the accident and will not administer a post-accident drug test more than 32 hours following the accident.

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3. A driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the District to have refused to submit to testing. This shall not be construed to require the delay of necessary medical attention for injured individuals following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.
4. The results of a breath or blood test for the use of alcohol or a urine test for the use of drugs, conducted by federal, state, or local officials having independent authority for the test, shall be considered to meet the requirements of this Policy concerning post-accident testing, provided such tests conform to applicable federal, state, or local requirements and that the results of the test are obtained by the District. If such a test results in an alcohol concentration below 0.02, a 24 hour out-of-service order may be issued by the law enforcement official.

D. Return to Duty Testing

Return to duty testing for alcohol and/or drugs is conducted when a covered driver has engaged in prohibited conduct under this Policy, been removed from performing safety sensitive duties, and is scheduled or seeks to return to the performance of safety sensitive functions. The alcohol test result must indicate alcohol concentration of less than .02 and/or a drug test must indicate a verified negative result for illegal drugs.

E. Follow-up Testing

1. Follow-up tests are given following a determination by a substance abuse professional that a driver is in need of assistance in resolving problems associated with misuses of alcohol and/or drugs.
2. Follow-up tests are unannounced.
3. Follow-up tests are conducted at least six (6) times within twelve (12) months. The actual frequency and number of tests will be determined by the substance abuse professional, but follow-up testing will not continue beyond 60 months from the covered driver's return to duty. The substance abuse professional may terminate the requirement of follow-up testing at any time after the first six (6) tests have been administered if he or she determines that follow-up testing is no longer necessary.

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6401 Replace 6401

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4. Follow-up drug testing may be conducted at any time the covered driver is on duty for the district.

VII. Conduct Standards For Employees Subject To This Policy

- A. No driver shall report for duty or remain on duty in a position requiring the performance of safety sensitive functions while having an alcohol concentration of 0.02 or greater.
- B. A driver shall not be on duty or operate a commercial motor vehicle while the driver possesses alcohol.
- C. A driver shall not use alcohol while performing safety sensitive functions.
- D. No driver shall operate a school bus within eight (8) hours, or operate a vehicle requiring possession of a CDL within six (6) hours, after having consumed a drug, controlled substance, and/or alcohol.
- E. A driver required to take a post-accident alcohol test shall not use alcohol for eight (8) hours following the accident, or until they undergo a post-accident alcohol test, whichever is first.
- F. A driver shall not report for duty or remain on duty requiring the performance of safety sensitive functions when the driver is using drugs, except when the use is pursuant to the instructions of a physician who has advised the driver that the drug does not affect the driver's ability to safely operate a commercial motor vehicle. The driver must provide written notice from the physician to the Drug and Alcohol Coordinator that the driver is using controlled substances pursuant to the instructions of the physician and that the physician advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle.
- G. No driver shall report for duty, remain on duty or perform a safety-sensitive function, if the driver tests positive for controlled substances.
- H. A driver shall not refuse to submit to an alcohol or drug test required under this Policy.

VIII. Consequences Of Non-Compliance By Employees Subject To This Policy

- A. A driver who has an alcohol concentration of at least 0.02 shall be removed immediately from his/her performing safety sensitive position for at least 24 hours and shall not return until they have been evaluated by a substance abuse

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professional, have completed any other actions required by the SAP and have completed the return to duty testing procedures as required.

- B. A driver who has a verified positive result on a drug test shall be prohibited from performing safety sensitive functions until the employee is evaluated by a substance abuse professional, completes any other steps required by the SAP, and completes a return to duty test that returns a verified negative result.
- C. A driver who refuses to submit to a test shall be prohibited from performing safety sensitive functions until the employee is evaluated by a substance abuse professional, completes any other steps required by the SAP, and successfully completes the return to duty testing procedures as required.
- D. A driver may not perform safety-sensitive functions if there exists a reasonable suspicion that the driver is under the influence of, or impaired by, alcohol as shown by the behavioral, speech, and performance indicators of alcohol misuse, until an alcohol test is administered and the driver's alcohol concentration measures less than .02 or 24 hours have elapsed following a determination that reasonable suspicion exists to believe that the alcohol prohibitions of this policy have been violated.
- E. A driver may not perform safety-sensitive functions even if his or her alcohol concentration is less than 0.02, or the alcohol concentration is unknown, if the District detects the presence of alcohol in the driver by other means.
- F. Independent of the requirements of federal law, a driver may not perform safety-sensitive functions, if there exists a reasonable suspicion that the driver is under the influence of, or impaired by, drugs as shown by the behavioral, speech, and performance indicators of drug abuse, until a drug test is administered and there is a verified negative result.
- G. Independent of the requirements of federal law, drivers who have been found to have engaged in conduct prohibited by this Policy will be immediately suspended from their safety-sensitive function without pay pending a complete review of the test results and what led to the test results, if appropriate. After review, if the driver was found to have an alcohol concentration of 0.04 or greater, a positive drug test, or refused to submit to a test, the employee shall be terminated. If the driver was found to have an alcohol concentration between 0.02 and 0.04, he or she shall be required to be evaluated by a substance abuse professional, complete any other steps required by the SAP and take a return to duty test before returning to work.

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6401 Replace 6401

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- H. The above consequences shall be applied consistent with the provisions of any applicable collective bargaining agreement and statute, such as §75 of the Civil Service Law and §3020-a of Education Law.
- IX. Referral And Evaluation
- A. Each employee who engages in conduct prohibited by this policy is required to be evaluated by a substance abuse professional who shall determine what assistance, if any, the employee needs in resolving problems associated with alcohol misuse and drug use.
1. The costs associated with this evaluation shall be the responsibility of the employee, unless a collective bargaining agreement provides otherwise.
 2. If the substance abuse professional determines that a rehabilitation program is appropriate before the employee returns to performing safety sensitive functions, the employee is required to complete that program, including any follow-up testing directed by the substance abuse professional. The substance abuse professional shall determine if the driver has properly followed any rehabilitation program prescribed following the evaluation.
 3. Before an employee returns to duty requiring the performance of a safety sensitive function after engaging in conduct prohibited by this policy, the employee shall complete a return to duty test that returns a verified negative result.
- B. The District shall make available to an employee who has violated this Policy information regarding the resources available for evaluating and resolving problems associated with the misuse of alcohol and use of drugs, including the names, addresses, and telephone numbers of substance abuse professionals and counseling and treatment programs. The District shall ensure that the listed substance abuse professionals do not refer the employee to the substance abuse professional's private practice, or to a person or organization from which the substance abuse professional receives remuneration, or in which the substance abuse professional has a financial interest.
- C. The referral and evaluation procedures described in this section do not apply to applicants who refuse to submit to a pre-employment drug and alcohol test or who have a pre-employment drug and alcohol test with a verified positive test result.

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6401 Replace 6401

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POLICY IS REQUIRED
DRUG AND ALCOHOL TESTING (TRANSPORTATION)

Remsen Central School District

Legal Ref: Omnibus Transportation Employee Testing Act of 1991, 49 USC §§31136 and 31306; Americans with Disabilities Act, 42 USC §§12111-12117; 49 CFR Parts 40, 382 and 395.20; NYS Vehicle and Traffic Law, §§142, 509-1; 509-g, 1192 and 1193; NYS Labor Law, §201-d

Adopted: 12/19/95

Revised: 07/12/05, 06/20/17

Regulation

Draft 02/03/2022
6401.1 Replace 6401.1

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ACKNOWLEDGEMENT, AUTHORIZATION AND CONSENT FORM FOR DRUG AND ALCOHOL TESTING

NAME OF APPLICANT: _____

I, _____, understand that my ability to operate a commercial motor vehicle is a condition of precedent as well as an ongoing requirement for my continued employment with the Remsen Central School District. I hereby further acknowledge that my inability to operate a commercial motor vehicle shall be grounds for my termination from the District.

I understand that the District utilizes the services of Oneida-Herkimer-Madison BOCES (OHM BOCES) to conduct all services related to drug and alcohol testing and any other necessary services needed to comply with Federal and New York State Commercial Drivers License requirements, and agree to comply with OHM BOCES related to testing.

I further understand that drug testing means that a sample of my urine will be collected and tested for the presence of prohibited drugs or their metabolites, and that alcohol testing means that a sample of my breath will be taken and tested for evidence of alcohol.

Consent to Information Sharing From Prior Employers

By signing this Form, I authorize all prior employers or organizations where I applied for employment to provide the District with information about the results of prior drug or alcohol tests administered to me by those organizations, and any prior time I may have refused to submit to drug or alcohol testing. I certify that I have provided the District with complete information about who those prior employers or other organizations are, and I understand that a failure to provide complete information may also be grounds for the revocation of my employment or my conditional offer of employment.

Pre-Employment Testing

I, understand that the offer of employment that I have received from the District is conditioned upon my successful completion of pre-employment drug and alcohol testing.

- **I agree to submit samples necessary to complete pre-employment drug and alcohol testing.**
- I understand that if I do not submit the samples required for this testing the District will revoke the conditional offer of employment that has been made.
- I understand that the conditional offer of employment will be revoked if my pre-employment alcohol test registers an alcohol concentration of .02 or more.

ACKNOWLEDGEMENT, AUTHORIZATION AND CONSENT FORM
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- I understand that the conditional offer of employment will be revoked if my pre-employment drug test registers the presence of marijuana, cocaine, amphetamines, phencyclidine, or opioids (including hydrocodone, oxycodone, hydromorphone, oxymorphone, or other synthetic opioids), alone or in any combination, that has not been prescribed for me by an appropriate health care professional with assurance that taking the medication as prescribed will not affect my safe performance of my job duties.

Testing During Employment

I acknowledge that I have been provided with a copy of the District's Policy establishing a drug and alcohol testing program for employees in CDL-required positions.

- I understand that the District's Policy has been adopted to help ensure the safety of District students and the public, and to comply with the requirements of both federal and state law.
- I understand that if my pre-employment drug and alcohol test results are satisfactory and I become a regular employee of the District, my continued employment will be subject to the District's Policy, and **by signing this form I am agreeing to comply with the Policy and related procedures.**
- I understand that, consistent with federal and state law, I will be required as a condition of my employment in a CDL-required position to undergo random, reasonable suspicion, post-accident, return-to-duty, and follow-up drug and alcohol testing.
- I understand that if the results of any drug or alcohol test administered during my employment is not acceptable (as described above), I will be subject to discipline, including the possibility of termination of employment.
- I understand that if I do not complete a drug or alcohol test protocol in an acceptable manner during my employment, I will be subject to discipline, including the possibility of termination of employment.

I also acknowledge receipt from the District regarding information concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or controlled substances problem (the driver's or co-worker's); and available methods of intervening when an alcohol or controlled substance problem is suspected, including confrontation, referral to any employee assistance program, and/or referral to management.

**General Consent for Limited Queries of the Federal Motor Carrier Safety Administration
("FMSCA") Drug and Alcohol Clearinghouse**

By signing this form, I consent to the District to conduct a query through the OHM BOCES of the FMSCA Commercial Driver's License Drug and Alcohol Clearinghouse ("Clearinghouse") to determine whether drug and alcohol violation information about me exists

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ACKNOWLEDGEMENT, AUTHORIZATION AND CONSENT FORM
FOR DRUG AND ALCOHOL TESTING

in the Clearinghouse. This consent is unlimited and shall remain in effect for the duration of my employment with the District.

I further understand that if I refuse to provide consent for the District to conduct a query of the Clearinghouse, the District must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I understand that if the query conducted through the Clearinghouse indicates that drug and alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose the information to the District without first obtaining an additional consent from me.

I further acknowledge that if the query conducted by the District indicates that drug and alcohol violation information about me exists in the Clearinghouse and I refuse or fail to provide specific consent for the District to receive that information, it shall be grounds for termination from the District.

Discovery of prior drug and alcohol violation information may, but does not necessarily, disqualify an individual from being employed by the District. Administration has the final authority as to discipline and/or termination in conjunction with requirement of District policies, including but not limited to the Drug and Alcohol Testing (Transportation) policy, including termination or other disciplinary actions.

Signature: _____ Date: _____

Witness: _____ Date: _____

Remsen Central School District
Approved by the Superintendent: 06/20/17, _____
Adopted: 12/19/95

Regulation

Draft 02/03/2022

6401.1 DELETE

PERSONNEL

PRE-DUTY ACKNOWLEDGEMENT AUTHORIZATION AND CONSENT FORM FOR DRUG AND ALCOHOL TESTING

I, _____, acknowledge receiving this day, a conditional offer of employment with the Remsen Central School District (the District), written notice regarding the existence of the ~~Remsen Central School~~ District's Drug and Alcohol Testing Program and a copy of the ~~Remsen Central School~~ District policy and regulations by which it will be administered.

I further understand and agree to submit to urinalysis, (hereinafter referred to as "drug testing") for the detection of prohibited drugs, and evidential breath testing (hereinafter referred to as "alcohol testing"). I understand that I can be tested for both drugs and/or alcohol pursuant to the ~~Remsen Central School~~ District's policy for pre-duty, and if successful and offered a position, for random, reasonable suspicion, post-accident, return to duty, and follow-up testing as the circumstances require. I further understand that the conditional offer of employment that has been extended to me is contingent on my testing negative for both alcohol and drugs.

If the results of pre-duty alcohol tests indicate that my alcohol concentration registers above .02, it will result in the revocation of the conditional offer of employment. Furthermore, if the results of my pre-duty drug test indicate the presence of marijuana, cocaine, amphetamines, phencyclidine or opiates, alone or in any combination, that have not been prescribed for me by my doctor with his written assurance that the identified drug(s) will not effect the safe performance of my job, will result in the revocation of the conditional offer of employment.

I understand, further, that refusal to submit to pre-duty testing will result in the revocation of the conditional offer of employment. I also understand that my refusal to submit to testing at any later date as an employee of the ~~Remsen Central School~~ District, when requested to do so as required by the District's policy, will result in discipline up to and including discharge.

Also, by signing this document, I release to the ~~Remsen Central School~~ District and the ~~Remsen Central School~~ District Drug Alcohol Coordinator all results regarding drug and alcohol testing or refusal to submit to drug and alcohol testing from both past and present employers' drug and alcohol testing programs.

More specifically, I, in consideration of the agreements contained herein accept full and complete responsibility and liability for my conduct, my compliance with procedures and results of any and all tests results conducted upon the request of the Remsen Central School District, its officers, employees or agents. I release and discharge the Remsen Central School District, the District Superintendent, the District officers, employees and agents as releasors, releasors heirs, executors, administrators, successors and assign and indemnify from all actions, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgements, extents, executions, claims and demands whatsoever, in law, admiralty or equity, which against the releasors, I the prospective employee, my heirs, executors, administrators, successors and assigns

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Draft 02/03/2022

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PRE-DUTY ACKNOWLEDGEMENT AUTHORIZATION AND
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ever had, now have or hereafter can, shall or may, have for, upon, or by reason of any matter cause or thing whatsoever leading to or conduct pursuant to this agreement.

My signature below indicates my understanding of this Policy and what is expected of me, my consent to be tested and my authorization to release to collection site personnel, medical review officer, and the designated employer representative the information necessary to comply with this policy.

Date:

Signature:

Date:

Signature:

Remsen Central School District

Approved by the Superintendent: 06/20/17, _____

Adopted: 12/19/95

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INFECTION CONTROL PROGRAM

I. Statement of Policy

The Remsen Central School District (the District) seeks to provide to each of its employees a place of employment which is free from recognized hazards and which will provide reasonable and adequate protection to the lives, safety or health of its employees. ~~II. Therefore, it is the policy of the Remsen Central School District that a written~~ Infection Control Program, based on New York State Department of Health, New York State Education Department and OSHA (PEOSH) guidelines, be established for all personnel who may come into direct contact with body fluids.

~~II.-A.~~ Risk Categories

The ~~Remsen Central School~~ District shall identify employees at substantial risk of direct contact with body fluids in accordance with the following exposure guidelines. The ~~District~~ Superintendent shall set forth in regulation those employees by category.

A1. Category I

Tasks That Involve Exposure to Blood, Body Fluids or Tissues

All procedures or other job-related tasks that as part of a normal and regular work routine involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them, are Category I tasks. Use of appropriate protective measures should be required for every employee engaged in Category I tasks.

Category I employees shall be provided with an Infection Control Training Program and the offer of a Hepatitis B vaccine in amounts and at times prescribed by medical practice.

B2. Category II

Tasks That Involve No Exposure to Blood, Body Fluids or Tissues, but Employment May Require Performing Unplanned Category I Tasks

The normal work routine does not involve exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate protective measures should be readily available to every employee engaged in Category II tasks.

INFECTION CONTROL PROGRAM

Category II employees shall be provided with an Infection Control Training Program and be informed about the post-exposure vaccine only.

C3. Category III

Tasks That Involve No Exposure to Blood, Body Fluids or Tissues, and Category I Tasks Are Not a Condition of Employment

The normal work routine does not involve exposure to blood, body fluids, or tissues (although situations can be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care of first-aid or to be potentially exposed in some other way. Tasks that involve handling of implements and utensils, use of public or shared bathroom facilities or telephones, and personal contacts such as handshaking are Category III tasks.

Category III employees may be provided with an Infection Control Training Program at the discretion of the Superintendent.

III. ~~The Infection Control Program will consist of the following:~~

B. ~~A1.~~ Training

1a. The Infection Control Training Program shall include as a minimum:

- a1. An explanation of blood-borne diseases, specifically Hepatitis B/HIV epidemiology, transmission and prevention.
- b2. General and universal precautions to prevent transmission of infectious diseases, including an explanation of the availability, use and limitations of protective equipment.
- c3. A review of work practices to reduce exposure to blood-borne pathogens or other infectious agents.
- d4. Reporting and follow-up procedures for employee exposures.

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INFECTION CONTROL PROGRAM

- e5. Advantages and disadvantages of Hepatitis B (HBV) vaccination.
- f6. Information on the availability of resources and services.
- 2b. Infection Control training shall be provided once initially and annual refresher training shall be provided thereafter to at least those employees identified as Category I or II employees.
- 3e. The Superintendent or his/her designee shall maintain employee education/training records that include the date of training, content, names and social security numbers of all persons in attendance.
- B2. Program
- The ~~Remsen Central School~~ District shall establish a program to disseminate information on the availability and administration of the HBV vaccine, and shall maintain records of vaccinations. The Superintendent or his/her designee shall document the offer and acceptance/refusal of the HBV vaccine.
- C3. Evaluation and Management
- The Superintendent or his/her designee shall be responsible for establishing procedures for the evaluation and management of each incident of employee mucous membrane or parenteral (e.g. needle stick or cut) exposure to blood/body fluids. Such procedures shall provide for the documentation of such incidents and follow-up measures.
- D4. Equipment and Materials
- The Superintendent or his/her designee shall be responsible for establishing procedures to provide all materials and protective equipment necessary to implement and sustain an effective control program in the school environment.
- E5. Medical Waste
- The Superintendent or his/her designee shall be responsible for establishing procedures pertaining to the storing, packaging, labeling and transporting of regulated medical waste according to regulations.

INFECTION CONTROL PROGRAM

F6. Confidentiality

The procedures established herein shall also recognize the confidentiality requirements applicable to the medical status and records of District employees.

G7. Review

The Superintendent or ~~his/her~~ designee shall review the infection control program and its implementation on an annual basis.

Remsen Central School District

Legal Ref: New York State Labor Law, Article 2, Section 27(a)(3a)(1)

Adopted: 05/19/92

Revised: 06/20/17, _____

PERSONNEL

PROFESSIONAL GROWTH AND REIMBURSEMENT OF EXPENSES

I. Statement of Policy

Staff members are encouraged to participate in professional organizations, conventions and meetings. It is the policy of the Board of Education to permit attendance at such meetings which not only add to the professional growth and development of the individual, but also have potential for the continued improvement of the instructional program of the entire Remsen Central School District.

II. Sharing of Learning/Growth Opportunity

Individuals attending such meetings will be expected to share their experiences with others through participation in in-service opportunities, as well as grade level, departmental and general faculty meetings.

III. Availability of Funds

The amount of money available for such purposes will always be limited and therefore not everyone will be able to attend all worthwhile opportunities meetings and conventions. However, careful planning and prudent expenditure will provide for maximum participation. It is in this regard that the following criteria have been developed and will be utilized for the approval of such requests.

- A. In general, attendance will be limited to state meetings of professional, instructional, and curriculum organizations within a distance of approximately five hundred (500) miles.
- B. While attendance will usually be limited to one representative from a given department, grade level, et cetera, exceptions may be granted when meetings are held in this area or if the meetings are unusually worthwhile.
- C. Each teacher may be authorized to spend at least one day per year observing educational practices in another school provided the visitation has a direct relationship to the teacher's academic area.
- D. All requests should be made to the Building Principal at least thirty days prior to the date of attendance and shall be subject to his approval and shall bear the Superintendent's approval.
- E. The forms "Application for Authorization" and "Travel Reimbursement Form" shall be used.

Remsen Central School District

Adopted: 12/15/92

Revised: 06/20/17, _____

