July 7, 2022

Ms. Emily Coleman
Northwest Herald
ecoleman@shawmedia.com

Re: Freedom of Information Act Request

Dear Ms. Coleman:

On June 23, 2022, the School District 47 FOI Officer received your Freedom of Information Act request. On June 27, 2022, the School District advised you that it was extending the time for response pursuant to Section 3(e) of the Act. Please treat this correspondence and the attached records as the School District's response to your request.

You requested the following records:

- Any and all records in the personnel files of Penny Fleming and Teresa Peragine;
- Any and all records showing any disciplinary actions taken against Fleming or Peragine by Crystal Lake Elementary School District 47, the transportation arm or any of its officials;
- If not included in the above, all records related to internal and external complaints made against Fleming or Peragine , including but not limited to allegations of misconduct;
- If not included in the above, all records of internal investigations of the Fleming or Peragine.

Attached are records responsive to your requests. The School District has redacted or withheld document pursuant to the following exemptions set forth in the Act:

5 ILCS 140/7(1)(a) – Information specifically prohibited from disclosure by federal or State law or rules and regulations implementing federal or State law;

5 ILCS 140/7(1)(b) – Private information as defined by the Act;

5 ILCS 140/7(1)(c) – Personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy;

5 ILCS 140/7(1)(f) – Preliminary drafts, notes, recommendations, memoranda, and other records in which opinions are expressed, or policies or actions are formulated;

5 ILCS 140/7(1)(l) – Minutes of meetings of public bodies closed to the public as provided in the Open Meetings Act;

5 ILCS 140/7(1)(m) – Communications between a public body and an attorney that would not be subject to discovery in litigation;

5 ILCS 140/7(1)(n) – Records relating to a public body's adjudication of employee grievances or disciplinary cases, except for the final outcome of such cases;

5 ILCS 140/7(1)(q) – Test questions, scoring keys, and other examination data used to determine the qualifications of an applicant for a license or employment; and

5 ILCS 140/7.5(q) – Information prohibited from being disclosed by the Personnel Records Review Act.

To the extent your request has been denied by the District FOI Officer, you may appeal this decision to the Illinois Attorney General - Public Access Counselor: 500 S. 2nd Street, Springfield, Illinois 62701, Phone: 1-877-299-FOIA or (1-877-299-3642), Fax: (217) 782-1396, E-mail: public.access@ilag.gov . You may also appeal this decision by filing suit for injunctive relief in the circuit court for McHenry County, Illinois.

Sincerely,

Clare F. Bourne

Clare F. Bourne
Freedom of Information Officer
Crystal Lake School District 47

cc Elizabeth Kelly, Attorney Kriha Boucek
Kevin Gordon, Attorney Kriha Boucek

From: **Emily Coleman - Crystal Lake** <ecoleman@shawmedia.com>
Date: Wed, Jun 22, 2022 at 4:40 PM
Subject: FOIA Request
To: <FOIA@d47.org>

Hello,

I am requesting the following records under the Freedom of Information Act:

- Any and all records in the personnel files of Penny Fleming and Teresa Peragine;
- Any and all records showing any disciplinary actions taken against Fleming or Peragine by Crystal Lake Elementary School District 47, the transportation arm or any of its officials;
- If not included in the above, all records related to internal and external complaints made against Fleming or Peragine , including but not limited to allegations of misconduct;
- If not included in the above, all records of internal investigations of the Fleming or Peragine.

I also request that these records be provided digitally to this email address and as a member of the media, any fees be waived. If either of these requests cannot be honored, please contact me regarding pickup and/or payment. Please let me know the cost of the records prior to fulfilling my request. I can be reached at 815-526-4616 or this email address.

I look forward to hearing from you in writing within five working days, as required by the Act 5 ILCS 140(3). Thank you for considering and responding to this request.

Sincerely,

Emily

--

Emily Coleman
Editor, Northwest Herald
Shaw Media

EMPOWERING ALL STUDENTS

Learners Today - Leaders Tomorrow

June 27, 2022

Ms. Emily Coleman
Northwest Herald
ecoleman@shawmedia.com

Re: Freedom of Information Act Request

Dear Ms. Coleman:

School District 47 officially received your requests for records pursuant to the *Illinois Freedom of Information Act* on June 23, 2022. Pursuant to Section 3(e) of the *Act* [5 ILCS 140/3(e)], the School District is extending the time for response for an additional five (5) business days for the following reasons:

- the request is couched in categorical terms and requires an extensive search for the records responsive to it [5 ILCS 140/3(e)(iii)];
- the requested records require examination and evaluation by personnel having the necessary competence and discretion to determine if they are exempt from disclosure under Section 7 of the Act or should be revealed only with appropriate redactions [5 ILCS 140/3(e)(v)]; and
- the request for records cannot be complied with by the public body within the time limits prescribed by Section 3(c) of the *Act* without unduly burdening or interfering with the operations of the School District [5 ILCS 140/3(e)(vi)].

The School District anticipates the response to your requests will be available by July 8, 2022.

If you have any questions, please feel free to contact me 815-788-5000.

Sincerely,

Clare F. Bourne

Clare F. Bourne
Freedom of Information Officer
Crystal Lake School District 47

cc Elizabeth Kelly, Attorney Kriha Boucek
Kevin Gordon, Attorney Kriha Boucek

08/09

	Start	Used	Carry Over	57.25
Sick Days	60.75	3.5	57.25	
Personal	2	2	0	
Vacation	20			

09/10

	Start	Used		
Sick Days (+10)	67.25	7.5	59.75	
Personal	2	1.5	0.5	
Vacation	20		Carry Over	60.25

10/11

	Start	Used		
Sick Days (+12)	72.25	8	64.25	
Personal	2	1.5	0.5	
Vacation	27.5	21.5		
			Carry Over	64.75

11/12

	Start	Used		
Sick Days (+12)	76.75	9	67.75	
Personal	2	0.5	1.5	
Vacation	20		Carry Over	69.25

12/13

	Start	Used		
Sick Days (+12)	81.25	7	74.25	
Personal	2	0	2	
Vacation	20		Carry Over	76.25

13/14

	Start	Used		
Sick Days (+12)	88.25	3	85.25	
Personal	2	0	2	
Vacation	20		Carry Over	87.25

14/15

	Start	Used		
Sick Days (+12)	99.25	5.25	94	
Personal	2	0	2	
Vacation	20		Carry Over	96

15/16

	Start	Used	
Sick Days (+12)	108		108
Personal	2		2

			Carry Over	**110**
Vacation	20			

16/17

	Start	**Used**		
Sick Days (+12)	122		122	
Personal	3		3	
Vacation	20		**Carry Over**	**125**

17/1

	Start	**Used**		
Sick Days (+12)	137		137	
Personal	3		3	
Vacation	20		**Carry Over**	**140**

18/19

	Start	**Used**		
Sick Days (+12)	152	0	152	
Personal	3	1	2	
Vacation	20	24.5	**Carry Over**	**154**

19/20

	Start	**Used**		
Sick Days (+12)	166	0	166	
Personal	3		3	
Vacation	20	24.5	**Carry Over**	**169**

20/21

	Start	**Used**		
Sick Days (+14)	183	0	183	
Personal	3	0	3	
Vacation	20	24.5	**Carry Over**	**186**

21/22

	Start	**Used**		
Sick Days (+14+3)	203		203	
Personal	3		3	
Vacation	20	24.5		

Fleming, Penny

2020-2021 School Calendar

July

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	✓20	✓21	✓22	✓23	24	25
26	27	28	29	30	31	

August

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	✓4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	✓23	✓24	✓25	26
27	28	29	30			

8

October

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	✓23	✓24	25	26	27	28
29	30					

10

December

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	✓10	11	12
13	14	15	16	17	18	19
20	~~21~~	~~22~~	✓23	24	25	26
27	28	29	✓30	31		

13 1/2

January

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	✓22	23
24	25	26	27	28	29	30
31						

14 1/2

February

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	~~12~~ ✓	13
14	15	16	17	18	19	20
21	22	23	24	25	✓26	27
28						

March

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	~~19~~ ✓	20
21	22	23	24	25	26	27
28	29	30	~~31~~ ✓			

April

Su	Mo	Tu	We	Th	Fr	Sa
				✓1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	~~19~~ ✓	20	~~21~~ ✓	22	23	24
25	26	27	28	29	✓30	

May

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	✓14	15
16	17	18	19	20	21	22
23	24	25	26	27	~~28~~ ✓	29
30	31					

June

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	(11)	12
13	14	15	16	17	18	19
20	21	22	23	24	(25)	26
27	28	29	30			

Seniority Date: 11.12.93

Sick Days: ~~182~~ 182 Used: _____ Unpaid: _____

Personal Days: 3 Used: _____ Unpaid: _____

Vacation 25 ~~20~~ 22

14

c/o 18

Penny Fleming

2019-2020 School Calendar

July 2019

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

August 2019

Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	✓	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
						10/12

September 2019

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

October 2019

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

November 2019

Su	M	Tu	W	Th	F	S
					1 ✓	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25 ✓	26 ✓	27	28	29	30
						10/12

December 2019

Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23 ✓	24	25	26	27	28
29	30	31				
						11/12

January 2020

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

February 2020

Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020

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

April 2020

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

May 2020

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

June 2020

Su	M	Tu	W	Th	F	S
	1 ✓	2	3	4	5	6
7	8 ✓	9	10 ✓	11	12 ✓	13
14	15 ✓	16	17 ✓	18	19 ✓	20
21	22 ✓	23 ✓	24 ✓	25 ✓	26 ✓	27
28	29	30				

14

Seniority Date: 11.12.93

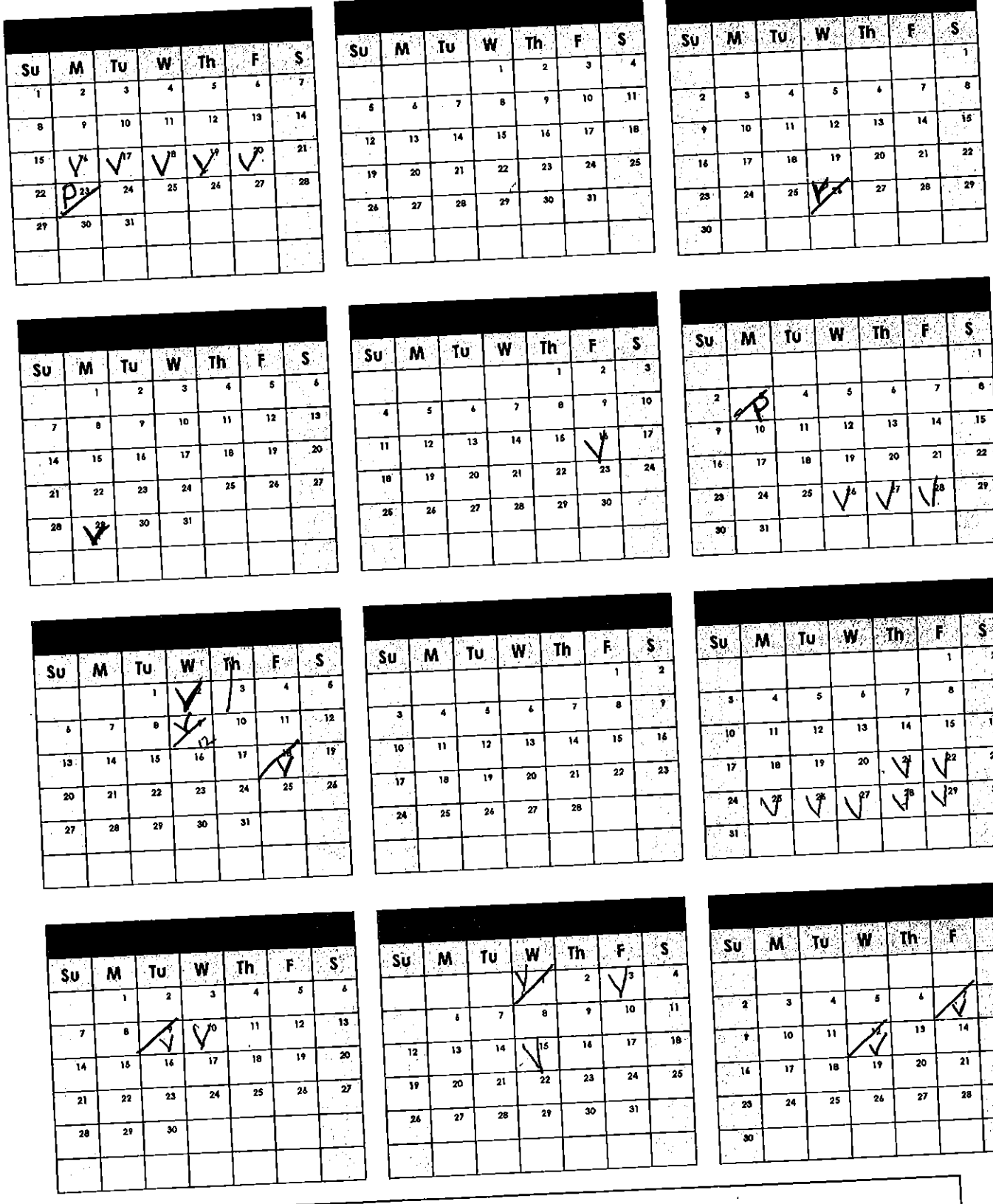
Sick Days:	164	Used:		Unpaid:	
Personal Days:	3	Used:	8 1/2	Unpaid:	
Vacation	25				

c/o 18

Penny Flemming

2018-2019 School Calendar

D47 – 8/22-5/30 D155 – 8/15-5/22



Seniority Date: 11-12-93
Sick Days: 150 Used: _____ Unpaid: _____
Personal Days: 3 Used: 1 Unpaid: _____
Vacation 25 2 1/2

2017/2018

D155 08/16/17 - 05/22/18

D47 08/23/17 - 6/01/18

NAME Fleming, Penny

Jul 16

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	V 3	H 4	V 5	V 6	V 7	8
9	10	11	12	13	14	15
16	V 17	18	19	20	21	22
23	24	25	26	27	28	29
30	V 31					

Aug 16

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	V 4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	V 29	30	V 31		

Sept 16

Su	Mo	Tu	We	Th	Fr	Sa
					V 1	2
3	4	5	6	7	8	9
10	11	12	13	14	V 15	16
17	18	19	20	21	½ 22	23
24	25	26	27	28	29	30

Oct 16

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	V 16	V 17	½ 18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Nov 16

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	V 14	15	16	17	18
19	V 20	V 21	22	23	24	25
26	27	28	29	30		

Dec 16

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	H 25	H 26	V 27	28	H 29	30
31						

Jan 17

Su	Mo	Tu	We	Th	Fr	Sa
	H 1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	V 18	V 19	20
21	22	23	24	25	26	27
28	29	30	31			

Feb 17

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	½ 13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

Mar 17

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	V 26	V 27	V 28	V 29	H 30	31

Apr 17

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 17

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	V 23	24	25	26
27	28	29	30	31		

Jun 17

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	V 4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	V 21	V 22	23
24	25	26	27	28	29	30

SENIORITY DATE 11-12-93

SICK DAYS 133 +2 = 135 USED _____ UNPAID _____

PERSONAL DAYS 3 USED _____ UNPAID _____

VACATION DAYS 25 USED 25 UNPAID _____

CO - 138 C/O 10

Name: Fleming, Penny

2016 / 2017

D47 08/24/2016 - 06/02/2017

D155 08/24/2016 - 06/05/2017

July

Su	Mo	Tu	We	Th	Fr	Sa
					V 1	2
3	4	5	6	7	V 8	9
10	11	12	13	14	15	16
17	V 18	19	20	21	22	23
24	V 25	V 26	V 27	V 28	V 29	30
31						

August

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	V 19	20
21	22	23	24	25	26	27
28	29	30	31			

September

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	V 16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	V 7	8
9	10	11	12	13	14	15
16	17	18	19	20	V 21	22
23	24	25	26	27	28	29
30	31					

November

Su	Mo	Tu	We	Th	Fr	Sa
		V 1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	V 8	V 9	10
11	12	13	14	15	16	17
18	V 19	20	21	V 22	23	24
25	26	V 27	V 28	V 29	30	31

January

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	V 17	18	19	V 20	21
22	23	24	25	26	27	28
29	30	31				

February

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	V 10	11
12	13	14	15	V 16	V 17	18
19	20	21	22	23	24	25
26	27	28	1/2	30	1/2	

April

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	1/2	22
23	24	25	26	27	28	29
30						

May

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	V 12	13
14	15	16	17	18	19	20
21	22	23	24	25	V 26	27
28	29	30	31			

June

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	V 8	V 9	10
11	12	V 13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Seniority Date 11-12-93

+ 5 Sick Days 17	118	Used		Personal	
Personal Days	3	Used		Personal	
7-1-15/7-1-16 Vacations Days	3	Used	3		
7-1-16/7-1-17	25		24		

121
40 125

2015/2016

D155 08/26/2015 - 06/02/2016
D47 08/26/2015 - 06/02/2016

NAME Fleming, Penny

Jul-15

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

Aug-15

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

Sep-15

Su	M	Tu	W	Th	F	S
		1	2	3	4	
6	7	8	9	10	11	1
13	14	15	16	17	18	1
20	✓21	22	23	24	25	2
27	28	29	30			

Oct-15

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

Nov-15

Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	✓13	14
15	16	17	18	19	20	21
22	23	✓24	25	26	27	28
29	30					

Dec-15

Su	M	Tu	W	Th	F	S
		1	✓2	3	4	
6	7	8	9	10	11	1
13	14	✓15	16	17	✓18	1
20	21	22	✓23	24	25	2
27	✓28	✓29	✓30	31		

Jan-16

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

Feb-16

Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

Mar-16

Su	M	Tu	W	Th	F	S
		1	2	✓3	4	
6	7	8	9	10	11	1
13	14	15	✓16	✓17	✓18	1
20	21	22	23	24	25	2
27	28	✓29	30	✓31		

Apr-16

Su	M	Tu	W	Th	F	S
					✓1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	✓26	27	28	29	30

May-16

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

Jun-16

Su	M	Tu	W	Th	F	S
				✓2	3	
5	6	7	8	9	10	
12	13	14	15	16	17	
19	20	21	22	23	24	
26	✓27	✓28	✓29	✓30		

SENIORITY DATE 11-12-93

SICK DAYS 104 USED _____ UNPAID 106 12

PERSONAL DAYS 2 USED _____ UNPAID _____

20 (7-1-14/7-1-15)

VACATION DAY 20 (7-1-15/7-1-16) USED 17 20 UNPAID 4 0 11

2014/2015

D155 08/25/2014 - 06/02/2015
D47 08/25/2014 - 06/01/2015

NAME: Fleming, Penny

Jul-14

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Aug-14

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Sep-14

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	S 15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October-14

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November-14

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	S 18	S 19	20	21	22
23	S 24	S 25	26	27	28	29
30						

December-14

	1	2	3	4	5	6
7	8	9	10	S 11	12	13
14	S 15	S 16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January-15

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	S 26	27	28	29	30	31

February-15

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March-15

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April-15

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May-15

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June-15

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

2-1-15 4hr Comp used 1-28-15

Comp - (1) - 1-16-2015 used 1-23-15

SENIORITY DATE: 11-12-93

X 1/2 SICK DAYS 95 1/4 USED 5 1/4 UNPAID

PERSONAL DAYS 2 (20 (7-1-13/7-1-14)) USED UNPAID

VACATION DAYS 20 (7-1-14/7-1-15) USED 20 13 UNPAID

C/O 92 SD 7 C/O 96

2013/2014

D155 08/26/2013 - 06/03/2014
D47 08/28/2013 - 06/04/2014

NAME: Fleming, Penny

Jul-12

	1	2	V 3	4	V5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	V22	V23	V24	V25	V26	27
29	29	V30	31			

Aug-12

				1	V2	3
4	5	6	7	8	V9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Sep-12

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October-12

		V1	V2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	C19
C20	21	22	23	24	25	26
27	28	29	30	31		

November-12

					1	2
3	C4	C5	6	7	8	9
10	11	12	13	14	15	16
17	C18	19	20	21	22	23
24	25	26	27	28	29	30

December-12

1	2	3	4	5	V6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	V23	24	25	V26	V27	28
29	V30	31				

January-13

			1	V2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February-13

						1
2	3	4	5	6	7	8
9	10	C11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March-13

						1
2	3	4	5	6	7	8
9	10	S11	12	13	14	15
16	17	V18	19	20	21	22
23	C24	25	26	27	28	29
30	31					

April-13

		1	2	3	V4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	S22	S23	24	25	26
27	28	29	30			

May-13

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	V16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June-13

1	2	3	4	5	V6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	V25	26	27	28
29	30					

Comp 10/19 - 10/20 1 1/2 Used 1 C 1/2 C
Comp 1-4 1/2 day 1/4 Comp 2-11 1/4 3-24

SENIORITY DATE: 11-12-93

SICK DAYS 84 1/4 USED 3 UNPAID

PERSONAL DAYS 2 USED UNPAID

VACATION DAYS 20 (7-1-12 / 7-1-13) 20 USED 14 1/2 UNPAID C/O 81.5

20 (7-1-13 / 7-1-14)

2012/2013

D155 8/27/2012 - 6/4/2012
D47 8/28/2012 - 6/4/2012

NAME: Fleming, Penny

Jul-12

1	V 2	3	H 4	V 5	6	7
8	9	V 10	11	12	V 13	14
15	V	17	18	19	20	21
22	V 23	V 24	V 25	V 26	V 27	28
29	30	31				

Aug-12

			1	2	3	4
5	6	V 7	V 8	9	V 10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Sep-12

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	S 18	S 19	S 20	S 21	22
23	24	25	26		28	29
30						

October-12

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	S 16	17	18	19	20
21	22	23	24	V 25	26	27
28	29	30	31			

November-12

				1	2	3
4	5	6	7	8	9	10
11	S 12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December-12

						1
2	3	4	5	✓ 6	7	8
9	10	V 11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	V 27	V 28	29
30	31					

January-13

		1	V 2	V 3	4	5
6	S 7	8	9	10	11	12
13	14	15	16	17	18	19
20	C 21	22	23	24	S 25	26
27	28	29	30	31		

February-13

					1	2
3	4	5	6	7	8	9
10	11	12	C 13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March-13

						2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	V 22	23
24	V 25	26	27	28	29	30
31						

April-13

	1	2	3	S 4	V 5	6
7	8	9	10	11	V 12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May-13

			1	2	3	4
5	6	7	8	9	10	11
12	V 13	C 14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June-13

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	V 18	V 19	20	V 21	22
23	24	25	V 26	V 27	28	29
30						

Comp 1-21-13 3hrs C 2-13-13/5-14-13

SENIORITY DATE: 11-12-93

8125+12 SICK DAYS 77 1/4 USED 7 UNPAID

2 PERSONAL DAYS 2 USED UNPAID

20(7-1-11/7-1-12),
VAC DAYS 20(7-1-12/7-1-13) USED 20 17 3/4 UNPAID

C/O 76

2011/2012

D155 8/25/11 - 6/8/11

D47 8/30/11 - 6/6/11

NAME: Fleming, Penny

JULY

					V 1	2
3	4 V	5	6	7 V	8	9
10	11	12 V	13	14 V	15	16
17	18	19	20	21	22	23
24	V 25	V 26	V 27	X 28	V 29	30
31						

AUGUST

	1	2	V 3	4	5	6
7 V	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER

				1	2	3
4	S 5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	V 26	V 27	V 28	V 29	30	31

JANUARY

1	2	3	4	V 5	S 6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
28	30	S 31				

FEBRUARY

				1	2	3 4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	S 27	S 28	S 29			

MARCH

				1	2	3
4	5 P	V 6	7	8	9	10
11	12	13	S 14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	V 29	V 30	31

APRIL

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	S 19	20	21
22	23	24	25	26	27	28
29	S 30					

MAY

		S 1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	S 16	17	18	19
20	V 21	V 22	V 23	V 24	V 25	26
27	28	29	30	31		

JUNE

					1	2
3	4	5	V 6	7	V 8	9
10	11	12	13	14	V 15	16
17	18	19	20	21	22	23
24	25	26	27	28	V 29	30

SENIORITY DATE 11-12-93

SICK DAYS (117) 76 3/4 ✓ USED 9 UNPAID _____

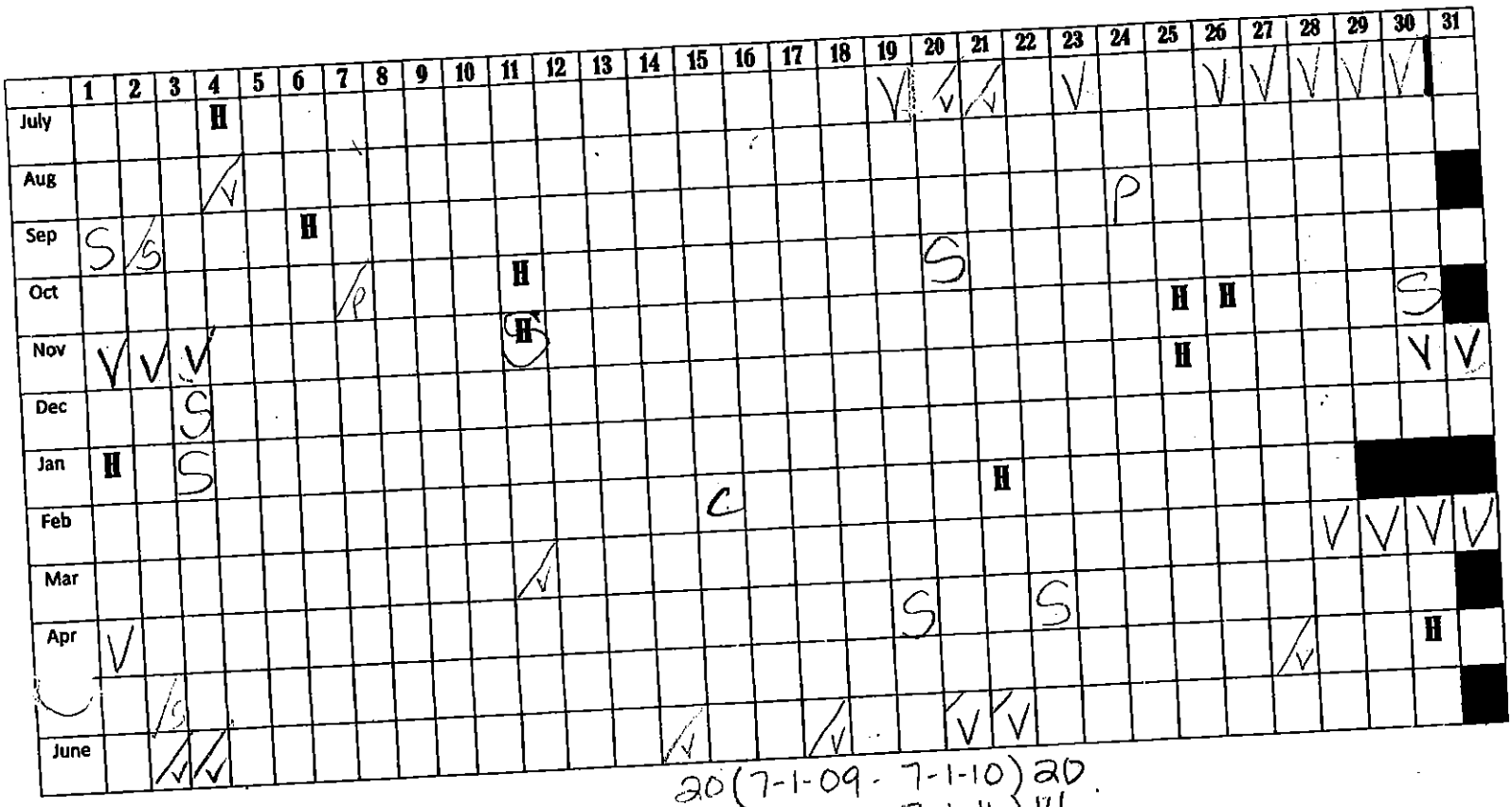
PERSONAL DAYS 2 USED 1/2 UNPAID _____

VACATION DAYS 20 (7-1-10/7-1-11) 20 (7-1-11/7-1-12) USED 14 3/4 UNUSED _____

C/O 19.2

Attendance Log 2010 – 2011

me Prestley, Penny



20 (7-1-09 - 7-1-10) 20
20 (7-1-10 - 7-1-11) 14

SENIORITY DATE 11-12-93

SICK DAYS (x12) 72 1/4 **SICK DAYS USED** 8 **UNPAID** _____

PERSONAL DAYS 2 **PERSONAL DAYS USED** 1 1/2 **UNPAID** _____

VACATION DAYS 27 1/2 21 1/2

✓1 Comp Day 11-11-10

Dist 155
8/23/10
05/31/11

Dist 47
08/25/10
06/02/11 clo 6

Attendance Log 2009 - 2010

	155	47
START	8/24/09	8/26/09
END	5/28/10	6/3/10

NAME Prestley, Penny

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY																P							√	√			√	√	√	√	√
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER				√									√																		
DECEMBER							S	S	S	S																	√	√	√		
JANUARY																									S	S					
FEBRUARY																															
MARCH																			P												
APRIL								√					S																		
MAY																									S			√			
JUNE																												√			

Comp 7/4 10/12

SENIORITY DATE 11/12/93 efc date 7/1/04

NOTES

10 **SICK DAYS** 67 1/4 1 1/2 (7-1-08 - 7/1/09) 19 12 1/2 taken

PERSONAL DAYS 2 1 1/2

VACATION DAYS 20

SICK DAYS USED 7 1/2

PERSONAL DAYS USED 1 1/2

4/13 R Malek 5/25

UNPAID SICK DAYS

UNPAID PERSONAL DAYS

c/o 60.25

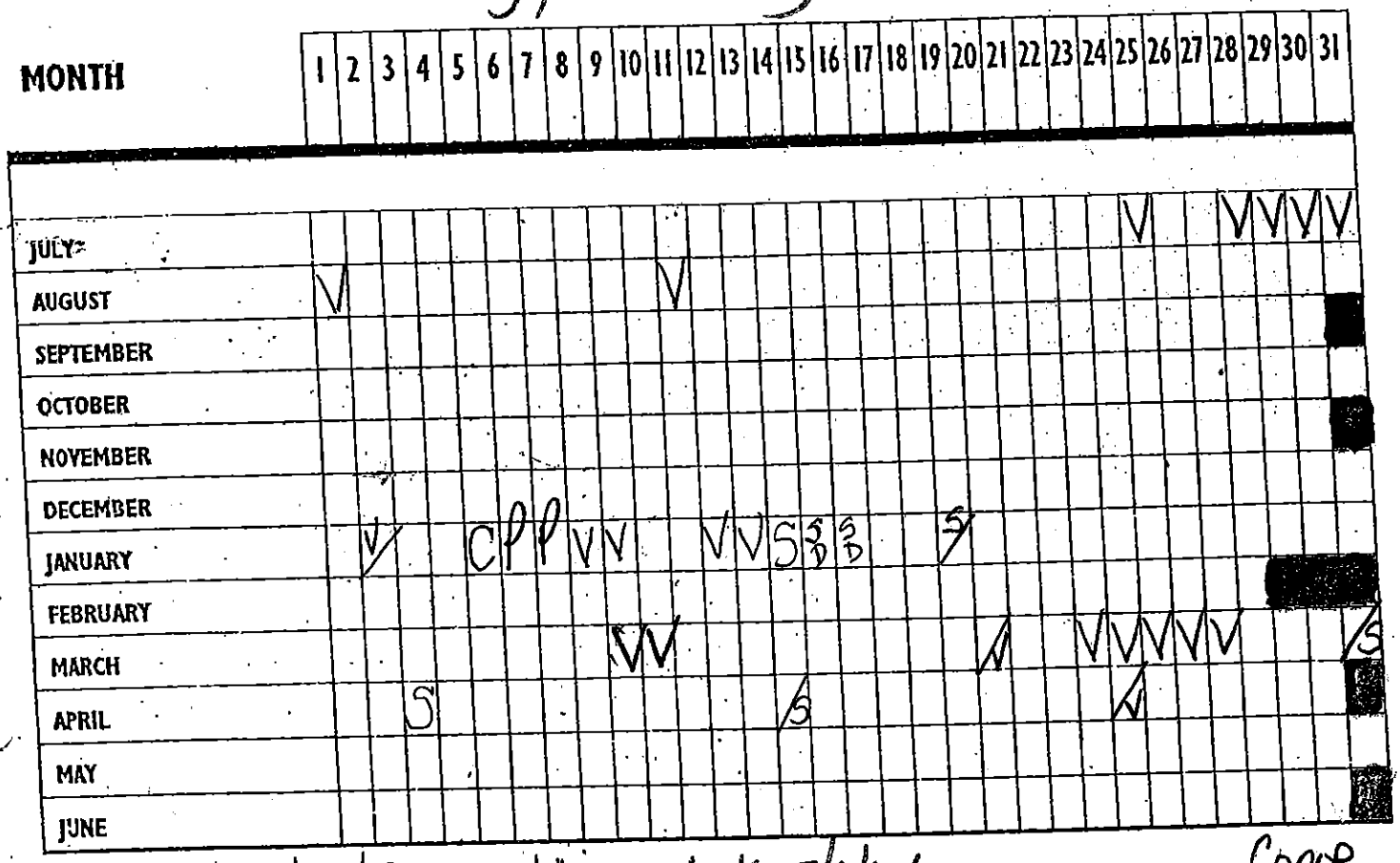
NO PERMIT

SUSPENSION DAYS

Attendance Log 2008 - 2009

NAME Prestley, Penny

	155	47
START	8/25/08	8/27/08
END	6/2//09	6/4/09



SENIORITY DATE 11/12/93

office date 7/1/04

SICK DAYS 60 3/4

(19) (7/1/07 - 7/1/08) 19

(7/1/08 - 7/1/09) 19

PERSONAL DAYS 2

VACATION DAYS 20

Comp 11/11

SICK DAYS USED

3 1/2

PERSONAL DAYS USED

2

UNPAID SICK DAYS

UNPAID PERSONAL DAYS

57.25

Northwestern Med Occupational Health - Huntley
10350 Haligus Road
Centegra Immediate Care
Huntley, IL 60142-9558
Phone: 815-759-4224
Fax: 847-802-7112

Drug Screen Results Letter

RECEIVED NOV - 5 2021
Mailed 11/8/21

To: Penny Fleming
Crystal Lake Trans Dist 47&155
1204 S. McHenry Avenue
Crystal Lake, IL 60014

Name:	Penny S. Fleming
Patient ID:	05-17-1963
Collection Date & Time:	10/22/2021 14:42
Specimen ID #:	5229798
Drug Test Profile:	DOT (Quest) Federally Regulated
Collection Site & Phone:	Northwestern Med Occupational Health - Huntley 10350 Haligus Road Centegra Immediate Care Huntley, IL 60142-9558 815-759-4224
Collector:	Deborah Concialdi
Laboratory:	Quest Diagnostic-Lenexa 10101 Renner Blvd. Lenexa, KS 66215
Test Reason:	Annual Test
Result:	**Negative**
MRO Verified On:	10/27/2021
Date CCF Received:	10/22/2021

Printed: 10/28/2021 8:02:31AM

Jane E. Cullen, MD
Medical Review Officer

10/27/2021
Date of Review and Verification

U.S. Department of Transportation (DOT)
Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

[redacted]

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) (First, M.I., Last): Penny S. Fleming

B: SSN or Employee ID No.: [redacted]

C: Employer Name: Crystal Lake Trans Dist 47&155

Street: 1204 S. McHenry Avenue

City, State, Zip: Crystal Lake, IL 60014

DER Name and Telephone No.: Penny Fleming (DER Name) (815) 455-0558 (DER Phone Number)

D: Reason for Test: ☐Random ☐Reasonable Susp ☐Post-Accident ☐Return to Duty ☐Follow-up ☐Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee

Date Month Day Year: 10/22/2021

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☑BAT ☐STT DEVICE: ☐SALIVA ☑BREATH* 15-Minute Wait: ☐Yes ☐No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Print Additional Results Here or Affix With Tamper Evident Tape

Northwestern Med Occupational Health - Huntley — Alcohol Technician's Company

10350 Haligus Road, Centegra Immediate Care — Company Street Address

Deborah Concialdi, MA — (PRINT) Alcohol Technician's Name (First, M.I., Last)

Huntley, IL 60142-9558 — Company City, State, Zip

(815) 759-4224 — Phone Number

Deborah Concialdi — Signature of Alcohol Technician

Date Month Day Year: 10/22/2021

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date Month Day Year

OMB No. 2105-0529

Form DOT F 1380 (Rev. 5/2008)

COPY 3 – ALCOHOL TECHNICIAN RETAINS

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name Crystal Lake Trans Dist 47&155
Address 1204 S. McHenry Avenue
Crystal Lake, IL 60014
Employer Number

Please print information clearly

Name: (Last, First, Middle)	Birth Date:	Age:
Fleming, Penny S.	[redacted]	[redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: _____

A. Health History (To be completed by medical examiner)

Yes No Yes No Yes No

[redacted]

n your opinion, would this condition interfere with the safe operation of a school bus? no

In your opinion, would this condition interfere with the safe operation of a motor vehicle? no

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☑ Good ☐ Fair ☐ Poor	65.5	234.0 lbs.

For Distance:	Evidence of Disease or Injury:	Horizontal Field of Vision	Color Vision

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☑ Satisfactory ☐ Rejection Cause for Rejection _____

Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments [redacted]

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: The Medical Examiner shall provide one completed and signed Certificate to the applicant. A copy of the completed and signed Certificate is to be forwarded by the medical examiner to the employing agency or organization of the applicant. One copy is to be retained by the medical examiner.

I certify that I have completed Part A of the school bus examination of Penny S. Fleming on 10/22/2021 in accordance with the provisions of 92 Illinois Administrative Code 1035.20 and, based upon that examination, find he/she is:

- ☑ Qualified under the regulations
- ☐ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

Jane E. Cullen, MD
Name of Medical Examiner

036076173
Professional License Number of Medical Examiner

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY THE APPLICANT. TEST RESULTS MUST BE CERTIFIED IN PART B BEFORE THE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: _____
Date of Drug Test Results: 10/27/2021

I certify that I have completed my examination including my readings of the drug and TB test results for Penny S. Fleming on _____ in accordance with the provisions of 92 Illinois Administrative Code 1035.20. Based upon the results of Drug and TB testing required by 92 IL Administrative Code 1035.20(j)(11) and (j)13 and having no positive test results for infectious disease, or having determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☑ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

Jane E. Cullen, MD
Name of Medical Examiner

036076173
Professional License Number of Medical Examiner

(312) 926-8282
Telephone Number of Medical Examiner

Signature of Medical Examiner

(312) 926-1787
Fax Number of Medical Examiner

10/27/2021
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at 676 N Saint Clair St, Suite 900 Chicago, IL 60611

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

McHenry Regional Office of Education

Certificate of Completion

Is hereby granted to

Penny Fleming

employed by Transportation Joint Agreement

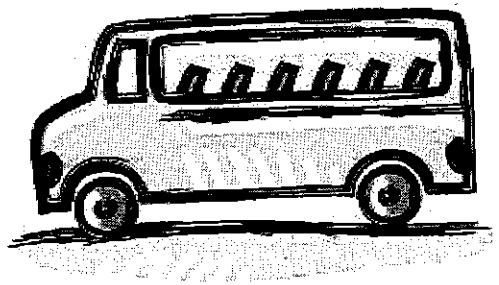
certifying that he/she has completed the Refresher course per the Illinois
Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

School Bus Driver Training Course

By Kim Wolff-Comstock, Illinois Certified School Bus Driver Training Instructor

On July 26, 2021

Regional Superintendent of Schools



Printed: 09/23/2021 | vercode: 55475712-37
At the time of printing, the records below were considered Archived
and are meant for record keeping purposes only.

GCN TRAINING
GLOBAL COMPLIANCE NETWORK
YOUR SITE FOR INTERNET-BASED TRAINING

CERTIFICATE OF COMPLETION

Fleming, Penny S.

Crystal Lake District 47

HAS COMPLETED TRAINING IN:

Sexual Harassment IL -- Professional Licensure on 2/1/2021

Approx. Time: 60 min | IDFPR License# 197.000309 | Score: 13 of 14 Correct

Printed: 09/23/2021 | vercode: 55475712-37
At the time of printing, the records below were considered active and still valid based on organization or mandate specifications.

GCN TRAINING
GLOBAL COMPLIANCE NETWORK
YOUR SITE FOR INTERNET-BASED TRAINING

CERTIFICATE OF COMPLETION

Fleming, Penny S.

Crystal Lake District 47

HAS COMPLETED TRAINING IN:

Bloodborne Pathogens on 9/23/2021

Approx. Time: 20 min

Form **W-4** (Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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

OMB No. 1545-0074

2021

Step 1: Enter Personal Information

(a) First name and middle initial: Penny S.
Last name: Fleming
(b) Social security number: [redacted]
Address: [redacted]
City or town, state, and ZIP code: [redacted]
▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

[redacted]

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ _____

Multiply the number of other dependents by $500 . . . . ▶ $ _____

Add the amounts above and enter the total here . . . . . 3 $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . 4(a) $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . 4(b) $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . 4(c) $ 90.00

Step 5: Sign Here

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

Penny S Fleming
▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date** 02/18/2021

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form **W-4** (2021)

2-20-21

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

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Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;

2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;

3. Have self-employment income (see below); or

4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

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Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Northwestern Medicine Occupational Health
Dept 4086
Carol Stream, IL 60122-4086
Phone: 312-694-0800 ext. 5
Fax: 312-926-9071

mailed 10-23-20
RECEIVED NOV - 2 2020

Drug Screen Results Letter

To: Penny Fleming
Crystal Lake Trans Dist 47&155
1204 S. McHenry Avenue
Crystal Lake, IL 60014

Name:	Penny S. Fleming
Patient ID:	W10-03-1519
Patient Phone:	[redacted]
Collection Date & Time:	10/20/2020 14:56
Specimen ID #:	3113751
Drug Test Profile:	DOT (Quest)
Drugs Tested For:	
Collection Site & Phone:	
Collector:	Glenn Tio
Laboratory:	Quest Diagnostic-Lenexa 10101 Renner Blvd. Lenexa, KS 66215
Test Reason:	Annual Test
Result:	**Negative**
MRO Verified On:	10/22/2020
Date CCF Received:	10/20/2020

Federally Regulated

Printed: 10/22/2020 11:27:03AM

Manoj R. Patel, MD
Medical Review Officer

Date of Review and Verification

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name Crystal Lake Trans Dist 47&155
Address 1204 S. McHenry Avenue
Crystal Lake, IL 60014
Employer Number

Please print information clearly

Name: (Last, First, Middle)	Birth Date:	Age:
Fleming, Penny S.	[redacted]	[redacted]

Address: (Street, City, State, ZIP) [redacted]

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: [redacted]

A. Health History (To be completed by medical examiner)

Yes No Yes No Yes No

[redacted]

condition? yes In your opinion, would this condition interfere with the safe operation of a school bus? no

In your opinion, would this condition interfere with the safe operation of a motor vehicle? no

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight	Color Vision
☐ Good ☐ Fair ☐ Poor	66.0	230.0 lbs.	

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☑ Satisfactory ☐ Rejection Cause for Rejection

Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments

Corrected binocular vision 20/30.

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: The Medical Examiner shall provide one completed and signed Certificate to the applicant. A copy of the completed and signed Certificate is to be forwarded by the medical examiner to the employing agency or organization of the applicant. One copy is to be retained by the medical examiner.

I certify that I have completed Part A of the school bus examination of Penny S. Fleming on 10/20/2020 in accordance with the provisions of 92 Illinois Administrative Code 1035.20 and, based upon that examination, find he/she is:

- ☐ Qualified under the regulations
- ☑ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

Nancy Prokup, CNP
Name of Medical Examiner

209008330
Professional License Number of Medical Examiner

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY THE APPLICANT. TEST RESULTS MUST BE CERTIFIED IN PART B BEFORE THE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: na
Date of Drug Test Results: 10/22/2020

I certify that I have completed my examination including my readings of the drug and TB test results for Penny S. Fleming on 10/22/2020 in accordance with the provisions of 92 Illinois Administrative Code 1035.20. Based upon the results of Drug and TB testing required by 92 IL Administrative Code 1035.20(j)(11) and (j)13 and having no positive test results for infectious disease, or having determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☑ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

Nancy Prokup, CNP
Name of Medical Examiner

(815) 759-4224
Telephone Number of Medical Examiner

(847) 802-7162
Fax Number of Medical Examiner

209008330
Professional License Number of Medical Examiner

Nancy Prokup CNP
Signature of Medical Examiner

10/22/2020
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at 4309 Medical Center Drive, Suite B300 Mc Henry, IL 60050

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

Printed by authority of the State of Illinois - September 2016 - 5M - DSD SB 4.8

EDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics

800-877-7484
www.questdiagnostics.com/mydrugtest

SPECIMEN ID NO.

LAB ACCESSION NO.

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
CRYSTAL LAKE TRAIN
1204 S. MCHENRY AV
CRYSTAL LAKE, IL 6014
[redacted]

B. MRO Name, Address, Phone No. and Fax No.
[illegible]

C. Donor SSN or Employee I.D. No. [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☒ Other (specify) ANNUAL

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Name: CENTEGRA OCC BLTH HUNTLEY
Address: 10836 DALTON RD
City, State and Zip: HUNTLEY
Collection Site Code:
Collector Phone No.:
Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark ☐ Observed, (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X _____ Signature of Collector

_____ (Print) Collector's Name (First, MI, Last)

10/29/2020 Date (Mo./Day/Yr.)

1456 Time of Collection AM PM

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier
☐ FedEx
☐ Other

_____ Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X _____ Signature of Donor

Penny Fleming (PRINT) Donor's Name (First, MI, Last)

10/29/20 Date (Mo./Day/Yr.)

Daytime Phone No. [redacted]

Evening Phone No. [redacted]

Date of Birth [redacted]

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore,you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☐ **NEGATIVE** ☐ **POSITIVE** for: _____
☐ DILUTE

☐ **REFUSAL TO TEST** because – check reason(s) below:
☐ ADULTERATED (adulterant/reason): _____
☐ SUBSTITUTED
☐ OTHER _____

☐ **TEST CANCELLED**

REMARKS: _____

X _____ Signature of Medical Review Officer

_____ (PRINT) Medical Review Officer's Name (First, MI, Last)

_____ Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ **RECONFIRMED** for: _____
☐ **FAILED TO RECONFIRM** for: _____

☐ **TEST CANCELLED**

REMARKS: _____

X _____ Signature of Medical Review Officer

_____ (PRINT) Medical Review Officer's Name (First, MI, Last)

_____ Date (Mo./Day/Yr.)

U.S. Department of Transportation (DOT)
Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Print Screening Results Here or Affix with Tamper Evident Tape

[redacted]

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name: Penny S. Fleming
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [redacted]

C: Employer Name: Crystal Lake Trans Dist 47&155
Street: 1204 S. McHenry Avenue
City, State, Zip: Crystal Lake, IL 60014

DER Name and Telephone No.: Penny Fleming [redacted]
DER Name / DER Phone Number

D: Reason for Test: ☐Random ☐Reasonable Susp ☐Post-Accident ☐Return to Duty ☐Follow-up ☐Pre-employment ANNUAL

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee

Date: 10/20/2020
Month Day Year

Subject

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☑BAT ☐STT DEVICE: ☐SALIVA ☑BREATH* 15-Minute Wait: ☐Yes ☐No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Print Additional Results Here or Affix With Tamper Evident Tape

Northwestern Med Occupational Health - Huntley
Alcohol Technician's Company

10350 Haligus Road, Centegra Immediate Care
Company Street Address

Glenn Tio, RN
(PRINT) Alcohol Technician's Name (First, M.I., Last)

Huntley, IL 60142-9558
Company City, State, Zip

(815) 759-4224
Phone Number

Signature of Alcohol Technician

Date: 10/20/2020
Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date: Month Day Year

Form DOT F 1380 (Rev. 5/2008)

OMB No. 2105-0529

COPY 3 – ALCOHOL TECHNICIAN RETAINS

OFFICE OF THE SECRETARY OF STATE

DRIVER SERVICES DEPARTMENT

2701 SOUTH DIRKSEN PARKWAY
SPRINGFIELD, ILLINOIS 62723

JESSE WHITE
SECRETARY OF STATE

10-09-2020

Penny Sue Fleming
[redacted]

License Number: [redacted]
Expired Permit Date: 10-09-2020

Dear School Bus Driver:

Your Illinois School Bus Driver Permit has expired. As a result, you are no longer eligible to operate a school bus.

If your completed School Bus Application/Certification form and fee are received in this office no later than thirty (30) days following the expiration date of your current permit, no further steps will be required. Any delay beyond thirty (30) days will subject you to the permit procedures outlined for new applicants, including the fingerprint process.

To avoid any unnecessary complications, the completed School Bus Application/Certification form, along with the required $4.00 fee made payable by either check or money order to the Secretary of State, should be mailed to : Driver Services Department, Safe Ride Unit, 2701 South Dirksen Parkway, Springfield, IL 62723.

If you have previously re-applied, please disregard this letter.

We appreciate the opportunity to serve you and will provide any assistance you may need to resolve this situation. If you have any questions, please contact the Safe Ride Unit at (217) 785-3033.

THIS ACTION IS AUTHORIZED BY THE DIRECTOR OF THE DRIVER SERVICES DEPARTMENT.

10/20/2020
Called - They said it's a typo error & is connected now to reflect 11/9/2020

017302000994

OFFICE OF THE SECRETARY OF STATE

DRIVER SERVICES DEPARTMENT

2701 SOUTH DIRKSEN PARKWAY
SPRINGFIELD, ILLINOIS 62723

JESSE WHITE
SECRETARY OF STATE

Penny S Fleming
[redacted]

[redacted]
Permit Expiration Date: 11-09-2018
Assigned Permit No: 1720994

Dear School Bus Driver:

This letter is to confirm that your School Bus Application/Certification form and fee have been received and processed. Your school bus driving privilege is now valid through the period indicated above.

We appreciate the opportunity to serve you. If you should have any questions, please contact the Safe Ride Unit at (217) 782-7674.

Sincerely,

Jesse White

Jesse White
Secretary of State

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

C. Donor SSN or Employee I.D. No. [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☒ Other (specify) Annual

F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)

G. Collection Site Name: Collection Site Code:

Address: Collector Phone No.:

City, State and Zip: Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark ☐ Observed, (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X _____ Signature of Collector

(Print) Collector's Name (First, MI, Last)

10/31/18 Date (Mo./Day/Yr.)

1309 Time of Collection AM PM

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier
☐ FedEx
☐ Other

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X _____ Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

10/31/18 Date (Mo./Day/Yr.)

Daytime Phone No. [redacted]

Evening Phone No. ( )

Date of Birth [redacted]

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☐ **NEGATIVE** ☐ **POSITIVE** for: _____

☐ DILUTE

☐ **TEST CANCELLED**

☐ **REFUSAL TO TEST** because – check reason(s) below:

☐ ADULTERATED (adulterant/reason): _____

☐ SUBSTITUTED

☐ OTHER _____

REMARKS: _____

X _____ Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ **TEST CANCELLED**

☐ **RECONFIRMED** for: _____

☐ **FAILED TO RECONFIRM** for: _____

REMARKS: _____

X _____ Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

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FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

0028937 6871459 SPECIMEN ID NO. LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

C. Donor SSN or Employee I.D. No. [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify)

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)

G. Collection Site Name: NORTHERN ILL. MED. OCCU. ASSOC. Collection Site Code:

Address: 360 STATION DR 360 FL. Collector Phone No.:

City, State and Zip: CRYSTAL LAKE IL 60014 Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark ☐ Observed, (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X Signature of Collector

Patty Wheeler (Print Collector's Name (First, MI, Last))

1/29/20 (Date (Mo./Day/Yr.)) 0815 AM PM (Time of Collection)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier
☐ FedEx
☐ Other

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

1/29/2020 Date (Mo./Day/Yr.)

Daytime Phone No. [redacted] Evening Phone No. [redacted] Date of Birth [redacted]

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☐ **NEGATIVE** ☐ **POSITIVE** for:

☐ DILUTE

☐ **TEST CANCELLED**

☐ **REFUSAL TO TEST** because – check reason(s) below:

☐ ADULTERATED (adulterant/reason):

☐ SUBSTITUTED

☐ OTHER

REMARKS:

X Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ **RECONFIRMED** for:

☐ **FAILED TO RECONFIRM** for:

☐ **TEST CANCELLED**

REMARKS:

X Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

CMRO NO. 0850-0138

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019302000476

OFFICE OF THE SECRETARY OF STATE

DRIVER SERVICES DEPARTMENT

2701 SOUTH DIRKSEN PARKWAY
SPRINGFIELD, ILLINOIS 62723

JESSE WHITE
SECRETARY OF STATE

Penny Sue Fleming
[redacted]

DLN: [redacted]
Permit Expiration Date: 10-09-2020
Assigned Permit No: 1920476

Dear School Bus Driver:

This letter is to confirm that your School Bus Application/Certification form and fee have been received and processed. Your school bus driving privilege is now valid through the period indicated above.

We appreciate the opportunity to serve you. If you should have any questions, please contact the Safe Ride Unit at (217) 782-7674.

Sincerely,

Jesse White

Jesse White
Secretary of State

(Form DSDSUB - Rev. 03/01/2012)

McHenry Regional Office of Education

Certificate of Completion

Is hereby granted to

Penny Fleming

employed by Transportation Joint Agreement

certifying that he/she has completed the Refresher course per the Illinois
Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

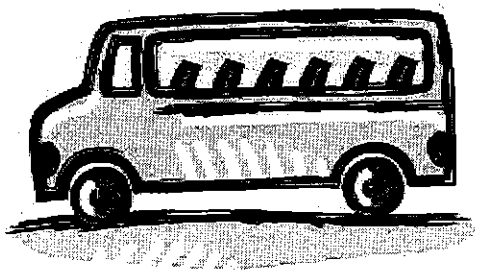
School Bus Driver Training Course

By Collin McCormick, Illinois Certified School Bus Driver Training Instructor

On July 28, 2020

Julie Schumacher

Regional Superintendent of Schools



Penny Fleming

2019-2020 School Calendar

July 2019

Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
						0

August 2019

Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
						0/12

September 2019

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

October 2019

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

November 2019

Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
						10/12

December 2019

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

January 2020

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

February 2020

Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020

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

April 2020

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

May 2020

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

June 2020

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

Seniority Date: 11.12.93

Sick Days:	164	Used:		Unpaid:	
Personal Days:	3	Used:		Unpaid:	
Vacation	25		8/4/12		

Transportation Joint Agreement

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

I, Penny S Fleming, hereby provide consent to the Transportation Joint Agreement (TJA) to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent shall include, but is not limited to, Pre-Employment queries, Annual queries, Random queries, and other queries as deemed necessary by the Director of Transportation or designee for the length of my employment.

I understand that if the limited query conducted by TJA indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to TJA without first obtaining additional specific consent from me.

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

Employee Signature

02-18-2020
Date

U.S. Department of Transportation

Federal Motor Carrier Safety Administration

The U.S. Department of Transportation (DOT) drug and alcohol testing regulations for Commercial Driver Licensed (CDL) employees are contained in 49 CFR Part 382, and 49 CFR Part 40. These regulations can be found at: www.fmcsa.dot.gov

PAHCS II/Northwestern Med Occ Health
Dept 4086
Carol Stream, IL 60122-4086
815-206-1077

RECEIVED FEB - 6 2020

Drug Screen Results Letter

To: Penny Fleming
CRYSTAL LAKE TRANS DIST 47&155
1204 S McHenry Ave
Crystal Lake, IL 60014

Name:	Penny S Fleming	
SSN:	[redacted]	
Collection Date & Time:	01/29/2020 08:15	
Specimen ID #:	6871439	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	Patricia Wheeler, RN	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	Random Testing	
Result:	Negative	
MRO Verified On:	01/31/2020	
Date CCF Received:	01/29/2020	

JAN 3 1 2020

Printed: 01/31/2020 8:45:10AM

MANOJ PATEL, MD
Medical Review Officer

Date of Review and Verification

This Form Provided By: Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

To Reorder Forms:
Phone: 303.431.9500
www.lifeloc.com

[redacted]

Subject Penny Fleming

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) Penny Fleming (First, M.I., Last)

B: SSN or Employee ID No. [redacted]

C: Employer Name: Crystal Lake Transportation
Street: 1204 S. McHenry Ave
City, State, Zip: Crystal Lake, IL

DER Name and Telephone No.: Penny Fleming [redacted]
DER Name

D. Reason for Test: ☒ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Penny Fleming — Signature of Employee

Date: 1 / 29 / 2020 (Month / Day / Year)

Print Confirmation Results Here or Affix with Tamper Evident Tape

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
1868					

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Print Additional Results Here or Affix with Tamper Evident Tape

Northwestern Medicine
Occupational Health
360 Station Drive
Crystal Lake, IL 60014
P: 815.759.4224 / F: 815.356.2365

Alcohol Technician's Company

Company Street Address

Patty Wheeler — (PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip

( ) Phone Number

Patty Wheeler — Signature of Alcohol Technician

Date: 1 / 29 / 20 (Month / Day / Year)

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date: / / (Month / Day / Year)

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0529. Public reporting for this collection of information is estimated to be approximately 8 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue, SE, Suite W62-300, Washington, D.C. 20590.

Northwestern Medicine®

WORKSITE WELLNESS PARTICIPANT ATTENDANCE FORM

Company Name: D47 + 155 Transportation
Date: 1/17/2020
Event: Reasonable Suspicion Training
Presenter/Instructor: Jenna Davila

NAME	EMAIL
1. Colleen McCormick	
2. Tim M [illegible]	
3. Felicia Hernandez	
4. Norma Urbina	
5. Yvonne Rhodes	
6. Lisa Russo	
7. Penny Fleming	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Northwestern Medicine®

Reasonable Suspicion

Presented by: Northwestern Medicine Wellness Department

PAHCS II/Northwestern Med Occ Health
Dept 4086
Carol Stream, IL 60122-4086
815-206-1077

Drug Screen Results Letter

REC'D OCT 28 2019
Mailed 10-28-19

To: Penny Fleming
CRYSTAL LAKE TRANS DIST 47&155
1204 S McHenry Ave
Crystal Lake, IL 60014

Name:	Penny S Fleming	
SSN:	[redacted]	
Collection Date & Time:	10/16/2019 11:59	
Specimen ID #:	6871348	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	Patricia Wheeler, RN	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	ANNUAL TESTING	
Result:	Negative	
MRO Verified On:	10/18/2019	
Date CCF Received:	10/16/2019	

OCT 18 2019

Printed: 10/18/2019 10:07:12AM

MANOJ PATEL, MD
Medical Review Officer

Date of Review and Verification

EDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

SPECIMEN ID NO.

LAB ACCESSION NO.

OMB NO. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

C. Donor SSN or Employee I.D. No. [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☒ Other (specify) Annual

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)

X [illegible] DOT DRUG PANEL

G. Collection Site Name: [illegible] Collection Site Code:

Address: 360 STATEN DR 3RD FL Collector Phone No.:

City, State and Zip: CRYSTAL LAKE IL 60014 Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark ☐ Observed, (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X [signature] Signature of Collector

Patty Wheeler (Print) Collector's Name (First, MI, Last)

10/16/19 Date (Mo./Day/Yr.)

1459 AM PM Time of Collection (W)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier
☐ FedEx
☐ Other

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X [signature] Signature of Donor

[signature] (PRINT) Donor's Name (First, MI, Last)

10/16/2019 Date (Mo./Day/Yr.)

Daytime Phone No. [redacted] Evening Phone No. [redacted] Date of Birth [redacted]

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore,you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☐ **NEGATIVE** ☐ **POSITIVE** for:
☐ DILUTE

☐ **TEST CANCELLED**

☐ **REFUSAL TO TEST** because – check reason(s) below:
☐ ADULTERATED (adulterant/reason):
☐ SUBSTITUTED
☐ OTHER

REMARKS:

X Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ **RECONFIRMED** for:
☐ **FAILED TO RECONFIRM** for:

☐ **TEST CANCELLED**

REMARKS:

X Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 4 - EMPLOYER COPY

This Form Provided By: Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

To Reorder Forms:
Phone: 303.431.9500
www.lifeloc.com

[redacted]

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) (First, M.I., Last) Penny Fleming

B: SSN or Employee ID No. [redacted]

C: Employer Name Crystal Lake Transport 47155
Street 1204 S. McHenry Ave
City, State, Zip Crystal Lake, IL 60014

DER Name and Telephone No. Penny Fleming [redacted]
DER Name DER Phone Number

D. Reason for Test ☒ Annual ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

Subject: [signature]

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[signature] 10 / 16 / 2019
Signature of Employee Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
1	161				

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Print Additional Results Here or Affix with Tamper Evident Tape

Northwestern Medicine
Occupational Health
360 Station Drive
Crystal Lake, IL 60014
P: 815.759.4224 (Option 3)
F: 815.356.2365

Alcohol Technician's Company Company Street Address

Patty Wheeler / Patty Wheeler ( )
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

Patty Wheeler 10 / 16 / 19
Signature of Alcohol Technician Date Month Day Year

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee Date: Month / Day / Year

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0529. Public reporting for this collection of information is estimated to be approximately 8 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue, SE, Suite W62-300, Washington, D.C. 20590.

CentegraHealthSystem

OCCUPATIONAL HEALTH / WORK QUALIFICATION REPORT

Patient: Fleming Penny
Employer: Crystal Lake Trans Dist 47/155
Contact/Phone: Penny Fleming 815-455-0658 x1
Today's Date: 10-16-19 Injury Date: —
Arrive Time: _____ Time In: _____ Time Out: _____
SITE:

- ☐ Occupational Health - McHenry , 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815 -759-4224 Fax: 815-363-0136
- ☐ Occupational Health-Woodstock , 3701 Doty Road Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-334-3820
- ☒ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-356-2365
- ☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL. 600142 Phone: 815-759-4224 Fax: 847-802-7112
- ☐ Northern McHenry Immediate Care / Occupational Health, 2507 Richmond Road McHenry, IL 60050 Phone: 815-759-4224 Fax: 815-385-3255

Work Injury / Illness Care Results

Diagnoses:
School Bus Px

Off Work ☐ Today only ☐ Now until_____

- ☐ May now work WITHOUT restrictions.
- ☐ May now work with restrictions.
  - ☐ which apply until time of next visit/or until:_____
- ☐ Keep wound clean and dry.
- ☐ Wear splint at work/or other protective device:_____
- ☐ May not use/will not have full use of:_____
- ☐ No lifting over_____lbs.
- ☐ No Stooping Bending Stretching Twisting
- ☐ Minimal Pushing Pulling Carrying Squatting
- ☐ Avoid Extensive Walking Standing Climbing Kneeling
- ☐ Avoid Strenuous work.
- ☐ No above shoulder height work._____
- ☐ Avoid the (most extensive) use of: Right Hand Arm Left Foot Leg Involved digit(s)
- ☐ Avoid: ☐ chemical skin exposures ☐ toxic chemical exposures
- ☐ Avoid hand or wrist motions requiring strength or repetition.
- ☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.
- ☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly
- ☐ Avoid dust and bright lights one to two days
- ☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

- ___ Preplacement
- ✓ Annual
- ___ Metra
- ___ Fit for Duty Eval
- ___ Exposure-Specific
- ___ Return-to-work
- ___ DOT
- ___ Initial Injury
- ___ Follow up visit
- ___ Fire fighter
- ___ Spirometry
- ___ Respiratory Physical
- ___ Other:

EXAM CONCLUSION:

- ✓ Medically acceptable as described.
- ___ Medically acceptable with accommodation.
- ___ Decision deferred. See comment below.
- ___ Patient was referred to own MD for consultation.
- ___ Screening tests within normal limits.

Next Appointment(s) here:

1. _____
2. _____

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐ Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name M. Patel, MD

Results were communicated to _____ on _____ by _____

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name Crystal Lake Transportation
Address 1204 S. Main Ave
Crystal Lake, IL
Employer Number 815-455-0558

Please print information clearly

Name: (Last, First, Middle) Fleming, Penny S	Birth Date: [redacted]	Age: [redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: Penny Fleming

A. Health History (To be completed by medical examiner)

[redacted]

If the answer to any of the above is yes, explain: Does this problem still exist? NA Is this patient, or should this patient, be under treatment for this condition? NA In your opinion, would this condition interfere with the safe operation of a school bus? NA
In your opinion, would this condition interfere with the safe operation of a motor vehicle? NA

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☒ Good ☐ Fair ☐ Poor	5'5"	228 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☒ Satisfactory ☐ Rejection Cause for Rejection _____.
Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments _____

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: The Medical Examiner shall provide one completed and signed Certificate to the applicant. A copy of the completed and signed Certificate is to be forwarded by the medical examiner to the employing agency or organization of the applicant. One copy is to be retained by the medical examiner.
I certify that I have completed Part A of the school bus examination of Penny Fleming on 10-16-19 in accordance with the provisions of 92 Illinois Administrative Code 1035.20 and, based upon that examination, find he/she is:

- ☒ Qualified under the regulations
- ☐ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

Manoj R. Patel, MD
Name of Medical Examiner

IL-036-113229
Professional License Number of Medical Examiner

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY THE APPLICANT. TEST RESULTS MUST BE CERTIFIED IN PART B BEFORE THE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: n/a
Date of Drug Test Results: 10-16-19

I certify that I have completed my examination including my readings of the drug and TB test results for Penny Fleming on 10-18-19 in accordance with the provisions of 92 Illinois Administrative Code 1035.20. Based upon the results of Drug and TB testing required by 92 IL Administrative Code 1035.20(j)(11) and (j)13 and having no positive test results for infectious disease, or having determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☒ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

Manoj R. Patel, MD
Name of Medical Examiner

IL-036-113229
Professional License Number of Medical Examiner

815-356-2339
Telephone Number of Medical Examiner

Signature of Medical Examiner

815-356-2365
Fax Number of Medical Examiner

10-18-19
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at

Centegra Occupational Health
360 Station Dr.
Crystal Lake, IL 60014
815-759-4224 Option 3
815-356-2365 Fax

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

McHenry Regional Office of Education

Certificate of Completion

Is hereby granted to

Penny Fleming

employed by Transportation Joint Agreement

certifying that he/she has completed the Refresher course per the Illinois
Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

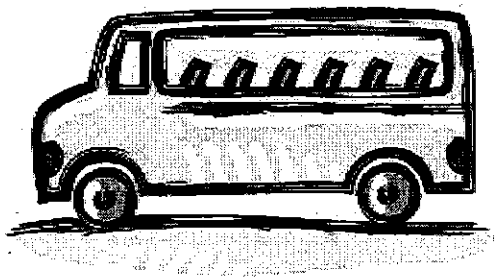
School Bus Driver Training Course

By Collin McCormick, Illinois Certified School Bus Driver Training Instructor

On July 30, 2019

Teri Schemenhorn

Regional Superintendent of Schools



5. Has your Third-Party Certification Program Safety Officer's License ever been denied, cancelled, suspended or revoked? ☐ yes ☑ no

6. Are you currently employed by a Commercial Driver Training School? ☐ yes ☑ no

Explanations of the previous questions answered "yes" _____

THIS PORTION MUST BE READ AND COMPLETED BY THE APPLICANT

I intend to drive test employees or members in the following classifications(s):

Class A ☐ Class B ☑ Class C ☐ Class M ☐
Passenger Endorsement ☑ Restriction ☐ Class A (Non-CDL) ☐
Class B (Non-CDL) ☐ Class C (Non-CDL) ☐ School Bus ☑

The applicant undertakes and agrees that:

1. If he/she terminates employment with the third-party certification entity listed herein, he/she will surrender his/her license to test for said third-party certification entity.
2. If he/she becomes employed by another third-party certification entity, he/she will make application for a new safety officer license for said third-party certification entity.

Under penalty of perjury, I, swear and affirm that I have read the foregoing application, I am familiar with all its contents, and believe that all answers contained therein are true in substance and in fact.

Applicant's Signature Tommy Priestley Date 10/29/03

This application must be signed by an authorized official of the third-party certification entity.

Signature [signature] SP47/153 Date 10.30.03

Title DIRECTOR of TRANSPORTATION

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

ALANNA WINANDY
ADMINISTRATIVE ASSISTANT

TIMOTHY M. OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

LISA D. RUSSO, DISPATCHER

NORMA URBINA, OFFICE ASSISTANT
Si habla español

FACSIMILE/TELECOPY MESSAGE

DATE: 10-30-03

FROM: Rick Hansen

Please hand deliver the following facsimile/telecopy message to:

Name: TOM WEKONY

Total number of pages being sent including cover sheet: 3

Please call us immediately if the facsimile/telecopy is incomplete or illegible. Our telephone number is 815-455-0558. Our facsimile/telecopy number is 815-459-9115.

Message:

10/30/2003 THU 11:14 FAX 815 459 9115 T.J.A. SD 47 & 155

****
*** TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0265
DESTINATION ADDRESS	18474373911
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	10/30 11:12
USAGE T	01'04
PGS.	3
RESULT	OK

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

ALANNA WINANDY
ADMINISTRATIVE ASSISTANT

TIMOTHY M. OPPENHAGEN
SHOP FOREMA

LINDA S. KRAJNOVICH, DISPATCH

LISA D. RUSSO, DISPATCH

NORMA URBINA, OFFICE ASSIST
Si habla español

FACSIMILE/TELECOPY MESSAGE

DATE: 10-30-03

FROM: Rick Hansen

Please hand deliver the following facsimile/telecopy message to:

Name: TOM WEKONY

Total number of pages being sent including cover sheet: 3

Please call us immediately if the facsimile/telecopy is incomplete or illegible. Our telephone number is 815-455-0558. Our facsimile/telecopy number is 815-459-9115.

Message:

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

MARCIA DAPENHARDT
ADMINISTRATIVE ASSISTANT

Timothy Oppenhagen
SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

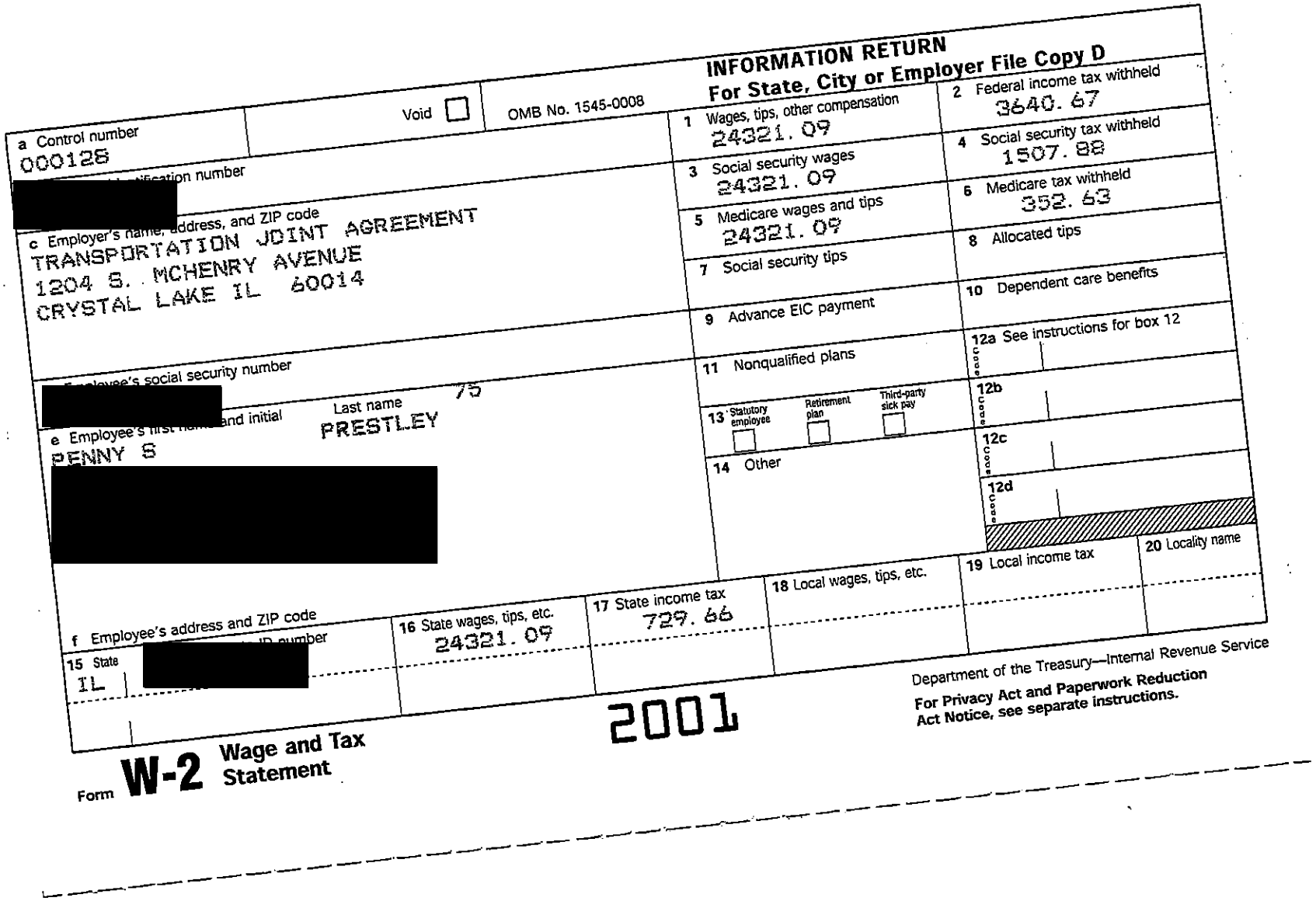
LISA D. RUSSO, DISPATCHER

July 31, 2002

Penny Prestley observed a complete classroom training session with Becky Rosenthal. Penny co-taught classroom with myself of July 29th and July 30th , 2002. A full classroom session was taught by Penny which I observed. The class was executed with confidence and Professionalism. Excellent use of available training materials. Great eye contact. Trainee's at ease. Penny's positive attitude opened up some great conversations and even better questions from the trainees. Penny answered the questions with respect, correctly and without hesitation. Penny maintained her trainee's attention the entire time, as well as keeping them focused. I found nothing problematic with the teaching skills I observed. Except for "new trainers jitters." Penny is more than capable to conduct classroom training solo. The professional teaching skills, positive attitude, knowledgeable use of training materials will be welcome addition to our training team.

Brenda S. Kroll

Brenda Kroll
Transportation Joint Agreement Trainer



a Control number 000128

Void ☐

OMB No. 1545-0008

INFORMATION RETURN
For State, City or Employer File Copy D

[redacted] identification number

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S. MCHENRY AVENUE
CRYSTAL LAKE IL 60014

[redacted] Employee's social security number

e Employee's first name and initial PENNY S
Last name PRESTLEY 75

[redacted]

f Employee's address and ZIP code

15 State IL [redacted] ID number

1 Wages, tips, other compensation 24321.09	2 Federal income tax withheld 3640.67
3 Social security wages 24321.09	4 Social security tax withheld 1507.88
5 Medicare wages and tips 24321.09	6 Medicare tax withheld 352.63
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b
14 Other	12c
	12d

16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
24321.09	729.66			

Form **W-2** Wage and Tax Statement

2001

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Attendance Log

2001 - 2002

NAME PRESTLEY, PENNY

MONTH

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY																		S													
AUGUST			H											S				S		S											
SEPTEMBER								H		S								S													
OCTOBER											H											HH					S	S			
NOVEMBER																									H						
DECEMBER														S	S																
JANUARY		H																H							3						
FEBRUARY															S	S				S	S										
MARCH																	S								S						
APRIL							S	S						S		S				S							H				
MAY																															
JUNE																															

SENIORITY DATE 11/12/93

SICK DAYS 13 3/3 + 2

PERSONAL DAYS 2

VACATION DAYS 0

SICK DAYS USED 1 1/3

PERSONAL DAYS USED

MISSED KINDYS

ACCIDENTS

L.O.A.

TARDY

Regional Office of Education
McHenry County, Illinois

Donald R. Englert
Regional Superintendent

Gene Goeglein
Assistant Superintendent

McHenry County Government Center
2200 N. Seminary Avenue
Woodstock, Illinois 60098
Phone (815) 334-4475
Fax (815) 338-0475

CERTIFICATION

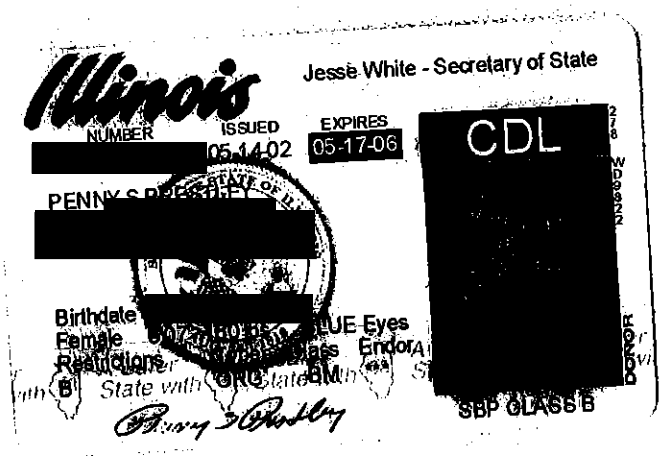
TO: District #47/155

In accordance with Section 6-106.1(d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1(d), I hereby certify that Penny Prestley, completed the Refresher course on June 8, 2002.

06/13/02 Donald R. Englert

Date **Regional Superintendent**

jb


Illinois
Jesse White - Secretary of State
NUMBER
ISSUED
05-14-02
EXPIRES
05-17-06
CDL
Birthdate
Female
Restrictions
BLUE Eyes
Endor
State with
SBP CLASS B
DONOR

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA LAPTETINA
ADMINISTRATIVE ASSISTANT

PHILLIP REESE
SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

TO: Penny Prestley
RE: Perfect Attendance for 12/01
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: 1/17/02

On behalf of School Districts #47 and #155, I would like to extend our sincere appreciation to you for this month's perfect attendance. Your commitment to the children of Districts #47 and #155 is deeply appreciated. Each month, I will report the names of the driver's who have achieved perfect attendance to the TJA Board.

Cc: Personnel File

ACKNOWLEDGMENT FORM

I, Penny Prestley confirm that I have received The Transportation Joint Agreement, Vehicle Operator/Attendant Employee Handbook. I also understand that it is my responsibility to read the handbook and seek an explanation for anything I do not understand.

Signed: Penny Prestley

Date: 8/20/01

Regional Office of Education
McHenry County, Illinois

Donald R. Englert
Regional Superintendent

Gene Goeglein
Assistant Superintendent

McHenry County Government Center
2200 N. Seminary Avenue
Woodstock, Illinois 60098
Phone (815) 334-4475
Fax (815) 338-0475

CERTIFICATION

TO: District #47/155

In accordance with Section 6-106.1(d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1(d), I hereby certify that Penny Prestley completed the Refresher course on September 19, 2001.

9/20/01 Donald R. Englert

Date Regional Superintendent

jb

Attendance Log

2000-2001

NAME PRESTLEY, PENNY

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY				H										S			4	X													
AUGUST																															
SEPTEMBER					3	S	S						3	S																	
OCTOBER									H																						
NOVEMBER											H			3									H	H							
DECEMBER						3	S																		H						
JANUARY	H																		H												
FEBRUARY	S					S						S									S										
MARCH																															
APRIL					S	S	S																					H			
MAY																															
JUNE																															

SENIORITY DATE 11/12/93

SICK DAYS 10 1/3 + 1

PERSONAL DAYS 2

VACATION DAYS 0

SICK DAYS USED 21/3

USED
1 SICK
7/14/00

PERSONAL DAYS USED

MISSED KINDYS

ACCIDENTS

L.O.A.

TARDY

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA LAPTETINA
ADMINISTRATIVE ASSISTANT

PHILLIP REESE
SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

TO: Penny Prestley
RE: Perfect Attendance for May 01
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: 6/2/01

On behalf of School Districts #47 and #155, I would like to extend our sincere appreciation to you for this month's perfect attendance. Your commitment to the children of Districts #47 and #155 is deeply appreciated. Each month, I will report the names of the driver's who have achieved perfect attendance to the TJA Board.

Cc: Personnel File

CRYSTAL LAKE TRANSPORTATION JOINT AGREEMENT
GROUP LIFE INSURANCE APPLICATION
JANUARY 1, 2001 - DECEMBER 31, 2001

NAME: Penny S. Prestley
ADDRESS: [redacted] CITY: [redacted] ST: [redacted] ZIP [redacted]
BIRTH: [redacted] HIRE DATE: _____ POSITION: BUS DRIVER
SS# [redacted] BUILDING TJA

LIFE INSURANCE – EMPLOYEE ONLY - FT. DEARBORN PLAN

$25,000 Basic Life and Accidental Death and Dismemberment (AD&D) is required for all Transportation Joint Agreement drivers and substitutes working 600 or more hours per year.

BENEFICIARY INFORMATION: If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary (ies). If you list benefit percentages, the total must equal 100%.

If you have children under age 18, it may be beneficial to name a custodian for their benefits under the Illinois Uniform Transfers to Minors Act

	NAME:	BIRTH DATE:	RELATIONSHIP	SOCIAL SECURITY NO:	BENEFIT %
PRIMARY BENEFICIARY	[redacted]				
SECONDARY BENEFICIARY					

I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work.

ENROLLMENT CERTIFICATION:

Employee's Signaure Penny Prestley **Date** 5/4/01

EMPLOYEE: PLEASE KEEP PINK COPY

T
DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA LAPTETINA
ADMINISTRATIVE ASSISTANT

PHILLIP REESE
SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

LISA RUSSO

TO: Penny Prestley

RE: Participation in Workshop: Blood Borne Path

DT: 4/19/01

FR: Dr. Ron Erdmann, Ex. Dir., TJA

I would like to thank-you for participating in this non-mandatory workshop. You participation clearly defines you as a professional bus driver who conscientiously takes overt steps toward self-improvement. The TJA management team applauds your participation in these programs, and recognizes your efforts in the area of professional growth and development which are hallmarks of the true professional.

cc: Personnel File

a Control number	Void	OMB No. 1545-0008	**INFORMATION RETURN** For State, City or Employer File Copy D	
000117	☐			
b Employer identification number			1 Wages, tips, other compensation 24007.80	2 Federal income tax withheld 3601.19
[redacted]			3 Social security wages 24007.80	4 Social security tax withheld 1488.49
c Employer's name, address, and ZIP code TRANSPORTATION JOINT AGREEMENT 1204 S. MCHENRY AVENUE CRYSTAL LAKE IL 60014			5 Medicare wages and tips 24007.80	6 Medicare tax withheld 348.10
			7 Social security tips	8 Allocated tips
d Employee's social security number [redacted]			9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code PENNY S PRESTLEY 75 [redacted]			11 Nonqualified plans	12 Benefits included in box 1
			13 See instrs. for box 13	14 Other
			15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep. ☐ Deferred compensation ☐	

16 State	Employer's state I.D. no.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL	[redacted]	24007.80	720.24			

Form **W-2** Wage and Tax Statement **2000**

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Employers, Please Note—

Specific information needed to complete Form W-2 is given in a separate booklet titled **2000 Instructions for Forms W-2 and W-3.** You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS's Internet Web Site at **www.irs.gov.**

Caution: *Because the SSA processes paper forms by machine, you cannot file with the SSA Forms W-2 and W-3 that you print from the IRS's Internet Web Site.*

Due dates. Furnish Copies B, C, and 2 to the employee generally by January 31, 2001.

File Copy A with the SSA generally by February 28, 2001. Send all Copies A with **Form W-3,** Transmittal of Wage and Tax Statements. However, if you file electronically (not by magnetic media), the due date is April 2, 2001.

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA LAPTE
ADMINISTRATIVE ASSIST

PHILLIP RE
SHOP FORE

LINDA S. KRAJNOVICH, DISPAT

TO: Penny Prestley
RE: Perfect Attendance for Jan. 01
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: 02/07/01

On behalf of School Districts #47 and #155, I would like to extend our sincere appreciation to you for this month's perfect attendance. Your commitment to the children of Districts #47 and #155 is deeply appreciated. Each month, I will report the names of the driver's who have achieved perfect attendance to the TJA Board.

Cc: Personnel File

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY Q. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
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1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA LAPTE
ADMINISTRATIVE ASSIS

PHILLIP R
SHOP FORI

LINDA S. KRAJNOVICH, DISPAT

TO: Penny Prestley
RE: Perfect Attendance for Oct. 2000
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: November 7, 2000

On behalf of School Districts #47 and #155, I would like to extend our sincere appreciation to you for this month's perfect attendance. Your commitment to the children of Districts #47 and #155 is deeply appreciated. Each month, I will report the names of the driver's who have achieved perfect attendance to the TJA Board.

Cc: Personnel File

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY Q. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
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CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA LAPT
ADMINISTRATIVE ASSIS

PHILLIP R
SHOP FOR

LINDA S. KRAJNOVICH, DISPAT

TO: Penny Prestley
RE: Perfect Attendance for Oct. 2000
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: November 7, 2000

On behalf of School Districts #47 and #155, I would like to extend our sincere appreciation to you for this month's perfect attendance. Your commitment to the children of Districts #47 and #155 is deeply appreciated. Each month, I will report the names of the driver's who have achieved perfect attendance to the TJA Board.

Cc: Personnel File

Regional Office of Education
McHenry County, Illinois

Donald R. Englert
Regional Superintendent

Gene Goeglein
Assistant Superintendent

McHenry County Government Center
2200 N. Seminary Avenue
Woodstock, Illinois 60098
Phone (815) 334-4475
FAX (815) 338-0475

CERTIFICATION

TO: Dist. 47

In accordance with Section 6-106.1(d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1(d), I hereby certify that Penny Prestley completed the Initial Course on September 20, 2000.

9/20/00 Donald R. Englert
Date Regional Superintendent

ACKNOWLEDGMENT FORM

I, Penny Prestley confirm that I have received The Transportation Joint Agreement, Vehicle Operator/Attendant Employee Handbook. I also understand that it is my responsibility to read the handbook and seek an explanation for anything I do not understand.

Signed: Penny Prestley

Date: 8/14/00

Attendance Log 1999-2000

NAME PRESTLEY, PENNY

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY																															
AUGUST																															
SEPTEMBER						H																									
OCTOBER				S							H								S											
NOVEMBER								SSS			NO														HH						
DECEMBER		P																						H						H	
JANUARY					SS						S	S	S	S				SD							S						
FEBRUARY		S										H																			
MARCH																P															
APRIL					SS	S						H								H											
MAY	H											P																H			
JUNE																															

SENIORITY DATE 11/12/93

SICK DAYS 11

PERSONAL DAYS 2

VACATION DAYS 0

SICK DAYS USED

IIII IIII I

PERSONAL DAYS USED 2 1/3

I

MISSED KINDYS

ACCIDENTS

L.O.A.

TARDY

a Control number	Void	OMB No. 1545-0008	**INFORMATION RETURN** For State, City or Employer File Copy D
000108	☐		

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
[redacted]	19350.71	2902.65
c Employer's name, address, and ZIP code TRANSPORTATION JOINT AGREEMENT 1204 S. MCHENRY AVENUE CRYSTAL LAKE IL 60014	**3** Social security wages 19350.71	**4** Social security tax withheld 1199.72
	5 Medicare wages and tips 19350.71	**6** Medicare tax withheld 280.59
	7 Social security tips	**8** Allocated tips
d Employee's social security number [redacted]	**9** Advance EIC payment	**10** Dependent care benefits
e Employee's name, address, and ZIP code PENNY S PRESTLEY 75 [redacted]	**11** Nonqualified plans	**12** Benefits included in box 1
	13 See instrs. for box 13	**14** Other
	15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep. ☐ Deferred compensation ☐	

16 State	Employer's state I.D. no.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL	[redacted]	19350.71	580.52			

Form **W-2** Wage and Tax Statement **1999**

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Employers, Please Note—

Specific information needed to complete Form W-2 is given in a separate booklet titled **1999 Instructions for Forms W-2 and W-3.** You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS's Internet Web Site at **www.irs.ustreas.gov.**

Caution: *Because the SSA processes paper forms by machines, you cannot file with the SSA Forms W-2 and W-3 that you print from the IRS's Internet Web Site.*

Due dates. Furnish Copies B, C, and 2 to the employee generally by January 31, 2000.

File Copy A with the SSA generally by February 29, 2000. Send all Copies A with **Form W-3,** Transmittal of Wage and Tax Statements. However, the due date if you file electronically (not by magnetic media) is March 31, 2000.

PETIT JURY: TERM OF SERVICE – 1 week. Average trial length is one to three days, but a few trials may last longer. The Trial Judge will advise you of probable trial duration. Jurors are almost never detained overnight; but you may be sequestered while deliberating on a case and will be informed in advance if you are to be sequestered.
GRAND JURY: The Grand Jury is convened for a period of two months and is in session every Thursday of the week.
MORE DETAILED INFORMATION WILL BE PROVIDED FOR PETIT AND GRAND JURORS WHEN YOU REPORT ON THE DATE AND TIME LISTED BELOW. ALSO THE TYPE OF JURY YOU HAVE BEEN SELECTED FOR AND THE ROOM TO WHICH YOU MUST REPORT ARE LISTED.

FILL OUT THE INFORMATION AND BRING THE ENTIRE SUMMONS FORM WITH YOU ON YOUR FIRST JURY SERVICE DAY FOR PAYMENT.

DATE: 01-18-2000
TIME: 09:00AM
TYPE OF COURT: PETIT
ROOM#: B320

COURT SEAL

WITNESS: Vernon W. Kays, Jr. Clerk of said Court, and the seal thereof at Woodstock, Illinois.

Vernon W. Kays, Jr.
VERNON W. KAYS, JR.
Clerk of the Circuit Court

AVAILABLE FACILITIES: Coffee and tea are free. There is a lunch room on the first level of the courthouse which is equipped with vending machines and a microwave oven. There are restaurants close by or you may bring your lunch.

PARKING: You should park in the WEST parking lot and on either side of Russell Court. Enter the building from the WEST parking lot. Please do not park in any areas marked "RESERVED". We are not able to reserve parking spaces for JURORS.

TO REPORT AN ABSENCE: If illness or an emergency prevents your attendance, call (815) 338-2516, between 8:00 A.M. and 9:00 A.M.

(PLEASE BRING THIS FORM WITH YOU)

900058868

JID GROUP 013

JUROR

INDICATE ANY INFORMATION CHANGES

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: _____

CITY: _____ ZIP _____

HOME PHONE: ( ) _____

BRESTLEY, PENNY S
[redacted]

EMPLOYER: _____

OCCUPATION: _____

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: ( ) _____

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
TRANSPORTATION COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA STREAN
Administrative Assistant

PHILLIP REESE
SHOP FOREMAN

LINDA S. KRAJNOVICH
DISPATCHER

MICHELLE A. REESE DISPATCHER

Penny Prestley **HAS ATTENDED THE JANUARY 28, 2000 CAR SEAT DEMONSTRATION CLASS. THIS CLASS WAS HELD WITH OFFICER SEAN MCGRATH OF THE CRYSTAL LAKE POLICE DEPARTMENT.**

KATHY SMITH
ROUTING COORDINATOR

2722

McHENRY COUNTY JUROR'S
CERTIFICATE FUND
2200 N. SEMINARY AVENUE
WOODSTOCK, IL 60098

AMERICAN NATIONAL BANK
AND TRUST COMPANY OF CHICAGO
CHICAGO, ILLINOIS 60690
A BANK ONE COMPANY
2-77-710

2722

PAY Eleven Dollars and 76/100

DATE 01/25/2000

AMOUNT $11.76

TO THE ORDER OF

PENNY S PRESTLEY
[redacted]

VOID AFTER 90 DAYS

⑈002722⑈ ⑆071000770⑆ 53300129370⑈

091004/7.95

Security features included. Details on back.

Regional Office of Education
McHenry County, Illinois

Donald R. Englert
Regional Superintendent

Gene Goeglein
Assistant Superintendent

McHenry County Government Center
2200 N. Seminary Avenue
Woodstock, Illinois 60098
Phone (815) 334-4475
FAX (815) 338-0475

CERTIFICATION

TO: Crystal Lake Community School Districts 47 & 155

In accordance with Section 6-106.1(d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1(d), I hereby certify that Penny Prestley completed the Refresher course on October 6, 1999.

10-6-99 Donald R. Englert
Date Regional Superintendent

a Control number	Void	OMB No. 1545-0008	**INFORMATION RETURN** For State, City or Employer File Copy D
000107	☐		

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
[redacted]	15753.92	2363.12
c Employer's name, address, and ZIP code TRANSPORTATION JOINT AGREEMENT 1204 S. MCHENRY AVENUE CRYSTAL LAKE IL 60014	3 Social security wages 15753.92	4 Social security tax withheld 976.75
	5 Medicare wages and tips 15753.92	6 Medicare tax withheld 228.44
	7 Social security tips	8 Allocated tips
d Employee's social security number [redacted]	9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code PENNY S PRESTLEY 75 [redacted]	11 Nonqualified plans	12 Benefits included in box 1
	13 See instrs. for Form W-2	14 Other
	15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep. ☐ Deferred compensation ☐	

16 State	Employer's state I.D. no.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL	[redacted]	15753.92	472.62			

Form **W-2** **Wage and Tax Statement** **1998**

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Employers, Please Note—

Specific information needed to complete Form W-2 is given in a separate booklet titled **1998 Instructions for Form W-2.** You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676).

Due dates. Furnish Copies B, C, and 2 to the employee generally by February 1, 1999.

File Copy A with SSA generally by March 1, 1999. Send all Copies A with **Form W-3,** Transmittal of Wage and Tax Statements.

Attendance Log 1998/99

NAME PRESTLEY, PENNY

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY																															
AUGUST																															
SEPTEMBER							H																								
OCTOBER													H																		
NOVEMBER												H																			
DECEMBER	S	S	S	S																											
JANUARY	NO																														
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															

SENIORITY DATE 11/12/93

SICK DAYS 13 2/3

PERSONAL DAYS 2

VACATION DAYS 0

NO MORE SICK

SICK DAYS USED 13

PERSONAL 1

MISSED KINDYS

ACCIDENT

L.O.A.

TARDY

ACKNOWLEDGEMENT FORM

I, Penny Prestley confirm that I have received The Transportation Joint Agreement, Vehicle Operator/Attendant Employee Handbook. I also acknowledgement that it is my responsibility to read the handbook.

Signed: Penny Prestley **Date:** 11/29/99

STATE OF ILLINOIS **GEORGE H. RYAN** SECRETARY OF STATE

RESIDENT SCHOOL BUS DRIVER PERMIT
ISSUED:11-10-1998 EXPIRES:11-09-1999
IL DL#: [redacted] SSN: [redacted]

SEX:F HT:5 07 WT:160 DOB: [redacted]
SCHOOL BUS CLASS: B

PENNY S PRESTLEY
[redacted]

DRIVER SERVICES FACILITY 960 ILLINOIS SECRETARY OF STATE

Penny S Prestley

PENNY S PRESTLEY
NOT VALID WITHOUT SIGNATURE
ORIGINAL 9817857

DRIVER SERVICES DEPARTMENT

Regional Office of Education
McHenry County, Illinois

Donald R. Englert
Regional Superintendent

Gene Goeglein
Assistant Superintendent

McHenry County Government Center
2200 N. Seminary Avenue
Woodstock, Illinois 60098
Phone (815) 334-4475
FAX (815) 338-0475

CERTIFICATION

TO: District #47/155

In accordance with Section 6-106.1(d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1(d), I hereby certify that Penny Prestley completed the Refresher course on October 7, 1998.

10/8/98 Donald R. Englert
Date Regional Superintendent

SUBPOENA FOR DEPOSITION

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 19th JUDICIAL CIRCUIT
COUNTY OF McHENRY

SUSAN CASSAN and JAMES CASSAN JR.

vs.

ROBERT RIPLEY and KAYE PRODUCTS, INC., a corporation

No. 97 LA 350

To Penny Prestley, 2244 Lincoln Parkway, Crystal Lake, IL 60014

YOU ARE COMMANDED to appear to give your deposition before a notary public at 500 West Madison Street, Room number 2590, Chicago, Illinois, on October 20, 19 98, at 12:00 p.m.

YOU ARE COMMANDED ALSO to bring the following:

in your possession or control.

YOUR FAILURE TO APPEAR IN RESPONSE TO THIS SUBPOENA WILL SUBJECT YOU TO PUNISHMENT FOR CONTEMPT OF THIS COURT.

Witness, September 23, 19 98

Clerk of Court

(Seal of Court)

Name Joseph R. Steiger and Broderick, Steiger and Zupancic
Attorney for Defendant Kaye Products, Inc.
Address 500 West Madison Street #2590
City Chicago, IL 60661
Telephone (312) 648-5945

I served this subpoena by ~~handing a copy to~~ certified mail to Penny Prestley on, September 23, 19 98. I paid the witness $ 55.00 for witness and mileage fees.

Signed and sworn to before me September 23, 19 98

"OFFICIAL SEAL"
SHERRIE L. ZOLLNER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/12/2001

Notary Public

Prepared By Broderick, Steiger and Zupancic
Attorney For Kaye Products, Inc.
Attorney Registration No. 06181423

Attendance Log 1997/98

NAME PRESTLEY, PENNY

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY								S																							
AUGUST																															
SEPTEMBER	H																								S						
OCTOBER	S												H																		
NOVEMBER										S	NO									S							H	H			
DECEMBER																									H						
JANUARY	H													S	S	S															
FEBRUARY										P/S		NO	S							S	S				S						
MARCH													S							S	S										
APRIL		S								P			S	S									S					S	S		
MAY											S														H	S					
JUNE																						S									

SENIORITY DATE 11/12/93

SICK DAYS 18 1/3

PERSONAL DAYS 2

VACATION DAYS 0

SICK DAYS USED

IIII IIII IIII

PERSONAL DAYS USED 2/3

1

MISSED KINDYS

ACCIDENTS

L.O.A.

TARDY

ANOTHER

STATE OF ILLINOIS *GEORGE H. RYAN* SECRETARY OF STATE

RESIDENT SCHOOL BUS DRIVER PERMIT
ISSUED: 11-10-1997 EXPIRES: 11-09-1998
IL DL#: [redacted] SSN: [redacted]

SEX: F HT: 5 07 WT: 160 DOB: [redacted]
SCHOOL BUS CLASS: B

DRIVER SERVICES FACILITY 958 ILLINOIS SECRETARY OF STATE

PENNY S PRESTLEY
224 LINCOLN PARKWAY
CRYSTAL LAKE, IL 60014

Penny S Prestley

PENNY S PRESTLEY
NOT VALID WITHOUT SIGNATURE
ORIGINAL 9717804

DRIVER SERVICES DEPARTMENT

KANE COUNTY
REGIONAL OFFICE OF EDUCATION

CLEM MEJIA
Superintendent

JULIE VALLEJO
Asst. Superintendent

County Government Center
719 S. Batavia Avenue
Geneva, Illinois 60134
Phone: (630) 232-5955
Fax: (630) 208-5115

CERTIFICATION

RECEIVED OCT 29 1997

TO: **McHenry Co.-Crystal Lake**

In accordance with Section 6-106.1(d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1(d), I hereby certify that **Penny Prestley** has successfully completed the **refresher class** on **10-20-97**.

10-27-97
Date

Signature of Regional Superintendent

Crystal Lake School District 47

Bloodborne Pathogen Standard

I have been instructed in Universal Precautions. I have received a packet containing one pair of vinyl gloves, gauze pads, and anti-septic towelette. I have also received instruction on what procedure to follow in the event of an exposure.

Instructor Linda Edwards Qualifications Dist Nurse

Date of session: 10-9-97

Attendee name Penny Bradley

Attendee job title School Bus Driver

White Copy: Personnel Office

Yellow Copy: School Building

Attendance Log 1996/97

NAME PRESTLEY, PENNY

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															

SENIORITY DATE 11/12/93

SICK DAYS 19 1/3

PERSONAL DAYS 2

VACATION DAYS 0

SICK DAYS USED

IN IN

1

PERSONAL DAYS USED

II

MISSED KINDYS

ACCIDENTS

L.O.A.

TARDY

a Control number
100213

OMB No. 1545-0008

Copy 1 For State, City, or Local Tax Department

b Employer's identification number
[redacted]

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Employee's social security number
[redacted]

e Employee's name, address, and ZIP code
PENNY S PRESTLEY
[redacted]

1 Wages, tips, other compensation	2 Federal income tax withheld
17849.73	2677.45
3 Social security wages	4 Social security tax withheld
17849.73	1106.68
5 Medicare wages and tips	6 Medicare tax withheld
17849.73	258.82
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12 Benefits included in box 1
13	14 Other

15 Statutory employee | Deceased | Pension plan | Legal rep. | Hshld. emp. | Deferred compensation

16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL	[redacted]	17849.73	535.50			

(T)

Department of the Treasury–Internal Revenue Service

Form **W-2** Wage and Tax Statement **1996**

Regional Office of Education
McHenry County, Illinois

Donald R. Englert
Regional Superintendent

Gene Goeglein
Assistant Superintendent

McHenry County Government Center
2200 N. Seminary Avenue
Woodstock, Illinois 60098
Phone (815) 334-4475
FAX (815) 338-0475

CERTIFICATION

TO: District 47/155

In accordance with Section 6-106.1(d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1(d), I hereby certify that Penny Prestley completed the Refresher course on October 8, 1996.

Donald R. Englert

Date Regional Superintendent

STATE OF ILLINOIS **GEORGE H. RYAN** SECRETARY OF STATE

RESIDENT SCHOOL BUS DRIVER PERMIT
ISSUED: 11-10-1996 EXPIRES: 11-09-1997
IL DL#: [redacted] SSN: [redacted]

SEX: F HT: 5 07 WT: 160 DOB: [redacted]
SCHOOL BUS CLASS: B

DRIVER SERVICES FACILITY 822 ILLINOIS SECRETARY OF STATE

PENNY S PRESTLEY
224 LINCOLN PARKWAY
CRYSTAL LAKE, IL 60014

Penny S Prestley

PENNY S PRESTLEY
NOT VALID WITHOUT SIGNATURE
ORIGINAL 9617722

DRIVER SERVICES DEPARTMENT

Attendance Log 1995/1996

NAME PRESTLEY, PENNY

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY																															
AUGUST																															
SEPTEMBER				H																											
OCTOBER																															
NOVEMBER																							H	H							
DECEMBER																									H						
JANUARY	H														H																
FEBRUARY																															
MARCH																															
APRIL																			P												
MAY															X												H				
JUNE																															

SENIORITY DATE 11/12/93

SICK DAYS 23 1/3

PERSONAL DAYS 2

VACATION DAYS 0

SICK DAYS USED 3 1/4

PERSONAL DAYS USED

1

MISSED KINDYS (NOONS)

ACCIDENTS

a Control number 100213

OMB No. 1545-0008

INFORMATION RETURN
For State, City or Employer File Copy D

b Employee's identification number [redacted]

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Employee's social security number [redacted]

e Employee's name, address, and ZIP code
[redacted]

1 Wages, tips, other compensation 13078.58	2 Federal income tax withheld 1961.80
3 Social security wages 13078.58	4 Social security tax withheld 810.87
5 Medicare wages and tips 13078.58	6 Medicare tax withheld 189.64
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12 Benefits included in box 1
13 See Instrs. for Form W-2	14 Other

15 Statutory employee | Deceased | Pension plan | Legal rep. | Hshld. emp. | Deferred compensation

16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL	[redacted]	13078.58	392.35			

Department of the Treasury - Internal Revenue Service

For Paperwork Reduction Act Notice, see separate instructions.

Form **W-2** Wage and Tax Statement **1995**

STATE OF ILLINOIS *GEORGE H. RYAN* SECRETARY OF STATE

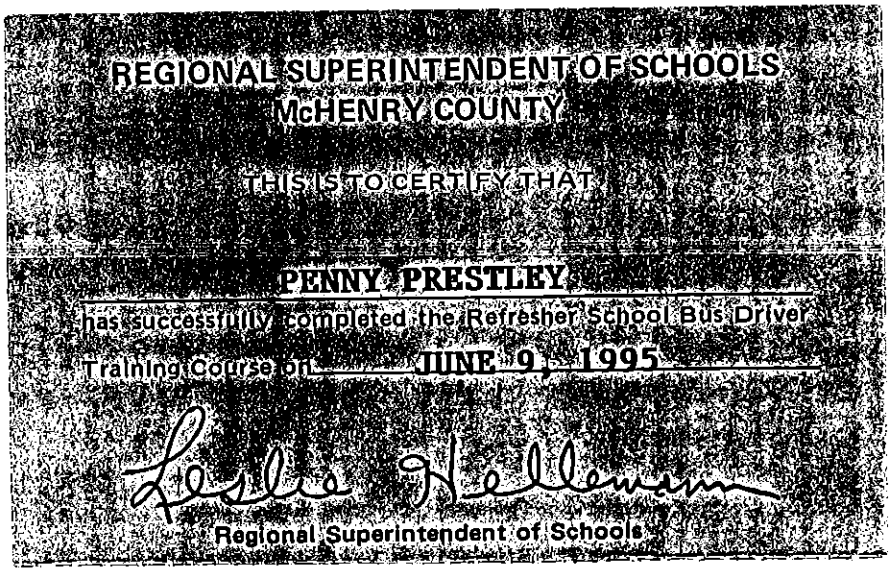
RESIDENT SCHOOL BUS DRIVER PERMIT
ISSUED:11-10-1995 EXPIRES:11-09-1996
IL DL#: [redacted] SSN: [redacted]

SEX:F HT:5 07 WT:160 DOB: [redacted]
SCHOOL BUS CLASS: B

PENNY S PRESTLEY
224 LINCOLN PARKWAY
CRYSTAL LAKE, IL 60014

PENNY S PRESTLEY
NOT VALID WITHOUT SIGNATURE
ORIGINAL 9510455

DRIVER SERVICES DEPARTMENT



REGIONAL SUPERINTENDENT OF SCHOOLS
McHENRY COUNTY

THIS IS TO CERTIFY THAT

PENNY PRESTLEY

has successfully completed the Refresher School Bus Driver Training Course on JUNE 9, 1995

Leslie Hellemann
Regional Superintendent of Schools

Attendance Log 1994/1995

NAME PRESTLEY, PENNY

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															

SENIORITY DATE 11/12/93

SICK DAYS 19

PERSONAL DAYS 2

VACATION DAYS 0

SICK DAYS USED

PERSONAL DAYS USED

MISSED KINDYS (NOONS)

ACCIDENTS

a Control number 100213 | Void | OMB No. 1545-0008

Copy 1 For State, City, or Local Tax Department

b Employer's identification number [redacted]

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Employee's social security number [redacted]

e Employee's name, address, and ZIP code
PENNY S PRESTLEY
[redacted]

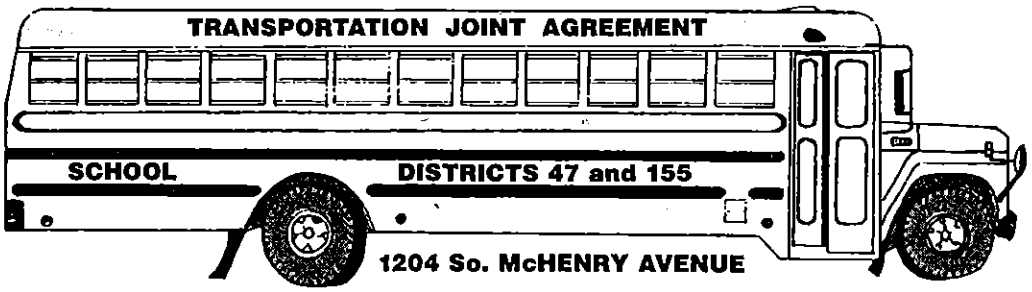
1 Wages, tips, other compensation 6290.08	2 Federal income tax withheld 891.60
3 Social security wages 6326.75	4 Social security tax withheld 392.26
5 Medicare wages and tips 6326.75	6 Medicare tax withheld 91.74
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12 Benefits included in box 1
13	14 Other

15 Statutory employee | Deceased | Pension plan | Legal rep. | 942 emp. | Subtotal | Deferred compensation

16 State Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL [redacted]	6290.08	188.70			

Department of the Treasury – Internal Revenue Service

Form **W-2** Wage and Tax Statement **1994**



CREDIT UNION DEDUCTION FORM

I, Penny Prestler (print) authorize Transportation Joint Agreement to deduct $ 100.00 from my paycheck for deposit into the McHenry County Schools Ferderal Credit Union. This deduction will begin on 3/24/95 (date) This authorization will be valid until further written notice from me.

Penny Prestler
(Employee signature)

3/17/95
(Date)

SAFETY AWARD

Illinois Association for Pupil Transportation

THIS IS TO CERTIFY THAT

PENNY PRESTLEY

Has participated in the School Bus Drivers Roadeo and is awarded this certificate for demonstrating exceptional driving skills.

Karen J. DeCarlo — I.A.P.T. President

6/26/04 — Date

Certificate of Continuing Education

The undersigned participant is awarded .6 CEUs or 6 contact hours of Continuing Education according to the guidelines set forth by the National Task Force on Continuing Education for completion of the following program:

How to Be a Better Trainer

Signature of Seminar Participant

8/12/04
Date

Mark R. Truitt, Executive Director

Gary M. Truitt, Managing Director

Rockhurst University Continuing Education Center

Printed in the U.S.A. KTR

Ron Erdmann

To: John Lutsch (E-mail); Tim Neubauer (E-mail); Dave Cratty
Subject: Wednesday, January 4, 2005

TO: Kathy Smith, Penny Prestley, Alanna Winandy, Linda Krajnovich, Lisa Russo, Norma Urbina
RE: January 4, 2005
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: January 4, 2005

Once again, you ladies rallied to keep the services of TJA operational, efficient, and safe. I cannot thank you enough for coming in early on this snowy morning to cover for the 18 drivers who called in sick. You did an exceptional job of covering the routes by providing the safe, efficient transportation that marks the goals of TJA. You performance is far above your job expectations, and I want you to know that your performance is noted and a matter of record. Thank-you.

Thanks
Ron

CC-Personnel File

Penny Prestley

has successfully completed

Safety Management Techniques

presented by the National Safety Council

October 15, 2004

Alan C. McMillan
President & CEO
National Safety Council

126590000

STATE OF ILLINOIS

JESSE WHITE

SPRINGFIELD

School Bus

ILLINOIS

THIRD PARTY CERTIFICATION PROGRAM
SAFETY OFFICER LICENSE

Penny Prestley license no. 02-05-8611

ISSUED TO _____

~~HOME ADDRESS~~ _____

EMPLOYED BY School Dist. 47 & I55 dba/ Trans. Joint Agreement

CLASSIFICATION *CDL B/P SCHOOL BUS PERMIT

ISSUANCE DATE FEB 2 2005

License Valid Indefinitely unless revoked, suspended or cancelled

DRIVE TEST CLASSIFICATION(S) *CDL B/P SCHOOL BUS PERMIT BY

Jesse White

SECRETARY OF STATE

THIS CERTIFICATE MUST BE DISPLAYED IN THE MAIN OFFICE OF THE THIRD PARTY CERTIFICATION PROGRAM LISTED ABOVE.

CDTS-44.3

G.A.T.E. America, Inc.

CERTIFICATE OF TRAINING

This is to certify that

Penny S. Prestley

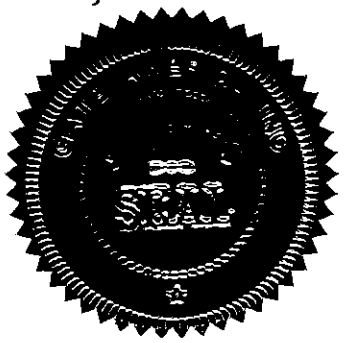
Has successfully completed the six hours of training in

TERRORISM PREPAREDNESS FOR EDUCATIONAL INSTITUSTION

In that the above successfully completed training in the described subject matter.
On this 11th day of October 2005

Robert G. Tornabene
President
G.A.T.E.. America, Incorporated





Prestley, Penny S.

From: Erdmann, Ron
Sent: Thursday, November 16, 2006 7:36 AM
To: Smith, Kathy; Prestley, Penny S.
Subject: Breakfast: Nov. 16

What a grand, glorious, wonderful idea: You two cooking breakfast for the TJA personnel! This is just more than public relations, as the drivers were feted to a wonderful pancake breakfast by the bosses.....it really demonstrates that you care about the employees. And.....the chef outfits only added to the gaiety. The breakfast was really enjoyed by the TJA employees, with many of them commenting very positively on this event.

Thank you for taking the time for this activity———it was such a positive thing to do!

cc: Personnel file

Dr. Ron Erdmann
Executive Director
Transportation Joint Agreement
1204 S McHenry Ave
Crystal Lake, IL 60014
815 455 0558

Prestley, Penny S.

From: Erdmann, Ron
Sent: Tuesday, December 05, 2006 7:51 AM
To: Prestley, Penny S.; Smith, Kathy

I cannot begin to describe how proud I am of you ladies. The perfect storm and the failure of our snow removal company presented an extreme test of your management prowess. You masterfully confronted a disaster and found a way to remove the snow and have the buses ready to go on Monday.

I, for one, am in awe and your labors over the weekend of Dec. 2 and 3, once again proved conclusively, that there is nothing that you cannot handle. *Great Job!*

cc: Personnel File; TJA Advisory Board

Dr. Ron Erdmann
Executive Director
Transportation Joint Agreement
1204 S McHenry Ave
Crystal Lake, IL 60014
815 455 0558

HIGHWAY WATCH®

Homeland Security

ATA

This Certifies

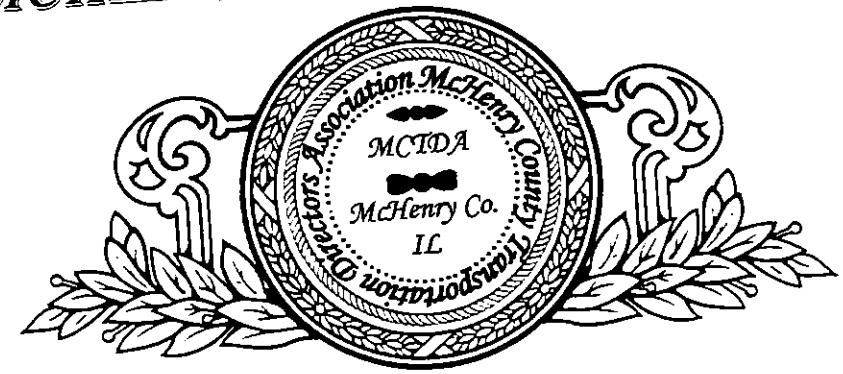
PENNY PRESTLEY

— A Transportation Professional —

As an authorized Highway Watch® Member, having successfully completed the Highway Watch® Training Program. As a Highway Watch® Member, your skills, professional expertise, and commitment to safety will make our nation's highways a safer place to work and travel.

McHenry County Transportation Directors Association

MCHENRY COUNTY, ILLINOIS



Certificate of Completion

This is to Certify That

Penny Fleming

Is Awarded This Certificate
For Completion of the Special Education Workshop
MCTDA
Signed this 24th day of September, 2011

Association President

ALCOHOL TESTING PROCEDURES:

Tests for alcohol may only be conducted by a trained Breath Alcohol Technician (BAT) on an Evidential Breath Test Device (EBT) approved by DoT. All initial positive drug or alcohol tests must be confirmed under DoT procedures. Alcohol test procedures are as follows:

Screening test: §40.63 (after positive ID and explanation of procedure);

- First: - BAT completes Step 1 of the Breath Alcohol Test Form ("Form"); Identifying information;
  - use ballpoint pen, press hard;
  - print employee's name
- Next: - BAT instructs employee to read and complete step 2, (also read back of copy 2);
- Next: - Employee completes Step 2 of the Form;
  - employee must sign certification; failure to do so is the same as refusal (consequences same as positive test).
  - if employee fails to sign, BAT notes the fact in remarks section of Form.
  - if employee refuses to sign, STOP test and contact employer representative;
- Next: - BAT opens sealed mouthpiece in view of employee and attaches to EBT per manufacturer instructions.
- Next: - BAT instructs employee to blow forcefully
  - for at least 6 seconds or EBT indicates an adequate amount of breath has been obtained.
- If EBT cannot print or sequentially number tests do the following:
  1. BAT shows employee the result;
  2. BAT shall record:
     - Displayed result;
     - Test number;
     - Testing device;
     - Serial no. of EBT;
     - Time & quantified result in Step 3 of Form.
  3. In the log book, record the following;
     - Test no.;
     - Date of test;
     - Name of BAT;
     - Location of test;
     - Quantified test result (exactly as indicated on EBT, i.e., 0.00, 0.02, 0.04, etc.)
     - Employee shall initial log book, failure to initial is not a refusal. See §40.63(e)(2).
- If EBT can print, but not directly on Form, BAT shall:
  1. Show employee the result displayed on EBT;
  2. Affix result to Form where appropriate.
     - Tamper proof tape shall be placed over print-out,
- If EBT prints directly to the Form BAT shows displayed result to employee.
- If result is less than 0.02:
  1. BAT shall date and sign certification in Step 3.
  2. Employee shall sign certification and complete Step 4.
- If test is invalid (per §40.79, i.e., printout and displayed result do not match) then:
  - BAT shall note disparity in the remarks section of Step 3;
  - BAT and employee shall initial remark.
  - Employer and employee shall be notified of the test's invalidity.
- If result is below 0.02 BAT completes Form; confidently transmits result as negative to employer.
- Employer must retain and store the result in confidence.
- If result is 0.02 or greater it must be confirmed; if confirmation will be conducted by another BAT, screening BAT shall complete and sign Form and log book. BAT gives employee Form copy No. 2 (GREEN).

§40.65 Waiting period:

- First: If BAT is not same as one conducting screen, then must follow ID rules and explanation as described above §40.61. (positive ID and explain procedures) and complete new Form.
- Next: BAT tells employee not to eat, drink, or put any substance in his/her mouth and to the extent possible not belch during waiting period;
- Next: Waiting period is 15 minutes beginning when screening test is completed. Confirmation test must then be administrated in the next 5 minutes (20 minutes total after screen test);
- Next: BAT explains the need for waiting period. Also explain that regardless of whether employee obeys instruction, test will be conducted at end of waiting period;
- Next: If employee disobeys instructions BAT notes this in remarks section of Step 3.

Confirmation test: Can only be conducted on EBT that prints.

- Next: BAT performs air blank (0.00). If it is other than 0.00, another air blank shall be run. If still other than 0.00 testing shall stop on that machine. It may proceed on another, if available.
- Next: New mouthpiece used;
- Next: If screen and confirmation result differ, confirmation result is the final result;
- Next: If EBT does not print directly to Form:
  - BAT shows result displayed by EBT;
  - BAT then affixes printed result on Form in designated space;
  - Printout when affixed shall be by tamper-evident tape.
- Next If EBT does print directly to Form;
  - BAT shall show result displayed on EBT before printout.
- Next: If printout and display differ the test is invalid (§40.79). BAT notes disparity in remarks section (Part 3) and both BAT and employee initial or sign the notation.;
- Next: Employer and employee are notified of test's invalidity;
- Next: BAT dates and signs certification - Step 3;
- Next: Employee dates and signs certification - Step 4.

ILLINOIS SCHOOL BUS DRIVER PERMIT

County	District	Permit Number
MCHENRY	47/155	030759

Date Issued	Class	Restriction	Expiration Date
11/10/94	B	CDL	11/9/95

Drivers License	State	Social Security Number
[redacted]	IL	[redacted]

Birthdate	Sex	Height	Weight	Hair	Eyes
[redacted]	F	5'7	160	BLND	BLUE

Home Address	Zip Code
[redacted]	[redacted]

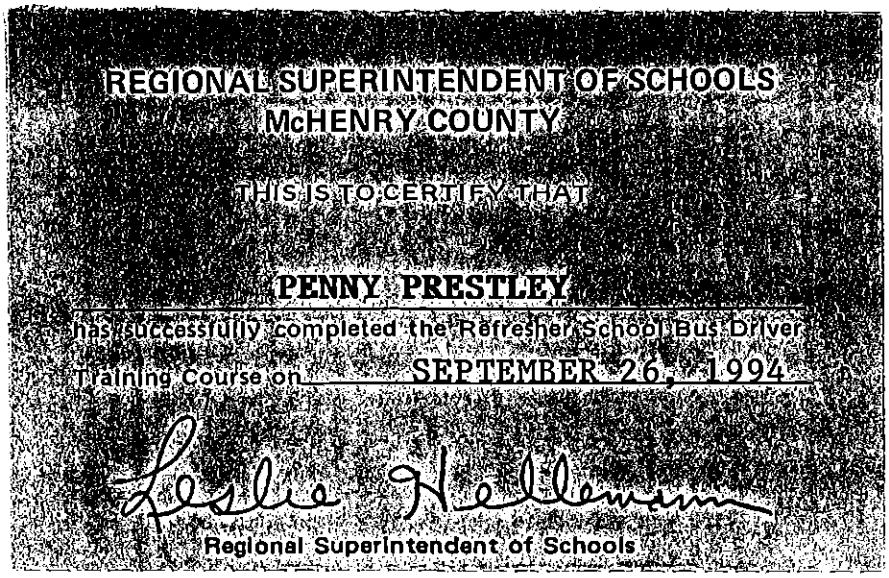
PENNY S. PRESTLEY

030758

Signature of Driver

Permit not valid unless signed in ink by driver

ISBE 42-51 (1/90)



REGIONAL SUPERINTENDENT OF SCHOOLS
McHENRY COUNTY

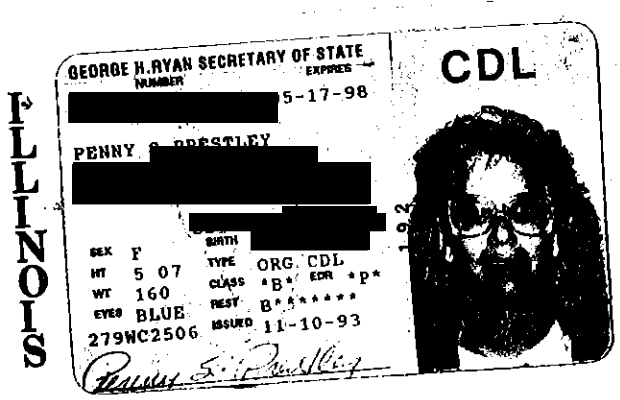
THIS IS TO CERTIFY THAT

PENNY PRESTLEY

has successfully completed the Refresher School Bus Driver Training Course on SEPTEMBER 26, 1994

Leslie Heidemann
Regional Superintendent of Schools

455-1995


ILLINOIS
GEORGE H.RYAN SECRETARY OF STATE
NUMBER
EXPIRES
5-17-98
PENNY S. PRESTLEY
SEX F
HT 5 07
WT 160
EYES BLUE
279WC2506
BIRTH
TYPE ORG CDL
CLASS *B* END *P*
REST B*******
ISSUED 11-10-93
CDL

ILLINOIS SCHOOL BUS DRIVER PERMIT

County		District	Permit Number
MCHENRY		47/155	005596
Date Issued	**Class**	**Restriction**	**Expiration Date**
11/12/93	B	CDL	11/11/94
Drivers License		**State**	**Social Security Number**
[redacted]		IL	[redacted]
Birthdate	**Sex**	**Height**	**Weight**	**Hair**	**Eyes**
[redacted]	F	5'7	160	BLND	BLUE
Home Address					**Zip Code**
[redacted]					

005596 PENNY PRESTLEY

Signature of Driver

ISBE 42-51 (1/90) Permit not valid unless signed in ink by driver

DAILY ATTENDANCE RECORD

1993-94

Name PRESTLEY, PENNY Department

YEAR:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY				X			X				X			X								X	X		X						
FEBRUARY																															
MARCH					X																							X		
APRIL																							X								
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																									SH						
DECEMBER	X	X				X	X																		H					H	

SICK DAYS 8

PERSONAL 2

ABSENCE CODES

A = Accident at Work
AH = Accident at Home
D = Disciplinary Layoff
FD = Family Death
FI = Family Illness
H = Holiday
I = Illness
J = Jury Duty
X = Unknown Cause
L = Leave of Absence
LO = Layoff
P = Personal Reasons
V = Vacation

SEN. DATE 11/12/93

RATE 9.62

SOC. SEC.# [redacted]

SICK
1

ILLINOIS MUNICIPAL RETIREMENT FUND

100 SOUTH WACKER DRIVE · CHICAGO, ILLINOIS 60606

EMPLOYER'S REPORT OF ADJUSTMENTS

CORRECTING IMRF FORM 3.11 "MONTHLY PARTICIPATING EMPLOYEE REPORT" AND IMRF FORM 3.13 "QUARTERLY NON-PARTICIPATING EMPLOYEE REPORT" PREVIOUSLY FORWARDED.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

EMPLOYER NAME School Districts 47 & 155
D/B/A Transportation Joint Agreement

EMPLOYER NUMBER 69-033 1401

EMPLOYEE			REPORT TO ADJUST			EARNINGS		DEDUCTIONS*	
SOCIAL SECURITY NUMBER	NAME LAST	FIRST	MIDDLE INITIAL	FORM NO. 3.11 or 3.13	YEAR	MONTH OR QUARTER	PREVIOUSLY REPORTED	CORRECT AMOUNT	PREVIOUSLY REPORTED	CORRECT AMOUNT
[redacted]	Prestley	Penny	S.	3.11	1993	11	24.34	0.00	1.10	0.00
	Prestley	Penny	S.	3.11	1993	12	542.32	0.00	24.40	0.00
	Prestley	Penny	S.	3.11	1994	1	256.03	0.00	11.52	0.00
	Prestley	Penny	S.	3.11	1994	2	443.37	0.00	19.95	0.00
	Prestley	Penny	S.	3.11	1994	3	115.63	0.00	5.20	0.00
	Prestley	Penny	S.	3.13	1993	4	566.66	0.00		
							$ 1381.69	$ 0.00	$ 62.17	$ 0.00

GIVE REASON FOR ADJUSTMENT:

Penny Prestley, Soc. Sec. [redacted], was rehired in November 1993 in a non-qualifying position.

FOR IMRF USE ONLY

3.11

3.13

SIGNATURE OF AUTHORIZED AGENT

DATE 3-24

*NOT REQUIRED FOR CORRECTIONS TO FORM 3.13

Nov. 1993

Run date: 03/22/94 @ 13:36
Bus date: 03/22/1994

Crystal Lake School District #47
IMRF MONTHLY REPORT

PYIMRF.L02 Page 1

SOCIAL SECURITY	LAST NAME	FIRST NAME	IMRF EMPLOYER	IMRF EMPLOYEE	GROSS WAGES
[redacted]	PRESTLEY	PENNY	2.52	1.10	24.34
** Report Total **			2.52	1.10	24.34

Number of lines printed = 24

*** End of report ***

Dec. 1993

Run date: 03/22/94 @ 13:37
Bus date: 03/22/1994

Crystal Lake School District #47
IMRF MONTHLY REPORT

PYIMRF.L02 Page 1

SOCIAL SECURITY	LAST NAME	FIRST NAME	IMRF EMPLOYER	IMRF EMPLOYEE	GROSS WAGES
[redacted]	PRESTLEY	PENNY	56.24	24.40	542.32
** Report Total **			56.24	24.40	542.32

Number of lines printed = 24

*** End of report ***

Jan 1994

Run date: 03/22/94 @ 13:39
Bus date: 03/22/1994

Crystal Lake School District #47
IMRF MONTHLY REPORT

PYIMRF.L02 Page 1

SOCIAL SECURITY	LAST NAME	FIRST NAME	IMRF EMPLOYER	IMRF EMPLOYEE	GROSS WAGES
[redacted]	PRESTLEY	PENNY	26.50	11.52	256.03
** Report Total **			26.50	11.52	256.03

Number of lines printed = 24

*** End of report ***

Feb. 1994

Run date: 03/22/94 @ 13:51
Bus date: 03/22/1994

Crystal Lake School District #47
IMRF MONTHLY REPORT

PYIMRF.L02 Page 1

SOCIAL SECURITY	LAST NAME	FIRST NAME	IMRF EMPLOYER	IMRF EMPLOYEE	GROSS WAGES
[redacted]	PRESTLEY	PENNY	45.89	19.95	443.37
** Report Total **			45.89	19.95	443.37

Number of lines printed = 24

*** End of report ***

Crystal Lake School District #47
IMRF FOURTH QUARTER REPORT

SOCIAL SECURITY	LAST NAME	FIRST NAME	IMRF EMPLOYER	IMRF EMPLOYEE	GROSS WAGES
[redacted]	PRESTLEY	PENNY	58.76	25.50	566.66
** Report Total **			58.76	25.50	566.66

Number of lines printed = 24

*** End of report ***

Illinois Municipal Retirement Fund

100 South Wacker Drive Chicago, IL 60606 312/346-6722

NOTICE OF PARTICIPATION IN IMRF

EMPLOYEE DATA (PLEASE PRINT OR TYPE)

ENTER THE EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER EXACTLY AS SHOWN ON THE SOCIAL SECURITY CARD

1. EMPLOYEE NAME: LAST: Prestley FIRST: Penny MIDDLE INITIAL: S

2. SOCIAL SECURITY NUMBER: [redacted]

3. EMPLOYEE MAILING ADDRESS: STREET OR ROUTE: [redacted]

CITY: [redacted] STATE: IL ZIP CODE: [redacted]

4. BIRTHDATE: MONTH DAY YEAR [redacted]

5. BIRTH PLACE: Elgin IL

6. SEX: ☐ MALE ☒ FEMALE

7. MARITAL STATUS: [redacted]

8. IF YOU HAVE PARTICIPATED IN OTHER ILLINOIS PUBLIC PENSION SYSTEMS, PLEASE IDENTIFY SYSTEMS:

IMRF USES THE SOCIAL SECURITY NUMBER TO IDENTIFY THE MEMBER'S ACCOUNT AND FILE. IN ADDITION, THE SOCIAL SECURITY NUMBER IS USED ON IRS STATEMENTS ISSUED BY IMRF.

IF THE NAME IN BOX NO. 1 IS NOT THE SAME AS SHOWN ON THE SOCIAL SECURITY CARD, THE EMPLOYEE SHOULD TAKE EVIDENCE TO SUBSTANTIATE THE CHANGE OF NAME TO A LOCAL SOCIAL SECURITY OFFICE, SO THAT A NEW CARD MAY BE ISSUED.

I CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

EMPLOYEE SIGNATURE: Penny Prestley (WRITE, DO NOT TYPE OR PRINT) DATE: 2 / 12 / 92 (MONTH / DAY / YEAR)

EMPLOYER DATA (PLEASE PRINT OR TYPE)

9. EMPLOYER NAME: Crystal Lake School Districts 47 # 155 D/B/A Transportation Joint Agreement

10. EMPLOYER NUMBER (STATE SSA NUMBER): [redacted]

11. TITLE OF EMPLOYEE'S POSITION: School Bus Driver

12. DEPARTMENT: Transportation

13. DATE EMPLOYEE BEGAN PARTICIPATION IN IMRF WITH CURRENT EMPLOYER: MONTH: January DAY: 9 YEAR: 1988

14. DATE FIRST EMPLOYED (OR DATE OF REHIRE): MONTH: January DAY: 9 YEAR: 1988

15. IF DATE EMPLOYEE BEGAN PARTICIPATION (BOX 13) IS LATER THAN DATE FIRST EMPLOYED (BOX 14), PLEASE EXPLAIN:

16. IS EMPLOYEE:

A. ELECTED OFFICIAL OR APPOINTED TO ELECTIVE OFFICE? ☐ YES ☒ NO

B. CITY HOSPITAL WORKER? ☐ YES ☒ NO

IF "YES" EITHER BOX, ATTACH FORM 6.21

I CERTIFY THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT THE PERSON NAMED ABOVE IS EMPLOYED IN A POSITION WHICH QUALIFIES HIM OR HER FOR MEMBERSHIP IN IMRF WITH THE ABOVE EMPLOYER (SEE SECTION 3 OF THE AUTHORIZED AGENTS MANUAL FOR MEMBERSHIP QUALIFICATIONS).

AUTHORIZED AGENT SIGNATURE: [signature] (WRITE, DO NOT TYPE OR PRINT) DATE: Mar 18 92 (MONTH / DAY / YEAR)

IMRF FORM 6.10
REV. 6/88

EMPLOYER COPY

Illinois Municipal Retirement Fund 100 S. Wacker Drive, Chicago, IL 60606 312/346-6722

DESIGNATION OF BENEFICIARY

NAME OF MEMBER (TYPE OR PRINT) LAST	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
Prestley	Penny	S	[redacted]
NUMBER STREET	CITY		
[redacted]			

BY LAW, A SURVIVING SPOUSE IS THE BENEFICIARY. HOWEVER, MEMBERS IN PARTICIPATING STATUS (EMPLOYED, DRAWING DISABILITY BENEFITS OR ON SEASONAL LEAVE OR IMRF AUTHORIZED LEAVE OF ABSENCE) MAY EXCLUDE THEIR SPOUSE FROM DEATH BENEFITS PROVIDED THEY NAME AS BENEFICIARY OR BENEFICIARIES, BLOOD OR ADOPTIVE RELATIVES. INACTIVE AND RETIRED MEMBERS (INCLUDING ANNUITANTS RETURNING TO PARTICIPATING STATUS) CANNOT EXCLUDE THEIR SPOUSES.

PART I - REGULAR DESIGNATION

A. SPOUSE (PRIMARY BENEFICIARY UNLESS EXCLUDED IN PART II)

SPOUSE'S NAME LAST	FIRST	MIDDLE	MAIDEN (IF APPLICABLE)
[redacted]			
PLACE OF MARRIAGE			DATE OF MARRIAGE (MO.-DAY-YR.)
[redacted]			

B. DESIGNATION OTHER THAN SPOUSE

FIRST-NAMED BENEFICIARY(IES) — BENEFIT WILL BE PAID TO THIS BENEFICIARY (IES) IF NO SPOUSE SURVIVES OR IF SPOUSE IS EXCLUDED NAME	RELATIONSHIP	SHARE TO EACH (WILL SHARE EQUALLY IF NO SHARES SPECIFIED)
[redacted]		

CONTINGENT BENEFICIARY(IES) — BENEFIT WILL BE PAID TO THIS BENEFICIARY (IES), IF NO SPOUSE SURVIVES OR SPOUSE IS EXCLUDED AND NO FIRST NAMED BENEFICIARY (IES) SURVIVES NAME	RELATIONSHIP	SHARE TO EACH (WILL SHARE EQUALLY IF NO SHARES SPECIFIED)

SIGN HERE	DATE
* [signature] (WRITE, DO NOT TYPE OR PRINT)	2/13/92

PART II - OPTIONAL EXCLUSION OF SPOUSE (DO NOT FILL OUT IF YOU WANT SPOUSE AS BENEFICIARY)

I HEREBY EXCLUDE MY SPOUSE NAMED BELOW FROM DEATH BENEFITS — LUMP SUM OR SPOUSE ANNUITY — PAYABLE BY IMRF. I UNDERSTAND (1) THAT THIS EXCLUSION IS APPLICABLE ONLY IF OTHER NAMED SURVIVING BENEFICIARY(IES) NAMED IN PART I-B IS A BLOOD OR ADOPTIVE RELATIVE AND I AM IN A PARTICIPATING STATUS AT DEATH AND (2) MY SPOUSE WILL BE ENTITLED TO NEITHER A LUMP SUM DEATH BENEFIT NOR SURVIVING SPOUSE PENSION.

SPOUSE'S NAME LAST	FIRST	MIDDLE	MAIDEN (IF APPLICABLE)

SIGN HERE ONLY IF YOU ARE EXCLUDING SPOUSE AS A BENEFICIARY	DATE
* (WRITE, DO NOT TYPE OR PRINT)	

Illinois Municipal Retirement Fund

100 South Wacker Drive, Chicago, IL 60606 - 312/346-6722

NOTICE OF TERMINATION OF IMRF PARTICIPATION

PLEASE PRINT OR TYPE

1. Employer Name	2. Employer SSA Number
TJA Transportation	[redacted]
3. Name of IMRF Member	**4. Social Security Number**
Penny S. Prestley	[redacted]

5. Date IMRF Coverage Stopped — (Month): January — (Day): 25 — (Year): 1991

6. REASON

- [x] Resignation or Dismissal
- [ ] Elected Official - Term expires _____ mo/day/yr
- [ ] Retirement - Complete Box 8
- [ ] Death: Work Accident? _____ yes _____ no
  If death occurred while a contributing member, the date IMRF coverage stopped should be same as date of death
- [ ] Medical
- [ ] Change from IMRF qualifying position to nonqualifying position - employment relationship continues
- [ ] Change from IMRF to another Illinois Public Retirement System
- [ ] Military Leave
- [ ] Other - please explain

7. FINAL "EARNINGS AND CONTRIBUTIONS REPORT"

A) Date of member's final paycheck (which may include severance pay, vacation pay, sick pay or any bonus due employee) . . . . . February 1, 1991 (Mo/Day/Yr)

B) The member's final paycheck data will be on the Report of Earnings and Contributions for the month of . . . . . January 1991 (MONTH/YEAR)

8. COMPLETE THIS SECTION IF MEMBER IS RETIRING

The IMRF member was under an established sick leave plan which is available to all employees or class of employees and the member accumulated _____ (no. of days, if none enter none) whole days of UNUSED SICK DAYS for which the member will NOT BE PAID.

9. COMPLETE THIS SECTION IF THE MEMBER OWES IMRF CONTRIBUTIONS

The member carries an unpaid contribution balance of $ _____ previously charged to this employer's account under an IMRF charge advice. Since the member has not reimbursed this employer for this amount, please deduct it from the member's benefit payment and transfer the credit to the employer's account.

10. CERTIFICATION OF AUTHORIZED AGENT

I certify to the Illinois Municipal Retirement Fund Board of Trustees that the above information is true and correct to the best of my knowledge and belief.

Mar 18 92 — Date

Paul L. Yeager — Signature of Authorized Agent

THIS FORM IS NOT AN APPLICATION FOR ANY BENEFIT. BENEFITS MUST BE CLAIMED BY THE MEMBER ON THE APPROPRIATE CLAIMS FORMS AS FOLLOWS:

REFUND - APPLICATION FOR SEPARATION REFUND 5.10
PENSION - APPLICATION FOR RETIREMENT ANNUITY 5.20
DEATH - APPLICATION FOR DEATH BENEFIT 5.30
DISABILITY - MEMBER'S APPLICATION FOR DISABILITY BENEFITS 5.40
DISABILITY - EMPLOYER'S CERTIFICATE OF DISABILITY 5.41
DISABILITY - PHYSICIAN'S STATEMENT 5.42

IMRF FORM 6.41 (REV. 1-98)

RETAIN THIS COPY FOR YOUR RECORDS

REGIONAL SUPERINTENDENT OF SCHOOLS
McHENRY COUNTY

THIS IS TO CERTIFY THAT

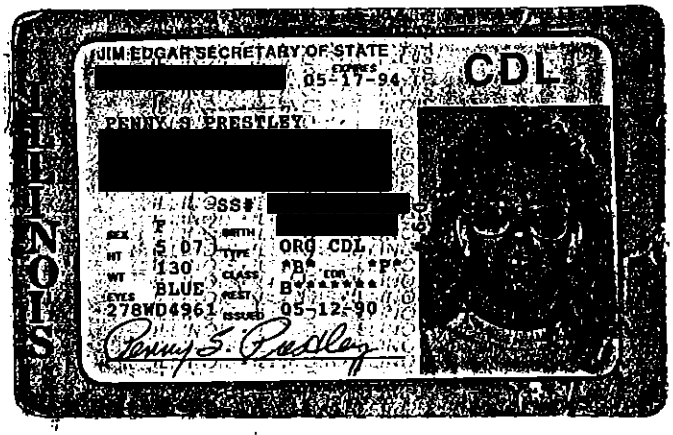
PENNY PRESTLEY

has successfully completed the Initial School Bus Driver Training Course on JANUARY 25, 1994

Leslie Hellemann

Regional Superintendent of Schools

STEP 4



1. Road Test
2. School Bus

a Control number		Void		
100218		☐		
b Employer's identification number			1 Wages, tips, other compensation	2 Federal income tax withheld
[redacted]			54[illegible].16	
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
TRANSPORTATION JOINT AGREEMENT 1200 SOUTH MCHENRY AVENUE CRYSTAL LAKE IL 60014			56[illegible].00	[illegible].12
			5 Medicare wages and tips	6 Medicare tax withheld
			56[illegible].00	[illegible].22
			7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
[redacted]				
e Employee's name (first, middle initial, last)			11 Nonqualified plans	12 Benefits included in Box 1
[redacted]			13 See Instrs. for Box 13	14 Other
f Employee's address and ZIP code			15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep. ☐ 942 emp. ☐ Subtotal ☐ Deferred compensation ☐	
16 State Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL [redacted]	54[illegible].16	16.23			

Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement 1993

Copy D For Employer

For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0008

91-92

DAILY ATTENDANCE RECORD

Name PRESTLEY, PENNY Department

YEAR:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

SICK 10

PERSONAL 2

ABSENCE CODES

A = Accident at Work
AH = Accident at Home
D = Disciplinary Layoff
FD = Family Death
FI = Family Illness
H = Holiday
I = Illness
J = Jury Duty
X = Unknown Cause
L = Leave of Absence
LO = Layoff
P = Personal Reasons
V = Vacation

TOPS FORM No. 3284

SEN. DATE 1/9/88

RATE 8.75

SOC. SEC. # 325-62-0128

NAME PENNY PRESTLEY PHONE 455-1995

ADDRESS ~~241 TERRA COTTA~~ 224 Lincoln Parkway POSITION BUS DRIVER

CITY, ZIP CRYSTAL LAKE 60014 SOCIAL SEC. [redacted]

MARITAL STAT _____ SPOUSE _____

ON FILE: APPLICATION PHYSICAL TB TEST IMRF INS.

SENIORITY DATE OCT. 13 1987 RESIGNATION DATE _____

ASSIGNMENT-SALARY

DATE	POSTION	RATE OF PAY	
JULY 1, 1988	BUS DRIVER	6.76	
Oct 13		7.07	
89-90		7.48	10/13 - 7.80
		8.00	10/13 8.34

SICK DAYS

4 hours

YEAR	UNUSED	1	2	3	4	5	6	7	8	9	10
1988-89	1	½ 8/30	½ 9/1	½ 11/7	½ 11/30	½ 12/1	½ 1/5	1/6			
		½ 10/20	½ 11/25	2hrs 2/9	2hrs 2/15	2hrs 3/1	3/9 2hrs				
		4/17	5/30	6/31 + 2hrs							
1989-90	1½	8/25	½ day 9/26	½ day 10/26	½ day 11/1						
	1½	11/20	2hrs 12/18	2hrs 1/16	2hrs 3/22	2½					
90-91	1½	2hrs 2/24	2hrs 3/15	3/22 2hrs	2hrs 5/21	5/29	6/6 ½ day				
		1	2	3	4	5	6	7½	8½	9 (used 9 days)	

PERSONAL DAY

YEAR	UNUSED	1	2
1988-89	1		
1989-90	1		

VACATION

YEAR	WEEKS EARNED	WEEKS USED

Illinois Municipal Retirement Fund

100 South Wacker Drive Chicago, IL 60606
312/346-6722

EMPLOYER COPY

MEMBER'S STATEMENT OF ACCOUNT FOR THE YEAR 1989

CRYSTAL LAKE SD 47

TAX DEFERRED PLAN BEGAN 07/04

EMPLOYER SSA NUMBER: [redacted]

PRESTLEY PENNY S
[redacted]

DATE OF BIRTH: 00 00 00

SEX:

SOCIAL SECURITY NO.: [redacted]

YOUR IMRF SERVICE AND CONTRIBUTION ACCOUNT

EXPLANATION	SERVICE		CONTRIBUTIONS CREDIT							
	YEARS	MONTHS	RETIREMENT		SPOUSE		OVER DEDUCTED OR UNDER DEDUCTED (-)		TOTAL MEMBER CONTRIBUTIONS REPORTED	
BEGINNING BALANCE ON 1/1/89	1	3	275	18	55	03		1	$330	22
1989 CREDITS:										
TAX DEFERRED (TD)		12	261	89	52	38		2-	314	25
ENDING BALANCE ON 12/31/89	2	3	537	07	107	41		1-	$644	47

PENSION GUARANTEED AFTER 8 (OR MORE) YEARS OF SERVICE

REFUNDABLE AMOUNT PROVIDED NO LONGER A CONTRIBUTING MEMBER AND NOT ELIGIBLE FOR A PENSION

1989 MONTHLY EARNINGS AND CONTRIBUTIONS REPORTED TO IMRF

JAN		FEB		MAR		APR		MAY		JUNE		TOTAL EARNINGS	
	372 31		669 28		702 16		456 52		725 61		695 28	$6,983	86
TD	16 76	TD	30 12	TD	31 89	TD	20 54	TD	32 65	TD	31 28		
JULY		AUG		SEPT		OCT		NOV		DEC		TOTAL CONTRIBUTIONS	
	565 80		333 28		660 73		588 02		697 91		536 96		
TD	24 56	TD	15 00	TD	29 73	TD	26 46	TD	31 40	TD	24 16	TD $314	25

TAX DEFERRED AMOUNT - SUBJECT TO IRS TAX WHEN DISTRIBUTED: $644.47

IMRF

BENEFIT INFORMATION

IMRF provides four types of benefits: 1) Withdrawal of a member's contributions upon termination of participation, 2) Survivor benefits upon the death of a member, 3) Disability benefits; 4) Retirement benefits.

These benefits and eligibility requirements are described in our leaflet, "Your Retirement Fund". To apply for any of these benefits or to obtain additional information concerning your statement see your authorized agent or write directly to IMRF.

THANK YOU.

90-91

DAILY ATTENDANCE RECORD

Name Penny Prestley Department

YEAR:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY														4S PD	4S PD	4S PD	4S PD														
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															S
SEPTEMBER						S				S	S						S Pd														
OCTOBER																P	S														
NOVEMBER												S Pd			S Pd					S Pd										
DECEMBER				S Pd		S Pd					S Pd																				

asof 1-17-91 all sick days are used up + pers days

Sick 12½
Pers 2

ABSENCE CODES

A	= Accident at Work	FI	= Family Illness	L	= Leave of Absence
AH	= Accident at Home	H	= Holiday	LO	= Layoff
D	= Disciplinary Layoff	I	= Illness	P	= Personal Reasons
FD	= Family Death	J	= Jury Duty	V	= Vacation
		X	= Unknown Cause		

SICK DAYS USED
~~HHH~~ ½
~~HHH~~ 11

PERS. DAYS USED
11

Hire Date 1/9/88
Rate 8.34
Soc Sec # 375-62-9128

1 Control number	OMB No. 1545-0008	Co. code	Corp.code	Department	File number
076233 TZK		TZK			076233

2 Employer's name, address, and ZIP code	6 Statutory Employee	Deceased	Pension Plan	Legal Rep.	942 Emp.	Sub-Total	Deferred Compensation	Void
TRANSPORTATION JOINT AGREEMENT 1204 S MCHENRY AVE CRYSTAL LAKE IL 60014	☐	☐	☒	☐	☐	☐	☐	☐

3 Employer's ID number	4 Employer's state ID number	7 Allocated tips	8 Advance EIC payment
[redacted]	[redacted]		
5 Employee's SSA number		9 Federal income tax withheld: 32.03	10 Wages,tips,other compensation: 623.08
[redacted]		11 Social security tax withheld: 40.45	12 Social security wages: 652.44
		13 Social security tips	14 Medicare wages and tips: 652.44

19 Employee's name, address, and ZIP code	15 Medicare tax withheld	16 Nonqualified plans
PENNY S PRESTLEY [redacted]	9.46	
	17 See Instrs. for Form W-2	18 Other

20	21	22 Dependent care benefits	23 Benefits included in Box 10

24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
18.70	623.08	IL W-2			

Copy D For Employer

Dept. of the Treasury–Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

Illinois Municipal Retirement Fund
100 South Wacker Drive, Chicago, IL 60606 312/346-6722

MEMBER'S STATEMENT OF ACCOUNT FOR THE YEAR 1991

If you have service with more than one IMRF employer, you will receive a combined statement of account in a separate mailing.

You will find a summary of your IMRF benefits on the reverse side of this statement.

PRESTLEY PENNY S
[redacted]

Employer CRYSTAL LAKE SD 47
Employer I.D.#
Social Security # [redacted]
Date of Birth 00/00/00

YOUR MONTHLY EARNINGS AND CONTRIBUTIONS REPORTED TO IMRF FOR 1991

	EARNINGS	CONTRIBUTIONS		EARNINGS	CONTRIBUTIONS
JAN	415.25	18.69	JUL		
FEB	237.19	10.67	AUG		
MAR			SEP		
APR			OCT		
MAY			NOV		
JUN			DEC		

TOTAL 1991 EARNINGS 652.44

TOTAL 1991 MEMBER CONTRIBUTIONS 29.36

YOUR IMRF MEMBER CONTRIBUTIONS

Tax Deferred

As of 12/31/90	$	919.12
Credited in 1991	$	29.36

MEMBER CONTRIBUTIONS FOR THIS EMPLOYER AS OF 12/31/91 $ 948.48

YOUR TOTAL IMRF SERVICE

	Years	Months
As of 12/31/90	3	3
Credited in 1991		2

IMRF SERVICE FOR THIS EMPLOYER AS OF 12/31/91 3 years 5 months

IF YOU HAVE A QUESTION ABOUT YOUR STATEMENT...

If you have a general question regarding your Member Statement of Account, you can call your IMRF Field Representative:

REX RENNER 815/562-8056
207 LINDER LANE
ROCHELLE, IL 61068

However, if any information regarding your personal data, earnings or member contributions is **incorrect,** please make a photocopy of this statement,

- indicate the changes on the photocopy,
- sign your name below and
- mail it to IMRF at the address above.

You can use the space below to provide an explanation or additional information **(please print or type).** You may use an additional sheet if necessary.

Signature _____

ILLINOIS SCHOOL BUS DRIVER PERMIT

County		District	Permit Number
MC HENRY		47/155	051305
Date Issued	**Class**	**Restriction**	**Expiration Date**
10-10-90	B	CDL	10-09-91
Illinois Drivers License		**Social Security Number**	
[redacted]		[redacted]	
Birthdate	**Sex**	**Height**	**Weight**	**Hair**	**Eyes**
[redacted]	F	5'7"	160	BLOND	BLUE
Home Address					**Zip Code**
[redacted]					60014

051305 SIGNATURE OF DRIVER

Signature of Driver

(SBE 42-51 (12/87)) Permit not valid unless signed in ink by driver

1 Control number	OMB No. 1545-0008	Co. code	Corp.code	Department	File number
076233 TZK		TZK			076233

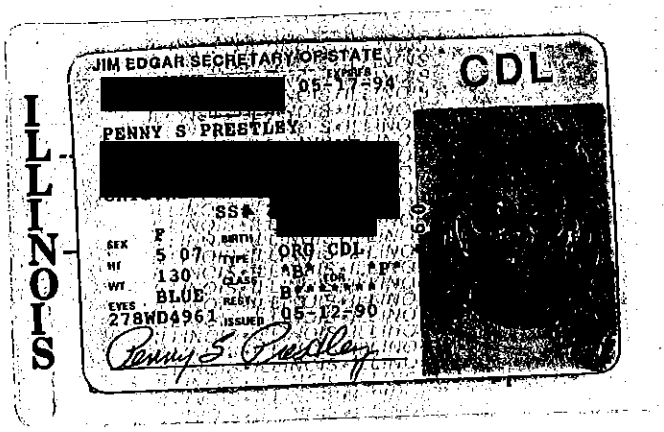
2 Employer's name, address, and ZIP code	6 Statutory Employee	Deceased	Pension Plan	Legal Rep.	942 Emp.	Sub Total	Deferred Compensation	Void
TRANSPORTATION JOINT AGREEMENT 1204 S MCHENRY AVE CRYSTAL LAKE IL 60014	☐	☐	☒	☐	☐	☐	☐	☐

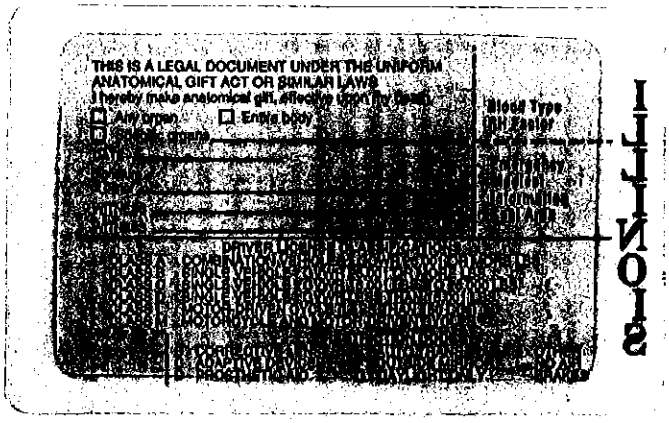
3 Employer's ID number	4 Employer's state ID number	7 Allocated tips	8 Advance EIC payment
[redacted]	[redacted]		
5 Employee's SSA number		9 Federal income tax withheld 462.24	10 Wages,tips,other compensation 5828.53
[redacted]		11 Social security tax withheld 466.91	12 Social security wages 6103.18
19 Employee's name, address, and ZIP code PENNY S PRESTLEY [redacted]		13 Social security tips	14 Nonqualified plans
		15 Dependent care benefits	16 Fringe benefits incl. in Box 10.
		17	18 Other

24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
174.88	5828.53	IL W-2			

Copy D For Employer — Dept. of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1990**


ILLINOIS
JIM EDGAR SECRETARY OF STATE
CDL
EXPIRES 05-17-94
[redacted]
PENNY S PRESTLEY
[redacted]
SEX F
HT 5 07
WT 130
EYES BLUE
278WD4961
BIRTH
TYPE ORG CDL
CLASS
RESTR
ISSUED 05-12-90
Penny S. Prestley


THIS IS A LEGAL DOCUMENT UNDER THE UNIFORM ANATOMICAL GIFT ACT OR SIMILAR LAWS
Any organ
Entire body
Blood Type
ILLINOIS

1 Control number		Co.code	Corp.code	Department	File Number
TZK076233		TZK			076233

2 Employer's name,address,and ZIP code

TRANSPORTATION JOINT
AGREEMENT
1204 S MCHENRY AVE
CRYSTAL LAKE IL 60014

3 Employer's identification number [redacted]

4 Employer's state ID number [redacted]

5 Statutory Employee ☐ Deceased ☐ Pension Plan ☒ Legal Rep. ☐ 942 Emp. ☐ Sub Total ☐ Deferred Compensation ☐ Void ☐

6 Allocated tips

7 Advance EIC payment

8 Employee's social security number [redacted]

9 Federal income tax withheld: 550.16

10 Wages,tips,other compensation: 6669.61

11 Social security tax withheld: 524.49

12 Employee's name (first,middle,last)

PENNY S PRESTLEY

13 Social security wages: 6983.86

14 Social security tips

16

16a Fringe benefits incl. in Box 10

[redacted]

15 Employee's address and ZIP code

17 State income tax	18 State wages,tips,etc.	19 Name of state
180.33	6669.61	IL W-2

20 Local income tax	21 Local wages,tips,etc.	22 Name of locality

Form W-2 Wage and Tax Statement 1989
OMB No. 1545-0008

Copy D For Employer

Dept. of the Treasury—IRS

EMPLOYER COPY

Illinois Municipal Retirement Fund

100 South Wacker Drive Chicago, IL 60606
312/346-6722

MEMBER'S STATEMENT OF ACCOUNT FOR THE YEAR 1988

EMPLOYER SSA NUMBER [redacted]

DATE OF BIRTH [redacted] SEX SOCIAL SECURITY NO [redacted]

YOUR IMRF SERVICE AND CONTRIBUTION ACCOUNT

EXPLANATION	SERVICE		CONTRIBUTIONS CREDIT			
	YEARS	MONTHS	RETIREMENT	SPOUSE	OVER DEDUCTED OR UNDER DEDUCTED (—)	TOTAL MEMBER CONTRIBUTIONS REPORTED
BEGINNING BALANCE ON 1/1/88						
1988 CREDITS:						
ENDING BALANCE ON 12/31/88						

PENSION GUARANTEED AFTER 8 (OR MORE) YEARS OF SERVICE

REFUNDABLE AMOUNT PROVIDED NO LONGER A CONTRIBUTING MEMBER AND NOT ELIGIBLE FOR A PENSION

1988 MONTHLY EARNINGS AND CONTRIBUTIONS REPORTED TO IMRF

JAN	FEB	MAR	APR	MAY	JUNE	TOTAL EARNINGS
JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL CONTRIBUTIONS

IMRF

BENEFIT INFORMATION

IMRF provides four types of benefits: 1) Withdrawal of a member's contributions upon termination of participation; 2) Survivor benefits upon the death of a member; 3) Disability benefits; 4) Retirement benefits.

These benefits and eligibility requirements are described in our leaflet, "Your Retirement Fund". To apply for any of these benefits or to obtain additional information concerning your statement see your authorized agent or write directly to IMRF.

THANK YOU.

1 Control number	OMB No. 1545-0008	Co. code	Corp.code	Department	File number
076233 TZK		TZK			076233

2 Employer's name, address, and ZIP code

TRANSPORTATION JOINT
AGREEMENT
1204 S MCHENRY AVE
CRYSTAL LAKE IL 60014

6 Statutory Employee ☐ Deceased ☐ Pension Plan ☒ Legal Rep. ☐ 942 Emp. ☐ Sub Total ☐ Deferred Compensation ☐ Void ☐

3 Employer's ID number	4 Employer's state ID number
[redacted]	[redacted]

5 Employee's SSA number	
[redacted]	

19 Employee's name, address, and ZIP code

PENNY S PRESTLEY
[redacted]

7 Allocated tips	8 Advance EIC payment
9 Federal income tax withheld: 462.24	10 Wages,tips,other compensation: 5828.53
11 Social security tax withheld	12 Social security wages
13 Social security tips	14 Nonqualified plans
15 Dependent care benefits	16 Fringe benefits incl. in Box 10.
17	18 Other

24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
174.88	5828.53	IL W-2			

Copy 1 For State Tax Department

Dept. of the Treasury–Internal Revenue Service

Form **W-2 Wage and Tax Statement 1990**

ILLINOIS SCHOOL BUS DRIVER PERMIT

County	District	Permit Number
McHenry	47/155	029494

Date Issued	Class	Restriction	Expiration Date
10-11-89	C	1-0-0	10-10-90

Illinois Drivers License	Social Security Number
[redacted]	[redacted]

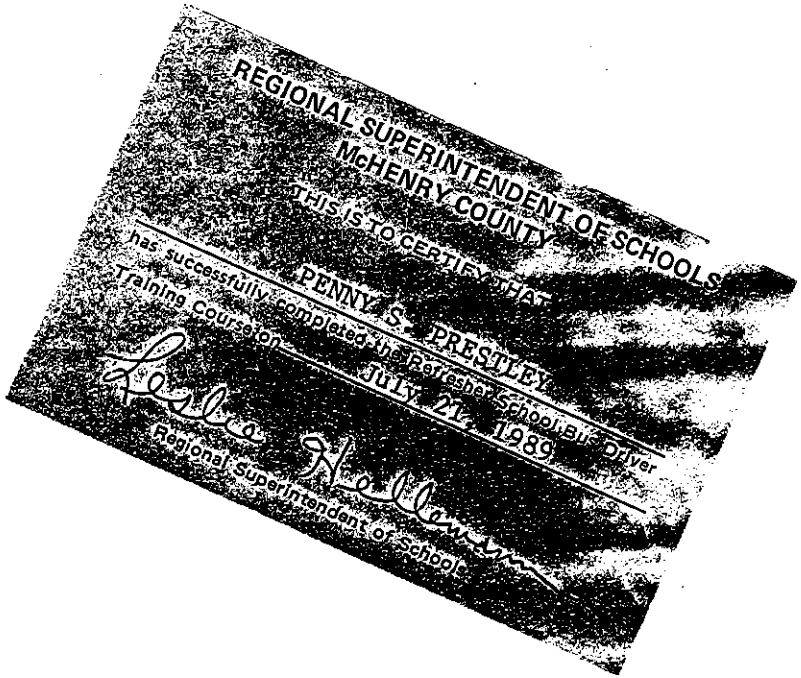
Birthdate	Sex	Height	Weight	Hair	Eyes
[redacted]	F	5'7"	187	Blond	Blue

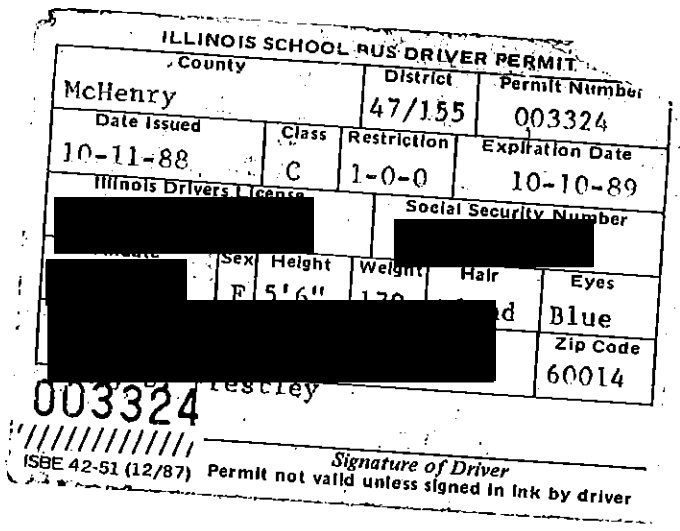
	Zip Code
[redacted]	60014

029494 Penny S. Prestley

Signature of Driver

ISBE 42-51 (12/87) Permit not valid unless signed in ink by driver


REGIONAL SUPERINTENDENT OF SCHOOLS
McHENRY COUNTY
THIS IS TO CERTIFY THAT
PENNY S. PRESTLEY
has successfully completed the Retired School Bus Driver
Training Course
July 21, 1989
Regional Superintendent of Schools



ILLINOIS SCHOOL BUS DRIVER PERMIT

County	District	Permit Number
McHenry	47/155	003324

Date Issued	Class	Restriction	Expiration Date
10-11-88	C	1-0-0	10-10-89

Illinois Drivers License	Social Security Number
[redacted]	[redacted]

Sex	Height	Weight	Hair	Eyes
F	5'6"	130	[illegible]d	Blue

[redacted] Zip Code 60014

[illegible]restley

003324

Signature of Driver

ISBE 42-51 (12/87) Permit not valid unless signed in ink by driver

REGIONAL SUPERINTENDENT OF SCHOOLS
McHENRY COUNTY

THIS IS TO CERTIFY THAT

PENNY S. PRESTLEY

has successfully completed the Initial School Bus Driver Training Course on November 19, 1987

Richard M. McHowell

Regional Superintendent of Schools

ILLINOIS STATE POLICE
DIVISION OF FORENSIC SERVICES AND IDENTIFICATION
260 NORTH CHICAGO STREET
JOLIET, ILLINOIS 60431-0260

SCHOOL BOARD PRESIDENT
CRYSTAL LAKE COMM SCHOOL DST 155
45 WEST FRANKLIN STREET
CRYSTAL LAKE IL 60014

ATTENTION: ROBERT C. BONCOSKY

PURSUANT TO THE CRIMINAL HISTORY BACKGROUND INVESTIGATION REQUEST FORM FOR ILLINOIS SCHOOL EMPLOYMENT SUBMITTED BY YOUR AGENCY FOR THE SUBJECT LISTED BELOW, THE ILLINOIS BUREAU OF IDENTIFICATION HAS IDENTIFIED NO RECORD OF ILLINOIS CONVICTIONS IN ITS FILES BASED UPON THIS APPLICANT'S NAME, SEX, RACE, AND DATE OF BIRTH.

A SEARCH BASED UPON THESE IDENTIFIERS WILL NOT REVEAL RECORDS UNDER ALIAS NAMES NOR RECORDS THAT MAY EXIST IN OTHER STATES.

THE BUREAU OF IDENTIFICATION USES STANDARD NATIONAL CRIME INFORMATION CENTER CODES IN NAME SEARCH PROGRAMS. THESE CODES INCLUDE SEX CODES OF M FOR MALE, F FOR FEMALE, OR U FOR UNKNOWN, AND RACE CODES OF W FOR WHITE (INCLUDES MEXICANS AND LATINS), B FOR BLACK, A FOR ASIAN/PACIFIC ISLANDER, I FOR AMERICAN INDIAN/ALASKAN NATIVE, OR U FOR UNKNOWN.

IF YOUR SUBMISSION CONTAINED VALUES OTHER THAN THESE STANDARD CODE VALUES, THEN THE SEARCH RESULTS COULD BE ADVERSELY AFFECTED.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS SITUATION, PLEASE FEEL FREE TO CONTACT MR. MICHAEL KILPATRICK AT (815) 740-5160.

IDENTIFIERS

SUBMISSION TYPE : FEE - INQUIRY NFPC
SUBJECTS NAME : PRESTLEY, PENNY SEX: F
DOB: : [redacted] RACE: W

WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW TITLE 42 USC 3771b PERTAINING TO CRIMINAL HISTORY INFORMATION.

IL 493-0826 STATE USE ONLY DSP6-486(1/87)
BATCH: 169639
DATE: 040588 ORI: IL056155S RO: 0016 PCN: 005966892 PAGE: 1

PAID

APR 0 1 1988

State of Illinois
DEPARTMENT OF STATE POLICE

CRIMINAL HISTORY BACKGROUND INVESTIGATION REQUEST FORM FOR ILLINOIS SCHOOL EMPLOYMENT

$3.00
BUREAU OF IDENTIFICATION
COST CENTER 096

RESPOND TO:

SCHOOL ORI: IL056155S

Transportation Joint Agreement
Districts 47 & 155
1204 S. McHenry Ave.
Crystal Lake, Ill. 60014

005966892

Does position for which this subject is applying require certification:

☐ YES ☒ NO

INSTRUCTIONS: This form must be filled out completely and correct fees attached. Please print all information, except the applicant's signature. Make all checks payable to the Illinois Department of State Police. Failure to comply with these instructions will result in the return of this request unprocessed.

APPLICANT INFORMATION

NAME: PRESTLEY, PENNY
(last name, first name)

SEX: F RACE: W DATE OF BIRTH: [redacted]
mo da yr

I authorize the Illinois Department of State Police, pursuant to Illinois Revised Statutes, 1985, to release any criminal history record information which may be identified as a result of this request. I agree to indemnify and save harmless the Department of State Police and its employees from any action arising out of the release of such information.

Penny Prestley
Signature of Applicant

9 21 82
mo da yr

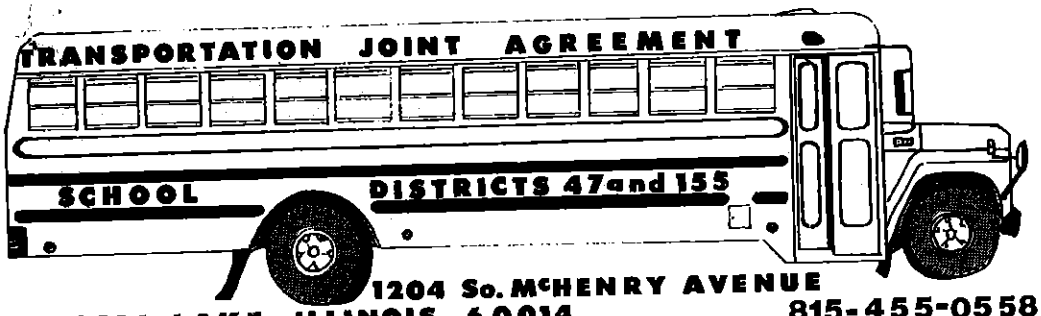
DEPARTMENT OF STATE POLICE USE ONLY

☐ Based upon the information supplied above, no criminal record was identified.

☐ In order to complete the processing of this request, the two fingerprint cards which are attached must be completed and submitted with a $22.00 fee.

IL 493-0060

CSPG-383.00(85)



1204 So. McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014 815-455-0558

PENNY PRESTLEY

June 27, 1988

On or about June 23, 1988 you did, by your own admission, cause your assigned vehicle to strike and sustain damage from a fixed object in a parking lot. Because of the circumstances, I have no alternative but to find the accident Preventable.

No disciplinary action will be taken against you at this time. However, should there be any further similar occurences, you my be subject to further disciplinary action up to and including, if neccessary, termination.

Richard A. Hansen
Director of Transportation

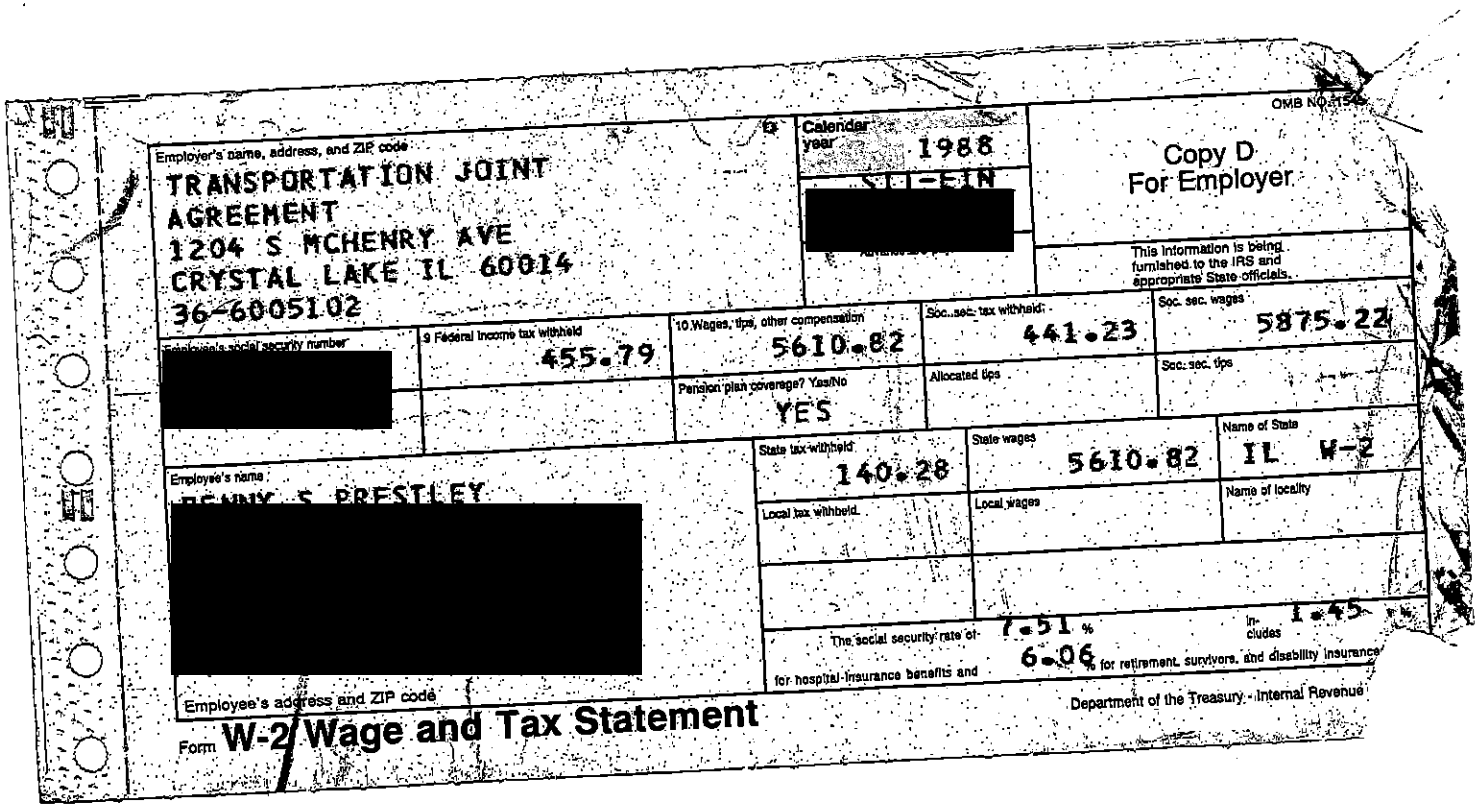
I, Penny Prestley, acknowledge receipt of a copy of this letter:

SIGNED: Penny Prestley
DATE: 6/29/88

6/23/88

As I pulled into the Main Block parking lot, I turned to drive on the left side of the booth, and while doing this I hit the block on the left side of me, causing damage to my bus.

Penny Crowley



OMB NO. 1545

Copy D
For Employer

This information is being furnished to the IRS and appropriate State officials.

Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S MCHENRY AVE
CRYSTAL LAKE IL 60014
36-6005102

Calendar year 1988

[redacted]-FIN

Employee's social security number [redacted]

9 Federal income tax withheld 455.79

10 Wages, tips, other compensation 5610.82

Soc. sec. tax withheld 441.23

Soc. sec. wages 5875.22

Pension plan coverage? Yes/No YES

Allocated tips

Soc. sec. tips

Employee's name
[redacted]

State tax withheld 140.28

State wages 5610.82

Name of State IL W-2

Local tax withheld

Local wages

Name of locality

The social security rate of- 7.51 % for hospital-insurance benefits and 6.06 % for retirement, survivors, and disability insurance

In- cludes 1.45

Employee's address and ZIP code

Form W-2 Wage and Tax Statement

Department of the Treasury - Internal Revenue

EMPLOYER COPY

Illinois Municipal Retirement Fund

100 South Wacker Drive Chicago, IL 60606
312/346-6722

MEMBER'S STATEMENT OF ACCOUNT FOR THE YEAR 1987

[illegible] TAX [illegible] 88 87 TAX DEFERRED PLAN [illegible] 87/88

[illegible] PENSITY PENEY S
[redacted]
60014

EMPLOYER SSA NUMBER [redacted]

DATE OF BIRTH [redacted] SEX SOCIAL SECURITY NO [redacted]

YOUR IMRF SERVICE AND CONTRIBUTION ACCOUNT

EXPLANATION	SERVICE		CONTRIBUTIONS CREDIT				OVER DEDUCTED OR UNDER DEDUCTED (—)		TOTAL MEMBER CONTRIBUTIONS REPORTED	
	YEARS	MONTHS	RETIREMENT		SPOUSE					
BEGINNING BALANCE ON 1/1/87										
1987 CREDITS:										
[illegible] DEFERRED (TD)		3	54	86	10	97		1		
ENDING BALANCE ON 12/31/87	0	3	54	86	10	97		1	565	82

PENSION GUARANTEED AFTER 8 (OR MORE) YEARS OF SERVICE

REFUNDABLE AMOUNT PROVIDED NO LONGER A CONTRIBUTING MEMBER AND NOT ELIGIBLE FOR A PENSION

1987 MONTHLY EARNINGS AND CONTRIBUTIONS REPORTED TO IMRF

JAN	FEB	MAR	APR	MAY	JUNE	TOTAL EARNINGS
						61,462 37
JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL CONTRIBUTIONS
			[illegible]	[illegible]	[illegible]	10 566 82

[illegible] TAX DEFERRED AMOUNT [illegible] SUBJECT TO IRS TAX [illegible] REGISTERED [illegible]

"YOUR RETIREMENT FUND" LEAFLETS WILL NOT BE AVAILABLE UNTIL LATER THIS YEAR. THEY ARE BEING REVISED TO INCORPORATE THE LEGISLATIVE CHANGES EFFECTIVE JULY 1988.

IMRF

BENEFIT INFORMATION

IMRF provides four types of benefits: 1) Withdrawal of a member's contributions upon termination of participation; 2) Survivor benefits upon the death of a member; 3) Disability benefits; 4) Retirement benefits.

These benefits and eligibility requirements are described in our leaflet, "Your Retirement Fund". To apply for any of these benefits or to obtain additional information concerning your statement see your authorized agent or write directly to IMRF.

THANK YOU.



1204 So. McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014 815-455-0558

March 16, 1988

PENNI PRESTLEY

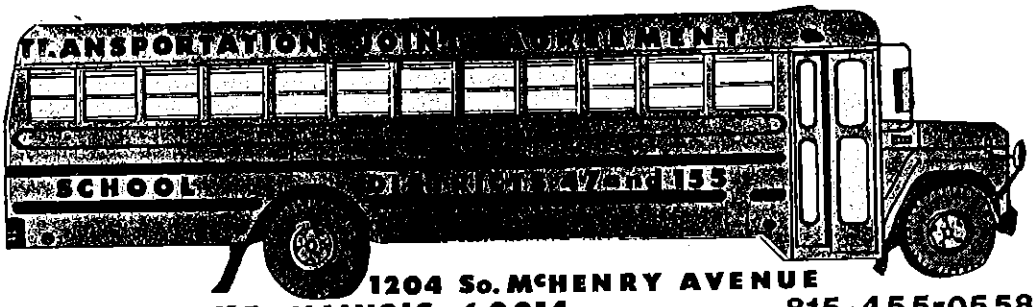
On or about March 8, 1988 you did cause, by your own admission, your assigned school bus to strike and cause damage to a parked vehicle. Because of the circumstances, I have no alternative but to find the accident Preventable.

No disciplinary action will be taken against you at this time. However, should there be any further similar occurences you may be subject to further disciplinary action up to and including, if neccessary, termination.

Richard A. Hansen
Director of Transportation

I, Penni Prestley, acknowledge receipt of a copy of this letter:

SIGNED: Penny Prestley DATE: 3/16/88



1204 So. McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014 815-455-0558

March 15, 1988

Roger L. Schlachter
[redacted]

Dear Mr. Schlachter:
On or about March 8, 1988, your vehicle was involved in a traffic accident with one of our school buses. It is my understanding that your vehicle was parked, and therefore our school bus was at fault.

If you desire to pursue a claim against the school district, please contact me at the above telephone number for instructions.

Sincerely,

Richard A. Hansen
Director of Transportation

Sheet 1 of 1 Sheets

TRAFFIC ACCIDENT REPORT

5522375 — CRYSTAL LAKE — POLICE

POLICE ACCIDENT NO: 88 03166 — INCIDENT NUMBER:

I.D.O.T. USE ONLY

ON: Number or Name of Highway or Street: PARKRIDGE DR — COUNTY: MCHENRY — TOWNSHIP OR (CITY): CRYSTAL LAKE

1 At Intersection With _____ (Number or Name of Intersecting Highway or Street)

2 If Not At Intersection 100 Feet or _____ Miles (Circle One) N E S (W) of WESTPORT (Nearest Highway, Street, Bridge, Milepost, or Other Landmark)

DATE OF ACCIDENT: MO 03 DAY 08 YR 88

TIME OF ACCIDENT: 3:29 (AM) PM

MOTOR VEHICLES INVOLVED: 2

DAY OF THE WEEK: M (T) W T F S S

CIRCLE ONE OR MORE — TYPE OF REPORT — CIRCLE ONE OR MORE
(1) Conventional, 2 Desk, 3 Animal, 4 Private Property, 5 Hit and Run, 6 Supplementary
1 Fatal, 2 Injury, (3) Property Damage, 4 Arrest, 5 Interstate/Expressway

UNIT #1

DRIVER'S NAME: Last PRESTLEY First PENNY M.I. S — DATE OF BIRTH MO. DAY YR. [redacted] — 1. MALE (2) FEMALE — TAKEN TO N/A — SAF. EQPT. 1 — TAKEN BY N/A — INJ. CODE 0

[redacted] — STATE IL — CLASSIFICATION C — RESTRICTIONS 1-0-0

VEHICLE MAKE: INTERNATIONAL — MODEL: SCHOOL BUS — VEHICLE TYPE: SCHOOL BUS — YEAR 78 — COLOR YELLOW — Total Occ. Unit 1 Including Driver 2

TRUCK DATA: NO. OF AXLES — NO. OF TRAILERS — TRAILER WIDTH(S) — TRAILER LENGTH(S) — VEH. LENGTH (TTL)

VEHICLE OWNER: SCHOOL DIST. 47+155/30 — VEHICLE IDENTIFICATION NO. DD822HH831364 — VEH. REGIST. 9391 SB — STATE IL

OWNER'S ADDRESS: 1204 S. MCHENRY AVE — CITY/STATE/ZIP/PHONE CRYSTAL LAKE IL 60014 (815) 455-0558 — TAG. NO. 12 — YEAR 87

VEHICLE REMOVED BY: DRIVER — VEHICLE REMOVED TO: UNK. — (1) DRIVEN AWAY, 2. TOWED AWAY

CIRCLE POINT OF CONTACT — F R

APPROX. COST TO REPAIR OR REPLACE: [X] UNDER $250 [ ] OVER $250

IF WITNESS, PLACE "W" IN UNIT NO. BOX

List additional passenger or witness information on a separate attached sheet.

UNIT #2 OR PEDESTRIAN

☐ DRIVER'S NAME ☐ PEDESTRIAN ☐ PEDALCYCLIST — Last — First — MI.

PARKED UNOCCUPIED — DATE OF BIRTH MO. DAY YR. / / — 1. MALE 2. FEMALE — TAKEN TO — SAF. EQPT. — TAKEN BY — INJ. CODE

DRIVER'S ADDRESS — CITY/STATE/ZIP/PHONE

DRIVER'S LICENSE NUMBER — STATE — CLASSIFICATION — RESTRICTIONS

VEHICLE MAKE — MODEL — VEHICLE TYPE — YEAR — COLOR — Total Occ. Unit 2 Including Driver

TRUCK DATA: NO. OF AXLES — NO. OF TRAILERS — TRAILER WIDTH(S) — TRAILER LENGTH(S) — VEH. LENGTH (TTL)

VEHICLE OWNER: SCHLACHTER, ROGER L — VEHICLE IDENTIFICATION NO. 1GCEK14H8DJ114625 — VEH. REGIST. A 86708 — STATE WI

OWNER'S ADDRESS: [redacted] — TAG. NO. 10 — YEAR 88

VEHICLE REMOVED BY: OWNER — VEHICLE REMOVED TO: UNK. — (1) DRIVEN AWAY, 2. TOWED AWAY

CIRCLE POINT OF CONTACT — F R

APPROX. COST TO REPAIR OR REPLACE: [ ] UNDER $250 [X] OVER $250

CODE FOR INJURY
Use only most serious one in each space for injury.
K Dead before report made.
O No indication of injury.
A Severely bleeding wounds, distorted member, or had to be carried from scene.
B Other visible injury as bruises, abrasions, minor cuts, swelling, etc.
C No visible injury, limping, momentary unconsciousness or complaint of pain.

SEATING IN VEHICLE: 1 2 3 / 4 5 6 / 7 ENCLOSED PASSENGERS / 8 EXPOSED PASSENGERS

DAMAGE TO PROPERTY OTHER THAN VEHICLE

NAME OF OWNER OF PROPERTY — ADDRESS OF OWNER

NATURE OF DAMAGE — APPROX. COST TO REPAIR OR REPLACE $

TIME NOTIFIED OF ACCIDENT	TIME ARRIVED AT SCENE	DATE NOTIFIED OF ACCIDENT (MONTH DAY YEAR)	DATE REPORT COMPLETED (MONTH DAY YEAR)
3:29 (AM) PM	3:33 (PM)	03/08/88	03/08/88

ARREST (NAME) Last First M.I. — SECTION NUMBER — TICKET NUMBER

ARREST (NAME) Last First M.I. — SECTION NUMBER — TICKET NUMBER

SIGNATURE OF INVESTIGATING OFFICER X — I.D. NUMBER 139 — BEAT/ZONE A-2 — COURT DATE / / — REVIEWING OFFICER

PASSENGERS AND/OR WITNESSES

NAME Last ESHELMAN First SHAWN M.I. M — [redacted] — STATE IL

(1) M 2. F — AGE 13 — [redacted]

UNIT NO. 1 — SEAT POS 6 — SAF. EQPT. 2 — TAKEN BY N/A — INJ. CODE 0

NAME Last First M.I. — ADDRESS — CITY — STATE

1. M 2. F — AGE — TAKEN TO

UNIT NO. — SEAT POS. — SAF. EQPT. — TAKEN BY — INJ. CODE

NAME Last First M.I. — ADDRESS — CITY — STATE

1. M 2. F — AGE — TAKEN TO

UNIT NO. — SEAT POS. — SAF. EQPT. — TAKEN BY — INJ. CODE

NAME Last First M.I. — REC MAR 09 1988 — CITY MTH STAT PLC — STATE

1. M 2. F — AGE — TAKEN TO — LINE # — ENT. BY

UNIT NO. — SEAT POS. — SAF. EQPT. — TAKEN BY — INJ. CODE

SAFETY EQUIPMENT USE

0 - UNKNOWN, NOT STATED
1 - SAFETY BELTS USED
2 - SAFETY BELTS-NOT USED
3 - HELMET USED
4 - HELMET PRESENT-NOT USED
5 - CHILD RESTRAINT USED
6 - CHILD RESTRAINT USED-NOT BELTED
7 - CHILD RESTRAINT PRESENT-NOT USED
8 - AIR BAG ACTIVATED

SR 1733 500M (rev 6/87) IL 494-0738

INDICATE BY DIAGRAM WHAT HAPPENED

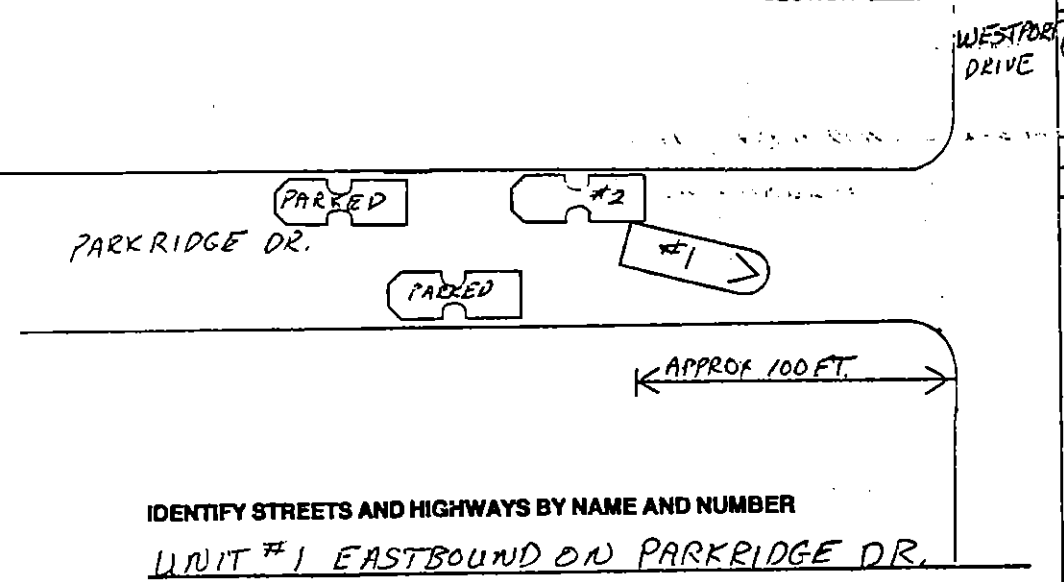
Show Milepost, Indentifier, and Distance and Direction, where applicable.

Indicate North

R ____ ____

T ____ ____

SECTION ____



IDENTIFY STREETS AND HIGHWAYS BY NAME AND NUMBER

UNIT #1 EASTBOUND ON PARKRIDGE DR. APPROX. 100 FT. WEST OF WESTPORT DR. ATTEMPTING TO AVOID PARKED VEHICLES. UNIT #2 PARKED ON PARKRIDGE DR FACING WEST. UNIT #1 STRUCK UNIT #2 IN THE LEFT REAR WITH THE LEFT REAR OF UNIT #1 CAUSING MINOR DAMAGE TO BOTH UNITS. DRIVER OF UNIT #1 STATED I WAS ATTEMPTING TO DRIVE BETWEEN ALL THE PARKED VEHICLES WHEN I HIT UNIT #2

Describe what happened - REFER TO UNITS BY NUMBERS

8 TYPE OF ACCIDENT

1 - Pedestrian
2 - Motor Vehicle in Traffic
(3) - Parked Motor Vehicle
4 - Railroad Train
5 - Pedalcyclist
6 - Animal ____
7 - Fixed Object
8 - Other Object
9 - Motorcycle
10 - Moped
11 - Other ____

9 TRAFFIC CONTROL

1 - Stop Sign or Red Flasher
2 - Stop and Go Light
3 - Police Officer or Flagman
4 - Railroad Crossing Gates
5 - R.R. Flasher or Watchman
6 - Warning Sign or Yellow Flasher
7 - School Speed Zone
8 - No Passing Zone
9 - Other ____
(10) - No Control

10 ROADWAY DEFECTS

1 - Shoulder Low
2 - Shoulder Soft
3 - Holes, Bumps, etc.
(4) - Loose Material
5 - Repair Work Barricaded
6 - Repair Work not Barricaded
7 - No Defects
8 - Other ____

11 ROAD CHARACTER

(1) - Straight Level
(2) - Straight-on-Grade
3 - Straight Hillcrest
4 - Curve Level
5 - Curve-on-Grade
6 - Curve-Hillcrest

12 LIGHT

(1) - Daylight
2 - Dawn
3 - Dusk
4 - Darkness
5 - Darkness - Road Lighted

13 WEATHER

(1) - Clear
2 - Raining
3 - Snowing
4 - Fog/Smog
5 - Sleeting
6 - Blowing Dust

14 ROAD SURFACE COND.

1 - Dry
2 - Wet
3 - Snow/Ice
(4) - Muddy
5 - Oily
6 - Other ____

15 VEHICLE MANEUVER

Veh 1	Veh 2	
1	22	Going Straight Ahead
2	23	Passing
3	24	Making Right Turn
4	25	Making Left Turn
5	26	Making U Turn
6	27	Slowing or Stopping
7	28	Starting in Traffic Lane
8	29	Starting from Parked Position
9	30	Stopped in Traffic
10	(31)	Parked
11	32	Backing
12	33	Changing Lanes
13	34	Avoiding Pedestrian
(14)	35	Avoiding Other Vehicles
15	36	Avoiding Animals
16	37	Avoiding Previous Accident
17	38	Skidding Before Braking
18	39	Skidding After Braking
19	40	Crowded off Roadway
20	41	Driverless Moving Vehicle
21	42	Other ____

16 VEHICLE CONDITION

Veh 1	Veh 2	
(1)	(9)	No Apparent Defects
2	10	Lights Defective
3	11	Brakes Defective
4	12	Steering Defective
5	13	Puncture - Blowout
6	14	Worn or Slick Tires
7	15	Motor Trouble
8	16	Other Defects ____

17 ROADWAY LANES

Veh 1	Veh 2	
(1)	8	One Lane
2	9	Two Lanes
3	10	Three Lanes
4	11	Four Lanes
5	12	Five Lanes or more
6	13	Unpaved any width
7	14	One Way

18 VISION OBSCURED

Veh 1	Veh 2	
(1)	13	Not Obscured
2	14	Rain, Snow, Ice on Windshield
3	15	Trees, Crops, Bushes
4	16	Buildings
5	17	Embankment
6	18	Sign Board
7	19	Hillcrest
8	20	Parked Vehicle(s)
9	21	Moving Vehicle(s)
10	22	Blinded by Headlights
11	23	Blinded by Sunlight
12	24	Other ____

19 PED./PEDALCYCLIST ACTION

1 - Crossing at Intersection with Signal
2 - Crossing at Intersection Against Signal
3 - Crossing at Intersection No Signal
4 - Crossing Not at Intersection
5 - Coming From Behind Parked Vehicle
6 - Walking/Riding in Roadway - With Traffic
7 - Walking/Riding in Roadway - Against Traffic
8 - Playing in Roadway
9 - Working in Roadway
10 - Not in Roadway
11 - Other ____
12 - Getting on or off School Bus

20 APP. PHY. CONDITION

Driver 1	Driver 2	
1	13	Previous Injury/Disability
2	14	Illness - Temporary
3	15	Fatigued - Asleep
4	16	Medicated
(5)	17	Normal
6	18	Emotionally Upset
7	19	Distraction - In or Outside
8	20	Preoccupied
9	21	Age
10	22	Condition Unknown
11	23	Other ____
12	24	Had Been Drinking

21 CHEMICAL TEST

Driver 1	Driver 2	
1	4	Test Offered - Taken
2	5	Test Offered - Refused
(3)	6	Test Not Offered

22 ALCOHOL TEST

Driver 1	Driver 2	Type of Test
1	6	Blood
2	7	Breath
3	8	Urine
4	9	Saliva
5	10	Tissue

23 ALCOHOL TEST RESULTS

Driver No. 1	Driver No. 2
0.	0.

24 MISC. INFORMATION

Traffic Control/Sign Visible? Yes (No)
Controls Functioning? Yes (No)
Did Fire Occur? 1 Yes (No) 2 Yes (No)
Tested for Drugs? 1 Yes (No) 2 Yes (No)

5522375

25 HAZARDOUS MATERIALS - MOTOR CARRIER SAFETY

- FEDERAL CENSUS NUMBER: ____
- TRANSPORTATION OF HAZARDOUS MATERIALS
  VEHICLE 1 ☐ YES ☒ NO VEHICLE 2 ☐ YES ☒ NO
- DID VIOLATION OF HAZMAT REGULATIONS CONTRIBUTE TO ACCIDENT?
  ☐ YES ☐ NO ☐ UNK
- DID VIOLATION OF MCS REGULATIONS CONTRIBUTE TO ACCIDENT?
  ☐ YES ☐ NO ☐ UNK
- WAS INSPECTION FORM COMPLETED?
  HAZMAT ☐ YES ☐ NO ☐ UNK O/S ____
  MCS ☐ YES ☐ NO ☐ UNK O/S ____

26 POLICE AGENCY USE ONLY

F.K. 88-05160

5522375

MOTORIST'S REPORT OF ILLINOIS MOTOR VEHICLE ACCIDENT

WHERE ACCIDENT OCCURRED

COUNTY McHenry CITY Crystal Lake

Road or Street On Which Accident Occurred PARKRIDGE
(Highway Number, U.S. or State; If No Highway Number - Identify Road by Name)

At Intersection With
(Number or Name of Intersecting Highway or Street)

If Not at Intersection 200 Feet or ____ Miles (CIRCLE) N E S W of Wes-Port
(Nearest Highway, Street, Bridge, Milepost, or Other Landmark)

WHEN ACCIDENT OCCURRED

MONTH 3 DAY 8 YEAR 88

M T W T F S S

HOUR APPX 3:20 AM PM

TOTAL MOTOR VEHICLES INVOLVED 2

I.D.O.T. USE ONLY

THE PROVIDING OF FALSE INFORMATION IS A CLASS C MISDEMEANOR AND CAN RESULT IN A $500 FINE AND A 30-DAY SENTENCE.

DRIVER NUMBER 1 - YOURSELF

DRIVER'S NAME (LAST, FIRST, MIDDLE) PRESTLEY, PENNY, S. | BIRTH MO. DAY YR. | DRIVER'S LICENSE NO. | STATE | 1-MALE 2-FEMALE

STREET ADDRESS | CITY/STATE/ZIP CODE | COUNTY | SAF. EQPT

VEHICLE NUMBER 1 - YOUR VEHICLE

OWNER'S NAME School Districts 47 & 155 d/b/a Transportation Joint Agreement | ADDRESS 1204 South McHenry Avenue Crystal Lake, Il 60014

VEHICLE MAKE	MODEL AND TYPE	YEAR	VEHICLE LICENSE NO. - STATE AND YEAR
IHC/Wayne	IHC School Bus 1700	1978	9391 SB Illinois 1989

TRUCK DATA	NO. OF AXLES	NO. OF TRAILERS	TRAILER WIDTH(S)	TRAILER LENGTH(S)	VEH. LENGTH (TTL)

IDENTIFICATION NUMBER - SERIAL D0822HH831364 | APPROX. COST TO REPAIR $ NONE | WAS VEHICLE PARKED? 1 - Yes 2 - No | LEGALLY? 1 - Yes 2 - No

Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square. ☐

DRIVER NUMBER 2 — OTHER DRIVER OR PEDESTRIAN/PEDALCYCLIST

☐ DRIVER'S NAME (LAST, FIRST, MIDDLE) | BIRTH MO. DAY YR. | DRIVER'S LICENSE NO. | STATE | 1-MALE 2-FEMALE

☐ PED. Parked/Unoccupied

STREET ADDRESS | CITY/STATE/ZIP CODE | COUNTY | SAF. EQPT.

VEHICLE NUMBER 2 - OTHER VEHICLE

OWNER'S NAME Roger L. Schlachter | ADDRESS

VEHICLE MAKE	MODEL AND TYPE	YEAR	(CHECK LICENSE NO. - STATE AND YEAR)
Unknown	Unknown	Unk.	A 86-708 Wisconsin 1988

TRUCK DATA	NO. OF AXLES	NO. OF TRAILERS	TRAILER WIDTH(S)	TRAILER LENGTH(S)	VEH. LENGTH (TTL)

IDENTIFICATION NUMBER - SERIAL | APPROX. COST TO REPAIR $ | WAS VEHICLE PARKED? 1 - Yes 2 - No | LEGALLY? 1 - Yes 2 - No

Was driver (owner) of Vehicle 2 Insured? Yes ☐ No ☐ Not Known ☒ | DID POLICE OFFICER INVESTIGATE ACCIDENT 1 - Yes

CODES FOR COMPLETION OF INJURY INFORMATION

SEATING IN VEHICLE



Use Code "P" If Pedestrian.

SAFETY EQUIPMENT USE

0 - UNKNOWN, NOT STATED
1 - SAFETY BELTS USED
2 - SAFETY BELTS - NOT USED
3 - HELMET USED
4 - HELMET PRESENT - NOT USED
5 - CHILD RESTRAINT USED
6 - CHILD RESTRAINT USED - NOT BELTED
7 - CHILD RESTRAINT PRESENT - NOT USED
8 - AIR BAG ACTIVATED

INJURY

K Dead before report made
O No indication of injury
A Severely bleeding, wounds, distorted member or had to be carried from scene
B Other visible injury as bruises, abrasions, minor cuts, swelling, etc.
C No visible injury, limping, momentary unconsciousness or complaint of pain

LIST PERSONS KILLED OR INJURED

NAME / ADDRESS / DESCRIBE INJURIES	AGE	SEX	VEH. NO.	SEAT POS.	INJURY	SAF. EQPT.

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES | APPROX. COST TO REPAIR $ | OWNER'S NAME | OWNER'S ADDRESS

SIGN HERE Penny Prestley Signature of person making report | ADDRESS | DATE March 15, 1988

COMPLETE BOTH SIDES OF THIS FORM

Mail Report To
Accident Report Office
Illinois Department of Transportation
Springfield Illinois 62766

Form SR-1 (REV 6/87) IL 494-0734

YOUR INSURANCE

If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.

Were you covered by a liability insurance policy at the time of this accident? ☒ YES ☐ NO

Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others.

State FArm Insurance

Name and address of representative who sold policy.

Kathy Rink-Miller
4501 Rte 176
Crystal Lake, Illinois 60014

Policy Number F800 521-A01-13

Policy Period From: 7-1-87 To: 6-30-88

Name of Policy Holder School Districts 47 & 155 d/b/a Transportation Joint Agreement

THIS SPACE FOR FLEET OPERATORS ONLY

If your vehicle operated in compliance with the Federal "Motor Carrier's Act", show the Interstate Commerce Commission docket number.

Federal Census Number

Is a Form SR-23 on file with the Department of Transportation covering your vehicle? ☐ YES ☐ NO

Has the Department of Insurance issued a certificate of self-insurance covering your vehicle? ☐ YES ☐ NO

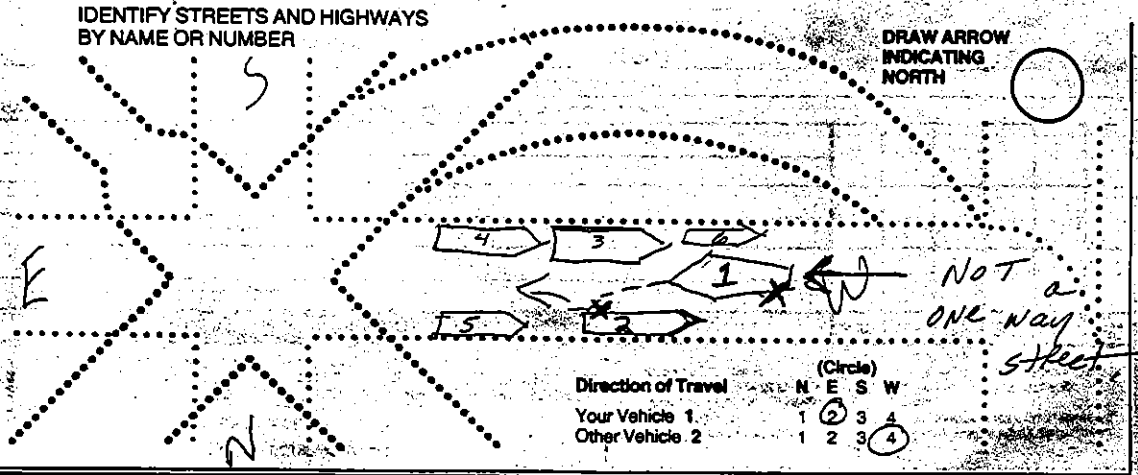
DIAGRAM WHAT HAPPENED

INSTRUCTIONS

1. Follow dotted lines to draw outline of roadway at place of accident.
2. Number each vehicle and show direction of travel by arrow.
3. Use solid line to show path before accident:
   dotted line after accident:
4. Show pedestrian by:
5. Show railroad by:
6. Show utility poles by:
7. Show motorcycle by:

IDENTIFY STREETS AND HIGHWAYS BY NAME OR NUMBER

DRAW ARROW INDICATING NORTH



Direction of Travel	(Circle) N	E	S	W
Your Vehicle 1	1	2	3	4
Other Vehicle 2	1	2	3	4

DESCRIBE WHAT HAPPENED (Refer to vehicles by number): As I was approaching all of the vehicles belonging to construction workers I noticed that there were many vehicles in the Road & parked illegally. I came to a stop and vehicle #6 moved out of the way. #'s 2, 3, 4, & 5 would not move, but waved me through. I proceeded to go slowly when suddenly the Rear of my bus hit #2 truck. At that time vehicle #'s 4 & 5 left & #3 & #2 stayed until the police arrived.

X marks place where my bus hit his truck

CIRCLE NUMBER OF ITEM OR ITEMS IN EACH BOX PERTAINING TO ACCIDENT

8 TYPE OF ACCIDENT - WITH
1 - Pedestrian
2 - Motor Vehicle in Traffic
3 - Parked Motor Vehicle
4 - Railroad Train
5 - Bicyclist
6 - Animal _____
7 - Fixed Object
8 - Other Object
9 - Motorcycle
10 - Moped
11 - Other _____

9 MANEUVER
1 - Avoiding Pedestrian
2 - Avoiding Other Vehicles
3 - Avoiding Animal
4 - Avoiding Previous Accident
5 - Skidding Before Braking
6 - Skidding After Braking
7 - Crowded Off Roadway
8 - Driverless Moving Vehicle
9 - Other _____

10 YOUR ACTION AT TIME OF ACCIDENT
1 - Going Straight Ahead
2 - Changing Lanes
3 - Making Right Turn
4 - Making Left Turn
5 - Making U Turn
6 - Slowing or Stopped
7 - Starting in Traffic Lane
8 - Starting from Parked Position
9 - Stopped in Traffic
10 - Parked
11 - Backing
12 - Other _____

11 WHAT PED./PEDALCYCLIST WAS DOING
1 - Crossing at Intersection with Signal
2 - Crossing at Intersection Against Signal
3 - Crossing at Intersection No Signal
4 - Crossing Not at Intersection
5 - Coming From Behind Parked Vehicle
6 - Walking/Riding in Roadway - With Traffic
7 - Walking/Riding in Roadway - Against Traffic
8 - Getting Off or On School Bus
9 - Getting Off or On Other Vehicle
10 - Playing in Roadway
11 - Hitching on Vehicle
12 - Working in Roadway
13 - Not in Roadway
14 - Other _____

12 ROAD CHARACTER
1 - Straight Level
2 - Straight-on-Grade
3 - Straight - Hillcrest
4 - Curve - Level
5 - Curve-on-Grade
6 - Curve - Hillcrest

13 LIGHT
1 - Daylight
2 - Dawn
3 - Dusk
4 - Darkness
5 - Darkness - Road Lighted

14 WEATHER
1 - Clear
2 - Rain
3 - Snow
4 - Fog/Smog
5 - Sleet
6 - Blowing Dust

15 ROAD SURFACE CONDITION
1 - Dry
2 - Wet
3 - Snow/Icy
4 - Muddy
5 - Oily
6 - Other _____

16 ROAD DEFECTS
1 - Low Shoulder
2 - Soft Shoulder
3 - Holes, Bumps, etc.
4 - Loose Material on Roadway
5 - Construction - Barricaded
6 - Construction - Not Barricaded
7 - No Defects
8 - Other _____

17 TOTAL ROADWAY LANES
1 - One Lane
2 - Two Lanes
3 - Three Lanes
4 - Four Lanes
5 - Five or More Lanes
6 - Unpaved Any Width

7 - One Way? 1 - Yes 2 - No

18 VISION OBSCURED
1 - Not Obscured
2 - Rain, Snow, Ice on Windshield
3 - Trees, Crops, Bushes
4 - Buildings
5 - Embankment
6 - Sign Board
7 - Hillcrest
8 - Parked Vehicle(s)
9 - Moving Vehicle(s)
10 - Blinded by Headlights
11 - Blinded by Sunlight
12 - Other _____

19 TRAFFIC CONTROL
1 - Stop Sign
2 - Stop and Go Light
3 - Officer or Flagman
4 - Railroad Crossing Gates
5 - Railroad Flashing Lights
6 - None
7 - Other _____

1 - Was Traffic Sign Visible? 1 - Yes 2 - No

2 - Control Functioning? 1 - Yes 2 - No

20 MISC. INFORMATION

ODOMETER READING □□□□□.□ 1/10

SPEED LIMIT 30 M.P.H.

POSTED 1 - Yes 2 - No

Were you familiar with road on which accident occurred? 1 - Yes 2 - No

DID FIRE OCCUR? 1 - Yes 2 - No

The Safety Responsibility Law

For general information only.

(See Sections 7-100 through 7-216 of the Illinois Vehicle Code for complete statute.)

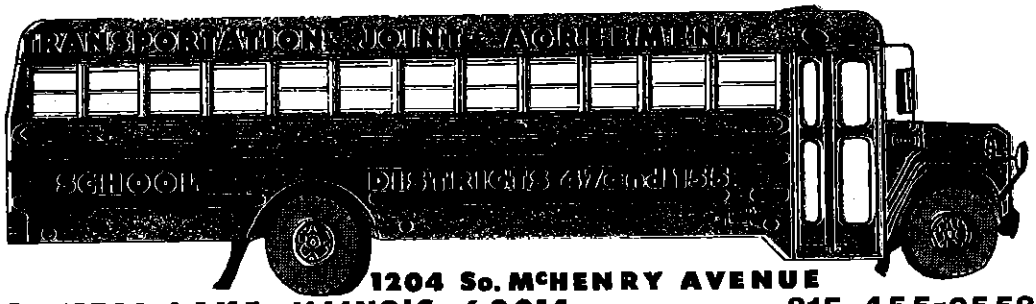
In certain cases drivers and owners may be required to prove financial responsibility, usually by presenting evidence of automobile liability insurance.

When any person sustains property damage in excess of $250 or personal injuries, the names of uninsured motorists are sent to the Secretary of State with a legal notice of possible security deposit. The notice names all potential property damage and bodily injury claimants, and lists the evaluated amounts of those potential claims. The evaluations are based on information shown in the reports filed by drivers or owners. It is important that reports be filed promptly and that complete and accurate descriptions of property damage and bodily injuries be shown in the spaces provided on the report form.

The accident file, which usually contains a police report and a report from each driver, will be sent to the Secretary of State. That office will review the reports to ascertain if the uninsured driver was legally at fault. If the driver was clearly not at fault the file will be closed; otherwise a Hearing will be held. If the Hearing officer concludes, after considering all written and oral evidence, that there is reasonable possibility of legal fault, the uninsured driver will have the following options: 1. Deposit security; 2. Present evidence of releases from liability (or signed agreements to pay for damages in installments) from all potential claimants named on the security deposit notice; 3. Show evidence of a final adjudication of nonliability. If the uninsured motorist fails to comply with any of the above options, his/her driver's license (if driver) and vehicle registration privileges (if owner) would be suspended.

(None of the above affects any person's right to sue to recover damages.)

(Security deposits, releases, or installment agreements are to be submitted to the Secretary of State.)



1204 So. McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014 815-455-0558

January 4, 1987

Penny Prestley

A review has been made of your employment here at TJA at the completion of your Probationary period. Your work with TJA has been found satisfactory and you are now considered a Part-Time Employee.

Richard A. Hansen
Director of Transportation

I, Penny Prestley, acknowledge receipt of a copy of this letter:

SIGNED: Penny Prestley DATE: 1/6/88

ILLINOIS SCHOOL BUS DRIVER PERMIT

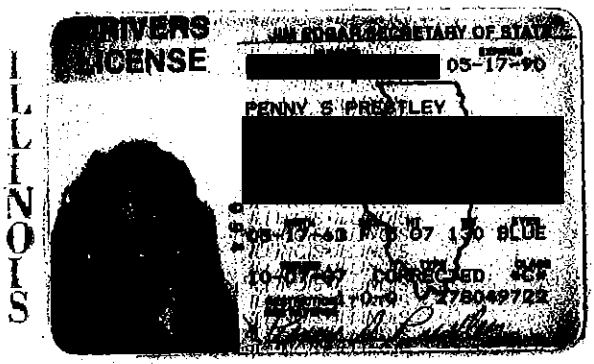
County		District	Permit Number
McHenry		47/155	1037596
Date Issued	**Class**	**Restriction**	**Expiration Date**
10-7-87	C	1-0-0	10-6-88
Illinois Drivers License		**Social Security Number**	
[redacted]		[redacted]	
Birthdate	**Sex**	**Height**	**Weight**	**Hair**	**Eyes**
[redacted]	F	5'6"	161	Blond	Blue
[redacted]					**Zip Code** [redacted]

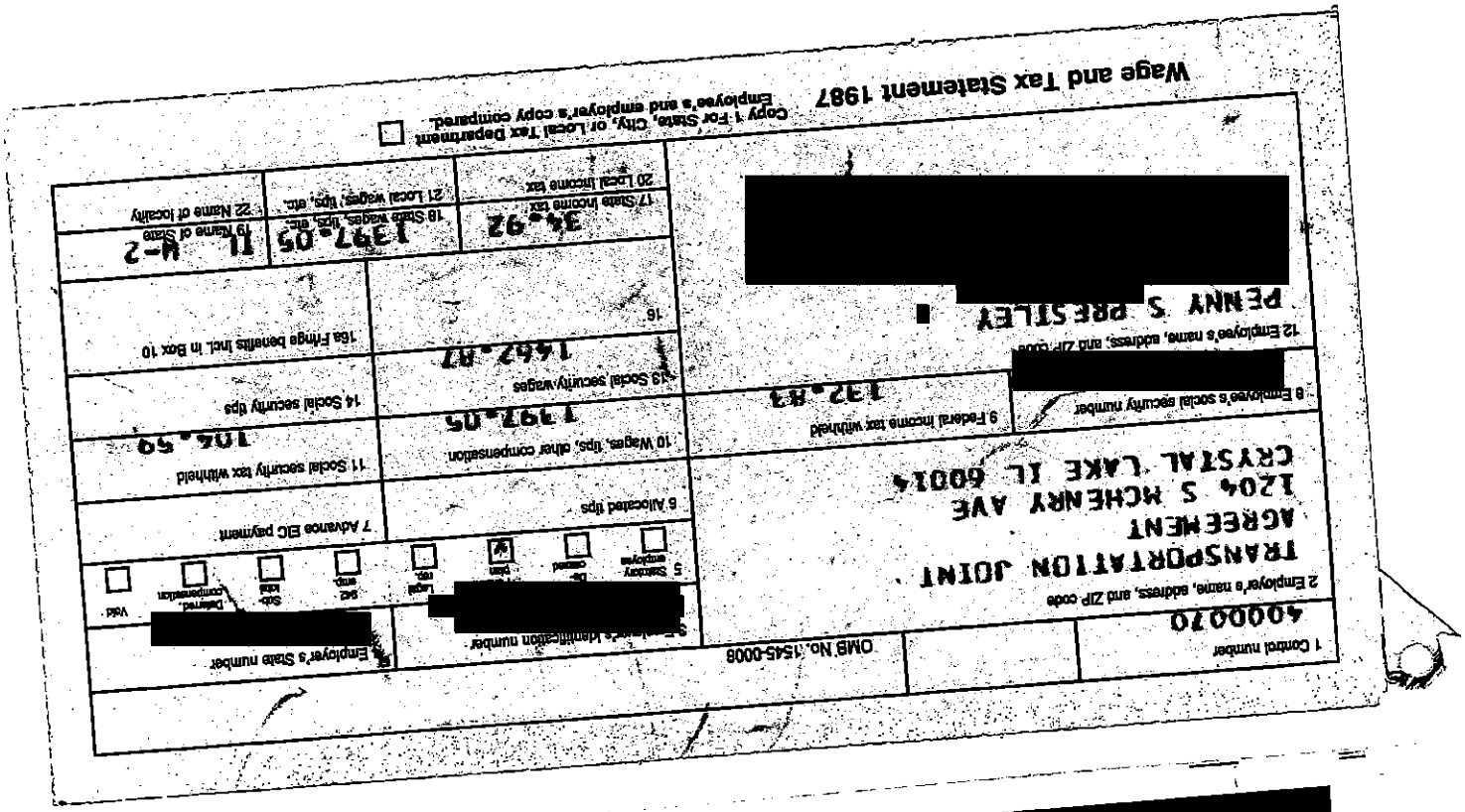
Penny S. Prestley

1037596 *Penny S. Prestley*

Signature of Driver

ISBE 42-51 (3/83) Permit not valid unless signed in ink by driver





Wage and Tax Statement 1987

Copy 1 For State, City, or Local Tax Department
Employee's and employer's copy compared.

1 Control number 4000070

2 Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S MCHENRY AVE
CRYSTAL LAKE IL 60014

3 Employer's identification number [redacted]

4 Employer's State number [redacted]

OMB No. 1545-0008

5 Statutory employee ☐ Decd ☐ Pen plan ☑ Leg rep ☐ 942 emp ☐ Sub-total ☐ Deferred compensation ☐ Void ☐

6 Allocated tips

7 Advance EIC payment

8 Employee's social security number [redacted]

9 Federal income tax withheld 132.83

10 Wages, tips, other compensation 1397.05

11 Social security tax withheld 104.59

12 Employee's name, address, and ZIP code
PENNY S PRESTLEY
[redacted]

13 Social security wages 1462.87

14 Social security tips

16

16a Fringe benefits incl. in Box 10

17 State income tax 34.92

18 State wages, tips, etc. 1397.05

19 Name of State IL K-2

20 Local income tax

21 Local wages, tips, etc.

22 Name of locality

Department of the Treasury
Internal Revenue Service

Wage and Tax Statement 1987

Copy D for employer

CENTER SEPARATE FORM.
DELEAVE EACH SIDE. BURST
AS REQUIRED. IF COPY A IS
BURST, IT IS DONE AS AN 11" LENGTH.

PASS 4

STATE OF ILLINOIS JIM EDGAR SECRETARY OF STATE

INSTRUCTION PERMIT

ISSUED	CLASS	EXPIRES	BIRTH
09-25-87	*C*	09-25-88	05-17-63

LIC NO [redacted] 57656 SEX F

PENNY S PRESTLEY

HAIR BLND EYES BLUE

[redacted]

HGT 5 07 WGT 130

SS# [redacted]

RESTR: 1-0-0

Penny Prestley

DRIVER SERVICES DEPARTMENT

278048260

STATE OF ILLINOIS JIM EDGAR SECRETARY OF STATE

APPLICANT EXAM RECEIPT 09-25-87

[redacted] 0 57656 05-17-63 F

V X

PENNY S PRESTLEY

[redacted]

B X

C 2 PASS

D 1 N/A

BLND BLUE 5 07 130 TA:A

1-0-0 C* $ .00

325-62-0128

Penny Prestley

DRIVER SERVICES DEPARTMENT

278048260

TRANSPORTATION JOINT AGREEMENT

DISTRICTS 47 & 155

1204 South McHenry Avenue
Crystal Lake IL 60014

APPLICATION FOR EMPLOYMENT IN TRANSPORTATION DEPARTMENT

DATE: 9/22/87

NAME: PRESTLEY PENNY S TELEPHONE [redacted]
(last) (First) (middle)

ADDRESS [redacted]

SOCIAL SECURITY # [redacted] BIRTH DATE [redacted]

EDUCATION: NAME & LOCATION DATES ATTENDED DATE GRADUAT

Grade School IMMANUEL LUTHERAN

High School CRYSTAL LAKE SOUTH HIGH '78-'82

College

OTHER: Trade, Business, etc.

1) Do you carry an Illinois Drivers License? ✓ Yes No 5/17/90 Expiration Da

2) Years experience driving Auto 8 Bus or Truck .

3) Do you carry an Illinois "C" license? Yes ✓ No.

4) License # [redacted] Restrictions 1-0-0 Class A.

5) Do you have any physical defects? Yes ✓ No.

6) Do you have at least 20/40 vision in each eye? ✓ Yes No.

7) Have you ever been convicted of reckless driving? Yes ✓ No.

8) Have you ever been convicted of driving while intoxicated? Yes ✓ No.

9) Have you ever had your driver's license revoked? Yes ✓ No.

10) In the last two years have you been convicted of two moving violations? Yes ✓ No or a chargeable accident? Yes ✓ No.

REFERENCES;

	Name	Address	Telephone	Position
1.	[redacted]			
2.				
3.				
4.				

EMPLOYMENT HISTORY: (List most recent employment first)

1.) EMPLOYER NAME AND ADDRESS SUN ELECTRIC
1 SUN PKWY CRYSTAL LAKE IL

Telephone 459-7700 Salary: 7.35 Dates employed: 8/81 - Presen

Position Held: ACCTNG CLERK Duties: Accounts Receivable

Reason for leaving: Want part time work and something very different Supervisor: JoEllen GRYZBOWSK

2.) EMPLOYER NAME AND ADDRESS MONTGOMERY WARD
NW HWY CRYSTAL LAKE

Telephone # ? Salary: 3.65 Dates employed: 7/79 - 8/81

Position Held: Cashier Duties:

Reason for leaving: P/T + pay Supervisor:

3.) EMPLOYER NAME AND ADDRESS

Telephone Salary: Dates employed:

Position Held: Duties:

Reason for leaving Supervisor:

Any employment or offer of employments is subject to a physical examination and approval of the Board of Education.

I affirm that the statements made herein are true and correct to the best of my knowledge and I understand that if I am employed and if any statement herein is not true or if my references are not entirely satisfactory to this employer, I may be released immediately. I authorize investigation of all statements in this application. If I am released for either of these reasons, I will be paid only through the day of release.

Signature of Applicant

DISTRICT 47 & 155 is an Equal Opportunity Employer - Thank you for your interest in our schools.

NEW EMPLOYEES WILL BE PAID FOR TRAINING AS FOLLOWS:

BASIC TRAINING PROGRAM:

a. Up to 20 hours of basic training including behind-the-wheel and classroom room instruction sufficient to successfully pass the written and driving examination administered by the Illinois Secretary of State.

b. Basic training required in excess of 20 hours will not be paid. Any training required beyond 20 hours must be approved by the Director of Transportation.

c. The basic training pay will be paid in two equal payments as follows:

BASIC TRAINING PAY IS MINIMUM WAGE 3.35

One-half will be included in the next regular payroll check issued after 30 days from date-of-hire, and one-half will be included in the next regular payroll check following 60 days from date-of-hire. If the newly hired employee leaves or is separated prior to those dates, then the employee does not qualify for Basic Training Pay.

STATE OF ILLINOIS 8-HOUR COURSE:

a. This course must be completed within statutory requirements (45 school days) as set forth by the State of Illinois in order to retain the School Bus Driver Permit.

60 cal

b. The 8-hour course will be paid in the next regular payroll check (following date-of-hire) following satisfactory completion of the course.

c. The pay will be minimum wage.

OTHER TRAINING:

a. All other training for new employees such as (but not limited to) riding to learn routes and field trips, etc., will be paid at minimum wage for time involved.

I have read and understand the above and agree to the terms.

NAME: Penny Priestley DATE: 9/24/87

NAME: Penny Prestley

Guide to Applicant Interview

1. Driver background:

   a. Experience driving a school bus? My autos
   b. Experience driving a truck or similar? ✓
   c. This is ONLY a part-time job--10 to 20 hrs. per week. 10 mos. Take with
   d. Number and age of school age children. Babysitting problems?
   e. Is the driver available for field trips? yes
      Day yes Night Weekend
   f. Any experience with standard transmission? No
   g. Is the applicant on Social Security or other retirement? Own car
   h. How will they get to work?
   i. Is their husband or wife agreeable to this job? yes
   j. How far is their travel to work? 4 miles
   k. Why are they applying for work in the Transportation Dept.? p/t work & take child with

2. Administrative:

   a. Explain payscale, progression, 2 hrs. min. ✓
   b. Explain ~~the bonus~~ system and sick days. ✓
   c. Explain probationary period (90 days). ✓
   d. Explain the training pay and physicals. ✓
   e. Explain the 8 hr. State course and 2 hr. refresher. ✓
   f. Explain insurance coverage, liability and workmens compensation, group health. ✓
   g. Explain how accidents and judged (and consequences). ✓
   h. Explain safety programs and incentives. ✓
   i. Explain steps for getting started. ✓
   j. IMRF ✓

K. Price

6 FMRF AG

To Whom It May Concern:

This letter is requesting driving information on the driver listed below. Before this driver can get the proper permit necessary to drive a school bus in Illinois, he will need the following information as soon as possible.

NAME:_____
Last First Middle (Maiden)

ADDRESS:_____
(Address which was on out of state license)

BIRTHDATE:_____ LICENSE #_____
(Out of state license number)

1. The above driver has held a valid driver's license for a period of THREE consecutive years in the State of _____.

   YES_____ NO_____

2. The above driver has been convicted of two offenses against traffic violation laws governing the movement of vehicles within the last two years.

   YES_____ NO_____

3. The above driver has been convicted of reckless driving, driving while intoxicated or manslaughter or reckless homicide resulting from the operation of a motor vehicle within the last three years.

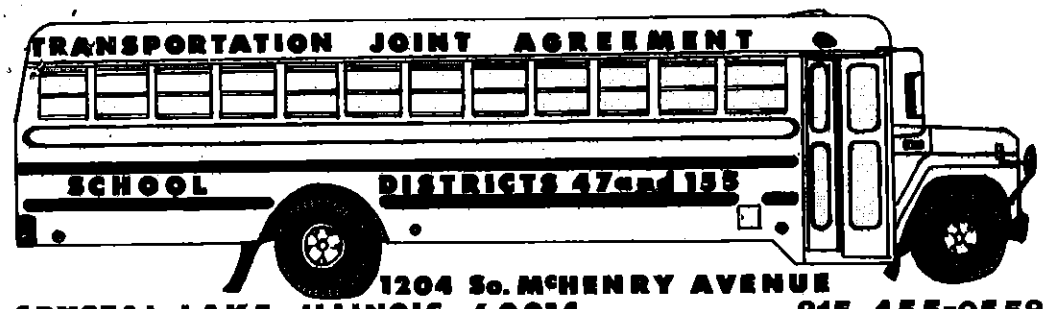
   YES_____ NO_____

The Office of the Secretary of Stae of Illinois requires an abstract of the above driver's record. PLEASE ATTACH A COPY TO THIS LETTER AND RETURN TO US.

Your early return of this request will be greatly appreciated.

Richard Hansen
Director of Transportation

NAME: TITLE: DATE:



1204 So. McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014 815-455-0558

_____ has applied for a position as a

_____ in our Crystal Lake School Districts. She/He has given us your name as a reference on her/his work while with your firm. Will you kindly give us your frank evaluation of this candidate? I can assure you this information will be kept strictly confidential.

Dates of employment	From_____ to_____
Position held	_____
Full-time or part-time	_____
Job Performance	Good_____ Fair_____ Poor_____
Attitude	Good_____ Fair_____ Poor_____
Attendance	Good_____ Fair_____ Poor_____
Reason for leaving	_____
Personal problems	_____

Any further particulars you wish to submit would be appreciated.

_____

_____

A stamped self-addressed envelope is enclosed for your convenience.

Sincerely,

Richard Hansen
Director of Transportation

RH:pd

I have been referred to a bus driving posistion with Transportation Joint Agreement by _____.

_____
Name

_____
Date

TRANSPORTATION JOINT AGREEMENT OF
CRYSTAL LAKE PUBLIC SCHOOL DISTRICTS 47 & 155

"I hereby acknowledge having received and read the Transportation Joint Agreement of Crystal Lake Public School District 47 & 155 Policy Manual. Further I understand the policies and rules. If I require interpretation, translations or clarifications of discipline, procedures, I understand it is my responsibility to inquire immediately about such."

Penny Bradley

DATED: 8/22/88

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

ALANNA M. WINANDY
ADMINISTRATIVE ASSISTANT

TIMOTHY M. OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

LISA D. RUSSO, DISPATCHER

NORMA URBINA, OFFICE ASSISTANT
Si habla español

Individualized Training Record

2003 & 2004 School Year

Check when done

- ☑ Pre-trip inspection
  - ☑ Proper securement of brooms, etc.
  - ☑ Mirror station already set mirrors
- ☑ Railroad Grade Crossings
  - ☑ Grant Street n/b
  - ☑ Prairie/East Street e/b
  - ☑ East Crystal Lake Avenue Main Line w/b
- ☑ Backing up/depth perception in Brock Industries parking lot
- ☑ Railroad Grade Crossings
  - ☑ East Crystal Lake Avenue spur w/b
  - ☑ Main Street "Oak Industries" spur s/b
  - ☑ Main Street "Farr Company" spur s/b
- ☑ Student loading/unloading
  - ☑ Setting Parking Brake and shifting transmission into NEUTRAL/PARK at all student stops and *releasing* Parking Brake BEFORE proceeding.
  - ☑ ⇨ WALK THE BUS ⇦
- ☑ Do not change routes and/or stops without permission from the TJA office.
- ☑ Driver feedback, questions. Write on reverse of this form if necessary.

Great Driver!!

As a TJA Driver Trainer, I certify that I have instructed the following person in the items covered above.

Trainer's Name: Michele Frank (Signature) Date: 5/4/04

Trainer's Name: Michele A Frank (Please print)

I certify that I have been instructed in the items listed above and that I fully understand all procedures covered in and required by same. If, in the future I believe I need additional training, I will contact TJA management and request same:

Driver's Name: [signature] (Signature) Date: 5/4/04

Driver's Name: Penny Prestley (Please print)

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA
ADMINISTRATIVE A

PHILL
SHOP

LINDA S. KRAJNOVICH, DI
LISA RUSSO, DI

Individualized Training Record

Check if done

- ☑ Pre-trip inspection with emphasis on brakes
- ☐ Mirror station
- ☑ Parking bus on TJA lot
- ☑ Bus evacuation
- ☐ ⇨ **WALK THE BUS** ⇦
- ☑ Setting parking brake, or shifting transmission into PARK at all student stops
- ☑ Do not change routes and/or stops without permission from the TJA office
- ☑ Proper 2-way radio etiquette. Do not use unless absolutely necessary

As a TJA Driver Trainer, I certify that I have instructed the following person in the items covered above.

Trainer's Name: Brenda Akroll Date: 2-22-22
(Signature)

Trainer's Name: Brenda Akroll
(Please print)

I certify that I have been instructed in the items listed above and that I fully understand all procedures covered in and required by same. If, in the future I believe I need additional training, I will contact TJA management and request same:

Driver's Name: Penny Priestley Date: 2/22/22
(Signature)

Driver's Name: Penny Priestley
(Please print)

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
TRAINING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA LAPETINA
ADMINISTRATIVE ASSISTANT

TIMOTHY M. OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

LISA RUSSO, DISPATCHER

Individualized Training Record

2002 & 2003 School Year

Check when done

- [x] Pre-trip inspection with emphasis on brakes
- [x] Railroad Grade Crossings
  - [x] Grant Street n/b
  - [x] Prairie/East Street e/b
  - [x] East Crystal Lake Avenue Main Line w/b
  - [x] East Crystal Lake Avenue spur w/b
  - [x] Main Street "Oak Industries" spur s/b
  - [x] Main Street "Farr Company" spur s/b
- [x] Parking bus on TJA lot
- [x] ⇨ **WALK THE BUS** ⇦
- [x] Setting Parking Brake and shifting transmission into NEUTRAL/PARK at all student stops and *releasing* Parking Brake BEFORE proceeding.
- [x] Do not change routes and/or stops without permission from the TJA office.
- [x] Proper 2-way radio/cellular telephone etiquette. Do not use unless absolutely necessary. What is legal usage of cellular telephones in school buses? What is *illegal*? What does your TJA Handbook say?
- [ ] Driver feedback, questions. Write on reverse of this form if necessary.

As a TJA Driver Trainer, I certify that I have instructed the following person in the items covered above.

Trainer's Name: Lori Sherry Date: 3-21-03
(Signature)

Trainer's Name: **Lori Sherry**
(Please print)

I certify that I have been instructed in the items listed above and that I fully understand all procedures covered in and required by same. If, in the future I believe I need additional training, I will contact TJA management and request same:

Driver's Name: Penny Prestley Date: 3/21/03
(Signature)

Driver's Name: Penny Prestley
(Please print)

Reviewed personnel file w/Rick Hansen 1.3.02

4 1/3 days sick to date this year.

6 S 1 1/3 P days off to date. Reviewed file w/Rick Hansen 1.22.0

Reviewed file 3.26.03 w/Rick Hansen

CRYSTAL LAKE

Fleming, Penny <psfleming@d47.org>

Important Message

1 message

Fleming, Penny <psfleming@d47.org> Mon, May 16, 2022 at 9:30 PM
To: Penny Fleming <psfleming@d47.org>
Bcc: Kathy Hinz <khinz@d47.org>, Kevin Werner <kwerner@d155.org>, Steve Olson <solson@d155.org>, Shannon Podzimek <spodzimek@d155.org>, "Barr, Denise" <dcbarr@d47.org>, Matt Timmerman <mtimmerman@d155.org>, Jay Sargeant <jsargeant@d155.org>, TJA FAC <tja-fac@d47.org>

Dear Staff,

We are saddened to share with you that a tragic fatal accident happened this afternoon in Cary involving one of our buses. Our thoughts and prayers are with the family and everyone involved. While none of our students were injured, please be mindful when interacting with students and staff tomorrow as tragedy affects each of us differently. Counseling will be available tomorrow at the TJA Office starting at 7 a.m. We will share more information when we are able.

Penny S. Fleming, CDPT
Director of Transportation
MCTDA President

Dist. 47 & 155 dba Transportation Joint Agreement
1204 S. McHenry Ave, Crystal Lake, IL 60014
P-815-455-0558 F-815-459-9115

CRYSTAL LAKE

Fleming, Penny <psfleming@d47.org>

S. Ransom letters - Accident 5-11-22

1 message

Peragine, Teresa <tperagine@d47.org>
To: "Fleming, Penny" <psfleming@d47.org>

Mon, May 16, 2022 at 8:12 AM

Attached

--

Teresa A. Peragine
Asst. Director of Transportation

Dist. 47 & 155 dba Transportation Joint Agreement
1204 S. McHenry Ave, Crystal Lake, IL 60014
P-815-455-0558 F-815-459-9115

The information contained in this e-mail message or any attachment may be confidential and/or privileged, and is intended only for the use of the named recipient. If you are not the named recipient of this message, you are hereby notified that any dissemination, distribution, or copying of this message or any attachment thereto, is strictly prohibited. If you have received this message in error, please contact the sender and delete all copies.

2 attachments

Ransom , S. 5-11-2022 Accident.docx
1359K

Ransom, S retrain 5-11-22.docx
990K

Penny Flemming

2018-2019 School Calendar

D47 – 8/22-5/30 D155 – 8/15-5/22

July 2018

Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16 V	17 V	18 V	19 V	20 V	21
22	23 P	24	25	26	27	28
29	30	31				

August 2018

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

September 2018

Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26 P	27	28	29
30						

October 2018

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

November 2018

Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16 V	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2018

Su	M	Tu	W	Th	F	S
						1
2	3 P	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26 V	27 V	28 V	29
30	31					

January 2019

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

February 2019

Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March 2019

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

April 2019

Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9 V	10 V	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2019

Su	M	Tu	W	Th	F	S
			1 V	2	3 V	4
	6	7	8	9	10	11
12	13	14	15 V	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2019

Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7 V	8
9	10	11	12 V	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Seniority Date: 11-12-93

Sick Days:	150	Used:		Unpaid:
Personal Days:	3	Used:	1	Unpaid:
Vacation	25		24 1/2	

152

a Control number 100213

OMB No. 1545-0008

INFORMATION RETURN
For State, City or Employer File Copy D

b Employer's identification number [redacted]

c Employer's name, address, and ZIP code

TRANSPORTATION JOINT AGREEMENT
1204 SOUTH MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Employee's social security number [redacted]

e Employee's name, address, and ZIP code

PENNY S PRESTLEY
[redacted]

1 Wages, tips, other compensation: 17921.39	2 Federal income tax withheld: 2688.23
3 Social security wages: 17921.39	4 Social security tax withheld: 1111.13
5 Medicare wages and tips: 17921.39	6 Medicare tax withheld: 259.86
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12 Benefits included in box 1
13 See Instrs. for Form W-2	14 Other

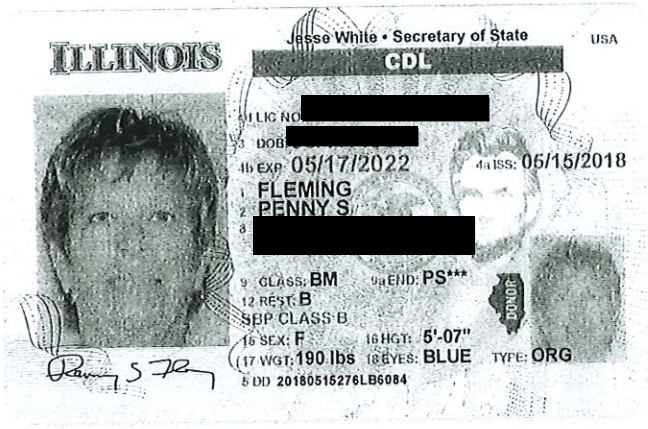
15 Statutory employee | Deceased | Pension plan | Legal rep. | Hshld. emp. | Deferred compensation

16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL	[redacted]	17921.39	537.65			

Department of the Treasury – Internal Revenue Service

For Paperwork Reduction Act Notice, see separate instructions.

Form **W-2** Wage and Tax Statement 1997


ILLINOIS
Jesse White • Secretary of State
USA
CDL
4d LIC NO [redacted]
3 DOB [redacted]
4b EXP 05/17/2022
4a ISS: 05/15/2018
1 FLEMING
2 PENNY S
8 [redacted]
9 CLASS: BM
9a END: PS***
12 RSTR: B
SBP CLASS B
15 SEX: F
16 HGT: 5'-07"
17 WGT: 190 lbs
18 EYES: BLUE
TYPE: ORG
5 DD 20180515276LB6084
DONOR

Centegra Occupational Health CC7000
P.O. Box 273
Bedford Park, IL 60499-0273
Phone: 815-206-1077

Drug Screen Results Letter

Mailed 11-9-18
REC'D NOV 15 2018

To: Penny Fleming
CRYSTAL LAKE TRANS DIST 47&155
1204 S McHenry Ave
Crystal Lake, IL 60014

Name:	Penny S. Fleming	
Patient ID:	[redacted]	
Collection Date & Time:	10/31/2018 13:09	
Specimen ID #:	8657295	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site & Phone:		
Collector:	MARCHELL DEWANE	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	ANNUAL TESTING	
Result:	**Negative**	
MRO Verified On:	11/02/2018	
Date CCF Received:	10/31/2018	

Printed: 11/02/2018 2:24:56PM

MANOJ PATEL, MD
Medical Review Officer

Date of Review and Verification

This Form Provided By: Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

To Reorder Forms:
Phone: 303.431.9500
www.lifeloc.com

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Penny Fleming
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [redacted]

C: Employer Name Crystal Lake Trans Dist 47 1/55
Street 1204 S. McHenry Ave.
City, State, Zip Crystal Lake, IL. 60014

DER Name and Telephone No. Penny Fleming/Joe Collin McCor ( )
DER Name DER Phone Number

D. Reason for Test ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment ☒ Annual

Print Affix [redacted]

Subject PF

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee

Date 10 / 31 / 18
Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☑ BAT ☐ STT DEVICE: ☐ SALIVA ☑ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
1472					

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Print Additional Results Here or Affix with Tamper Evident Tape

Alcohol Technician's Company

Centegra Occupational Health
360 Station Dr.
Crystal Lake, IL 60014
815-759-4224 Option 3
815-356-2365 Fax

Company Street

(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number ( )

Signature of Alcohol Technician

Date 10 / 31 / 18
Month Day Year

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date: / /
Month Day Year

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

CentegraHealthSystem

OCCUPATIONAL HEALTH / WORK QUALIFICATION REPORT

Patient: Penny Fleming

Employer: Dist. 47 & 158

Contact/Phone: [redacted]

Today's Date: 10/31/18 Injury Date: _____

Arrive Time: _____ Time In: _____ Time Out: _____

SITE:

- ☐ Occupational Health - McHenry , 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815 -759-4224 Fax: 815-363-0136
- ☐ Occupational Health-Woodstock , 3701 Doty Road Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-334-3820
- ☒ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-356-2365
- ☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL. 600142 Phone: 815-759-4224 Fax: 847-802-7112
- ☐ Northern McHenry Immediate Care / Occupational Health, 2507 Richmond Road McHenry, IL 60050 Phone: 815-759-4224 Fax: 815-385-3255
- ☐ West Dundee Immediate Care / Occupational Health, 1925 Huntley Rd, West Dundee, IL 60118 Phone: 815-759-4224 Fax: 847-426-5162

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

Work Injury / Illness Care Results

Diagnoses:

_____

_____

_____

Off Work ☐ Today only ☐ Now until_____

- ☐ May now work WITHOUT restrictions.
- ☐ May now work with restrictions.
  - ☐ which apply until time of next visit/or until:_____
- ☐ Keep wound clean and dry.
- ☐ Wear splint at work/or other protective device:_____
- ☐ May not use/will not have full use of:_____
- ☐ No lifting over_____lbs.
- ☐ No Stooping Bending Stretching Twisting
- ☐ Minimal Pushing Pulling Carrying Squatting
- ☐ Avoid Extensive Walking Standing Climbing Kneeling
- ☐ Avoid Strenuous work.
- ☐ No above shoulder height work._____
- ☐ Avoid the (most extensive) use of: Right Hand Arm Left Foot Leg Involved digit(s)
- ☐ Avoid: ☐ chemical skin exposures ☐ toxic chemical exposures
- ☐ Avoid hand or wrist motions requiring strength or repetition.
- ☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.
- ☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly
- ☐ Avoid dust and bright lights one to two days
- ☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

_____

_____

_____

_____

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

- ___ Preplacement
- ☒ Annual
- ___ Metra
- ___ Fit for DutyEval
- ___ Exposure-Specific
- ___ Return-to-work
- ___ DOT
- ___ Initial Injury
- ___ Follow up visit
- ___ Fire fighter
- ___ Spirometry
- ___ Respiratory Physical
- ___ Other:

EXAM CONCLUSION:

- ☒ Medically acceptable as described.
- ___ Medically acceptable with accommodation.
- ___ Decision deferred. See comment below.
- ___ Patient was referred to own MD for consultation.
- ___ Screening tests within normal limits.

Next Appointment(s) here:

1. _____

2. _____

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐ Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name _____

Results were communicated to _____ on _____ by _____

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name _____
Address _____
Employer Number _____

Please print information clearly

Name: (Last, First, Middle) Fleming, Penny S	Birth Date: [redacted]	Age: [redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: Penny Fleming

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☒ Good ☐ Fair ☐ Poor	64 1/2 "	215 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☒ Satisfactory ☐ Rejection Cause for Rejection _____.
Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments _____

Illinois Secretary of State

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: Medical Examiner shall provide one completed and signed copy of this Physical Examination and Certificate to the applicant. The original copy of the completed "Physical Examination and Certificate" is to be forwarded by the examining medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the examining medical examiner.

I certify that I have completed Part A of the school bus examination of Penny Fleming on 10/31/18 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II, and, based upon the examination, find he/she is:

- ☐ Qualified under the regulations
- ☐ Qualified only when wearing a hearing aid
- ☑ Qualified only when wearing corrective lenses
- ☐ Not qualified under the regulations

J. [illegible]
Name of Examining Medical Examiner

209-000227 IL
Professional License Number of Examining Medical Examiner

815-356-2359
Telephone Number of Examining Medical Examiner

[signature]
Signature of Examining Medical Examiner

815-356-2365
Fax Number of Examining Medical Examiner

10-31-18
Date of Certification (Part A)

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: _____

Date of Drug Test Results: 11/2/18

I certify that I have completed my examination including my readings of the drug and TB test results for Penny Fleming on 11/2/18 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II. Based upon the results of Drug and TB testing required in Section 1035.20(h) and (i)13 and having no positive test results for infectious disease, or determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☑ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

J. [illegible]
Name of Examining Medical Examiner

209-000227 IL
Professional License Number of Examining Medical Examiner

815-356-2359
Telephone Number of Examining Medical Examiner

[signature]
Signature of Examining Medical Examiner

815-356-2365
Fax Number of Examining Medical Examiner

11/2/2018
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at Centegra Primary Care, 360 Station Drive, Crystal Lake, IL 60014

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

Printed by authority of the State of Illinois. October 2013 — 50M — DSD SB 4.7

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

Fleming, Penny

2020-2021 School Calendar

July

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
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August

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September

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October

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November

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December

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27	28	29	✓ 30	31		
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January

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February

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April

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May

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June

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14
3

Seniority Date: 11.12.93
Sick Days: 180 Used: _____ Unpaid: _____
Personal Days: 3 Used: _____ Unpaid: _____
Vacation 25 22

C10 167

McHenry Regional Office of Education

Certificate of Completion

Is hereby granted to

Penny Fleming

employed by Transportation Joint Agreement

certifying that he/she has completed the Refresher course per the Illinois
Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

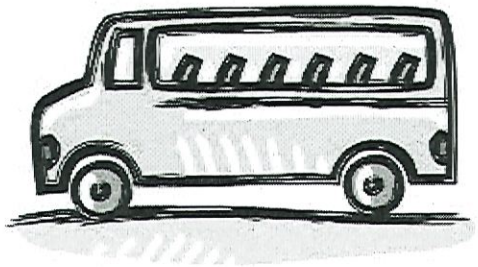
School Bus Driver Training Course

By Collin McCormick, Illinois Certified School Bus Driver Training Instructor

On July 31, 2018

Leslie Schumacher

Regional Superintendent of Schools



2017/2018

D155 08/16/17 - 05/22/18

D47 08/23/17 - 6/01/18

NAME Fleming, Penny

Jul 16

Su	Mo	Tu	We	Th	Fr	Sa
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Aug 16

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Sept 16

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Oct 16

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Nov 16

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Dec 16

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31						

Jan 17

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Feb 17

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Mar 17

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Apr 17

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May 17

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Jun 17

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SENIORITY DATE 11-12-93

SICK DAYS 133 +2 = 135 USED _____ UNPAID _____

PERSONAL DAYS 3 USED _____ UNPAID _____

VACATION DAYS 25 USED 25 UNPAID _____

CO - 138

Centegra Occupational Health CC7000
P.O. Box 273
Bedford Park, IL 60499-0273
815-206-1077

REC'D OCT 30 2017
Mailed 11-1-17

Drug Screen Results Letter

To: Penny Fleming
CRYSTAL LAKE TRANS DIST 47&155
1204 S McHenry Ave
Crystal Lake, IL 60014

Name:	Penny S Fleming	
SSN:	[redacted]	
Collection Date & Time:	10/20/2017 08:35	
Specimen ID #:	7131877	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	KOPITKE, KELLY	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	ANNUAL TESTING	
Result:	Negative	
MRO Verified On:	10/25/2017	
Date CCF Received:	10/20/2017	

Printed: 10/25/2017 10:00:50AM

MANOJ PATEL, MD
Medical Review Officer

Date of Review and Verification

Printed: 02/01/2021 | vercode: 5200848-37
At the time of printing, the records below were considered active and still valid based on organization or mandate specifications.

GCN TRAINING
GLOBAL COMPLIANCE NETWORK
YOUR SITE FOR INTERNET-BASED TRAINING

CERTIFICATE OF COMPLETION

Fleming, Penny S.

Crystal Lake District 47

HAS COMPLETED TRAINING IN:

Sexual Harassment IL -- Professional Licensure on 2/1/2021

Approx. Time: 60 min | IDFPR License# 197.000309 | Score: 13 of 14 Correct

CentegraHealthSystem

OCCUPATIONAL HEALTH WORK QUALIFICATION REPORT

Patient: Fleming, Penny J

Employer: C.L. Trans Dist 427455

Contact/Phone: Penny/Kalay [redacted]

Today's Date: 10/20/15 Injury Date: ——

Arrive Time: 0825 Time In: 0828 Time Out: 0900

SITE:

- ☐ Occupational Health - McHenry , 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815 -759-4224 Fax: 815-363-0136
- ☐ Occupational Health-Woodstock , 3701 Doty Road Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-334-3820
- ☑ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-356-2365
- ☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL. 600142 Phone: 815-759-4224 Fax: 847-802-7112
- ☐ Northern McHenry Immediate Care / Occupational Health, 2507 Richmond Road McHenry, IL 60050 Phone: 815-759-4224 Fax: 815-385-3255
- ☐ West Dundee Immediate Care / Occupational Health, 1925 Huntley Rd, West Dundee, IL 60118 Phone: 815-759-4224 Fax: 847-426-5162

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

Work Injury / Illness Care Results

Diagnoses:

_____

_____

_____

Off Work ☐ Today only ☐ Now until_____

- ☐ May now work WITHOUT restrictions.
- ☐ May now work with restrictions.
  - ☐ which apply until time of next visit/or until:_____
- ☐ No change in work status; see our last note dated:_____
- ☐ Keep wound clean and dry.
- ☐ Wear splint at work/or other protective device:_____
- ☐ May not use/will not have full use of:_____
- ☐ No lifting over_____lbs.
- ☐ No Stooping Bending Stretching Twisting
- ☐ Minimal Pushing Pulling Carrying Squatting
- ☐ Avoid Extensive Walking Standing Climbing Kneeling
- ☐ Avoid Strenuous work.
- ☐ No above shoulder height work._____
- ☐ Avoid the (most extensive) use of: Right Hand Arm Left Foot Leg Involved digit(s)
- ☐ Avoid: ☐ chemical skin exposures ☐ toxic chemical exposures
- ☐ Avoid hand or wrist motions requiring strength or repetition.
- ☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.
- ☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly
- ☐ Avoid dust and bright lights one to two days
- ☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

_____

_____

_____

_____

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

- ___ Preplacement
- ☑ Annual
- ___ Metra
- ___ Fit for DutyEval
- ___ Exposure-Specific
- ___ Return-to-work
- ___ DOT
- ___ Initial Injury
- ___ Follow up visit
- ___ Fire fighter
- ___ Spirometry
- ___ Respiratory Physical
- ☑ Other: DS, BAT

EXAM CONCLUSION:

- ☑ Medically acceptable as described.
- ___ Medically acceptable with accommodation.
- ___ Decision deferred. See comment below.
- ___ Patient was referred to own MD for consultation.
- ___ Screening tests within normal limits.

Next Appointment(s) here:

1._____

2._____

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐ Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name M. Rosanno, MD

Results were communicated to _____ on _____ by _____

This Form Provided By: Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

To Reorder Forms:
Phone: 303.431.9500
www.lifeloc.com

[redacted]

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Penny Fleming
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [redacted]

C: Employer Name CLTJA
Street 1204 S. McHenry Ave
City, State, Zip Crystal Lake, IL 60014

DER Name and Telephone No. Penny Fleming [redacted]
DER Name DER Phone Number

D. Reason for Test ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment ☒ Annual

Subject [signature]

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[signature] 10 / 20 / 17
Signature of Employee Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
1133					

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Centegra Occupational Health
360 Station Dr.
Crystal Lake, IL 60014
815-759-4224 Option 3
815-356-2365 Fax

Alcohol Technician's Company

Company Street Address

K Kopitke, RN

(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip ( ) Phone Number

K Kopitke, RN 10 / 20 / 17
Signature of Alcohol Technician Date Month Day Year

Print Additional Results Here or Affix with Tamper Evident Tape

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee Date: Month / Day / Year

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name _____
Address _____
_____
Employer Number _____

Please print information clearly

Name: (Last, First, Middle) Fleming, Penny S	Birth Date: [redacted]	Ag[redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: _____

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☒ Good ☐ Fair ☐ Poor	5' 5 1/2"	191 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☒ Satisfactory ☐ Rejection Cause for Rejection _____.
Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments _____

McHenry Regional Office of Education

Certificate of Completion

Is hereby granted to

Penny Fleming

employed by Transportation Joint Agreement

certifying that he/she has completed the Refresher course per the Illinois Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

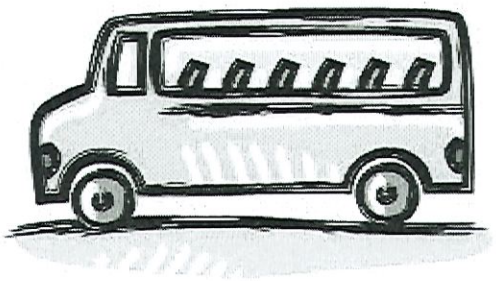
School Bus Driver Training Course

By Collin McCormick, Illinois Certified School Bus Driver Training Instructor

On August 02, 2017

Terri Schmerbeck

Regional Superintendent of Schools



Name: Fleming, Penny

2016 / 2017

D47 08/24/2016 - 06/02/2017

D155 08/24/2016 - 06/05/2017

July

Su	Mo	Tu	We	Th	Fr	Sa
					V 1	2
3	4	5	6	7	V 8	9
10	11	12	13	14	15	16
17	V 18	19	20	21	22	23
24	V 25	V 26	V 27	V 28	V 29	30
31						

August

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	V 19	20
21	22	23	24	25	26	27
28	29	30	31			

September

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	V 16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	V 7	8
9	10	11	12	13	14	15
16	17	18	19	20	V 21	22
23	24	25	26	27	28	29
30	31					

November

Su	Mo	Tu	We	Th	Fr	Sa
		V 1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	V 8	V 9	10
11	12	13	14	15	16	17
18	V 19	20	21	V 22	23	24
25	26	V 27	V 28	V 29	30	31

January

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	V 17	18	19	V 20	21
22	23	24	25	26	27	28
29	30	31				

February

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	V 10	11
12	13	14	15	V 16	V 17	18
19	20	21	22	23	24	25
26	27	28	1/2 29	30	1/2 31	

April

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	1/2 21	22
23	24	25	26	27	28	29
30						

May

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	V 12	13
14	15	16	17	18	19	20
21	22	23	24	25	V 26	27
28	29	30	31			

June

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	V 8	V 9	10
11	12	V 13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Seniority Date 11-12-93

+ 5 Sick Days	118	Used		Personal	
Personal Days	3	Used		Personal	
7-1-15/7-1-16 Vacations Days	3	Used	3		
7-1-16/7-1-17	25		24		

121

Transmission Log

DIST #47 & #155 TRAN Friday, 2017-05-19 10:49 8154599115

Date	Time	Type	Job #	Length	Speed	Fax Name/Number	Pgs	Status
2017-05-19	10:48	SCAN	03225	0:29	14400	Fax Server	1	OK -- V.17 AM31

MEMBER INFORMATION CHANGE

IMRF Form 6.20 (Rev. 08/2013)

PLEASE PRINT OR TYPE

INSTRUCTIONS

- When changing a Social Security number, please attach a copy of the new Social Security card.
- If name change is due to change in marital status, please attach Form 6.11, "Designation of Beneficiary." You can download **Form 6.11** from our website or update your beneficiaries online through **Member Access** at **www.imrf.org**
- Please file a copy of this form with your employer.
- **Forms must be signed for processing by IMRF.**

NOTE: *You may also change your name, address, telephone number and marital status through Member Access.* **Log on to: www.imrf.org**

PREVIOUS INFORMATION - Complete all items

MEMBER'S LAST NAME: Fleming | FIRST NAME: Penny | MIDDLE INITIAL: S. | JR., SR., II: | IMRF MEMBER ID OR LAST 4 DIGITS OF SSN: 0128

STREET (MAILING) ADDRESS: [redacted] | CITY, STATE AND ZIP:

COUNTY: McHenry | DAYTIME TELEPHONE NUMBER (with Area Code): [redacted] | BIRTH DATE (MM/DD/YYYY): [redacted]

MARITAL STATUS

☐ NEVER MARRIED ☐ MARRIED ☐ CIVIL UNION ☑ DIVORCED ☐ WIDOWED

CORRECT INFORMATION - Complete all items | NEW ADDRESS EFFECTIVE DATE (MM/DD/YYYY):

MEMBER'S LAST NAME: Fleming | FIRST NAME: Penny | MIDDLE INITIAL: S | JR., SR., II: | NEW SOCIAL SECURITY NUMBER: ___ - ___ - ___ Attach copy of new Social Security Card

STREET (MAILING) ADDRESS: [redacted] | CITY, STATE AND ZIP:

COUNTY: Mc Henry | DAYTIME TELEPHONE (with Area Code): [redacted] | BIRTH DATE (MM/DD/YYYY): [redacted]

MARITAL STATUS: [redacted]

IMRF ACCOUNT STATUS (Check only one please.)

☑ **ACTIVE** You currently participate in IMRF.

☐ **ACTIVE** — You currently have a disability claim with IMRF.

☐ **RETIRED** — You currently have a retirement claim with IMRF.

☐ **INACTIVE** You no longer participate in IMRF. However, you still have funds on account.

SIGNATURE (Member must sign below.)

X Penny S Fleming 05-17-2017

DATE (MM/DD/YYYY)

Mail this completed form to:
IMRF
2211 York Road, Suite 500, Oak Brook, Illinois 60523 2337
Member Services Representatives 1 800 ASK-IMRF (1-800-275-4673)

OR fax this form to:
IMRF
Records Department
FAX #(630) 706-4289

IMRF Form 6.20 (Rev. 08/2013)

MEMBER INFORMATION CHANGE

IMRF Form 6.20 (Rev. 08/2013)

PLEASE PRINT OR TYPE

INSTRUCTIONS

- When changing a Social Security number, please attach a copy of the new Social Security card.
- If name change is due to change in marital status, please attach Form 6.11, "Designation of Beneficiary." You can download **Form 6.11** from our website or update your beneficiaries online through **Member Access** at **www.imrf.org**
- Please file a copy of this form with your employer.
- **Forms must be signed for processing by IMRF.**

NOTE: *You may also change your name, address, telephone number and marital status through Member Access.* **Log on to: www.imrf.org**

PREVIOUS INFORMATION - Complete all items

MEMBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	JR., SR., II	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN
Fleming	Penny	S.		[redacted]

STREET (MAILING) ADDRESS: [redacted] CITY, STATE AND ZIP: [redacted]

COUNTY	DAYTIME TELEPHONE NUMBER (with Area Code)	BIRTH DATE (MM/DD/YYYY)
McHenry	[redacted]	[redacted]

MARITAL STATUS: [redacted]

CORRECT INFORMATION - Complete all items

NEW ADDRESS EFFECTIVE DATE (MM/DD/YYYY):

MEMBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	JR., SR., II	NEW SOCIAL SECURITY NUMBER
Fleming	Penny	S		___ - ___ - ____ Attach copy of new Social Security Card

STREET (MAILING) ADDRESS: [redacted] CITY, STATE AND ZIP

COUNTY	DAYTIME TELEPHONE (with Area Code)	BIRTH DATE (MM/DD/YYYY)
Mc Henry	[redacted]	[redacted]

MARITAL STATUS: [redacted]

IMRF ACCOUNT STATUS (Check only one please.)

- ☑ **ACTIVE** — You currently participate in IMRF.
- ☐ **ACTIVE** — You currently have a disability claim with IMRF.
- ☐ **RETIRED** — You currently have a retirement claim with IMRF.
- ☐ **INACTIVE** — You no longer participate in IMRF. However, you still have funds on account.

SIGNATURE (Member must sign below.)

X Penny S Fleming — 05-17-2017 (DATE (MM/DD/YYYY))

Mail this completed form to:
IMRF
2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337
Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)

OR fax this form to:
IMRF
Records Department
FAX #(630) 706-4289

You put your "Heart" into your work - and it shows!

Brad,
You've done a great job heading TJA 10
Keep it Up!
Kathy



Robin '04

CRYSTAL LAKE SCHOOL DISTRICT 47

EMPLOYEE INFORMATION CHANGE FORM

PLEASE SELECT CHANGE:

☐ Name Change ☐ Address Change ☐ Phone Number Change

Employee Name: First Penny **M.I.** S **Last** Fleming

Social Security Number (last 4 digits): xxx-xx- [redacted]

Current Position Assistant Director **Current Building** TJA

NAME CHANGE

EFFECTIVE DATE OF CHANGE: Click here to enter a date.

New Name : First _____ **M.I.** _____ **Last** _____

***Please attach a copy of your Social Security Card with your new name.

ADDRESS CHANGE

EFFECTIVE DATE OF CHANGE: Click here to enter a date.

Old Address

Old Street Address: [redacted]

Apt/Unit: [redacted] City: [redacted] State: [redacted] Zip: [redacted]

New Address

New Street Address: [redacted]

Apt/Unit: _____ City: [redacted] State: [redacted] Zip: [redacted]

PHONE NUMBER CHANGE

EFFECTIVE DATE OF CHANGE: Click here to enter a date.

Old Home #: _____ New Home #: _____

Old Cell #: _____ New Cell #: _____

Employee Signature: _____ **Date:** _____

Please return this form to Human Resources or email it to HR@D47.org

School Districts 47 & 155 dba
Transportation
Joint
Agreement



Crystal Lake, IL 60014
Office (815) 455-0558
Fax (815) 459-9115

Penny Fleming CDPT, Director of Transportation
Collin McCormick, Assistant Director of Transportation and Safety
Kathy Johnson, Administrative Assistant
Norma Urbina, Route Manager
Lisa Russo, Head Dispatcher
Yvonne Rhodes, Dispatcher
Timothy Oppenhagen, Shop Foreman

Jacket Acknowledgement

I, Penny Fleming, acknowledge receipt of a TJA Jacket as per ARTICLE XVII-JACKETS, section 17.1 JACKETS of the AGREEMENT BETWEEN THE TRANSPORTATION JOINT AGREEMENT, COMMUNITY HIGH SCHOOL DISTRICT #155, COMMUNITY CONSOLIDATED SCHOOL DISTRICT #47, CRYSTAL LAKE ILLINOIS AND TEAMSTERS LOCAL UNION NO. 731. I understand that the jacket will be worn as per the EMPLOYEE APPEARANCE section of the current Driver/Attendant Handbook. I will surrender this jacket to the employer:

1. Immediately upon conclusion of my employment.

Signed, Penny Fleming Date: 11-10-2016

Centegra Occupational Health CC7000
P.O. Box 273
Bedford Park, IL 60499-0273
815-206-1077

RECEIVED
NOV 21 2016
For Mailed 11-21-16

Drug Screen Results Letter

To: Penny Fleming
CRYSTAL LAKE TRANS DIST 47&155
1204 S McHenry Ave
Crystal Lake, IL 60014

Name:	Penny S Fleming	
SSN:	[redacted]	
Collection Date & Time:	11/11/2016 09:05	
Specimen ID #:	8581864	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	Jennifer Benson	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	ANNUAL TESTING	
Result:	Negative	
MRO Verified On:	11/15/2016	
Date CCF Received:	11/11/2016	

Printed: 11/15/2016 9:47:08AM

MANOJ PATEL, MD
Medical Review Officer

Date of Review and Verification

This Form Provided By:
Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

To Reorder Forms:
Phone: 303.431.9500
www.lifeloc.com

[redacted]

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Penny Fleming
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [redacted]

C: Employer Name CL Trans District 47-155
Street 1204 S. McHenry Ave
City, State, Zip Crystal Lake IL 60014

DER Name and Telephone No. ~~Penny Fleming~~ Kathy Johnson (815) 455-0558 x1
DER Name DER Phone Number

D. Reason for Test ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment
Annual Testing

Subject [signature]

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify ~~that I am about to submit~~ to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[signature] 11 / 11 / 16
Signature of Employee Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
810					

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Print Additional Results Here or Affix with Tamper Evident Tape

Centegra Primary Care
360 Station Drive
Crystal Lake, IL 60014

Alcohol Technician's Company Company Street Address

Jennifer Benson ( )
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

[signature] 11 / 11 / 16
Signature of Alcohol Technician Date Month Day Year

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee Date: Month / Day / Year

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

CentegraHealthSystem

OCCUPATIONAL HEALTH / WORK QUALIFICATION REPORT

Patient: Penny Flemming
Employer: CLTJA
Contact/Phone: Penny Flemming
Today's Date: 11-11-16 Injury Date: —
Arrive Time: 830 Time In: 0849 Time Out: 9:38p

SITE:

- ☐ Occupational Health - McHenry , 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815 -759-4224 Fax: 815-363-0136
- ☐ Occupational Health-Woodstock , 3701 Doty Road Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-334-3820
- ☒ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-356-2365
- ☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL. 600142 Phone: 815-759-4224 Fax: 847-802-7112
- ☐ Northern McHenry Immediate Care / Occupational Health, 2507 Richmond Road McHenry, IL 60050 Phone: 815-385-4468 Fax: 815-385-3255
- ☐ West Dundee Immediate Care / Occupational Health, 1925 Huntley Rd, West Dundee, IL 60118 Phone: 815-338-6600 Fax: 847-426-5162

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

Work Injury / Illness Care Results

Diagnoses:

_____

_____

_____

Off Work ☐ Today only ☐ Now until_____

- ☐ May now work WITHOUT restrictions.
- ☐ May now work with restrictions.
  - ☐ which apply until time of next visit/or until:_____
- ☐ No change in work status; see our last note dated:_____
- ☐ Keep wound clean and dry.
- ☐ Wear splint at work/or other protective device:_____
- ☐ May not use/will not have full use of:_____
- ☐ No lifting over_____lbs.
- ☐ No Stooping Bending Stretching Twisting
- ☐ Minimal Pushing Pulling Carrying Squatting
- ☐ Avoid Extensive Walking Standing Climbing Kneeling
- ☐ Avoid Strenuous work.
- ☐ No above shoulder height work._____
- ☐ Avoid the (most extensive) use of: Right Hand Arm Left Foot Leg Involved digit(s)
- ☐ Avoid: ☐ chemical skin exposures ☐ toxic chemical exposures
- ☐ Avoid hand or wrist motions requiring strength or repetition.
- ☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.
- ☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly
- ☐ Avoid dust and bright lights one to two days
- ☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

_____

_____

_____

_____

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

- ___ Preplacement
- ☒ Annual
- ___ Metra
- ___ Fit for DutyEval
- ___ Exposure-Specific
- ___ Return-to-work
- ___ DOT
- ___ Initial Injury
- ___ Follow up visit
- ___ Fire fighter
- ___ Spirometry
- ___ Respiratory Physical
- ☒ Other: BAT DRUG Screen

EXAM CONCLUSION:

- ☒ Medically acceptable as described.
- ___ Medically acceptable with accommodation.
- ___ Decision deferred. See comment below.
- ___ Patient was referred to own MD for consultation.
- ___ Screening tests within normal limits.

Next Appointment(s) here:

1._____

2._____

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐ Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name _____ 11/16

Results were communicated to _____ on _____ by _____

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name _____
Address _____
_____
Employer Number _____

Please print information clearly

Name: (Last, First, Middle) Fleming, Penny S	Birth Date: [redacted]	Age: [redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: Penny Fleming

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☒ Good ☐ Fair ☐ Poor	5'6"	240 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☒ Satisfactory ☐ Rejection Cause for Rejection _____.
Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments _____

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

McHenry Regional Office of Education

Certificate of Completion

Is hereby granted to

Penny Fleming

employed by Transportation Joint Agreement

certifying that he/she has completed the Refresher course per the Illinois
Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

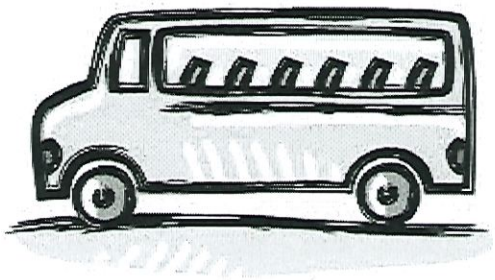
School Bus Driver Training Course

By Collin McCormick, Illinois Certified School Bus Driver Training Instructor

On August 04, 2016

Leslie Hebenstreit

Regional Superintendent of Schools



2015/2016

D155 08/26/2015 - 06/02/2016
D47 08/26/2015 - 06/02/2016

NAME Fleming, Penny

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

Aug-15						
Su	M	Tu	W	Th	F	S
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9	10	11	12	13	√14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Sep-15						
Su	M	Tu	W	Th	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	√21	22	23	24	25	26
27	28	29	30			

Oct-15						
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18	19	20	21	22	23	24
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Nov-15						
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29	30					

Dec-15						
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13	14	√15	16	17	√18	19
20	21	22	√23	24	25	26
27	√28	√29	√30	31		

Jan-16						
Su	M	Tu	W	Th	F	S
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3	4	5	6	7	8	9
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Feb-16						
Su	M	Tu	W	Th	F	S
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

Mar-16						
Su	M	Tu	W	Th	F	S
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6	7	8	9	10	11	12
13	14	15	√16	√17	√18	19
20	21	22	23	24	25	26
27	28	√29	30	√31		

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

May-16						
Su	M	Tu	W	Th	F	S
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22	23	24	25	26	27	28
29	30	31				

Jun-16						
Su	M	Tu	W	Th	F	S
				√1	√2	3
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	√27	√28	√29	√30		

SENIORITY DATE 11-12-93

SICK DAYS	104	USED		UNPAID	106
PERSONAL DAYS	2 20 (7-1-14/7-1-15)	USED		UNPAID	12
VACATION DAY	20 (7-1-15/7-1-16)	USED	20 17	UNPAID	

3 Pers

Comprehensive Employee Report

Includes one single employee.

Fleming, Penny S.
[redacted]
[redacted]
000-000-0000
Custom 1: Imrf
Custom 2:
Custom 3:

[redacted]
ID: 100213
Badge: 204
Location: Transportation Joint Agreem
Department: Management
Cost Center: Routes
Effective WG Date: 09/24/2009

Hired: 11/12/1993
Birth: [redacted]
Status Date: 11/12/1993
Union:
Weekly Hours: 0:00
SchPatt: None
SchPatt Date:
Custom 4:
Custom 5:
Custom 6:

Status: Full Time
Pay Type: Salaried
Clk Group: Active Group
Base Pay: 3076.9300
Employee is Active, Norm
Active Date: 11/12/1993

Total Number of Employees : 1

Effective 6-1-16

41.2550.0111.00

Salary - Director

Emailed 5-11-16

Certificate of Completion Presented to:

Penny Fleming

for attending the

De-Escalating Techniques & Situational Awareness

On January 30, 2016, in Woodstock, IL

Presented by McHenry County Sheriff's Office

Hosted by McHenry County Transportation Directors Association

The MCTDA recognizes your dedication to the safety of our students, and thanks you for your participation in this program.

MCTDA President

CRYSTAL LAKE SCHOOL DISTRICT 47

EMPLOYEE INFORMATION CHANGE FORM

PLEASE SELECT CHANGE:

☐ Name Change ☐ Address Change ☐ Phone Number Change

Employee Name: First Penny **M.I.** S **Last** Fleming

Social Security Number (last 4 digits): xxx-xx- [redacted]

Current Position Assistant Director **Current Building** TJA

NAME CHANGE

EFFECTIVE DATE OF CHANGE: Click here to enter a date.

New Name : First _____ **M.I.** _____ **Last** _____

***Please attach a copy of your Social Security Card with your new name.

ADDRESS CHANGE

EFFECTIVE DATE OF CHANGE: Click here to enter a date.

Old Address

Old Street Address: [redacted]

Apt/Unit: [redacted] City: [redacted] State: [redacted] Zip: [redacted]

New Address

New Street Address: [redacted]

Apt/Unit: _____ City: [redacted] State: [redacted] Zip: [redacted]

PHONE NUMBER CHANGE

EFFECTIVE DATE OF CHANGE: Click here to enter a date.

Old Home #: _____ New Home #: _____

Old Cell #: _____ New Cell #: _____

Employee Signature: _____ **Date:** _____

Please return this form to Human Resources or email it to HR@D47.org

Emailed 1-26-16

McHenry Regional Office of Education

Certificate of Completion

Is hereby granted to

Penny Fleming

employed by Transportation Joint Agreement

certifying that he/she has completed the Refresher course per the Illinois
Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

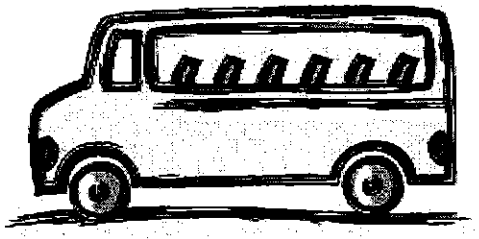
School Bus Driver Training Course

By Michele Frank, Illinois Certified School Bus Driver Training Instructor

On August 06, 2015

Leslie Schumacher

Regional Superintendent of Schools



2014/2015

D155 08/25/2014 - 06/02/2015
D47 08/25/2014 - 06/01/2015

NAME: Fleming, Penny

Jul-14

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Aug-14

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Sep-14

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October-14

			1	2	3	4
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November-14

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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December-14

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7	8	9	10	11	12	13
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21	22	23	24	25	26	27
28	29	30	31			

January-15

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February-15

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15	16	17	18	19	20	21
22	23	24	25	26	27	28

March-15

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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April-15

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May-15

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June-15

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

2-1-15 4hr Comp used 1-28-15

Comp - (1) - 1-16-2015 used 1-23-15

SENIORITY DATE: 11-12-93

SICK DAYS 95 1/4 USED 5 1/4 UNPAID

PERSONAL DAYS 2 (20 (7-1-13/7-1-14)) USED UNPAID

VACATION DAYS 20 (7-1-14/7-1-15) USED 20 13 UNPAID

C/O 92 SD 7 V

State of Illinois

Springfield

Secretary of State Jesse White

Illinois

Third-Party Certification Program Safety Officer License

Issued to: PENNY FLEMING LICENSE NO. 02 05 8611 (NAME CHANGE)

Home Address: XXXXXXXXX

Employed by: SCHOOL DISTRICT 47 &155 DBA TRANSPORTATION JOINT AGR

Classification: *CDL B/P SCH BUS/M Issuance Date: SEPT. 2 2011

Drive Exam Classifications(s): *CDL B/P SCHOOL BUS PERMIT

License valid indefinitely unless suspended, cancelled or revoked.

This certificate must be displayed in the main office of the Third-Party Certification Program Entity listed above.

Jesse White

Secretary of State

CDTS-44.3

Centegra Occupational Health
P.O. Box 273
Bedford Park, IL 60499-0273
815-206-1077

RECEIVED
NOV 02 2015
Per Mailed 11-5-15

Drug Screen Results Letter

To: Kathy Anes
Crystal Lake Trans Dist 47&155
1204 S Mc Henry Ave
CRYSTAL LAKE, IL 60014

Name:	Penny S Fleming	
SSN:	[redacted]	
Collection Date & Time:	10/26/2015 09:00	
Specimen ID #:	3125447	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	Urbanczyk, Jennifer	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	ANNUAL TESTING	
Result:	Negative ✓	
MRO Verified On:	10/27/2015	
Date CCF Received:	10/26/2015	

Printed: 10/27/2015 3:05:03PM

MANOJ PATEL, MD
Medical Review Officer

Date of Review and Verification

This Form Provided By:
Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

To Reorder Forms:
Phone: 303.431.9500
www.lifeloc.com

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) (First, M.I., Last): Penny S Fleming

B: SSN or Employee ID No.: [redacted]

C: Employer Name: CLTD 47+155
Street: 1204 S McHenry Ave
City, State, Zip: Crystal Lake IL 60014

DER Name and Telephone No.: Kathy Anes (DER Name) 815 455-0558 (DER Phone Number)

D. Reason for Test ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment annual

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee: Penny Fleming

Date Month Day Year: 10 / 26 / 15

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☐ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:
Centegra Primary Care
360 Station Drive
Crystal Lake, IL 60014

Alcohol Technician's Company

Company Street Address

(PRINT) Alcohol Technician's Name (First, M.I., Last): Jennifer L. Urbanczyk

Company City, State, Zip Phone Number: (815) 356-2359

Signature of Alcohol Technician: Jennifer Urbanczyk RN

Date Month Day Year: 10 / 26 / 15

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date: Month Day Year: / /

Print Screening Results Here or

[redacted]

Subject PF

Print Confirmation Results Here or Affix with Tamper Evident Tape

Print Additional Results Here or Affix with Tamper Evident Tape

Form DOT F 1380 (Rev. 5/2008)

OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

CentegraHealthSystem

OCCUPATIONAL HEALTH WORK QUALIFICATION REPORT

Patient: Penny Fleming
Employer: Crystal Lake Trans 477155
Contact/Phone: Keating / Penny - 815-455-0558
Today's Date: 10-26-15 Injury Date: —
Arrive Time: 0825 Time In: 0833 Time Out: 0930

SITE:

- ☐ Occupational Health - McHenry , 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815 -759-4224 Fax: 815-363-0136
- ☐ Occupational Health-Woodstock , 3701 Doty Road Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-334-3820
- ☒ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-356-2365
- ☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL. 600142 Phone: 815-759-4224 Fax: 847-802-7112
- ☐ Northern McHenry Immediate Care - 2507 Richmond Road McHenry, IL 60050 Phone: 815-385-4468 Fax: 815-385-3255

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

Work Injury / Illness Care Results

Diagnoses:

_____

_____

_____

Off Work ☐ Today only ☐ Now until_____

- ☑ May now work WITHOUT restrictions.
- ☐ May now work with restrictions.
  - ☐ which apply until time of next visit/or until:_____
- ☐ No change in work status; see our last note dated:_____
- ☐ Keep wound clean and dry.
- ☐ Wear splint at work/or other protective device:_____
- ☐ May not use/will not have full use of:_____
- ☐ No lifting over_____lbs.
- ☐ No Stooping Bending Stretching Twisting
- ☐ Minimal Pushing Pulling Carrying Squatting
- ☐ Avoid Extensive Walking Standing Climbing Kneeling
- ☐ Avoid Strenuous work.
- ☐ No above shoulder height work._____
- ☐ Avoid the (most extensive) use of: Right Hand Arm Left Foot Leg Involved digit(s)
- ☐ Avoid: ☐ chemical skin exposures ☐ toxic chemical exposures
- ☐ Avoid hand or wrist motions requiring strength or repetition.
- ☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.
- ☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly
- ☐ Avoid dust and bright lights one to two days
- ☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

_____

_____

_____

_____

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

- ___ Preplacement
- ☒ Annual / BUS
- ___ Metra
- ___ Fit for DutyEval
- ___ Exposure-Specific
- ___ Return-to-work
- ___ DOT
- ___ Initial Injury
- ___ Follow up visit
- ___ Fire fighter
- ___ Spirometry
- ___ Respiratory Physical
- ☒ Other: Drug Screen Panel Breath Alcohol

EXAM CONCLUSION:

- ☒ Medically acceptable as described.
- ___ Medically acceptable with accommodation.
- ___ Decision deferred. See comment below.
- ___ Patient was referred to own MD for consultation.
- ___ Screening tests within normal limits.

Next Appointment(s) here:

1._____

2._____

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐ Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name _____

Results were communicated to _____ on _____ by _____

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name CLTSA
Address
Employer Number

Please print information clearly

Name: (Last, First, Middle) Fleming Penny S.	Birth Date: [redacted]	Age: [redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: Penny Fleming

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☒ Good ☐ Fair ☐ Poor	5'6½	241 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☒ Satisfactory ☐ Rejection Cause for Rejection
Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments

D. Certification — School Bus Driver Permit

Medical Examiner's Certification

Medical Examiner's Preliminary Certification:

NOTE: Medical Examiner shall provide one completed and signed copy of this Physical Examination and Certificate to the applicant. The original copy of the completed "Physical Examination and Certificate" is to be forwarded by the examining medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the examining medical examiner.

I certify that I have completed Part A of the school bus examination of Fleming, Penny on 10/26/15 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II, and, based upon the examination, find he/she is:

- ☐ Qualified under the regulations
- ☒ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

S. Bahadur, MD
Name of Examining Medical Examiner

036120476
Professional License Number of Examining Medical Examiner

815-356-2359
Telephone Number of Examining Medical Examiner

Signature of Examining Medical Examiner

815-356-2365
Fax Number of Examining Medical Examiner

10/26/15
Date of Certification (Part A)

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: N/A
Date of Drug Test Results: OCT 27 2015

I certify that I have completed my examination including my readings of the drug and TB test results for Fleming, Penny OCT 27 2015 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II. Based upon the results of Drug and TB testing required in Section 1035.20(h) and (i)13 and having no positive test results for infectious disease, or determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☒ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

S. Bahadur, MD
Name of Examining Medical Examiner

036120476
Professional License Number of Examining Medical Examiner

815-356-2359
Telephone Number of Examining Medical Examiner

Signature of Examining Medical Examiner

815-356-2365
Fax Number of Examining Medical Examiner

OCT 27 2015
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at Centegra Primary Care, 360 Station Drive, Crystal Lake, IL 60014

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Menlere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

NORTHWEST HERALD

71°F | Mostly Cloudy | Full Forecast

Subscribe to Northwest Herald

Crystal Lake-based school districts 155, 47 bus service director earns certification

Published: Wednesday, May 27, 2015 9:24 a.m. CDT

By NORTHWEST HERALD

CRYSTAL LAKE – The assistant director for Crystal Lake Community School District 47 and Community High School District 155's shared bus service operations has been certified by the National Association for Pupil Transportation, one of 152 people in the U.S. and Canada to hold the certification.

Penny Fleming recently received the certification of director of pupil transportation, available to those who are qualified to serve as the top administrator of a pupil transportation system and one of four certifications offered by the association.

Candidates must be able to handle a position that involves establishing programs and policies, setting standards, developing materials and providing leadership to achieve designated goals, which they demonstrate through their education, work history, a written exam and the publication of articles or the completion of an association workshop.

Fleming has been with the districts nearly 20 years, and she decided to pursue the certification because she wanted her "all" to be a better "all," she said in a news release.

Fleming also sits on two transportation boards and a local nonprofit board. She currently is working toward the association's special education certification, which she hopes to obtain by the end of 2016.

Comments

Get breaking and town-specific news sent to your phone. Sign up for text alerts from the Northwest Herald.

More News

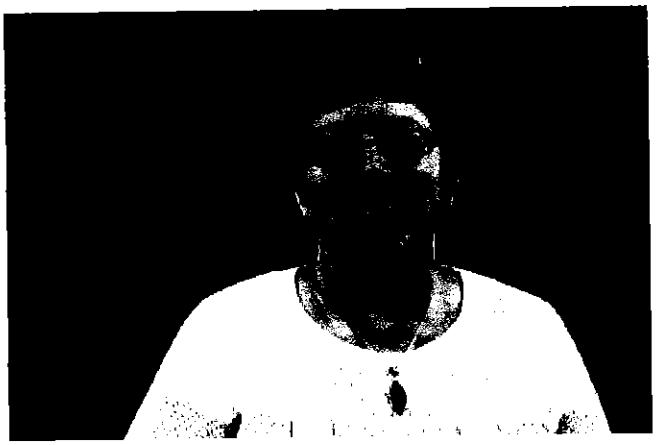
Cary to use legislative assistance for Metra station project

SCHOOL BUS FLEET

Breaking News

June 02, 2015

Assistant transportation director earns NAPT certification



Penny Fleming of the Transportation Joint Agreement in Crystal Lake, Illinois, has become one of 152 certified directors of pupil transportation in the U.S. and Canada.

CRYSTAL LAKE, Illinois — Penny Fleming has been designated a certified director of pupil transportation by the National Association for Pupil Transportation (NAPT).

Fleming is the assistant director of transportation and safety for the Transportation Joint Agreement (TJA) in Crystal Lake, which serves Crystal Lake Community Consolidated School District 47 and Community High School District 155.

Fleming is one of 152 people in the U.S. and Canada who have achieved NAPT's director certification. Requirements for the program include taking more than 20 professional development courses, attending two NAPT conferences and passing a written test.

Fleming has served the TJA and districts 47 and 155 for nearly 20 years. The TJA, which the districts formed in 1974, provides bus service for students who live more than 1.5 miles from school.

Fleming said in a news release that she has always given 100% in her career but decided to pursue the NAPT certification because she wanted her "all" to be a better "all."

"When you think you've seen it all, something happens and you're reminded just how much you have to be

able to think on your feet," Fleming said of working in the school transportation business. "Transportation directors wear many hats and have to be a 'jack of all trades.'"

In addition to her position with the TJA, Fleming is a northern region director for the Illinois Association for Pupil Transportation. She also serves on another transportation board and a local nonprofit board.

Fleming is now working toward NAPT's special-needs transportation certification, which she hopes to attain by the end of 2016.

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Certificate of Completion

Presented to:

Penny Fleming

for attending the

Active Shooter Training

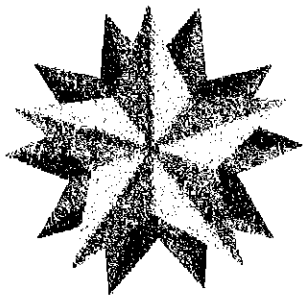
On April 11, 2015, in Crystal Lake, IL

Hosted by

The McHenry County

Transportation Directors Association

The MCTDA recognizes your dedication to the safety of our students, and thanks you for your participation in this program.



MCTDA President

CRYSTAL LAKE

Fleming, Penny <psfleming@d47.org>

CDPT Certification

1 message

Josh Bresett <Josh.Bresett@napt.org> Sun, Apr 26, 2015 at 10:55 PM
To: "Fleming, Penny" <psfleming@d47.org>
Cc: Barry Sudduth <sudduthbr@staffordschools.net>

Hi Penny,

Just got word a few moments ago that you passed your exam. Congrats!

I'll get a certification packet to you this week.

Josh

Josh Bresett

Education Specialist | NAPT

1840 Western Ave | Albany, NY | 12203

Phone: 1-800-989-6278 | Fax: 1-518-218-0867

www.napt.org

Centegra Occupational Health
P.O. Box 273
Bedford Park, IL 60499-0273
Phone: 815-206-1077

Drug Screen Results Letter

To: Kathy Anes
Crystal Lake Trans Dist 47&155
1204 S Mc Henry Ave
CRYSTAL LAKE, IL 60014

Name:	Penny S. Fleming	
Patient ID:	[redacted]	
Collection Date & Time:	01/15/2015 08:31	
Specimen ID #:	9871226	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	Julie Zajac	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	Random Testing	
Result:	**Negative**	
MRO Verified On:	01/16/2015	
Date CCF Received:	01/15/2015	

ALEXANDER JABLONOWSKI
Medical Review Officer

JAN 16 2015
Date of Review and Verification

Printed: 01/16/2015 1:39:48PM

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics®
800-877-7484

80299783 9871226 SPECIMEN ID NO. 80299783 9871226

LAB ACCESSION NO.

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
[illegible]
[illegible]
[illegible]
[illegible]

B. MRO Name, Address, Phone No. and Fax No.
CENTEGRA OCCUPATIONAL MED CARE
JULIE OLSON
10350 HUNTLEY RD
HUNTLEY IL 60142
PH: 847-802-7205 FAX: 847-802-7210

C. Donor SSN or Employee I.D. No. [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT – Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

47643A DOT 5CG PANEL

Huntley Immediate Care
Occupational Medicine
10350 Huntley Rd.
Huntley, IL 60142
847-802-7205

G. Collector's Name: _____ Collection Site Code: _____

Address: _____ Collector Phone No.: _____

City, State and Zip: _____ Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark | Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark | ☐ Observed, (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X _____ Signature of Collector

Julie Olson | 01/15/15 | 0815 AM/PM

(Print) Collector's Name (First, MI, Last) | Date (Mo./Day/Yr.) | Time of Collection

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier
☐ FedEx
☐ Other

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a temper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X Penny Flemion _____ Penny Flemion _____ 01/15/15

Signature of Donor | (PRINT) Donor's Name (First, MI, Last) | Date (Mo./Day/Yr.)

Daytime Phone No. [redacted] Evening Phone No. [redacted] Date of Birth [redacted]

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☐ **NEGATIVE** ☐ **POSITIVE** for: _____
☐ DILUTE

☐ **REFUSAL TO TEST** because – check reason(s) below: ☐ **TEST CANCELLED**
☐ ADULTERATED (adulterant/reason): _____
☐ SUBSTITUTED
☐ OTHER _____

REMARKS: _____

X _____ _____ / / _____

Signature of Medical Review Officer | (PRINT) Medical Review Officer's Name (First, MI, Last) | Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ **RECONFIRMED** for: _____ ☐ **TEST CANCELLED**
☐ **FAILED TO RECONFIRM** for: _____

REMARKS: _____

X _____ _____ / / _____

Signature of Medical Review Officer | (PRINT) Medical Review Officer's Name (First, MI, Last) | Date (Mo./Day/Yr.)

COPY 4 - EMPLOYER COPY

Centegra Occupational Health
P.O. Box 273
Bedford Park, IL 60499-0273
Phone: 815-206-1077

CONFIDENTIAL

NOV 0 7 2014

Per Mailed 11-7-14

Drug Screen Results Letter

To: Kathy Anes
Crystal Lake Trans Dist 47&155
1204 S Mc Henry Ave
CRYSTAL LAKE, IL 60014

Name:	Penny S. Fleming	
Patient ID:	[redacted]	
Collection Date & Time:	10/29/2014 08:39	
Specimen ID #:	0691577	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	LYNN WILSON	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	ANNUAL TESTING	
Result:	**Negative**	
MRO Verified On:	11/03/2014	
Date CCF Received:	10/29/2014	

Printed: 11/03/2014 8:01:53AM

ALEXANDER JABLONOWSKI
Medical Review Officer

NOV 0 3 2014
Date of Review and Verification

This Form Provided By: Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

To Reorder Forms:
Phone: 303.431.9500
www.lifeloc.com

[redacted]

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Penny Fleming
(Print) (First, M.I., Last)

B: SSN or Employee ID No [redacted]

C: Employer Name CLTIA 47 + 155
Street 1241 S. McHenry Ave
City, State, Zip Crystal Lake, IL 60014

DER Name and Telephone No. Kathy Ames (815) 455-0558
DER Name DER Phone Number

D. Reason for Test ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment
Annual

Subject

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

X Penny Fleming
Signature of Employee

Date 10 / 29 / 14
Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
1	Alcosensor				

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Print Additional Results Here or Affix with Tamper Evident Tape

Centegra Primary Care
360 Station Drive
Crystal Lake, IL 60014

Alcohol Technician's Company | Company Street Address

Lynn M. Wilson
(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip (815) 356-2354 Phone Number

Lynn M. Wilson
Signature of Alcohol Technician

Date 10 / 29 / 14
Month Day Year

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date: / /
Month Day Year

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

CentegraHealthSystem

OCCUPATIONAL HEALTH
WORK QUALIFICATION REPORT

Patient: Fleming, Penny S 11/2
Employer: C.L. Trans Dept 47+ 155
Contact/Phone: Kelling - 815-455-0558
Today's Date: 10/24/14 Time In: 0834
Injury Date: [redacted] Time Out: 0925

SITE:

- ☐ Occupational Health - McHenry , 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815 -759-4224 Fax: 815-363-0136
- ☐ Occupational Health-Woodstock , 3701 Doty Road, Suite A. Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-334-3820
- ☒ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-455-8044
- ☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL. 600142 Phone: 815-759-4224 Fax: 847-802-7112

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

Work Injury / Illness Care Results

Diagnoses:

_____

_____

_____

Off Work ☐ Today only ☐ Now until_____

- ☐ May now work WITHOUT restrictions.
- ☐ May now work with restrictions.
  - ☐ which apply until time of next visit/or until:_____
- ☐ No change in work status; see our last note dated:_____
- ☐ Keep wound clean and dry.
- ☐ Wear splint at work/or other protective device:_____
- ☐ May not use/will not have full use of:_____
- ☐ No lifting over_____lbs.
- ☐ No Stooping Bending Stretching Twisting
- ☐ Minimal Pushing Pulling Carrying Squatting
- ☐ Avoid Extensive Walking Standing Climbing Kneeling
- ☐ Avoid Strenuous work.
- ☐ No above shoulder height work._____
- ☐ Avoid the (most extensive) use of: Right Hand Arm Left Foot Leg Involved digit(s)
- ☐ Avoid: ☐ chemical skin exposures ☐ toxic chemical exposures
- ☐ Avoid hand or wrist motions requiring strength or repetition.
- ☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.
- ☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly
- ☐ Avoid dust and bright lights one to two days
- ☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

_____

_____

_____

_____

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

- ___ Preplacement
- ☒ Annual
- ___ Metra
- ___ Fit for DutyEval
- ___ Exposure-Specific
- ___ Return-to-work
- ☒ DOT
- ___ Initial Injury
- ___ Follow up visit
- ___ Fire fighter
- ___ Spirometry
- ___ Respiratory Physical
- ☒ Other: BAT-DS

EXAM CONCLUSION:

- ☒ Medically acceptable as described.
- ___ Medically acceptable with accommodation.
- ___ Decision deferred. See comment below.
- ___ Patient was referred to own MD for consultation.
- ___ Screening tests within normal limits.

Next Appointment(s) here:

1._____

2._____

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐ Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name _____

Results were communicated to _____ on _____ by _____

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name CUTSA
Address
Employer Number

Please print information clearly

Name: (Last, First, Middle) Fleming, Penny S	Birth Date: [redacted]	Age: [redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: Penny Fleming

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☑ Good ☐ Fair ☐ Poor	5' 6"	220 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☑ Satisfactory ☐ Rejection Cause for Rejection

Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: Medical Examiner shall provide one completed and signed copy of this Physical Examination and Certificate to the applicant. The original copy of the completed "Physical Examination and Certificate" is to be forwarded by the examining medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the examining medical examiner.

I certify that I have completed Part A of the school bus examination of Fleming, Penny 10/29/14 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II, and, based upon the examination, find he/she is:

- ☐ Qualified under the regulations
- ☒ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

M. La Crosse, MD
Name of Examining Medical Examiner

036114800
Professional License Number of Examining Medical Examiner

815-356-2359
Telephone Number of Examining Medical Examiner

Signature of Examining Medical Examiner

815-356-2365
Fax Number of Examining Medical Examiner

10/29/14
Date of Certification (Part A)

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: N/A
Date of Drug Test Results: NOV 04 2014

I certify that I have completed my examination including my readings of the drug and TB test results for Fleming, Penny on NOV 04 2014 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II. Based upon the results of Drug and TB testing required in Section 1035.20(h) and (i)13 and having no positive test results for infectious disease, or determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☒ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

M. La Crosse, MD
Name of Examining Medical Examiner

036114800
Professional License Number of Examining Medical Examiner

815-356-2359
Telephone Number of Examining Medical Examiner

Signature of Examining Medical Examiner

815-356-2365
Fax Number of Examining Medical Examiner

NOV 04 2014
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at Centegra Primary Care, 360 Station Drive, Crystal Lake, IL 60014

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, oplates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Oplate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

Certificate of Completion

Presented to:

Penny Fleming

for attending the

Active Shooter Training

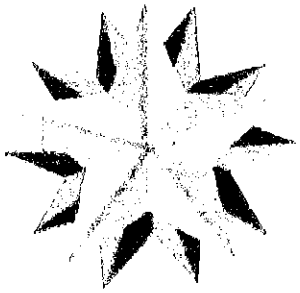
On April 11, 2015, in Crystal Lake, IL

Hosted by

The McHenry County

Transportation Directors Association

The MCTDA recognizes your dedication to the safety of our students, and thanks you for your participation in this program.



MCTDA President

2013/2014

D155 08/26/2013 - 06/03/2014
D47 08/28/2013 - 06/04/2014

NAME: Fleming, Penny

Jul-12						
	1	2	V 3	4	V5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	V22	V23	V24	V25	V26	27
29	29	V30	31			

Aug-12						
				1	V2	3
4	5	6	7	8	V9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Sep-12						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October-12						
		V1	V2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	C19
C20	21	22	23	24	25	26
27	28	29	30	31		

November-12						
					1	2
3	C4	C5	6	7	8	9
10	11	12	13	14	15	16
17	C18	19	20	21	22	23
24	25	26	27	28	29	30

December-12						
1	2	3	4	5	V6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	V23	24	25	V26	V27	28
29	V30	31				

January-13						
			1	V2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February-13						
						1
2	3	4	5	6	7	8
9	10	C11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March-13						
						1
2	3	4	5	6	7	8
9	10	S11	12	13	14	15
16	17	V18	19	20	21	22
23	C24	25	26	27	28	29
30	31					

April-13						
		1	2	3	V4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	S22	S23	24	25	26
27	28	29	30			

May-13						
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	V16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June-13						
1	2	3	4	5	V6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	V25	26	27	28
29	30					

Comp 10/19 - 10/20 1 1/2 Used 1 C 1/2 C
Comp 1-4 1/2 day 1/4 Comp 2-11 1/4 3-24

SENIORITY DATE: 1-12-93

SICK DAYS 84 1/4 USED 3 UNPAID

PERSONAL DAYS 2 USED UNPAID

VACATION DAYS 20 (7-1-12/7-1-13) 20 (7-1-13/7-1-14) USED 14 1/2 UNPAID

MC HENRY Regional Office of Education

Certificate of Completion

Is hereby granted to

Penny Fleming

employed by Transportation Joint Agreement

certifying that he/she has completed the Refresher course per the Illinois
Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

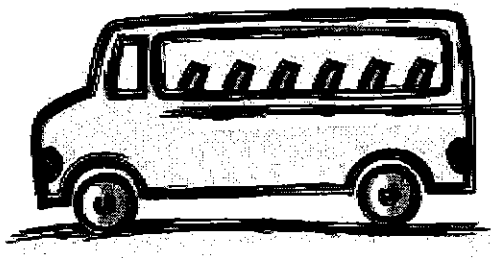
School Bus Driver Training Course

By Michele Frank, Illinois Certified School Bus Driver Training Instructor

On August 11, 2014

Leslie Schoenebaum

Regional Superintendent of Schools



McHenry County College
Shah Center
Certificate of Completion
Awarded to

Penny Fleming

for

Microsoft Excel 2010 Basic

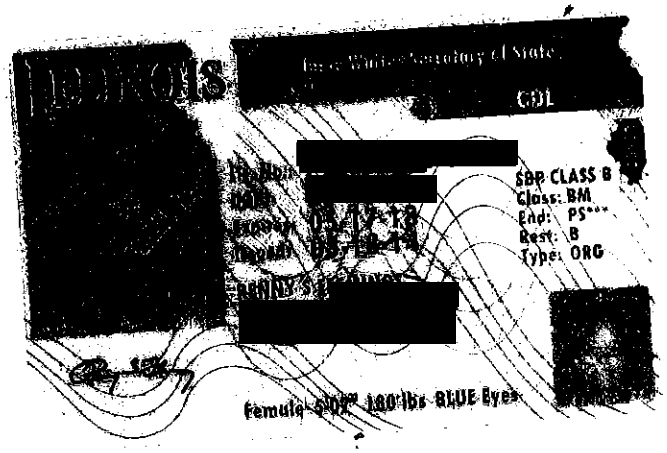
October 23, 2014
Date



9 Hours
Contact Hours

Audrey Mitalis
Instructor

Coordinator of Business Solutions



RECEIVED
MAY 14 2014
Per

Receipt

Penny Fleming
License renewal

[redacted] 3 65.00
278 WD 2937

Printed by authority of the State of Illinois. Aug 2013 — 2MM — DSD A 271

Centegra Occupational Health
13707 W. Jackson Street
Woodstock, IL 60098
Phone: 815-206-1077

CONFIDENTIAL

RECEIVED
OCT 31 2013
Per Mailed 11-5-13

Drug Screen Results Letter

To: Kathy Anes
Crystal Lake Trans Dist 47&155
1204 S Mc Henry Ave
CRYSTAL LAKE, IL 60014

Name:	Penny S. Fleming	
Patient ID:	[redacted]	
Collection Date & Time:	10/24/2013 08:47	
Specimen ID #:	4926082	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	RUTH GARBIS	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	ANNUAL TESTING	
Result:	**Negative** ✓	
MRO Verified On:	10/28/2013	
Date CCF Received:	10/24/2013	

Printed: 10/28/2013 10:45:14AM

ALEXANDER JABLONOWSKI
Medical Review Officer

OCT 28 2013
Date of Review and Verification

CentegraHealthSystem

OCCUPATIONAL HEALTH / WORK QUALIFICATION REPORT

Patient: Fleming, Penny
Employer: Crystal Lake Twns Dist 47 w/ 155
Contact/Phone: Kath Nee, 815 455-0358
Today's Date: 10-24-13 Time In: 0829
Injury Date: _____ Time Out: 0956

SITE:

- ☐ Occupational Health - McHenry , 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815 -759-4224 Fax: 815-363-0136
- ☐ Occupational Health-Woodstock , 3707 Doty Road, Suite A. Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-334-3820
- ☒ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-455-8044
- ☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL 600142 Phone: 815-759-4224 Fax: 847-802-7112

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

Work Injury / Illness Care Results

Diagnoses:

_____

_____

_____

Off Work ☐ Today only ☐ Now until_____

- ☐ May now work WITHOUT restrictions.
- ☐ May now work with restrictions.
  - ☐ which apply until time of next visit/or until:_____
- ☐ No change in work status; see our last note dated:_____
- ☐ Keep wound clean and dry.
- ☐ Wear splint at work/or other protective device:_____
- ☐ May not use/will not have full use of:_____
- ☐ No lifting over_____lbs.
- ☐ No Stooping Bending Stretching Twisting
- ☐ Minimal Pushing Pulling Carrying Squatting
- ☐ Avoid Extensive Walking Standing Climbing Kneeling
- ☐ Avoid Strenuous work.
- ☐ No above shoulder height work._____
- ☐ Avoid the (most extensive) use of: Right Hand Arm Left Foot Leg Involved digit(s)
- ☐ Avoid: ☐ chemical skin exposures ☐ toxic chemical exposures
- ☐ Avoid hand or wrist motions requiring strength or repetition.
- ☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.
- ☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly
- ☐ Avoid dust and bright lights one to two days
- ☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

_____

_____

_____

_____

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

- ___ Preplacement
- _1_ Annual (Pedes)
- ___ Metra
- ___ Fit for DutyEval
- ___ Exposure-Specific
- ___ Return-to-work
- ___ DOT
- ___ Initial Injury
- ___ Follow up visit
- ___ Fire fighter
- ___ Spirometry
- ___ Respiratory Physical
- ___ Other: Lab (urine) PMT

EXAM CONCLUSION:

- ☑ Medically acceptable as described.
- ☐ Medically acceptable with accommodation.
- ☐ Decision deferred. See comment below.
- ☐ Patient was referred to own MD for consultation.
- ☐ Screening tests within normal limits.

Next Appointment(s) here:

1._____

2._____

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐ Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name _____

Results were communicated to _____ on _____ by _____

This Form Provided By: Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

[redacted] Forms:

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name: Penny S. Fleming
(Print) (First, M.I., Last)

B: SSN or Employee ID No.: [redacted]

C: Employer Name: CLTJA
Street: 1204 S. McHenry Ave
City, State, Zip: Crystal Lake, IL. 60014

DER Name and Telephone No.: Kathy Ames (815)455-0557
DER Name DER Phone Number

D. Reason for Test ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☒ ~~Pre-employment~~ Annual

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee: [redacted] Date: 10/24/13
Date Month Day Year

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Affix [redacted] pe

Contesta 7A/04
Alcohol Technician's Company

360 Station Dr.
Company Street Address

R. Coates, RN
(PRINT) Alcohol Technician's Name (First, M.I., Last)

Crystal Lake, IL 60014 (815) 356-2330
Company City, State, Zip Phone Number

R. Coates, RN
Signature of Alcohol Technician

10, 24, 13
Date: Month Day Year

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date: / / Month Day Year

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name CLTJA
Address
Employer Number

Please print information clearly

Name: (Last, First, Middle) Fleming, Penny S.	Birth Date: [redacted]	Age: [redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: Penny Fleming

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☒ Good ☐ Fair ☐ Poor	65 1/2"	208 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☒ Satisfactory ☐ Rejection Cause for Rejection
Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: Medical Examiner shall provide one completed and signed copy of this Physical Examination and Certificate to the applicant. The original copy of the completed "Physical Examination and Certificate" is to be forwarded by the examining medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the examining medical examiner.

I certify that I have completed Part A of the school bus examination of Fleming, Penny on 10/24/13 In accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II, and, based upon the examination, find he/she is:

- ☐ Qualified under the regulations
- ☒ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

L. Li, MD
Name of Examining Medical Examiner

036111693 C
Professional License Number of Examining Medical Examiner

815-356-2330
Telephone Number of Examining Medical Examiner

Signature of Examining Medical Examiner

815-455-8044
Fax Number of Examining Medical Examiner

10/24/2013
Date of Certification (Part A)

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: N/A
Date of Drug Test Results: 10-28-13

I certify that I have completed my examination including my readings of the drug and TB test results for Fleming, Penny on 10-29-13 In accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II. Based upon the results of Drug and TB testing required in Section 1035.20(h) and (i)13 and having no positive test results for infectious disease, or determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☒ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

L. Li, MD
Name of Examining Medical Examiner

036111693 C
Professional License Number of Examining Medical Examiner

815-356-2330
Telephone Number of Examining Medical Examiner

Signature of Examining Medical Examiner

815-455-8044
Fax Number of Examining Medical Examiner

10-29-13
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at Centegra Primary Care, 360 Station Drive, Crystal Lake, IL 60014.

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease; irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

MC HENRY Regional Office of Education

Certificate of Completion

Is hereby granted to

Penny Fleming

employed by Transportation Joint Agreement

certifying that he/she has completed the Refresher course per the Illinois
Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

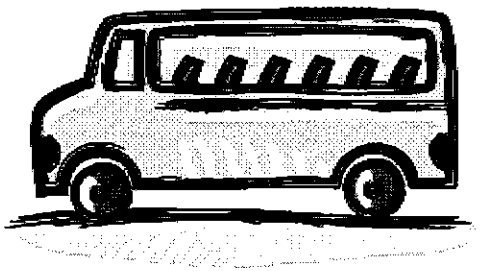
School Bus Driver Training Course

By Jerilyn Burkett, Illinois Certified School Bus Driver Training Instructor

On August 08, 2013

Leslie Schumacher

Regional Superintendent of Schools



https://worksafe.api.org/DesktopModules/UserHome/ViewPassport.aspx?pid=51071205 8/6/2013

Print Close

www.apipetroleumtraining.com Phone: 888-951-4456

anteagroup

Penny Fleming
This Certificate of Completion to

for
Class A/B/C Operator Training
Illinois

06-Aug-13 — API WorkSafe

Date — Location

This Certificate is valid for 2 years

Certificate ID: 51071205
Training Course Modules Included:

- Operator Training
- USTs – Tanks and Piping
- USTs – Ancillary Equipment
- Spill and Overfill
- Release Detection Overview
- GW and Vapor Monitoring
- Manual Tank Gauging
- Inventory Reconciliation
- Automatic Tank Gauging
- Secondary Containment with IM
- Release Detection for Piping
- Corrosion Protection
- Emergency Response
- Product Compatibility
- Financial Responsibility
- Notification and Registration
- Release Reporting
- Closure Requirements
- Passed Final Exam

Name of Trainer

anteagroup
5910 Rice Creek Parkway
Suite 100, Shoreview, MN 55126

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API Safety - View Safety Key

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2012/2013

D155 8/27/2012 - 6/4/2012
D47 8/28/2012 - 6/4/2012

NAME: Fleming, Penny

Jul-12

1	V 2	3	H 4	V 5	6	7
8	9	V 10	11	12	V 13	14
15	V 16	17	18	19	20	21
22	V 23	V 24	V 25	V 26	V 27	28
29	30	31				

Aug-12

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Sep-12

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January-13

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April-13

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30						

Comp 1-21-13 3hrs C 2-13-13/5-14-13

SENIORITY DATE: 11-12-93

SICK DAYS	77 1/4	USED	7	UNPAID	
PERSONAL DAYS	2	USED		UNPAID	
	20(7-1-11/7-1-12)				
VAC DAYS	20(7-1-12/7-1-13)	USED	17 3/4 (20)	UNPAID	

Centegra Occupational Health
13707 W. Jackson Street
Woodstock, IL 60098
Phone: 815-206-1077

Drug Screen Results Letter

CONFIDENTIAL

To: Kathy Anes
Crystal Lake Trans Dist 47&155
1204 S Mc Henry Ave
CRYSTAL LAKE, IL 60014

Name:	Penny S. Fleming	
Patient ID:	[redacted]	
Collection Date & Time:	04/16/2013 11:06	
Specimen ID #:	5534960	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	RUTH GARBIS	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	Random Testing	
Result:	**Negative**	
MRO Verified On:	04/18/2013	
Date CCF Received:	04/16/2013	

SPerumal.
SINDHU V. PERUMAL, MD
Medical Review Officer

APR 18 2013
Date of Review and Verification

Printed: 04/18/2013 2:37:29PM

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

80289371 5534960 SPECIMEN ID NO. 80289371 5534960 LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
EMPLOYER: [illegible]
[illegible]
CRYSTAL LAKE MEDICAL ARTS
FOOT HEALTH
[illegible]
CRYSTAL LAKE IL 60014
PH: 815-356-2330 FAX: 815-356-2365

B. MRO Name, Address, Phone No. and Fax No. [illegible] ID: TP0859024 STELLA M DRUZIS MD MPH
4389 MEDICAL CT DR 48300
MCHENRY IL 60050
PH: 815-759-4224 FAX: 815-759-4387

C. Donor SSN or Employee I.D. No. [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT – Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify)

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)

☒ 49CFR DOT DRUG PANEL

G. Collection Site Name: CENTEGRA FOR CARE Collection Site Code:
Address: 366 STATION DR Collector Phone No.: 8153562336
City, State and Zip: CRYSTAL LAKE IL 60014 Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark | Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark | ☐ Observed, (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X [illegible] Signature of Collector

[illegible] (Print) Collector's Name (First, MI, Last) 4/16/13 Date (Mo./Day/Yr.) 1116 AM/PM Time of Collection

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier
☐ FedEx
☐ Other
Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X [illegible] Signature of Donor

Penny L Ennis (PRINT) Donor's Name (First, MI, Last)

4/16/13 Date (Mo./Day/Yr.)

Daytime Phone No. [redacted] Evening Phone No. [redacted] Date of Birth [redacted]

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☒ **NEGATIVE** ☐ **POSITIVE** for: ☐ **TEST CANCELLED**
☐ DILUTE
☐ **REFUSAL TO TEST** because – check reason(s) below:
☐ ADULTERATED (adulterant/reason):
☐ SUBSTITUTED
☐ OTHER

REMARKS:

X [illegible] Signature of Medical Review Officer

Sindhu Perumal, M.D. (PRINT) Medical Review Officer's Name (First, MI, Last)

APR/ 18/2013 Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is: ☐ **TEST CANCELLED**

☐ **RECONFIRMED** for:
☐ **FAILED TO RECONFIRM** for:

REMARKS:

X Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) / / Date (Mo./Day/Yr.)

COPY 4--EMPLOYER COPY

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OMB No. 0930-0158

This Form Provided By: Lifeloc TECHNOLOGIES

To Reorder Forms: Phone 303.431.9500

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) (First, M.I., Last) Peggy Fleming

B: SSN or Employee ID No. [redacted]

C: Employer Name LTJA
Street 1204 S. McHenry Ave
City, State, Zip Crystal Lake, IL 60014

DER Name and Telephone No. DER Name Kathy Anes (815)455-0655 DER Phone Number

D. Reason for Test ☒ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

X [signature] Signature of Employee — Date Month Day Year 4/16/13

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Centegra EC/OH — Alcohol Technician's Company

360 Station Dr, — Company Street Address

R. Gorbis, RN — (PRINT) Alcohol Technician's Name (First, M.I., Last)

Crystal Lake, IL 60014 — Company City, State, Zip

(815) 356-7330 — Phone Number

R. Gorbis, RN — Signature of Alcohol Technician

Date Month Day Year 4/16/13

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee — Date: Month Day Year / /

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

[redacted]

Subject

[redacted]

I.D.

[redacted]

U.S. DEPARTMENT of EDUCATION RACE and ETHNICITY DATA STANDARDS

In the fall of 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires current staff and ***new employees*** of educational institutions to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity).

Please answer both questions below:

Part A- Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

[redacted]

***The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider your race to be.*

Part B- What is your race? Choose one or more.

[redacted]

Signature: Penny Fleming Date: 3-4-11

Centegra Occupational Health
4309 Medical Center Drive
Suite B300
McHenry, IL 60050
Phone: 815-759-4224

RECEIVED
OCT 03 2012
Per Mailed 10-11-12

Drug Screen Results Letter

CONFIDENTIAL

To: Kathy Anes
Crystal Lake Trans Dist 47&155
1204 S Mc Henry Ave
CRYSTAL LAKE, IL 60014

Name:	Penny S. Fleming
Patient ID:	[redacted]
Collection Date & Time:	09/26/2012 09:00
Specimen ID #:	5535056
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN
	Federally Regulated
Collection Site:	
Collector:	RUTH GARBIS
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219
Test Reason:	ANNUAL TESTING
Result:	Negative ✓
MRO Verified On:	09/28/2012
Date CCF Received:	09/26/2012

ALEXANDER JABLONOWSKI
Medical Review Officer

SEP 28 2012
Date of Review and Verification

Printed: 09/28/2012 10:47:02AM

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

80289371 5535056 SPECIMEN ID NO. 80289371 5535056 LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
EMPLOYER: QTSA
C/O CRYSTAL LAKE MEDICAL ARTS
ATTOCC HEALTH
360 STATION DR
CRYSTAL LAKE IL 60014
PH: 815-356-2330 FAX: 815-356-2365

B. MRO Name, Address, Phone No. and Fax No. PH: 456-0558 FAX: 815-459-6115 PROVIDER ID: TPAR50020
STELLA M ARGZIE MD MPH
4309 MEDICAL CT DR 08300
MCHENRY IL 60050
PH: 815-759-4224 FAX: 815-759-4987

C. Donor SSN or Employee I.D. No. [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT – Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) [illegible]

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)
✓ 4764SM DOT DRUG PANEL

G. Collection Site Name: CENTEGRA IMM CARE Collection Site Code:
Address: 360 STATION DR Collector Phone No.: 8153562330
City, State and Zip: CRYSTAL LAKE IL 60014 Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.
Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark | Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark | ☐ Observed, (Enter Remark)
REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X [illegible] Signature of Collector

[illegible] (Print) Collector's Name (First, MI, Last)

9/26/12 Date (Mo./Day/Yr.)

0500 ☐ AM ☐ PM Time of Collection

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier
☐ FedEx
☐ Other

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X [signature] Signature of Donor

Jenny Fleming (PRINT) Donor's Name (First, MI, Last)

9/26/12 Date (Mo./Day/Yr.)

Daytime Phone No. [redacted] Evening Phone No. ( )

Date of Birth [redacted] Mo. Day Yr.

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☒ NEGATIVE ☐ POSITIVE for: ☐ TEST CANCELLED
☐ DILUTE
☐ REFUSAL TO TEST because – check reason(s) below:
☐ ADULTERATED (adulterant/reason):
☐ SUBSTITUTED
☐ OTHER

REMARKS:

X [signature] Signature of Medical Review Officer

A. JABLONOWSKI M.D. (PRINT) Medical Review Officer's Name (First, MI, Last)

SEP/28/2012 Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ TEST CANCELLED
☐ RECONFIRMED for:
☐ FAILED TO RECONFIRM for:

REMARKS:

X Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

/ / Date (Mo./Day/Yr.)

COPY 4--EMPLOYER COPY

OMB No. 0930-0158

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This Form Provided By: Lifeloc TECHNOLOGIES

To Reorder Forms: Phone: 303.431.9500

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) (First, M.I., Last): Penny S. Fleming

B: SSN or Employee ID No.: [redacted]

C: Employer Name: CLTSA
Street: 1204 S. McHenry Ave
City, State, Zip: Crystal Lake, IL 60014

DER Name and Telephone No.: Kathy Anes (815)455-0551
DER Name / DER Phone Number

D. Reason for Test ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☒ Pre-employment ~~Annual~~

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee: [redacted]

Date: 9 / 26 / 12 (Month / Day / Year)

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Ventegra Tech Ltd — Alcohol Technician's Company
360 Station Dr. — Company Street Address
Crystal Lake, IL 60014 — Company City, State, Zip
(815) 356-2330 — Phone Number
R. Carlos, RN — (PRINT) Alcohol Technician's Name (First, M.I., Last)
R. Carlos, RN — Signature of Alcohol Technician
9 / 26 / 12 — Date: Month / Day / Year

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date: / / (Month / Day / Year)

OMB No. 2105-0529

Form DOT F 1380 (Rev. 5/2008)

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

[redacted]

Subject

[redacted]

I.D.

[redacted]

Affix with Ta

CentegraHealthSystem

Centegra Occupational Health

WORK QUALIFICATION REPORT

Patient: Penny Fleming

Employer: Crystal Lake Trans. Dist. 47 and 155

Contact/Phone: Kathy Hines 815-455-0558

Today's Date: 9-26-12 Time In: 0824

Injury Date: _____ Time Out: 0924

Work Injury / Illness Care Results

Diagnoses:

	Work-Related	Non-Work Related	Provisional
School Bus Physical	☑	☐	☐
	☐	☐	☐
	☐	☐	☐

SITE:

- ☐ Occupational Health - McHenry, 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815-759-4224 Fax: 815-363-0136
- ☐ Occupational Health-Woodstock, 3707 Doty Road, Suite A. Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-206-1064
- ☒ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-455-8044
- ☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL. 600142 Phone: 815-759-4224 Fax: 847-802-7112

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

Off Work ☐ Today only ☐ Now until_____

- ☐ May now work WITHOUT restrictions.
- ☐ May now work with restrictions.
  - ☐ which apply until time of next visit/or until:_____
- ☐ No change in work status; see our last note dated:_____
- ☐ Keep wound clean and dry.
- ☐ Wear splint at work/or other protective device:_____
- ☐ May not use/will not have full use of:_____
- ☐ No lifting over_____lbs.
- ☐ No Stooping Bending Stretching Twisting
- ☐ Minimal Pushing Pulling Carrying Squatting
- ☐ Avoid Extensive Walking Standing Climbing Kneeling
- ☐ Avoid Strenuous work.
- ☐ No above shoulder height work._____
- ☐ Avoid the (most extensive) use of: Right Hand Arm Left Foot Leg Involved digit(s)
- ☐ Avoid: ☐ chemical skin exposures ☐ toxic chemical exposures
- ☐ Avoid hand or wrist motions requiring strength or repetition.
- ☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.
- ☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly
- ☐ Avoid dust and bright lights one to two days
- ☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

- ☒ Preplacement (Bus)
- ___ Annual
- ___ Metra
- ___ Fit for DutyEval
- ___ Exposure-Specific
- ___ Return-to-work
- X DOT/Bus
- ___ Initial Injury
- ___ Follow up visit
- ___ Fire fighter
- ___ Spirometry
- ___ Respiratory Physical
- ___ Other: BAT

EXAM CONCLUSION:

- 1 Medically acceptable as described. DS pending
- ___ Medically acceptable with accommodation.
- ___ Decision deferred. See comment below.
- ___ Patient was referred to own MD for consultation.
- ___ Screening tests within normal limits.

Next Appointment(s) here:

1. _____
2. N/A

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐ Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name Mary R. Patel, MD

Results were communicated to _____ on _____ by _____

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name CUTJA
Address
Employer Number

Please print information clearly

Name: (Last, First, Middle) Fleming, Penny S

Birth Date [redacted] Age: [redacted]

Address: (Street, City, State, ZIP) [redacted]

I hereby consent to provide a urine sample to be used to test for amphetamines/cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: [redacted]

A. [redacted]

GENERAL APPEARANCE AND DEVELOPMENT ☒ Good ☐ Fair ☐ Poor

Height 66 1/2 Weight 243 lbs.

Evidence of Disease or Injury:

Horizontal Field of Vision

Color Vision

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☒ Satisfactory ☐ Rejection Cause for Rejection

Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments [redacted]

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: Medical Examiner shall provide one completed and signed copy of this Physical Examination and Certificate to the applicant. The original copy of the completed "Physical Examination and Certificate" is to be forwarded by the examining medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the examining medical examiner.

I certify that I have completed Part A of the school bus examination of Fleming, Penny on 9/26/12 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II, and, based upon the examination, find he/she is:

- ☐ Qualified under the regulations
- ☒ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

Manoj R. Patel, MD
Name of Examining Medical Examiner

815-356-2330
Telephone Number of Examining Medical Examiner

815-455-8044
Fax Number of Examining Medical Examiner

IL-036-113229
Professional License Number of Examining Medical Examiner

Signature of Examining Medical Examiner

9/26/12
Date of Certification (Part A)

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: N/A
Date of Drug Test Results: 9-28-12

I certify that I have completed my examination including my readings of the drug and TB test results for Fleming, Penny on 9-28-12 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II. Based upon the results of Drug and TB testing required in Section 1035.20(h) and (l)13 and having no positive test results for infectious disease, or determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☒ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

Manoj R. Patel, MD
Name of Examining Medical Examiner

815-356-2330
Telephone Number of Examining Medical Examiner

815-455-8044
Fax Number of Examining Medical Examiner

IL-036-113229
Professional License Number of Examining Medical Examiner

Signature of Examining Medical Examiner

9-28-12
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at Ozan Legacy IC/DH 360 Station Dr, Crystal Lake IL 60014

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

MC HENRY Regional Office of Education

Certificate of Completion

Is hereby granted to

Penny Fleming

employed by Transportation Joint Agreement

certifying that he/she has completed the Refresher course per the Illinois
Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

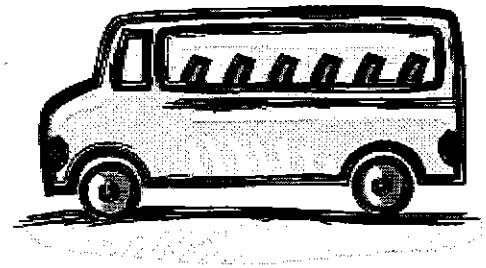
School Bus Driver Training Course

By Jerilyn Burkett, Illinois Certified School Bus Driver Training Instructor

On October 04, 2012

Teri Schemenhorn

Regional Superintendent of Schools



Centegra Occupational Health
4309 Medical Center Drive
Suite B300
McHenry, IL 60050
Phone: 815-759-4224

Drug Screen Results Letter

To: Kathy Anes
Crystal Lake Trans Dist 47&155
1204 S Mc Henry Ave
CRYSTAL LAKE, IL 60014

Name:	Penny S. Fleming	
Patient ID:	[redacted]	
Collection Date & Time:	09/26/2012 09:00	
Specimen ID #:	5535056	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	RUTH GARBIS	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	Random Testing	
Result:	**Negative**	
MRO Verified On:	09/26/2012	
Date CCF Received:	09/26/2012	

Printed: 09/26/2012 3:14:56PM

STELLA N. ANOZIE, MD, MPH
Medical Review Officer

SEP 26 2012
Date of Review and Verification

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics®
800-877-7484

80289371 5479449 SPECIMEN ID NO. 80289371 5479449 LAB ACCESSION NO.

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

EMPLOYER: 04731
C/O CRYSTAL LAKE DENTAL ARTS
TC/BCC HEALTH
360 STATION DR
CRYSTAL LAKE IL 60014
PH: 815-356-2330 FAX: 815-356-2365

B. MRO Name, Address, Phone No. and Fax No. 815-455-0554 MRO: 715 STELLA N ANOZIE DO MPH
4390 MEDICAL CT DR 40330
MCHENRY IL 60050
PH: 815-759-4224 FAX: 815-759-4

C. Donor SSN or Employee I.D. No. [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC ☑ DOT – Specify DOT Agency: ☑ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☑ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

X 49CFR 40 DOT DRUG PANEL

G. Collection Site Name: CRITICARE TC/BCC HEALTH Collection Site Code:
Address: 360 Station Dr Collector Phone No.: 815-356-2330
City, State and Zip: Crystal Lake IL 60014 Collector Fax No.: 815-356-2365

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☑ Yes ☐ No, Enter Remark | Collection: ☑ Split ☐ Single ☐ None Provided, Enter Remark | ☐ Observed, (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X _____ Signature of Collector

_____ (Print) Collector's Name (First, MI, Last) 9/25/12 Date (Mo./Day/Yr.) 1609 Time of Collection AM PM

SPECIMEN BOTTLE(S) RELEASED TO:
☑ Quest Diagnostics Courier
☐ FedEx
☐ Other
_____ Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X _____ Signature of Donor

Penny Fleming (PRINT) Donor's Name (First, MI, Last)

9/25/12 Date (Mo./Day/Yr.)

Daytime Phone No. [redacted] Evening Phone No. ( ) _____ Date of Birth [redacted] Mo. Day Yr.

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☑ **NEGATIVE** ☐ **POSITIVE** for: _____
☐ DILUTE
☐ **REFUSAL TO TEST** because – check reason(s) below:
☐ ADULTERATED (adulterant/reason): _____
☐ SUBSTITUTED
☐ OTHER _____
☐ **TEST CANCELLED**

REMARKS: _____

X _____ Signature of Medical Review Officer

S. ANOZIE, MD (PRINT) Medical Review Officer's Name (First, MI, Last)

SEP 2/6 2012 Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ **RECONFIRMED** for: _____
☐ **FAILED TO RECONFIRM** for: _____
☐ **TEST CANCELLED**

REMARKS: _____

X _____ Signature of Medical Review Officer

_____ (PRINT) Medical Review Officer's Name (First, MI, Last)

/ / Date (Mo./Day/Yr.)

COPY 4 - EMPLOYER COPY

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2011/2012

D155 8/25/11 - 6/8/11

D47 8/30/11 - 6/6/11

NAME: Fleming, Penny

JULY

					V 1	2
3	4 V	5	6	7 V	8	9
10	11	12 V	13	14 V	15	16
17	18	19	20	21	22	23
24	V 25	V 26	V 27	28	V 29	30
31						

AUGUST

	1	2 V	3	4	5	6
7 V	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER

				1	2	3
4	S 5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	V 26	V 27	V 28	V 29	30	31

JANUARY

1	2	3	4	V 5	S 6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
28	30	S 31				

FEBRUARY

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	S 27	S 28	S 29			

MARCH

				1	2	3
4	5 P	6	7	8	9	10
11	12	13	S 14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	V 29	V 30	31

APRIL

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	S 19	20	21
22	23	24	25	26	27	28
29	S 30					

MAY

		S	2	3	4	5
6	7	8	9	10	11	12
13	14	15	S 16	17	18	19
20	V 21	V 22	V 23	V 24	V 25	26
27	28	29	30	31		

JUNE

					1	2
3	4	5	V 6	7	V 8	9
10	11	12	13	14	V 15	16
17	18	19	20	21	22	23
24	25	26	27	28	V 29	30

SENIORITY DATE 11-12-93

SICK DAYS 76 3/4 USED 9 UNPAID _____

PERSONAL DAYS 2 USED 1/2 UNPAID _____

VACATION DAYS 20 (7-1-10/7-1-11) / 20 (7-1-11/7-1-12) USED 14 3/4 UNUSED _____

NATIONAL ASSOCIATION FOR PUPIL TRANSPORTATION

CERTIFICATE OF COMPLETION

Penny Fleming

NAPT Training Program

PDS 506 - Transportation Facility Planning

October 24th, 2011 - Cincinnati, OH

Michael J. Martin, Executive Director

NATIONAL ASSOCIATION FOR PUPIL TRANSPORTATION

CERTIFICATE OF COMPLETION

Penny Fleming

NAPT Training Program

PDS 301 - Basic School Transportation Accounting

October 23rd, 2011 - Cincinnati, OH

Michael J. Martin, Executive Director

Centegra Occupational Health
4309 Medical Center Drive
Suite B300
McHenry, IL 60050
Phone: 815-759-4224

CONFIDENTIAL

Drug Screen Results Letter

To: Kathy Anes
Crystal Lake Trans Dist 47&155
1204 S Mc Henry Ave
CRYSTAL LAKE, IL 60014

Name:	Penny S. Fleming
Patient ID:	[redacted]
Collection Date & Time:	02/23/2012 08:55
Specimen ID #:	0445525
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN
Collection Site:	
Collector:	RUTH GARBIS
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219
Test Reason:	Random Testing
Result:	**Negative**
MRO Verified On:	02/24/2012
Date CCF Received:	02/23/2012

Federally Regulated

ALEXANDER JABLONOWSKI
Medical Review Officer

FEB 24 2012
Date of Review and Verification

Printed: 02/24/2012 1:29:04PM

Quest Diagnostics
800-877-7484

80289371 0445525 SPECIMEN ID NO.

80289371 0445525 LAB ACCESSION NO.

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
EMPLOYER: C.L. Trans D47/15SPR; 815-455-0558 FAX: 815-459-9115
C/B CRYSTAL LAKE MEDICAL ARTS
IC/OCC HEALTH
360 STATION DR
CRYSTAL LAKE IL 60014 PH: 815-356-2330 FAX: 815-356-2365

B. MRO Name, Address, Phone No. and Fax No. ORI ID: TPAM50020
STELLA M ANUZIE MD MPH
4309 MEDICAL CT DR 38300
MCHENRY IL 60050
PH: 815-759-4224 FAX: 815-759-4302

C. Donor SSN or Employee I.D. No. [redacted] Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT – Specify Agency: ☐ Other (specify)

E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify)

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☒ 47643H DOT DRUG PANEL

G. Collection Site Name: CRYSTAL LAKE IMM CARE Collection Site Code: Collector Phone No.: 815-356-2330
Address: 360 STATION DR 3RD FL Collector Fax No.: 815-356-2365
City, State and Zip: CRYSTAL LAKE IL 60014

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.
Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark ☐ Observed, (Enter Remark)
REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY
I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier
☐ FedEx
☐ Other

X R. Cowles, RN 2/23/12 0855 AM/PM
Signature of Collector Date (Mo/Day/Yr.) Time of Collection
R. Cowles, RN
(Print) Collector's Name (First, MI, Last)
Name of Delivery Service

STEP 5: COMPLETED BY DONOR
I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X Penny Fleming 2/23/12
Signature of Donor PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr.)
Daytime Phone No. [redacted] Evening Phone No. ( ) Date of Birth Mo. [redacted]

After the Medical Review Officer [illegible] test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN
In accordance with applicable Federal requirements, my verification is:

☐ TEST CANCELLED

☒ NEGATIVE ☐ POSITIVE for: ☐ DILUTE
☐ REFUSAL TO TEST because – check reason(s) below:
☐ ADULTERATED (adulterant/reason):
☐ SUBSTITUTED
☐ OTHER

REMARKS:

X
Signature of Medical Review Officer
A. JABLONOWSKI, M.D.
(PRINT) Medical Review Officer's Name (First, MI, Last)
FEB 24 2012
Date (Mo/Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN
In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ TEST CANCELLED

☐ RECONFIRMED for:
☐ FAILED TO RECONFIRM for:
REMARKS:

X
Signature of Medical Review Officer
(PRINT) Medical Review Officer's Name (First, MI, Last)
Date (Mo/Day/Yr.)

COPY 5 - MEDICAL REVIEW OFFICER COPY

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This Form Provided By: Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

To Reorder Forms: [redacted]

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) Penny S Fleming (First, M.I., Last)

B: SSN or Employee ID No. 325-62-0128

C: Employer Name CL Trans D47/155
Street 1204 S. McHenry Ave
City, State, Zip Crystal Lake, IL 60014

DER Name and Telephone No. Kathy Anes (815) 455-055
DER Name DER Phone Number

D. Reason for Test ☒ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[redacted] 2 /23 /12
Signature of Employee Date Month Day Yea

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Alcohol Technician's Company: Centegra Primary Care
Company Street Address: 360 Station Drive
Company City, State, Zip: Crystal Lake, IL 60014
Phone Number: (815) 356-2330

(PRINT) Alcohol Technician's Name (First, M.I., Last): R. Carbis, RN

Signature of Alcohol Technician: R. Carbis, RN
Date: 2 /23 /12
Month Day Year

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee
Date: / /
Month Day Year

OMB No. 2105-0529

Form DOT F 1380 (Rev. 5/2008)

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

[redacted]
Subject

[redacted]
I.D.

[redacted] RN

Affix w

1 Wages, tips, other comp.	2 Fed. income tax withheld
48491.15	7273.69
3 Social security wages	4 Soc. sec. tax withheld
50824.26	2134.55
5 Medicare wages and tips	6 Medicare tax withheld
50824.26	736.91

Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S MCHENRY AV
CRYSTAL LAKE IL 60014

Employer identification no(EIN)	11 Nonqualified plans
[redacted]	
Employee's SSN	12a
[redacted]	12b
7 Social security tips	12c
	12d
8 Allocated tips	13 Statutory employee / Retirement plan (X) / Third-party sick pay
9	14 IMRF 2333.11 INSPR 1023.36
10 Dependent care benefits	
Control number	

PENNY S FLEMING
[redacted]
Employee's name, address, and ZIP code

15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL 36-6005102	48491.15	2350.64
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2011**
Copy B -- To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the IRS.
38-2099803 OMB No. 1545-0008
Department of the Treasury -- Internal Revenue Service

1 W2U NTF 2575526

1 Wages, tips, other comp.	2 Fed. income tax withheld
48491.15	7273.69
3 Social security wages	4 Soc. sec. tax withheld
50824.26	2134.55
5 Medicare wages and tips	6 Medicare tax withheld
50824.26	736.91

Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S MCHENRY AV
CRYSTAL LAKE IL 60014

Employer identification no(EIN)	11 Nonqualified plans
[redacted]	
Employee's SSN	12a
[redacted]	12b
7 Social security tips	12c
	12d
8 Allocated tips	13 Statutory employee / Retirement plan (X) / Third-party sick pay
9	14 IMRF 2333.11 INSPR 1023.36
10 Dependent care benefits	
Control number	

PENNY S FLEMING
[redacted]
Employee's name, address, and ZIP code

15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL [redacted]	48491.15	2350.64
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2011**
Copy C -- FOR EMPLOYEE'S RECORDS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. 38-2099803 OMB No. 1545-0008 Department of the Treasury -- Internal Revenue Service

1 Wages, tips, other comp.	2 Fed. income tax withheld
48491.15	7273.69
3 Social security wages	4 Soc. sec. tax withheld
50824.26	2134.55
5 Medicare wages and tips	6 Medicare tax withheld
50824.26	736.91

Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S MCHENRY AV
CRYSTAL LAKE IL 60014

Employer identification no(EIN)	11 Nonqualified plans
[redacted]	
Employee's SSN	12a
[redacted]	12b
7 Social security tips	12c
	12d
8 Allocated tips	13 Statutory employee / Retirement plan (X) / Third-party sick pay
9	14 IMRF 2333.11 INSPR 1023.36
10 Dependent care benefits	
Control number	

[redacted] FLEMING
[redacted]
Employee's name, address, and ZIP code

15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL 36-6005102	48491.15	2350.64
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2011**
Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.
38-2099803 OMB No. 1545-0008 Department of the Treasury -- Internal Revenue Service

Copyright 2011 Greatland/Nelco

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Unless you have records that show you did not receive the amount reported in box 8 as allocated tips, you must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report the allocated tip amount. On Form 4137 you will figure the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over $5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and G) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $16,500 ($11,500 if you only have SIMPLE plans, $10,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $16,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2011, your employer may have allowed an additional deferral of up to $5,500 ($2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note. If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A--Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

B--Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

C--Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D--Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E--Elective deferrals under a section 403(b) salary reduction agreement

F--Elective deferrals under a section 408(k)(6) salary reduction SEP

G--Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H--Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

J--Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

K--20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.

L--Substantiated employee business expense reimbursements (nontaxable)

M--Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

N--Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

P--Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q--Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

R--Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S--Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V--Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.

W--Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y--Deferrals under a section 409A nonqualified deferred compensation plan

Z--Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

AA--Designated Roth contributions under a section 401(k) plan

BB--Designated Roth contributions under a section 403(b) plan

DD--Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

EE--Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct.

Note. Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

Notice to Employee

Refund. Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

Earned income credit EIC. You may be able to take the EIC for 2011 if (a) you do not have a qualifying child and you earned less than $13,660 ($18,740 if married filing jointly), (b) you have one qualifying child and you earned less than $36,052 ($41,132 if married filing jointly), (c) you have two qualifying children and you earned less than $40,964 ($46,044 if married filing jointly), or (d) you have three or more qualifying children and you earned less than $43,998 ($49,078 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than $3,150. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.socialsecurity.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with Code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2011 and railroad retirement (RRTA) taxes were withheld from your pay that total more than $4,485.60 in social security and/or Tier 1 railroad retirement (RRTA) tax, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than $3,068.80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

10/25/11 FY 11 TRANSPORTATION JOINT AGREEMENT 08:57:11 QPADEV000G
EMSMOD Employee Insurance Information REF: INS.300 .02

211 FLEMING PENNY Active: Y
Home Phone: [redacted] Birthdate: [redacted] RETIRED __ AGE ON JAN 1 : [redacted]
SS#: [redacted] Job Location: 75 Position: SEX: F
Original Hire: 11/10/93 Current Hire: 11/10/93 Termination:

INSURANCE : E EFF DATE : 1/01/11 WEB ACCESS _ FLEX ACCT _

I. COVERAGE		II PREMIUM		III PAYROLL			
MED	A-1 DATE	MEDICAL	628.06	PR/D-FM		BD/E-FM	
DENTAL	E DATE	DENTAL	26.65	PR/D-FD		BD/E-FD	
BASIC LIFE	10,000	BAS LIFE	1.44	HSA PR/D		HSA/E PS	
SUPP LIFE	90,000	LIFE	13.50	TOTAL			
SALARY	51,500.00	LTD	9.44	ANNUAL			
VISION	UE DATE	VISION	10.18				
	CLASS 0002						

TOTAL PREMIUM	=	689.27	
BD CONTRIBUTION	=	604.00	
CREDIT	=		
ADDIONAL/EXCESS	=	85.27	

SER FEE
TOTAL P/R DED 85.27
NUM REG CKS 24
PR/DED PER CK = 42.64
TYPE CHG : _
CHG DATE : _____

COMMENTS :

F1=Help F3=SAVE & Exit F8=SCREEN-2 F9=CALCULATE F12=Cancel Cancel? N

Penny Fleming 11-15-11

Centegra Occupational Health
4309 Medical Center Drive
Suite B300
McHenry, IL 60050
Phone: 815-759-4224

RECEIVED
OCT 2 8 2011
Per Mailed

Drug Screen Results Letter

CONFIDENTIAL

To: Kathy Anes
Crystal Lake Trans Dist 47&155
1204 S Mc Henry Ave
CRYSTAL LAKE, IL 60014

Name:	Penny S. Fleming	
Patient ID:	[redacted]	
Collection Date & Time:	10/18/2011 12:00	
Specimen ID #:	0445382	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	RUTH GARBIS	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	ANNUAL TESTING	
Result:	Negative	
MRO Verified On:	10/19/2011	
Date CCF Received:	10/18/2011	

Printed: 10/19/2011 1:14:31PM

STELLA N. ANOZIE, MD, MPH
Medical Review Officer

OCT 19 2011
Date of Review and Verification

EDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

30285971 0445382 SPECIMEN ID NO. 30285971 0445382

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

OMB No. 0930-0158

A. Employer Name, Address, I.D. No.

EMPLOYER: CITIA
[illegible] CRYSTAL LAKE MEDICAL ASSOC
[illegible] MED IN
360 STATION DR
CRYSTAL LAKE IL 60014

B. MRO Name, Address, Phone No. and Fax No. [illegible] STELLA H GRUZIT MD MP
4300 MEDICAL CT DR STE 5
MCHENRY IL 60050
PH: 815 759-4224 FAX: 815-759-4507

C. Donor SSN or Employee I.D. No. [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT – Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☒ Other (specify) Annual

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)

CV 47643 DOT DRUG PANEL

G. Collection Site Name: CRYSTAL LAKE URG CARE Collection Site Code:
Address: 360 STATION DR 3RD FL Collector Phone No.: 815-356-4530
City, State and Zip: CRYSTAL LAKE IL 60014 Collector Fax No.: 815-356-2365

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark | Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark | ☐ Observed, (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X [illegible]
Signature of Collector

[illegible] 10/18/11 1200 AM/PM
(Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.) Time of Collection

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier
☐ FedEx
☐ Other
Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X [signature] Penny Fleming 10/18/11
(PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)

Daytime Phone No. [redacted] Evening Phone No. ( ) Date of Birth [redacted] Mo. Day Yr.

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☐ **NEGATIVE** ☐ **POSITIVE** for: _____
☐ DILUTE
☐ **REFUSAL TO TEST** because – check reason(s) below: ☐ **TEST CANCELLED**
☐ ADULTERATED (adulterant/reason): _____
☐ SUBSTITUTED
☐ OTHER _____

REMARKS: _____

X _____ _____ / /
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ **RECONFIRMED** for: _____ ☐ **TEST CANCELLED**
☐ **FAILED TO RECONFIRM** for: _____

REMARKS: _____

X _____ _____ / /
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

COPY 4 EMPLOYER COPY

This Form Provided By: Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

To Reorder Forms: [redacted]

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) (First, M.I., Last): Penny S. Fleming

B: SSN or Employee ID No.: [redacted]

C: Employer Name: CLTJA
Street: 1204 S. McHenry Ave.
City, State, Zip: Crystal Lake, IL 60014

DER Name and Telephone No.: Kathy Ames (815)455-0552
DER Name / DER Phone Number

D. Reason for Test ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☒ Pre-employment Annual

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee: [redacted] Date (Month Day Year): 10, 18, 11

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form*

REMARKS:

Centegra IC/OH — Alcohol Technician's Company
360 Station Dr. — Company Street Address
R. Curtis, RN — (PRINT) Alcohol Technician's Name (First, M.I., Last)
Crystal Lake, IL 60014 — Company City, State, Zip
(815) 356-2330 — Phone Number
R Curtis, RN — Signature of Alcohol Technician
10, 18, 11 — Date (Month Day Year)

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee — Date: Month / Day / Year

Form DOT F 1380 (Rev. 5/2008) OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

CentegraHealthSystem

Centegra Occupational Health

WORK QUALIFICATION REPORT

Patient: Fleming, Penny

Employer: Crystal Lake Trans Dist 47+155

Contact/Phone: Kelly 815-455-0558

Today's Date: 10-18-11 Time In: 1115

Injury Date: _____ Time Out: 1222

Work Injury / Illness Care Results

Diagnoses:

	Work-Related	Non-Work Related	Provisional
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

SITE:

☐ Occupational Health - McHenry, 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815 -759-4224 Fax: 815-363-0136

☐ Occupational Health-Woodstock , 3707 Doty Road, Suite A. Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-206-1064

☒ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-455-8044

☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL. 600142 Phone: 815-759-4224 Fax: 847-802-7112

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

Off Work ☐Today only ☐ Now until_____

☐ May now work WITHOUT restrictions.

☐ May now work with restrictions.

☐ which apply until time of next visit/or until:_____

☐ No change in work status; see our last note dated:_____

☐ Keep wound clean and dry.

☐ Wear splint at work/or other protective device:_____

☐ May not use/will not have full use of:_____

☐ No lifting over_____lbs.

☐ No Stooping Bending Stretching Twisting

☐ Minimal Pushing Pulling Carrying Squatting

☐ Avoid Extensive Walking Standing Climbing Kneeling

☐ Avoid Strenuous work.

☐ No above shoulder height work._____

☐ Avoid the (most extensive) use of: Right Hand Arm Left Foot Leg Involved digit(s)

☐ Avoid: ☐ chemical skin exposures ☐toxic chemical exposures

☐ Avoid hand or wrist motions requiring strength or repetition.

☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.

☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly

☐ Avoid dust and bright lights one to two days

☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

___ Preplacement
___ Annual
___ Metra
___ Fit for DutyEval
___ Exposure-Specific
___ Return-to-work

X DOT / Bus
___ Initial Injury
___ Follow up visit
___ Fire fighter
___ Spirometry
___ Respiratory Physical
___ Other: BAT DS

EXAM CONCLUSION:

✓ Medically acceptable as described.
___ Medically acceptable with accommodation.
___ Decision deferred. See comment below.
___ Patient was referred to own MD for consultation.
___ Screening tests within normal limits.

Next Appointment(s) here:

1. _____

2. _____

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name _____

Results were communicated to _____ on _____ by _____

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name Crystal Lake Trans Dist 47 + SS
Address
Employer Number

Please print information clearly

Name: (Last, First, Middle)	Birth Date:	Age:
Fleming, Penny S	[redacted]	[redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of ~~such tests~~ to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the ~~medical examiner~~ to my employer.

Signature of Driver/Applicant: Penny Fleming

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT ☒ Good ☐ Fair ☐ Poor | Height 65 1/2" | Weight 238 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☒ Satisfactory ☐ Rejection Cause for Rejection
Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: Medical Examiner shall provide one completed and signed copy of this Physical Examination and Certificate to the applicant. The original copy of the completed "Physical Examination and Certificate" is to be forwarded by the examining medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the examining medical examiner.

I certify that I have completed Part A of the school bus examination of Fleming, Penny on 10/18/11 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II, and, based upon the examination, find he/she is:

- ☐ Qualified under the regulations
- ☒ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

Yanbing Li
Name of Examining Medical Examiner

036111693 EL
Professional License Number of Examining Medical Examiner

815-356-2330
Telephone Number of Examining Medical Examiner

Signature of Examining Medical Examiner

815-455-8044
Fax Number of Examining Medical Examiner

10/18/11
Date of Certification (Part A)

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: N/A
Date of Drug Test Results: 10/19/11

I certify that I have completed my examination including my readings of the drug and TB test results for Fleming, Penny on 10/19/11 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II. Based upon the results of Drug and TB testing required in Section 1035.20(h) and (i)13 and having no positive test results for infectious disease, or determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☒ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

Yanbing Li
Name of Examining Medical Examiner

036111693 EL
Professional License Number of Examining Medical Examiner

815-356-2330
Telephone Number of Examining Medical Examiner

Signature of Examining Medical Examiner

815-455-8044
Fax Number of Examining Medical Examiner

10/19/11
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at Centegra IC/OH 360 Station Dr. Crystal Lake IL 60014

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

Regional Office of Education
McHenry County, Illinois

McHenry County Government Center
2200 North Seminary Avenue
Woodstock, Illinois 60098
Phone: 815-334-4475
Fax: 815-338-0475

CERTIFICATION

TO: District 47/155

In accordance with Section 6-106.1 (d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1 (d)), I hereby certify that Penny Fleming has successfully competed the ☐ **Initial Training** ☒ **Refresher Training** on September 22, 2011.

September 28, 2011
Date

Signature of Regional Superintendent

McHenry County Transportation Directors Association

MCHENRY COUNTY, ILLINOIS



Certificate of Completion

This is to Certify That

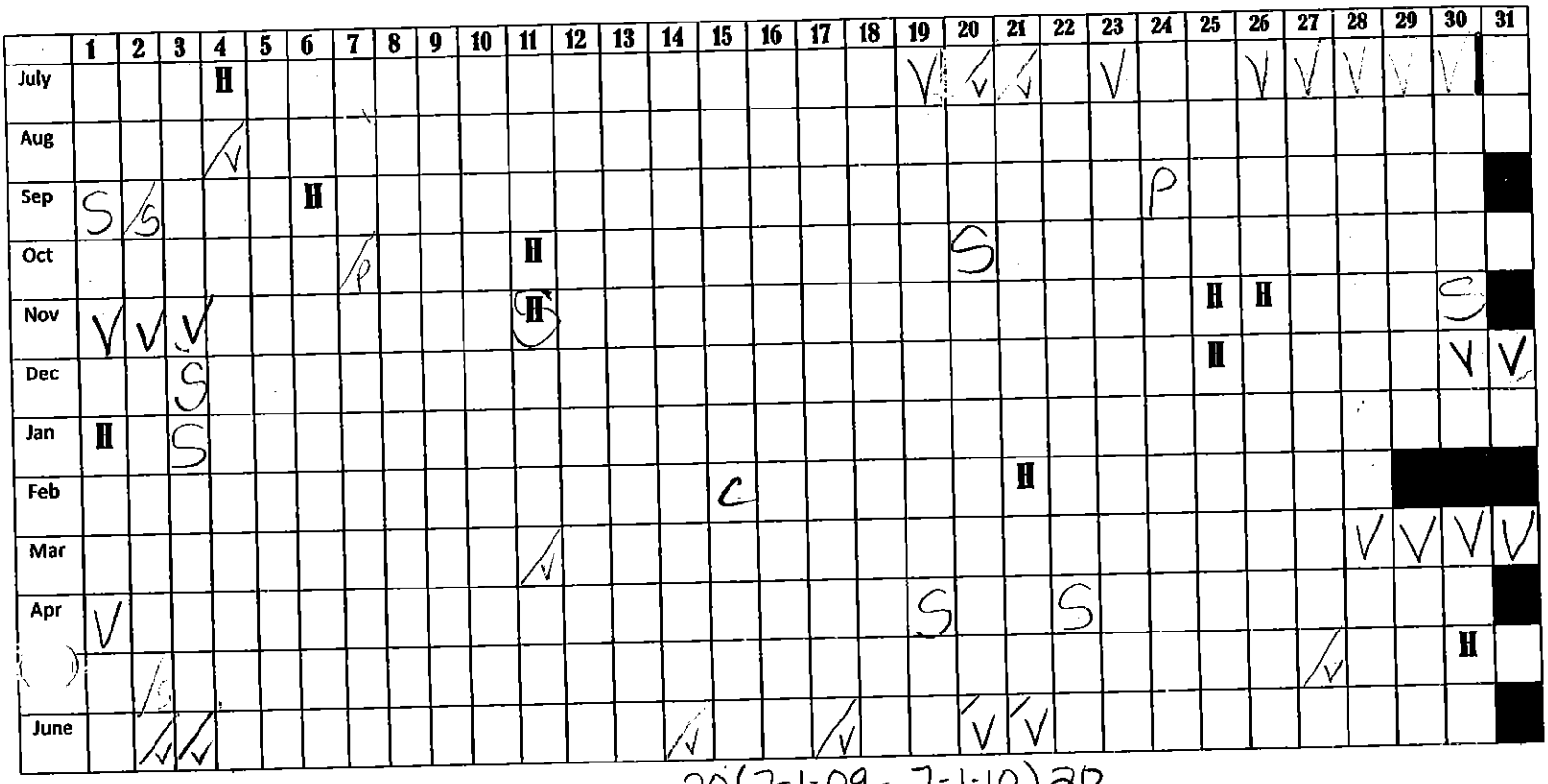
Penny Fleming

Is Awarded This Certificate
For Completion of the Special Education Workshop
MCTDA
Signed this 24th day of September, 2011

Association President

Attendance Log 2010 – 2011

me Prestley, Penny



20 (7-1-09 - 7-1-10) 20
20 (7-1-10 - 7-1-11) 14

SENIORITY DATE 11-12-93

SICK DAYS 72 1/4 **SICK DAYS USED** 8 **UNPAID** _____

PERSONAL DAYS 2 **PERSONAL DAYS USED** 1 1/2 **UNPAID** _____

VACATION DAYS 27 1/2 21 1/2

✓1 Comp Day 11-11-10

Dist 155	Dist 47
8/23/10	08/25/10
05/31/11	06/02/11

CRYSTAL LAKE ELEMENTARY SCHOOLS
300 Commerce Drive, Crystal Lake, Illinois 60014 (815) 459-6070
http://www.d47schools.org

Date: February 2011
To: D47 Employees
From: Human Resources Department
Subject: Notice of Availability to Participate in District 47's 403(b) Plan

Crystal Lake School District 47 offers a 403(b) Tax Sheltered Account Plan. As an eligible employee you have the ability to participate in this Plan by making voluntary salary reduction contributions to the Plan.

Instructions for accessing the 403(b) plan website may be found on the District Procedures Drive; Human Resources Procedures; 403(b) Plan. These instructions may be used to find the following:

1. A Plan Summary Description including a list of participating investment providers and 403(b) investment products. This information provides an overview and outlines general provisions of the 403(b) Plan.
2. A Salary Reduction Agreement. This form should be used to begin participation in the Plan or change your current salary reductions. If you wish to begin participating in the Plan you should complete the Salary Reduction Agreement as instructed. You may obtain a list of financial representatives that can assist you by visiting www.employeradmin.com.

You may also view other information about the plan at www.employeradmin.com including, a copy of the Plan Document, forms, processing instructions, and access a copy of the Employee Handbook.

In order to fulfill the employer annual notice requirements please sign and return this form to Kristie Belesiotis in Human Resources no later than March 2, 2011.

I have received this notification and understand my ability to participate and make salary reduction contributions under the Crystal Lake School District 47 403(b) Plan.

Name: Penny Fleming

Signature: Penny Fleming Date: 3-1-11

TRANSPORTATION JOINT AGREEMENT
DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Transportation Joint Agreement and Community Consolidated School District 47 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below. This authority is to remain in full force and effect until Transportation Joint Agreement and Community Consolidated School District 47 receives written notification from me to terminate direct deposit in such time and in such manner as to afford Transportation Joint Agreement and Community Consolidated School District 47 and my financial institution of choice a reasonable opportunity to act on it.

Employee Name (Print): Penny Fleming

Last Four Digits of SSN: [redacted]

Financial Institution Name & Address: [redacted]

Type of Account:
✓ Checking
___ Savings

ABA Number: [redacted]
(Routing)
Account No.:

CHECK ONE:

✓ I wish to participate in the Direct Deposit Program.
Deposit my net pay to the account shown.

___ I am currently participating in the Direct Deposit Program.
Change financial institution and/or account number as indicated.

___ Stop my participation in the Direct Deposit Program.

Date: 3-21-11 Signature: Penny Fleming

YOU MUST ATTACH YOUR VOIDED CHECK TO THIS FORM
RETURN COMPLETED FORM TO KATHY JOHNSON

✓ 4/1/11

U.S. DEPARTMENT of EDUCATION RACE and ETHNICITY DATA STANDARDS

In the fall of 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires current staff and ***new employees*** of educational institutions to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity).

Please answer both questions below:

Part A- Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

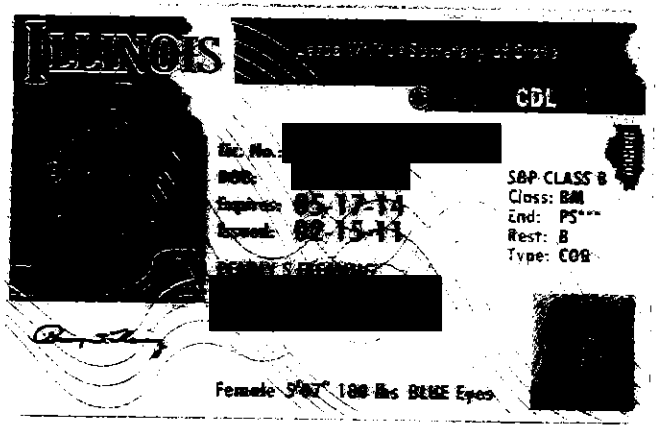
☒ **No, not Hispanic/Latino**	☐ **Yes, Hispanic/Latino**

***The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider your race to be.*

Part B- What is your race? Choose one or more.

☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)	☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)	☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
☒ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)	

Signature: Penny Fleming Date: 3-4-11


ILLINOIS
CDL
DOB:
Expires: 05-17-14
Issued: 02-15-11
SBP CLASS B
Class: BM
End: PS***
Rest: B
Type: COG

2-16-11

1 Wages, tips, other comp. 48159.28	2 Fed. income tax withheld 7223.90
3 Social security wages 50476.66	4 Soc. sec. tax withheld 3129.46
5 Medicare wages and tips 50476.66	6 Medicare tax withheld 731.84

Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S MCHENRY AV
CRYSTAL LAKE IL 60014

Employer identification no(EIN) [redacted]	11 Nonqualified plans
7 Social security tips	12a / 12b / 12c / 12d
8 Allocated tips	13 Statutory employee: Retirement plan X; Third-party sick pay
9 Advance EIC payment	14 IMRF 2317.38 INSPR 1023.36
10 Dependent care benefits	
Control number	

PENNY S PRESTLEY
[redacted]
Employee's name, address, and ZIP code

15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL [redacted]	48159.28	1444.78
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2010**
Copy B -- To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the IRS.
38-2099803 OMB No. 1545-0008
Department of the Treasury – Internal Revenue Service

0 W2U NTF 2574390A

1 Wages, tips, other comp. 48159.28	2 Fed. income tax withheld 7223.90
3 Social security wages 50476.66	4 Soc. sec. tax withheld 3129.46
5 Medicare wages and tips 50476.66	6 Medicare tax withheld 731.84

Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S MCHENRY AV
CRYSTAL LAKE IL 60014

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10 Dependent care benefits	
Control number	

PENNY S PRESTLEY
[redacted]
Employee's name, address, and ZIP code

15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL [redacted]	48159.28	1444.78
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2010**
Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.
38-2099803 OMB No. 1545-0008
Department of the Treasury – Internal Revenue Service

1 Wages, tips, other comp. 48159.28	2 Fed. income tax withheld 7223.90
3 Social security wages 50476.66	4 Soc. sec. tax withheld 3129.46
5 Medicare wages and tips 50476.66	6 Medicare tax withheld 731.84

Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S MCHENRY AV
CRYSTAL LAKE IL 60014

Employer identification no(EIN) [redacted]	11 Nonqualified plans
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10 Dependent care benefits	
Control number	

PENNY S PRESTLEY
[redacted]
Employee's name, address, and ZIP code

15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL [redacted]	48159.28	1444.78
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2010**
Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.
38-2099803 OMB No. 1545-0008
Department of the Treasury – Internal Revenue Service

Copyright 2010 Greatland/Nelco

NTF 2562106

B4PERF

1 Wages, tips, other comp. 48159.28	2 Fed. income tax withheld 7223.90
3 Social security wages 50476.66	4 Soc. sec. tax withheld 3129.46
5 Medicare wages and tips 50476.66	6 Medicare tax withheld 731.84

Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S MCHENRY AV
CRYSTAL LAKE IL 60014

Employer identification no(EIN) [redacted]	11 Nonqualified plans
7 Social security tips	12a / 12b / 12c / 12d
8 Allocated tips	13 Statutory employee: Retirement plan X; Third-party sick pay
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10 Dependent care benefits	
Control number	

PENNY S PRESTLEY
[redacted]
Employee's name, address, and ZIP code

15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL [redacted]	48159.28	1444.78
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2010**
Copy C -- For EMPLOYEE'S RECORDS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.
38-2099803 OMB No. 1545-0008
Department of the Treasury – Internal Revenue Service

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 8. This amount is not included in boxes 1, 3, 5, or 7. For info. on how to report tips on your tax return, see your Form 1040 inst.
Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.
Box 10. This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over $5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.
Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.
Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of $16,500 ($11,500 if you only have SIMPLE plans; $19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $16,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to $5,500 ($2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note. If a year follows code D through H, S, Y, AA, or BB, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A–Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.
B–Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.
C–Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to social security wage base), and 5)
D–Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.
E–Elective deferrals under a section 403(b) salary reduction agreement
F–Elective deferrals under section 408(k)(6) salary reduction SEP
G–Elective deferrals and employer contributions (including non-elective deferrals) to a section 457(b) deferred compensation plan
H–Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.
J–Nontaxable sick pay (info. only, not included in boxes 1, 3, or 5)
K–20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.
L–Substantiated employee business expense reimbursements (nontaxable)
M–Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.
N–Uncollected Medicare tax on taxbl. cost of group-term life ins. over $50,000 (former employees only). See "Total Tax" in Form 1040 inst.
P–Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)
Q–Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.
R–Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.
S–Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
T–Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxbl. & nontaxbl. amts.
V–Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), & 5). See Pub. 525 and inst. for Schedule D (Form 1040) for reporting requirements.
W–Employer contributions (including amts. employee elected to contribute using a sec. 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).
Y–Deferrals under a sec. 409A nonqualified deferred comp. plan
Z–Income under section 409A on a nonqualified deferred comp. plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in Form 1040 inst.
AA–Designated Roth contributions under a section 401(k) plan
BB–Designated Roth contributions under a section 403(b) plan
CC (For employer use only)–HIRE exempt wages and tips
Box 13. If the "Retirement plan" box is checked, special limits may apply to amount of traditional IRA contribs. that you may deduct.
Note. Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.
Refund. Even if you do not have to file tax rtn., you should file to get ref. if box 2 shows fed. inc. tax withheld or if you can take EIC.
EIC. You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2010 if (a) you do not have qualifying child & you earned less than $13,460 ($18,470 if married filing jointly), (b) you have 1 qualifying child & you earned less than $35,535 ($40,545 if married filing jointly), (c) you have 2 qualifying children & you earned less than $40,363 ($45,373 if married filing jointly), or (d) you have 3 or more qualifying children & you earned less than $43,352 ($48,362 if married filing jointly). You and any qualifying children must have valid soc. sec. nos. You cannot take EIC if your investment inc. is more than $3,100. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax rtn.** If you have at least 1 qualifying child, you may get as much as $1,630 of EIC in advance by completing Form W-5, EIC Advance Payment Certificate, & giving it to your employer.
Clergy and religious workers. If you are not subject to social security & Medicare taxes, see Pub. 517, Social Security & Other Information for Members of the Clergy and Religious Workers.
Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, & 2 and ask your emplr. to correct your employment record. Be sure to ask employer to file Frm. W-2c, Corrected Wage & Tax Statement, with Soc. Sec. Administration (SSA) to correct any name, SSN, or money amt. error reported to SSA on Frm. W-2. If your name & SSN are correct but are not the same as shown on your soc. sec. card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.socialsecurity.gov.
Credit for excess taxes. If you had more than one emplr. in 2010 & more than $6,621.60 in soc. sec. and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for excess against your federal income tax. If you had more than one railroad employer & more than $3,088.80 in Tier II RRTA tax was withheld, you also may be able to claim credit. See your Frm. 1040 or Frm. 1040A inst. & Pub. 505, Tax Withholding & Estimated Tax.

Prestley, Penny S.

From: Mendoza, Donn P.
Sent: Monday, October 18, 2010 11:06 AM
To: Anes, Kathy; Prestley, Penny S.
Subject: FW: Attached Image
Attachments: 3140_001.pdf

Kathy and Penny:

Please see the attached file as it is a positive letter from one of your employees. In this day and age of educators being negatively scrutinized in the public, these types of letters, while few and far between (we always get the negative from unhappy people) assist in putting things in perspective.

Nice job.

Donn P. Mendoza, Ed.D.
Superintendent of Schools
CCSD47
300 Commerce Drive
Crystal Lake, Illinois 60014
815-459-6070 ext. 112

"Educational Excellence For All Students Is Our Passion and Commitment"

The information contained in this electronic message from Donn P. Mendoza and Crystal Lake School District 47 and any attachments, contains information that may be confidential and/or privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of this information is strictly prohibited. If you have received this communication in error, please notify Donn P. Mendoza immediately by e-mail, and destroy this communication.

From:
Sent: Monday, October 18, 2010 11:08 AM
To: Mendoza, Donn P.
Subject: Attached Image

CENTEGRA OCCUPATIONAL MEDICINE
4309 MEDICAL CENTER DR.,
SUITE B300
MC HENRY, IL 60050
815-759-4224

Drug Screen Results Letter

To: Kathy Anes
Crystal Lake Trans Dist 47&155
1204 S MCHENRY AVE
CRYSTAL LAKE, IL 60014

Name:	Penny Prestley	
SSN:	[redacted]	
Collection Date & Time:	10/25/2010 09:30	
Specimen ID #:	9177446	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	DIANE WARNER	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	ANNUAL TESTING	
Result:	Negative	
MRO Verified On:	10/27/2010	
Date CCF Received:	10/25/2010	

Printed: 10/27/2010 10:29:32AM

STELLA N. ANOZIE, MD, MPH
Medical Review Officer

OCT 27 2010
Date of Review and Verification

CentegraHealthSystem

Centegra Occupational Health

WORK QUALIFICATION REPORT

Work Injury / Illness Care Results

Diagnoses:

	Work-Related	Non-Work Related	Provisional
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

Patient: Penny Prather

Employer: Crystal Lake Park Dist. 477-4155

Contact/Phone: Kathy Smith Penny 815-455-0536

Today's Date: 10-25-00 Time In: 9

Injury Date: _____ Time Out: _____

SITE:

☒ Occupational Health - McHenry, 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815 -759-4224 Fax: 815-363-0136

☐ Occupational Health-Woodstock , 3707 Doty Road, Suite A. Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-206-1064

☐ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-455-8044

☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL. 600142 Phone: 815-759-4224 Fax: 847-802-7112

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

Off Work ☐Today only ☐Now until_____

☐ May now work WITHOUT restrictions.

☐ May now work with restrictions.

☐ which apply until time of next visit/or until:_____

☐ No change in work status; see our last note dated:_____

☐ Keep wound clean and dry.

☐ Wear splint at work/or other protective device:_____

☐ May not use/will not have full use of:_____

☐ No lifting over_____lbs.

☐ No Stooping Bending Stretching Twisting

☐ Minimal Pushing Pulling Carrying Squatting

☐ Avoid Extensive Walking Standing Climbing Kneeling

☐ Avoid Strenuous work.

☐ No above shoulder height work._____

☐ Avoid the (most extensive) use of: Right Hand Arm Left Foot Leg Involved digit(s)

☐ Avoid: ☐ chemical skin exposures ☐toxic chemical exposures

☐ Avoid hand or wrist motions requiring strength or repetition.

☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.

☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly

☐ Avoid dust and bright lights one to two days

☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

___ Preplacement
☑ Annual
___ Metra
___ Fit for DutyEval
___ Exposure-Specific
___ Return-to-work
___ DOT
___ Initial Injury
___ Follow up visit
___ Fire fighter
___ Spirometry
___ Respiratory Physical
___ Other:

EXAM CONCLUSION:

___ Medically acceptable as described.
___ Medically acceptable with accommodation.
___ Decision deferred. See comment below.
___ Patient was referred to own MD for consultation.
___ Screening tests within normal limits.

Next Appointment(s) here:

1. _____

2. _____

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name KNOZIC MD, MPH

Results were communicated to _____ on _____ by _____

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics®
800-877-7484

40000094 9177446 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

EMPLOYER Crystal Lake Transit PH: 815-455-0333 FAX: 815-459-7115
C/O CENTEGRA-MCHENRY OCC HLTH 470155
Site Location CLTJA
4309 MEDICAL CTR DR 6300
MCHENRY, IL 60050
PH: 815-759-4224 FAX: 815-759-4307

B. MRO Name, Address, Phone and Fax No. FORD ID: YPANS0020
STELLA N ANOZIE MD MPH
4309 MEDICAL CT DR #6300
MCHENRY, IL 60050
PH: 815-759-4224 FAX: 815-759-4307

C. Donor SSN or Employee I.D. No. [redacted]

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post-Accident
☐ Return to Duty ☐ Follow-up ☒ Other (specify) Annual

E. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)
X 7643N NIDA 5 DRUG PANEL

F. Collection Site Name: CENTEGRA OCCUP HEALTH Collection Site Code:
Address: 4309 MEDICAL CTR DR #6300 Collector Phone No.: 815-759-4224
City, State and Zip: MCHENRY IL 60050 Collector Fax No.: 815-759-4136

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark	*Specimen Collection:* ☒ Split ☐ Single ☐ None Provided (Enter Remark)	☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X [signature] Signature of Collector
0930 AM PM Time of Collection
[signature] (Print) Collector's Name (First, MI, Last)
10 26 10 Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier ☐ FedEx
☐ Other
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X Signature of Accessioner
(Print) Accessioner's Name (First, MI, Last)
/ / Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
☐ Yes
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X [signature] Signature of Donor
Penny S Prestley (PRINT) Donor's Name (First, MI, Last)
10/25/10 Date (Mo./Day/Yr.)

Daytime Phone [redacted] Evening Phone No. [redacted] Date of Birth [redacted]

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

☒ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X [signature] Signature of Medical Review Officer
S. ANOZIE, MD (PRINT) Medical Review Officer's Name (First, MI, Last)
OCT 27 2010 Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X Signature of Medical Review Officer
(PRINT) Medical Review Officer's Name (First, MI, Last)
/ / Date (Mo./Day/Yr.)

COPY 4--EMPLOYER COPY

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This Form Provided By:
Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

[THE INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE BACK OF COPY 3]

To Reorder Forms:
Phone: 303.431.9500
Fax 303.431.1423
www.lifeloc.com

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) Penny Prestly (First, M.I., Last)

B: SSN or Employee ID No. [redacted]

C: Employer Name: Crystal Lake Trans Dist 427155
Street: 1204 S. McHenry Rd.
City, ST Zip: Crystal Lake, IL 60014

DER Name and Telephone No.: Kathy Smith Ames (DER Name) 815)455-0553 (DER Phone Number)

D. Reason for Test ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☒ ~~Pre-employment~~ Annual

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee [signature] Date: 10 (Month) 25 (Day) 2010 (Year)

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

Screening test: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

CENTEGRA OCCUPATIONAL MEDICINE
4308 MEDICAL CENTER DR., SUITE B300
McHENRY, IL 60050

Alcohol Technician's Company | Company Street Address

Diane L Warren (PRINT) Alcohol Technician's Name (First, M.I., Last)

815)259-4004 Company City, State, Zip Phone Number

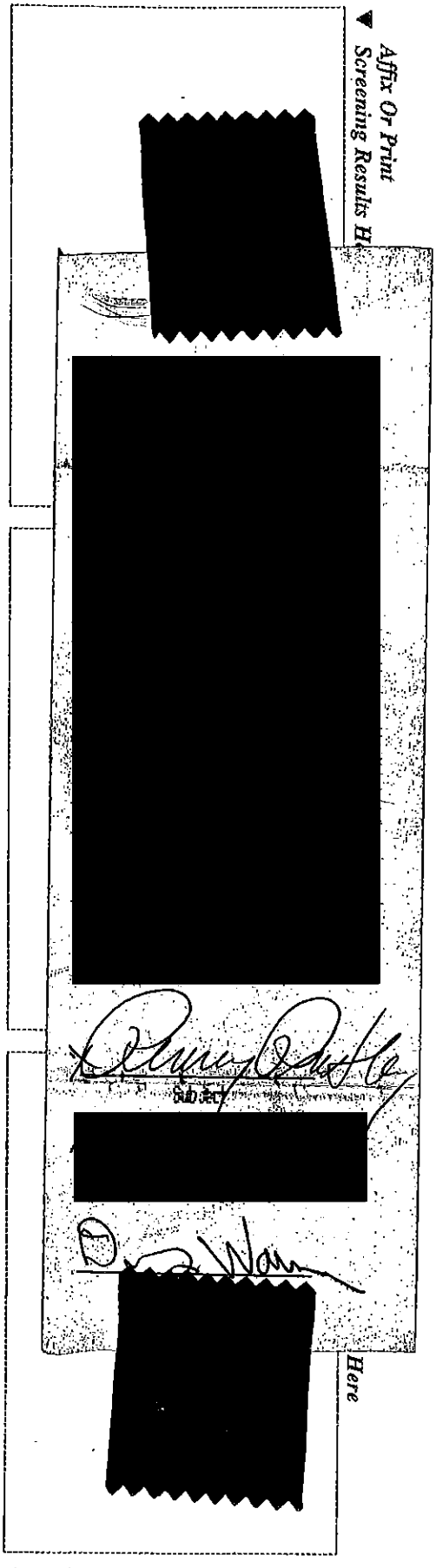
Diane L Warren Signature of Alcohol Technician

10 (Month) 25 (Day) 10 (Year) Date

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee Date: Month / Day / Year



OMB No. 2105-0529

ORIGINAL - FORWARD TO THE EMPLOYER

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name _____
Address _____
_____
Employer Number _____

Please print information clearly

Name: (Last, First, Middle)	Birth Date:	Age:
Prestley, Penny S	[redacted]	[redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: Penny Prestley

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☒ Good ☐ Fair ☐ Poor	5' 6"	208 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☒ Satisfactory ☐ Rejection Cause for Rejection _____

Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

[redacted]

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: Medical Examiner shall provide one completed and signed copy of this Physical Examination and Certificate to the applicant. The original copy of the completed "Physical Examination and Certificate" is to be forwarded by the examining medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the examining medical examiner.

I certify that I have completed Part A of the school bus examination of Penny Prestley on 10.25.10 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II, and, based upon the examination, find he/she is:

- ☐ Qualified under the regulations
- ☒ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

TRACEY ODISHOO, NP
Name of Examining Medical Examiner

815-759-4224
Telephone Number of Examining Medical Examiner

815-363-0136
Fax Number of Examining Medical Examiner

IL 209 08604
Professional License Number of Examining Medical Examiner

Signature of Examining Medical Examiner

10/25/10
Date of Certification (Part A)

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: N/A
Date of Drug Test Results: 10.27.10

I certify that I have completed my examination including my readings of the drug and TB test results for Penny Prestley on 10.27.10 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II. Based upon the results of Drug and TB testing required in Section 1035.20(h) and (i)13 and having no positive test results for infectious disease, or determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☐ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

TRACEY ODISHOO, NP
Name of Examining Medical Examiner

815-759-4224
Telephone Number of Examining Medical Examiner

815-363-0136
Fax Number of Examining Medical Examiner

IL 209 08604
Professional License Number of Examining Medical Examiner

Signature of Examining Medical Examiner

10.27.10
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at CENTEGRA OCCUPATIONAL MEDICINE 4309 MEDICAL CENTER DR., SUITE B300 MCHENRY, IL 60050

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

Regional Office of Education
McHenry County, Illinois

Eugene T. Goeglein
Regional Superintendent

Joseph R. Williams, Sr., Ed.D.
Assistant Superintendent

McHenry County Government Center
2200 North Seminary Avenue
Woodstock, Illinois 60098
Phone: 815-334-4475
Fax: 815-338-0475

CERTIFICATION

TO: District 47/155

In accordance with Section 6-106.1 (d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1 (d)), I hereby certify that Penny Prestley has successfully competed the ☐ **Initial Training** ☒ **Refresher Training** on September 23, 2010.

October 1, 2010
Date

Signature of Regional Superintendent

Attendance Log 2009 - 2010

NAME Prestley, Penny

	155	47
START	8/24/09	8/26/09
END	5/28/10	6/3/10

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY																P							V	V			V	V	V	V
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER				V									V																		
DECEMBER								S	S	S	S																	V	V		
JANUARY																									S	S					
FEBRUARY																															
MARCH																			P												
APRIL								V					S																		
MAY																									S			V			
JUNE																												V			

SENIORITY DATE 11/12/93 Ofc date 7/1/04

SICK DAYS 67 1/4 (7-1-08 - 7/1/09) 19

PERSONAL DAYS 2 1/2

VACATION DAYS 20

NOTES

12 1/2 taken

Comp 7/4 10/12

1 1/2

SICK DAYS USED

7 1/2

4/13 R Malsack

5/25

PERSONAL DAYS USED

1 1/2

UNPAID SICK DAYS

UNPAID PERSONAL DAYS

NO PERMIT

SUSPENSION DAYS

NATIONAL ASSOCIATION FOR PUPIL TRANSPORTATION

CERTIFICATE OF COMPLETION

Penny Prestley

NAPT Training Program

PDS 608 – Developing a Safety Program

June 24th, 2010 Sandwich, IL

Michael J. Martin, Executive Director

NATIONAL ASSOCIATION FOR PUPIL TRANSPORTATION

CERTIFICATE OF COMPLETION

Penny Prestley

NAPT Training Program

PDS 701 – Introduction to Leadership & Management

June 22th, 2010 Sandwich, IL

Michael J. Martin, Executive Director

CENTEGRA OCCUPATIONAL MEDICINE
4309 MEDICAL CENTER DR.,
SUITE B300
MC HENRY, IL 60050
Phone: 815-759-4224

expires 11-9-09
Mailed 11-3-09

Drug Screen Results Letter

To: KATHY G SMITH
Crystal Lake Trans Dist 47&155
1204 S MCHENRY AVE
CRYSTAL LAKE, IL 60014

Name:	Penny Prestley	
SSN:	[redacted]	
Collection Date & Time:	10/28/2009 16:14	
Specimen ID #:	8223268	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	ROSIE MILLER	
Laboratory:	QUEST 10101 Renner Blvd. Lenexa, KS 66219	
Test Reason:	ANNUAL TESTING	
Result:	Negative	
MRO Verified On:	10/29/2009	
Date CCF Received:	10/28/2009	

Printed: 10/29/2009 11:22:42AM

STELLA N. ANOZIE, MD, MPH
Medical Review Officer

OCT 29 2009
Date of Review and Verification

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.
ALEX GOLDBRUSKY MD
4300 MEDICAL CT DR #8330
MCHENRY IL 60050
PH:815-759-4224 FAX:815-759-4307

C. Donor SSN or Employee I.D. No. [redacted]

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) ANNUAL

E. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)
X 7 PANEL WITH 5 DRUG PANEL

F. Collection Site Name:
Address: 4300 MEDICAL CENTER DR
City, State and Zip:
Collection Site Code:
Collector Phone No.: 815-759-4224
Collector Fax No.: 815-363-0136

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X Signature of Collector — Time of Collection 10:10 AM/PM

(Print) Collector's Name (First, MI, Last) — Date (Mo./Day/Yr.) 10/28/09

SPECIMEN BOTTLE(S) RELEASED TO:
☑ Quest Diagnostics Courier ☐ FedEx ☐ Other
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last) — Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
☐ Yes ☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X Signature of Donor

Penny Presley
(PRINT) Donor's Name (First, MI, Last)

10/28/09
Date (Mo./Day/Yr.)

Daytime Phone [redacted]

Evening Phone [redacted]

Date of Birth [redacted] Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

☒ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X Signature of Medical Review Officer

S. Anozie M.D., MPH
(PRINT) Medical Review Officer's Name (First, MI, Last)

OCT 29 2009
Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 4 - EMPLOYER COPY

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This Form Provided By:
Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

[THE INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE BACK OF COPY 3]

To Reorder Forms:
Phone: 303.431.9500
Fax 303.431.1423
www.lifeloc.com

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) PENNY PRESTLEY (First, M.I., Last)

B: SSN or Employee ID No. [redacted]

C: Employer Name CRYSTAL LAKE TRANS 47+15
Street 1204 S. McHENRY AVE
City, ST Zip CRYSTAL LAKE IL 60014

DER Name and Telephone No. KATHY SMITH (815) 455 0[illegible]
DER Name / DER Phone Number

D. Reason for Test ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment
X ANNUAL

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee — Date: Month 10 Day 28 Year 05

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☑ BAT ☐ STT DEVICE: ☐ SALIVA ☑ BREATH* 15-Minute Wait: ☐ Yes ☐ No

Screening test: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
	413				

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

CENTEGRA OCCUPATIONAL MEDICINE
4309 MEDICAL CENTER DR, SUITE B300
MCHENRY, IL 60050
815-759-4224
815-363-6136 FAX

Alcohol Technician's Company

Company Street Address

(PRINT) Alcohol Technician's Name (First, M.I., Last) ROSITA Miller

Company City, State, Zip Phone Number ( )

Signature of Alcohol Technician Rosita Miller

Date: Month 10 Day 28 Year 05

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee — Date: Month / Day / Year

OMB No. 2105-0529

ORIGINAL - FORWARD TO THE EMPLOYER

▼ Affix Or Print Screening Results Here

[redacted]

▼ Affix With Tamper

[redacted]

Subject

[redacted]

I.D.

Rosita Miller

Operator

▼ Affix Or Print

[redacted]

▲ Affix With Tamper Evident Tape

CentegraHealthSystem

Centegra Occupational Health

WORK QUALIFICATION REPORT

Patient: Penny Prestley

Employer: CLTJA

Contact/Phone: Penny 815-455-0558

Today's Date: 10/28/09 Time In: _____

Injury Date: _____ Time Out: _____

SITE:

☑ Occupational Health - McHenry, 4309 Medical Center Drive, Suite B300 McHenry, IL 60050 Phone: 815 -759-4224 Fax: 815-363-0136

☐ Occupational Health-Woodstock , 3707 Doty Road, Suite A. Woodstock, IL. 60098 Phone: 815-759-4224 Fax: 815-206-1064

☐ Crystal Lake Immediate Care / Occupationl Health, 360 Station Drive, 3rd Floor Crystal Lake, IL. 60014 Phone:815-759-4224 Fax: 815-455-8044

☐ Huntley Immediate Care / Occupational Health, 10350 Haligus Rd. Huntley, IL. 600142 Phone: 815-759-4224 Fax: 847-802-7112

After Hours Care: Emergency Dept
CHM 815/344-5000, ext. 3100
CHW 815/338-2500, ext. 3900

Work Injury / Illness Care Results

Diagnoses:

	Work-Related	Non-Work Related	Provisional
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

Off Work ☐Today only ☐Now until_____

☐ May now work WITHOUT restrictions.

☐ May now work with restrictions.

☐ which apply until time of next visit/or until:_____

☐ No change in work status; see our last note dated:_____

☐ Keep wound clean and dry.

☐ Wear splint at work/or other protective device:_____

☐ May not use/will not have full use of:_____

☐ No lifting over_____lbs.

☐ No Stooping Bending Stretching Twisting

☐ Minimal Pushing Pulling Carrying Squatting

☐ Avoid Extensive Walking Standing Climbing Kneeling

☐ Avoid Strenuous work.

☐ No above shoulder height work._____

☐ Avoid the (most extensive) use of: Right Hand Arm
Left Foot Leg Involved digit(s)

☐ Avoid: ☐ chemical skin exposures ☐toxic chemical exposures

☐ Avoid hand or wrist motions requiring strength or repetition.

☐ Drowsiness precautions: no climbing or work at heights; driving or use of moving machinery.

☐ Only very limited work is possible: sitting only, alternating with standing / light activities with hands, such as desk work or light assembly

☐ Avoid dust and bright lights one to two days

☐ Employer should call if any questions.

INSTRUCTIONS/COMMENTS:_____

PHYSICAL EXAM

TYPE OF EXAM PERFORMED:

☑ Preplacement
☐ Annual
☐ Metra
☐ Fit for DutyEval
☐ Exposure-Specific
☐ Return-to-work
☐ DOT
☐ Initial Injury
☐ Follow up visit
☐ Fire fighter
☐ Spirometry
☐ Respiratory Physical
☐ Other:

EXAM CONCLUSION:

☑ Medically acceptable as described.
☐ Medically acceptable with accommodation.
☐ Decision deferred. See comment below.
☐ Patient was referred to own MD for consultation.
☐ Screening tests within normal limits.

Next Appointment(s) here:

1. _____

2. _____

Patient should return sooner any time condition worsens.

☐ DISCHARGE from care: ☐Return only if problems.

Referrals:_____

Diagnostic (date/time):_____

PT/OT (date/time):

NOTE TO PATIENT: Please return this slip to your supervisor. If you are medically able to work with restrictions, the doctor will state this, and you should discuss it with your employer. It is your employer, not the doctor, who will decide what to do. Keep in constant contact with your employer regarding your work.

Physician Signature _____

Print Name _____

Results were communicated to _____ on _____ by _____

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name _____
Address _____
_____
Employer Number _____

Please print information clearly

Name: (Last, First, Middle)	Birth Date:	Age:
Prestley, Penny S,	[redacted]	[redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: Penny Prestley

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☐ Good ☐ Fair ☐ Poor	65 1/2	225 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☐ Satisfactory ☐ Rejection Cause for Rejection _____

Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments [redacted]

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: Medical Examiner shall provide one completed and signed copy of this Physical Examination and Certificate to the applicant. The original copy of the completed "Physical Examination and Certificate" is to be forwarded by the examining medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the examining medical examiner.

I certify that I have completed Part A of the school bus examination of Penny Prestley on 10-28-09 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II, and, based upon the examination, find he/she is:

- ☐ Qualified under the regulations
- ☑ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

Margaret Sorrells
Name of Examining Medical Examiner

085-007506 IL
Professional License Number of Examining Medical Examiner

815-759-4224
Telephone Number of Examining Medical Examiner

Margaret Sorrells MD
Signature of Examining Medical Examiner

815-363-0136
Fax Number of Examining Medical Examiner

10-28-09
Date of Certification (Part A)

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: N/A
Date of Drug Test Results: 10-29-09

I certify that I have completed my examination including my readings of the drug and TB test results for Penny Prestley on 10-29-09 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II. Based upon the results of Drug and TB testing required in Section 1035.20(h) and (i)13 and having no positive test results for infectious disease, or determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☒ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

Margaret Sorrells
Name of Examining Medical Examiner

085-007506 IL
Professional License Number of Examining Medical Examiner

815-759-4224
Telephone Number of Examining Medical Examiner

Margaret Sorrells MD
Signature of Examining Medical Examiner

815-363-0136
Fax Number of Examining Medical Examiner

10-29-09
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at CENTEGRA OCCUPATIONAL MEDICINE 4308 MEDICAL CENTER DR., SUITE D300 MCHENRY, IL 60050.

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Oplate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

SAFE RIDE SECTION
2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
217-782-7674
www.cyberdriveillinois.com

School Bus Driver Application/Certification

School Bus Driver Information (to be completed by applicant)

Name: Prestley Penny S

Address: [redacted]
Street City State ZIP

Driver's License Number: [redacted]

Illinois File Number (out-of-state drivers only): _____

Social Security Number: [redacted] Date of Birth: [redacted]

Under penalties of perjury, I swear and affirm that I have not been convicted of any criminal or traffic offenses that would disqualify me from driving a school bus, or made a false statement or knowingly concealed a material fact in this application for a school bus driver permit, and that I comply with all provisions of Section 6-106.1 (school bus permit law) of the Illinois Vehicle Code. I hereby consent to the release by the Secretary of State of information related to my driving record to the Illinois State Board of Education and to my employer, and I certify that the information contained in this document is true.

Penny Prestley
Applicant Signature

12-2-08
Date

New Applicant (to be completed by employer)

All requirements in this section must be completed by marking each box and providing the date of completion before an applicant may obtain a permit at a facility.

☐ Age 21 or older.

☐ Completed a favorable Physical Examination, including tuberculosis and chemical testing for drugs, within 90 days prior to the date of the application. Medical Examiner's Certificate has been retained by the employer.

Date completed: _____

☐ Completed pre-employment interview.

Date completed: _____

☐ Illinois specific criminal background investigation successfully completed by Illinois State Police showing no convictions as set forth in Section 6-106.1 of the Illinois Vehicle Code [625 ILCS 5/6-106.1].

Date employer received this notification: _____

☐ Successfully completed the initial classroom course, including first-aid procedures in school bus safety, as promulgated by the Secretary of State pursuant to Title 92, Illinois Administrative Code, Chapter II, Section 1035.30.

Date completed: _____

Printed by authority of the State of Illinois. December 2006 - 55M - DSD SB 2.6

Reapplicant

All requirements of this section must be completed before an employee can reapply for a permit. Please indicate certification by marking each box.

☒ Successfully completed the annual refresher course.

Date completed: 9/25/08

☒ Completed a favorable Physical Examination, including chemical testing for drugs, within 90 days prior to the date of application. Tuberculosis test is not necessary for re-applicants. However, this does not preclude a medical examiner or employer from requiring more frequent testing. Original Medical Examiner's Certificate must be retained by the employer.

Date medical completed: 11/26/08

Mail Reapplications directly to: Secretary of State, Safe Ride Section, 2701 S. Dirksen Parkway, Springfield, IL 62723. Please enclose a $4 renewal fee in the form of a check or money order payable to Secretary of State.

Certification

Under penalties of perjury, I swear and affirm that the above-named applicant has successfully completed all the required pre-employment conditions in accordance with Section 6-106.1(d) of the Illinois Vehicle Code [625 ILCS 5/6 106.1 (d)].

12/4/08
Date

0569009
Secretary of State Assigned Employer #

Signature of Employer/Designee

Department of Transportation
School Districts 47 & 155 dba
Transportation Joint Agreement
1204 South McHenry Avenue
Crystal Lake, Illinois 60014-7495
Employer Telephone Number Employer Address

815-455-0558

All applicants and reapplicants must possess a valid driver's license for three years prior to application. Out-of-state applicants must have documentation of driving record issued within 90 days prior to the date of application (please attach a copy). Reapplicants also must possess a valid School Bus Driver Permit that has not lapsed for more than 30 days.

NOTE TO EMPLOYER: It is the responsibility of a prospective, current or previous employer to maintain records of certifications and all verifications on the premises, which would be available for immediate inspection by the Secretary of State for a period of two years.

Any individual, corporation, partnership or association that permits a person to operate a school bus if the driver has not complied with the provisions of Section 6-106.1 of the Illinois Vehicle Code or 92 Ill. Adm. Code 1035 et seq. is subject to a fine of $1,000 to $10,000 [625 ILCS 5/6-106.11].

Secretary of State Facility Use Only

Is this applicant in compliance with the requirements of Section 6-106.1(a)(2), (3), (9), (10), (11), (12) and (13) of the Illinois Vehicle Code?

☐ Yes ☐ No

Facility Representative Signature/Employee Number

Printed by authority of the State of Illinois. December 2006 - 55M - DSD SB 2.6

CENTEGRA OCCUPATIONAL MEDICINE
4309 MEDICAL CENTER DR.,
SUITE B300
MC HENRY, IL 60050
Phone: 815-759-4224

Drug Screen Results Letter

To: KATHY G SMITH
Crystal Lake Trans Dist 47&155
1204 S MCHENRY AVE
CRYSTAL LAKE, IL 60014

Name:	Penny Prestley	
SSN:	[redacted]	
Collection Date & Time:	11/25/2008 09:15	
Specimen ID #:	9176765	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	LISA PIGNATARI	
Laboratory:	QUEST 506 E. STATE PKWY SCHAUMBURG, IL 60173	
Test Reason:	ANNUAL TESTING	
Result:	Negative	
MRO Verified On:	11/26/2008	
Date CCF Received:	11/25/2008	

Printed: 11/26/2008 1:56:46PM

STELLA N. ANOZIE, MD, MPH
Medical Review Officer

NOV 2 6 2008
Date of Review and Verification

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics®
800-877-7484

OMB NO. 0930-0158

3000094 917675 SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. Dr. Stella Lake Trust 815 455 2558 815 459 7115
CLTJA
Northern IL Occ Medicine
4309 Medical Ctr Dr Ste 200
McHenry IL 60050

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No. [redacted]

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post-Accident
☐ Return to Duty ☐ Follow-up ☒ Other (specify) Annual

E. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)
☒ [illegible]

F. Collection Site Name: Northern IL Occ Medicine
Address: 4309 Medical Ctr Dr Ste 200
City, State and Zip: McHenry IL 60050

Collection Site Code:
Collector Phone No.:
Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection: ☒ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X Stella Pignataro
Signature of Collector

Lisa Pignataro
(Print) Collector's Name (First, MI, Last)

0915 (AM PM)
Time of Collection

11 25 08
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier ☐ FedEx
☐ DHL / Airborne ☐ Other
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X
Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
☐ Yes
☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X [signature]
Signature of Donor

Penny Prestley
(PRINT) Donor's Name (First, MI, Last)

11 25 08
Date (Mo./Day/Yr.)

Daytime Phone [redacted]

Evening Phone [redacted]

Date of Birth [redacted]
Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

☒ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X [signature]
Signature of Medical Review Officer

Stella Anorie, MD
(PRINT) Medical Review Officer's Name (First, MI, Last)

NOV 26 2008
Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 4 - EMPLOYER COPY

This Form Provided By:
Lifeloc TECHNOLOGIES

U.S Department of Transportation (DOT) Alcohol Testing Form

[THE INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE BACK OF COPY 3]

To Reorder Forms:
Phone: 303.431.9500
Fax 303.431.1423
www.lifeloc.com

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Penny Prestley
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [redacted]

C: Employer Name Crystal Lake Trans. Dist. 47 + 155
Street 1204 S. McHenry Ave.
City, ST Zip Crystal Lake, IL 60014

DER Name and Telephone No. Kathy Smith 815-455-0558
DER Name DER Phone Number

D. Reason for Test ☐ Random ☐ Reasonable Suspicion ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment
annual

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee [signature] Date Month 11 Day 25 Year 08

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☒ No

Screening test: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
18					

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

CENTEGRA OCCUPATIONAL MEDICINE
4309 MEDICAL CENTER DR. SUITE B300
McHENRY, IL 60050
815-759-4224
815-363-0136 FAX

Alcohol Technician's Company
Company Street Address

Lisa Pignatari
(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip ( ) Phone Number

Lisa Pignatari
Signature of Alcohol Technician

Date Month 11 Day 25 Year 08

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee Date: Month / Day / Year

OMB No. 2105-0529

ORIGINAL - FORWARD TO THE EMPLOYER

▼ Affix Or Print Screening Results Here ▼ Affix With Tamper Evident Tape ▼ Affix Or Print ▼ Affix With Tamper ▼ Affix Or Print

[redacted]

[redacted]

Subject

[redacted]

Lisa Pignatari

[redacted]

▲ Affix

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name _____
Address _____
Employer Number _____

Please print information clearly

Name: (Last, First, Middle)	Birth Date:	Age:
Prestley, Penny S.	[redacted]	[redacted]
Address: (Street, City, State, ZIP) [redacted]		

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: Penny Prestley

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT	Height	Weight
☒ Good ☐ Fair ☐ Poor	65 1/2	213.8 lbs.

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☒ Satisfactory ☐ Rejection Cause for Rejection _____.
Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments _____

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: Medical Examiner shall provide one completed and signed copy of this Physical Examination and Certificate to the applicant. The original copy of the completed "Physical Examination and Certificate" is to be forwarded by the examining medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the examining medical examiner.

I certify that I have completed Part A of the school bus examination of Penny Prestley on 11-25-08 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II, and, based upon the examination, find he/she is:

- ☐ Qualified under the regulations
- ☒ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

Alex Jablonowski, MD
Name of Examining Medical Examiner

036-048911 / C
Professional License Number of Examining Medical Examiner

815-759-4224
Telephone Number of Examining Medical Examiner

Signature of Examining Medical Examiner

815-363-0136
Fax Number of Examining Medical Examiner

11.25.08
Date of Certification (Part A)

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: N/A
Date of Drug Test Results: 11/26/08

I certify that I have completed my examination including my readings of the drug and TB test results for Penny Prestley on 11-26-08 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II. Based upon the results of Drug and TB testing required in Section 1035.20(h) and (i)13 and having no positive test results for infectious disease, or determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☒ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

Alex Jablonowski, MD
Name of Examining Medical Examiner

036-048911 / C
Professional License Number of Examining Medical Examiner

815-759-4224
Telephone Number of Examining Medical Examiner

Signature of Examining Medical Examiner

815-363-0136
Fax Number of Examining Medical Examiner

11-26-08
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at CENTEGRA OCCUPATIONAL MEDICINE 4309 MEDICAL CENTER DR., SUITE B300 McHENRY, IL 60050.

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

Printed by authority of the State of Illinois - April 2008 - 30M - DSD SB 4.7

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genitourinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

SAFE-RIDE SECTION
2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
217-782-7674
www.cyberdriveillinois.com

School Bus Driver Application/Certification

School Bus Driver Information (to be completed by applicant)

Name: Kestley Penny S

Address: [redacted]

Driver's License Number: [redacted] State of Issue: IL

Illinois File Number (for out-of-state drivers only): _____

Social Security Number: [redacted] Date of Birth: [redacted]

Under penalties of perjury, I swear and affirm that I have not been convicted of any criminal or traffic offenses that would disqualify me from driving a school bus or made a false statement or knowingly concealed a material fact in this application for a school bus driver permit, and that I comply with all provisions of Section 6-106.1 (school bus permit law) of the Illinois Vehicle Code. I hereby consent to the release by the Secretary of State of information related to my driving record to the Illinois State Board of Education and to my employer, and I certify that the information contained in this document is true.

Penny Kestley — Applicant Signature

12-3-07 — Date

New applicant (to be completed by employer)

All requirements in this section must be completed by marking each box and providing the date of completion before an applicant will be allowed to obtain a permit at a facility.

- ☐ Age 21 or older.
- ☐ Completed a favorable Physical Examination, including tuberculosis and chemical testing for drugs, within 90 days prior to the date of the application. Medical Examiner's Certificate has been retained by the employer.
  Date completed: _____
- ☐ Completed pre-employment interview. Date completed: _____
- ☐ Illinois specific criminal background investigation successfully completed by Illinois State Police showing no convictions as set forth in Section 6-106.1 of the Illinois Vehicle Code [625 ILCS 5/6-106.1].
  Date employer received this notification: _____
- ☐ Successfully completed the initial classroom course, including first-aid procedures in school bus safety, as promulgated by the Secretary of State pursuant to Title 92, Illinois Administrative Code, Chapter II, Section 1035.30.
  Date completed: _____

Printed by authority of the State of Illinois - May 2005 - 55M - DSD SB 2.5

Reapplicant

All requirements of this section must be completed before an employee can reapply for a permit. Please indicate certification by marking each box.

☒ Successfully completed the annual refresher course on 6/2/07 (Date).

☒ Completed a favorable Physical Examination, including chemical testing for drugs, within 90 days prior to the date of application. Tuberculosis test is not necessary for re-applicants. However, this does not preclude a Medical Examiner or employer from requiring more frequent testing. Original Medical Examiner's Certificate must be retained by the employer.
Date medical completed: 11/12/07

Reapplications should be mailed directly to the Secretary of State, School Bus Safety Section, 2701 S. Dirksen Parkway, Springfield, IL 62723. Please enclose a $4 renewal fee in the form of a check or money order made payable to Secretary of State.

Certification

Under penalties of perjury, I swear and affirm that the above-named applicant has successfully completed all the required pre-employment conditions in accordance with Section 6-106.1(d) of the Illinois Vehicle Code [625 ILCS 5/6 106.1 (d)].

12/4/07
Date

Signature of Employer/Designee

0569009
Secretary of State Assigned Employer #

Department of Transportation
School Districts 47 & 155 dba
Transportation Joint Agreement
Employer Name

815-455-0558
Employer Telephone Number

1204 South McHenry Avenue
Crystal Lake, Illinois 60014-7495
Employer Address

All applicants and reapplicants must possess a valid driver's license for three years prior to application. Out-of-state applicants must have documentation of driving record issued within 90 days prior to the date of application (please attach a copy). Reapplicants also must possess a valid School Bus Driver Permit that has not lapsed for more than 30 days.

NOTE TO EMPLOYER: It is the responsibility of a prospective, current or previous employer to maintain records of certifications and all verifications on the premises, which would be available for immediate inspection by the Secretary of State, for a period of two years.

Any individual, corporation, partnership or association who permits a person to operate a school bus if the driver has not complied with the provisions of Section 6-106.1 of the Illinois Vehicle Code or 92 Ill. Adm. Code 1035 et seq. is subject to a fine of $1,000 to $10,000 [625 ILCS 5/6-106.11].

Secretary of State Facility Use Only

Is this applicant in compliance with the requirements of Section 6-106.1(a)(2)(3)(9)(10)(11)(12)(13) of the Illinois Vehicle Code?

☐ Yes ☐ No

Facility Representative Signature/Employee Number

Printed by authority of the State of Illinois - May 2005 - 55M - DSD SB 2.5

CENTEGRA OCCUPATIONAL MEDICINE
4309 MEDICAL CENTER DR.,
SUITE B300
MC HENRY, IL 60050
Phone: 815-759-4224

Drug Screen Results Letter

To: KATHY G SMITH
CRYSTAL LAKE DIST 47&155 TRANS
1204 S MCHENRY AVE
CRYSTAL LAKE, IL 60014

Name:	PENNY PRESTLEY	
SSN:	[redacted]	
Collection Date & Time:	11/08/2007 09:04	
Specimen ID #:	2874729	
Drug Test Profile:	NIDA 5 PANEL URINE DRUG SCREEN	Federally Regulated
Collection Site:		
Collector:	GLENN TIO, RN	
Laboratory:	QUEST 506 E. STATE PKWY SCHAUMBURG, IL 60173	
Test Reason:	ANNUAL TESTING	
Result:	Negative	
MRO Verified On:	11/12/2007	
Date CCF Received:	11/08/2007	

Printed: 11/12/2007 8:11:57AM

STELLA N. ANOZIE, MD, MPH
Medical Review Officer

NOV 12 2007
Date of Review and Verification

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics®
800-877-7484

40002084 2274727 SPECIMEN ID NO. 800.377.7484 LAB ACCESSION NO.

OMB NO. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
EMPLOYER CRYSTAL LAKE H.S.
C S NORTHERN IL REG CENTER 473
U CORPORATE MEDICINE
4309 MEDICAL CTR DR STE 200
MCHENRY IL 60050
PH: 815-759-4224 FAX: 815-363-0136

B. MRO Name, Address, Phone and Fax No. FORM ID: TPA650020
Ph. 815-459-2105 FAX: 815-477-7615 ALEX JABLONOWSKI MD
Site Location CLTJA
4309 MEDICAL CT DR #B300
MCHENRY IL 60050
PH 815-759-4224 FAX 815 363-0135

C. Donor SSN or Employee I.D. No. [redacted]

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☒ Other (specify) ANNUAL

E. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)
(4) 7643A 9100 5 DRUG PANEL

F. Collection Site Name: Northern IL Reg Medicine
Address: 4309 Medical Ctr Dr Ste B300
City, State and Zip: McHenry IL 60050
Collection Site Code:
Collector Phone No.: 8157594224
Collector Fax No.: 8153630136

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection: ☒ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

X [signature] — Signature of Collector
[print] — (Print) Collector's Name (First, MI, Last)
Time of Collection: 0945 AM/PM
Date (Mo./Day/Yr.): 11/8/07

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier ☐ FedEx ☐ DHL / Airborne ☐ Other
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X — Signature of Accessioner
(Print) Accessioner's Name (First, MI, Last)
Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
☐ Yes ☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X [signature] — Signature of Donor
Penny Prestley — (PRINT) Donor's Name (First, MI, Last)
11/8/07 — Date (Mo./Day/Yr.)

Daytime Phone [redacted] Evening Phone [redacted] Date of Birth [redacted]

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

☒ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE: ☐ ADULTERATED ☐ SUBSTITUTED ☐ DILUTE

REMARKS

X [signature] — Signature of Medical Review Officer
Stella Amorie, MD — (PRINT) Medical Review Officer's Name (First, MI, Last)
NOV 12 2007 — Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X — Signature of Medical Review Officer
(PRINT) Medical Review Officer's Name (First, MI, Last)
Date (Mo./Day/Yr.)

U.S. Department of Transportation (DOT)
Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) (First, M.I., Last) PENNY PRESTLEY

B: SSN or Employee ID No. [redacted]

C: Employer Name CRYSTAL LAKE DIST 47+155 TRANS

Street 1204 S. MCHENRY AVE

City, ST ZIP CRYSTAL LAKE, IL 60014

DER Name and Telephone No. KATHY SMITH 815-455-0558

DER Name DER (Area Code & Phone Number)

D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment ☒ ANNUAL

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that ~~the identifying~~ information provided on the form is true and correct.

Signature of Employee [signature] Date 11/8/07 Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result
0055					

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

CENTEGRA OCCUPATIONAL MEDICINE
4309 MEDICAL CENTER DR, SUITE B300
McHENRY, IL 60050
815-759-4224
815-363-0136 FAX

Alcohol Technician's Company [signature] Company Street Address

(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip

Phone Number (Area Code & Number)

Signature of Alcohol Technician [signature] Date 11/8/07 Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee Date Month / Day / Year

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

OMB No. 2105-0529

Affix Or Print Screening Results Here

[redacted]

Affix Or Print

[redacted]

Subject

[redacted]

I.D.

Operator

[redacted]

Affix With Tamper Evident Tape

Affix Or Print Additional Test Results Here

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name _____
Address _____
_____
Employer Number _____

Please print information clearly

Name: (Last, First, Middle) Prestley, Penny S. | Birth Date: [redacted] | Age [redacted]

[redacted]

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: Penny Prestley

A. Health History (To be completed by medical examiner)

[redacted]

GENERAL APPEARANCE AND DEVELOPMENT ☐ Good ☐ Fair ☐ Poor | Height 5'6" | Weight 200 lbs. | Horizontal Field of Vision | Color Vision

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☐ Satisfactory ☐ Rejection Cause for Rejection _____

Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments [redacted]

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: Medical Examiner shall provide one completed and signed copy of this Physical Examination and Certificate to the applicant. The original copy of the completed "Physical Examination and Certificate" is to be forwarded by the examining medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the examining medical examiner.

I certify that I have completed Part A of the school bus examination of Penny Prestley on 11-8-07 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II, and, based upon the examination, find he/she is:

- ☐ Qualified under the regulations
- ☐ Qualified only when wearing a hearing aid
- ☒ Qualified only when wearing corrective lenses
- ☐ Not qualified under the regulations

Margaret SORRELLS
Name of Examining Medical Examiner

085-000756 F/C
Professional License Number of Examining Medical Examiner

815-759-4224
Telephone Number of Examining Medical Examiner

Margaret Sorrells
Signature of Examining Medical Examiner

815-363-0136
Fax Number of Examining Medical Examiner

11-8-07
Date of Certification (Part A)

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: N/A
Date of Drug Test Results: 11-12-07

I certify that I have completed my examination including my readings of the drug and TB test results for Penny Prestley on 11-12-07 in accordance with the provisions of Section 1035.20 Title 92, Illinois Administrative Code Chapter II. Based upon the results of Drug and TB testing required in Section 1035.20(h) and (i)13 and having no positive test results for infectious disease, or determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☒ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

Margaret Sorrells
Name of Examining Medical Examiner

085-000756 FC
Professional License Number of Examining Medical Examiner

815-759-4224
Telephone Number of Examining Medical Examiner

Margaret Sorrells
Signature of Examining Medical Examiner

815-363-0136
Fax Number of Examining Medical Examiner

11-12-07
Date of Certification (Date the medical examiner has received all test results)

CENTEGRA OCCUPATIONAL MEDICINE
4309 MEDICAL CENTER DR, SUITE B300
McHENRY, IL 60050
815-759-4224
815-363-0136 FAX

A completed examination form for this person is on file in my office at _____.

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

Printed by authority of the State of Illinois - May 2005 - 55M - DSD SB 4.7

B. Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system.

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 -- EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

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1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

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11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

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15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

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The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.

The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.

The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 54 FED REG 49854 – EFF. 1-2-90.

1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine

2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

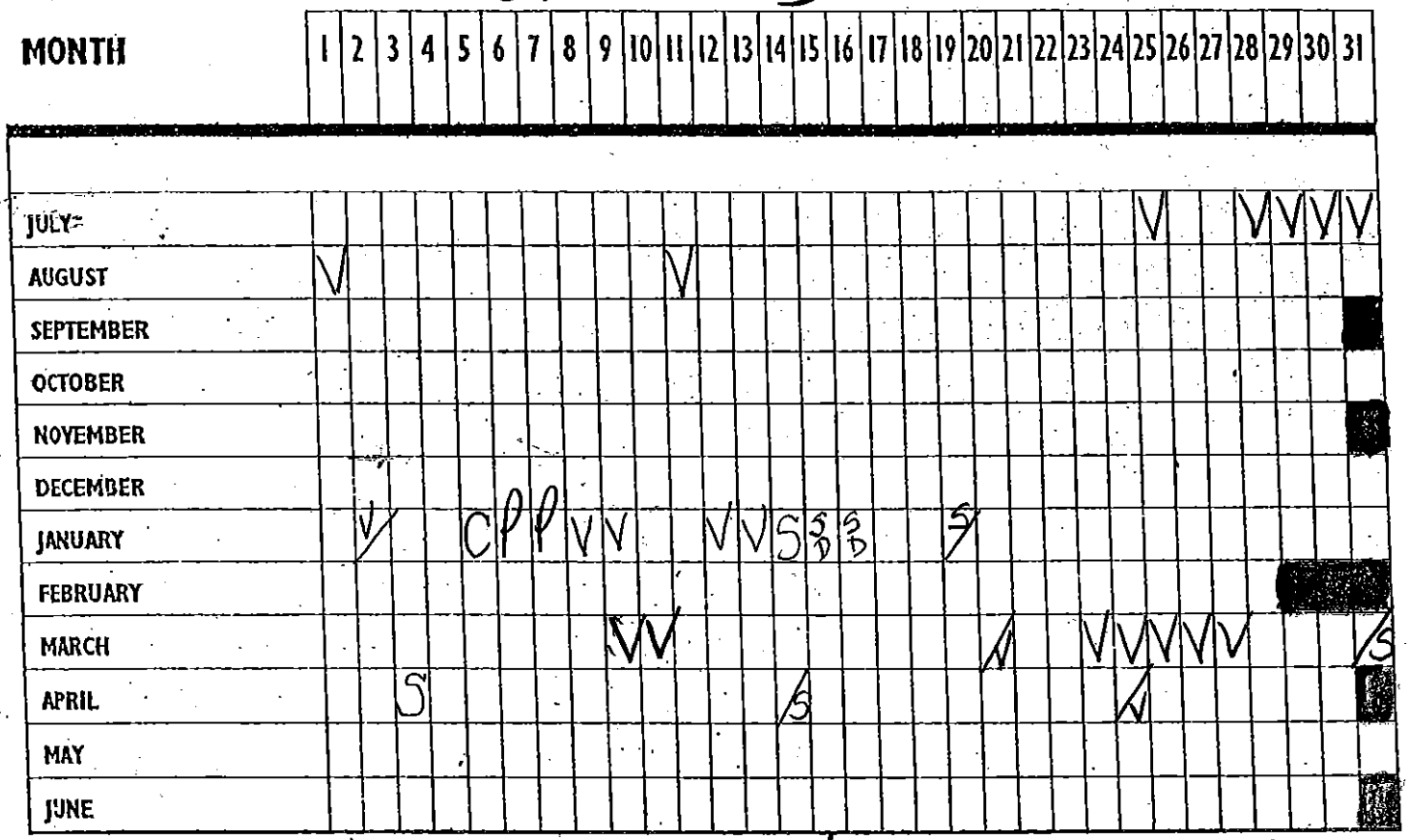
*** *Benzoylecgonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

Attendance Log 2008 - 2009

NAME Prestley, Penny

	155	47
START	8/25/08	8/27/08
END	6/2//09	6/4/09



SENIORITY DATE 11/12/93 choice date 7/1/04 Comp 11/11

SICK DAYS 60 3/4 (19) (7/1/07 - 7/1/08) 19

PERSONAL DAYS 2 (7/1/08 - 7/1/09) 19

VACATION DAYS 20

SICK DAYS USED

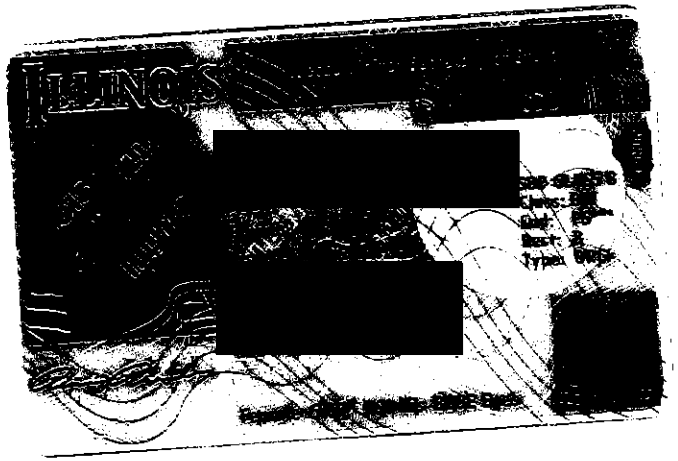
3 1/2

PERSONAL DAYS USED

2

UNPAID SICK DAYS

UNPAID PERSONAL DAYS



SECRETARY OF STATE
DRIVER SERVICES FACILITY 395 ILLINOIS SECRETARY OF STATE
RECEIPT

NAME: [redacted]
AMOUNT: 6500 cash
FOR: DL Renewal 4 yr Class
DATE: 05/14/2010

Processed
5-14-10

Acknowledgment Form

I, Penny Prestley confirm that I have received the TJA Workplace Bullying packet. I also understand that it is my responsibility to read the packet in it's entirety (cover page, Bullying in the Workplace and Zero Tolerance Workplace Bullying Policy) and seek an explanation for anything I do not understand.

Signed: Penny Prestley Date: 3-11-10

COPY B To Be filed with employee's Federal Tax Return

2009 OMB No. 1545-0008

a Employee ID Number [redacted]	1 Wages, tips, other comp. 47884.75	2 Federal income tax withheld 7612.54
	3 Social security wages 50168.46	4 Social security tax withheld 3110.52
b Employer ID Number [redacted]	5 Medicare wages and tips 50168.46	6 Medicare tax withheld 727.40

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S. MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Control Number 000126

e Employee's name, address, ZIP code
PENNY S PRESTLEY
[redacted] 75

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other IMRF 2283.71	12b Code
Retirement plan X	INSPR 581.52	12c Code
Third-party sick pay		12d Code

IL [redacted]	47884.75	1436.53
15 State Empl. state I.D.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

COPY C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

2009 OMB No. 1545-0008

a Employee ID Number [redacted]	1 Wages, tips, other comp. 47884.75	2 Federal income tax withheld 7612.54
	3 Social security wages 50168.46	4 Social security tax withheld 3110.52
b Employer ID Number [redacted]	5 Medicare wages and tips 50168.46	6 Medicare tax withheld 727.40

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S. MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Control Number 000126

e Employee's name, address, ZIP code
PENNY S PRESTLEY
[redacted] 75

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other IMRF 2283.71	12b Code
Retirement plan X	INSPR 581.52	12c Code
Third-party sick pay		12d Code

IL [redacted]	47884.75	1436.53
15 State Empl. state I.D.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

COPY 2 For Employee's State, City, or Local Income Tax Return

2009 OMB No. 1545-0008

a Employee ID Number [redacted]	1 Wages, tips, other comp. 47884.75	2 Federal income tax withheld 7612.54
	3 Social security wages 50168.46	4 Social security tax withheld 3110.52
b Employer ID Number [redacted]	5 Medicare wages and tips 50168.46	6 Medicare tax withheld 727.40

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S. MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Control Number 000126

e Employee's name, address, ZIP code
PENNY S PRESTLEY
[redacted] 75

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other IMRF 2283.71	12b Code
Retirement plan X	INSPR 581.52	12c Code
Third-party sick pay		12d Code

IL [redacted]	47884.75	1436.53
15 State Empl. state I.D.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

COPY 2 For Employee's State, City, or Local Income Tax Return

2009 OMB No. 1545-0008

a Employee ID Number [redacted]
1 Wages, tips, other comp. 47884.75
2 Federal income tax withheld 7612.54
3 Social security wages 50168.46
4 Social security tax withheld 3110.52
b Employer ID Number [redacted]
5 Medicare wages and tips 50168.46
6 Medicare tax withheld 727.40

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S. MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Control Number 000126

e Employee's name, address, ZIP code
PENNY S PRESTLEY
[redacted] 75

7 Social security tips
8 Allocated tips
9 Advance EIC payment
10 Dependent care benefits
11 Nonqualified plans
12a Code See inst. for box 12
13 Statutory employee
14 Other IMRF 2283.71
12b Code
Retirement plan X
INSPR 581.52
12c Code
Third-party sick pay
12d Code

IL [redacted]
47884.75
1436.53
15 State Empl. state I.D.
16 State wages, tips, etc.
17 State income tax
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

Printed on Recycled Paper FORM 2009

Johnson, Kathy L.

From: Prestley, Penny S.
Sent: Tuesday, January 05, 2010 7:45 AM
To: Johnson, Kathy L.
Subject: RE: Change of address

I guess I should. Thank you

1550 C, Seminary Ave.
Woodstock, Il. 60098

Penny S. Prestley
Assistant Director of Transportation
School Districts 47 & 155
1204 S. McHenry Ave.
Crystal Lake, Il. 60014
815-455-0558

From: Johnson, Kathy L.
Sent: Monday, January 04, 2010 5:12 PM
To: Prestley, Penny S.
Subject: Change of address

Do you want to change your address?

☺

Kathy Johnson
Administrative Assistant
Transportation Joint Agreement
1204 S McHenry Avenue
Crystal Lake IL 60014
815-455-0558

processed 1-5-10

Regional Office of Education
McHenry County, Illinois

Eugene T. Goeglein
Regional Superintendent

Joseph R. Williams, Sr.
Assistant Superintendent

McHenry County Government Center
2200 North Seminary Avenue
Woodstock, Illinois 60098
Phone: 815-334-4475
Fax: 815-338-0475

CERTIFICATION

TO: District #47/155

In accordance with Section 6-106.1 (d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1 (d)), I hereby certify that Penny Prestley

has successfully competed the ☐ **Initial Training** ☒ **Refresher Training**

on September 24, 2009.

September 28, 2009
Date

Signature of Regional Superintendent

NATIONAL ASSOCIATION FOR PUPIL TRANSPORTATION

CERTIFICATE OF COMPLETION

Penny Prestley

NAPT Training Program

Course #702 -Personal Skills For Self Management

June 25, 2009 - Peoria, IL

Michael J. Martin, Executive Director



ILLINOIS ASSOCIATION FOR PUPIL TRANSPORTATION

July 15, 2009

Penny Prestley
TJA SD 47 & 155
1204 S. McHenry Ave.
Crystal Lake, IL 60014

RE: Welcome to the Board of the Illinois Association for Pupil Transportation!

Dear Penny,

I would like to take this opportunity to welcome you to the Board of the Illinois Association for Pupil Transportation! You were chosen as a candidate by our Nominating Committee and elected by the membership during the 26th Annual Joint Conference for Pupil Transportation on June 25, 2009. As a Board Member, you have been elected to a three year term and will be representing the Northern region.

To help you become familiar with your new position, I have included some information.

Per the Association's Bylaws:
Directors and Their Duties
SECTION 1. The Board of Directors of the Association shall consist of a total of fourteen members, five officers and nine Regional Directors
SECTION 2. The Regional Directors will consist of three members each from each of the Northern, Central, and Southern Regions, as elected by a majority of individual constituency present at the annual meeting.
SECTION 3. Regional directors will serve for a period of three years and will be elected by Australian ballot at the annual meeting. Regional directors may not be elected to more than two (2) consecutive terms.
SECTION 4. The Board will have the authority to appoint officers and/or directors in the event a vacancy occurs to serve the remainder of the term vacated.

SECTION 5. The Board shall establish the time, date, and location of the annual meeting.
SECTION 6. The President may call a special meeting of the Board as required or upon the request of three of the Directors.
SECTION 7. Any member of the Board of Directors who misses more than two (2) consecutive meetings per calendar year shall be removed from office at the discretion of the Board.

(The above information may be found on our web site: http://www.ilapt.net/bylaws/index.php)

As a Regional Director, your board "job description" is as follows:

- Regularly attend Board meetings.
- Actively participate in committee work.
- Stay informed about committee matters.
- Volunteer for and willingly accept assignments and complete them thoroughly and on time.
- Be an active participant in annual conference planning.
- Responsible to attend Conference and attend Roadeo.

I hope this gives you a sense of what it means to be a Board Member. We are very happy to have you joining our Board! If you should have any questions, comments, or concerns at any time, please feel free to give me a call or send an email. I look forward to working with you to make transportation in the state of Illinois the best it can be!

Best regards,

Cheryl

Cheryl A. Douglas
Executive Director

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

KATHY G. SMITH
DIRECTOR

PENNY S. PRESTLEY
SAFETY MANAGER

NORMA L. URBINA
ROUTING COORDINATOR
Si habla español

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE
815-459-9115 FAX

ALANNA M. WINANDY
ADMINISTRATIVE ASSISTANT

TIMOTHY M. OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH
DISPATCHER

LISA D. RUSSO
DISPATCHER

TO: Kathy Smith, Transportation Director
Penny Prestley, Safety Manager
RE: Staff Development Program on Terrorism: April 19, 2007
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: April 19, 2007

This program was a model for a training program: (1) Clearly defined objectives (2) Content driven presentation (3) Learning Activities designed to augment the objectives and (4) Defined exit objectives that could be validated. Terrorism training is a very important topic, and I am now confident TJA drivers have the tools to deal with a variety of terrorist activities affecting school bus transportation.

Equally important was the engagement of the drivers as I witnessed 100% of the drivers attending to and participating in the program. It was evident that you ladies spent countless hours on the program design and you were rewarded with the total appreciation of our drivers. You developed skills in an entertaining environment, and I cannot count how many drivers commented about this being the "best program ever."

If TJA paid a consultant to come in, the consultant could not have done a better job. I really believe that you should present this program throughout the county and at the State Transportation Directors Convention-----it is that good. I am very proud of you!!

cc: Personnel File
TJA Advisory Board

Control No.

Drivers License Number:

Course Completion Date: October 13, 2006

Security Control No.
512937

Name **Penny Prestley**
Address School District 47 & 155 DOT
Address 1204 S. McHenry Avenue
City, State, Zip Crystal Lake , IL 60014

Training Center: National Safety Council
Instructor Name: Janet Rand
Instructor Number: 171638

Defensive Driving Course
CERTIFICATE OF COMPLETION

This certifies that the person named
above has successfully completed
the National Safety Council Defensive Driving Course
❑ 6 hour ☒ 8 hour

THIS DOCUMENT IS VOID IF REPRODUCED

Founded in 1913, the National Safety Council is a non-governmental, not-for-profit international public service organization devoted to protecting life and promoting health.

Our mission: *to educate and influence society to adopt safety, health and environmental policies, practices and procedures that prevent and mitigate human suffering and economic losses arising from preventable causes.*

Remember to use your safety belt.
Keep children buckled, in the back seat.

325M0203 Printed in the USA 33759-0000

Control No.

Penny Prestley
has completed a National Safety Council's
Defensive Driving Course ❑ 6-hour ❑ 8-hour

Drivers License Number:

Course Completion Date:
October 13, 2006
Instructional Hours:

Alan C. McMillan, President

National Safety Council
TRAINING CENTER

Janet Rand
Instructor Name

171638
Instructor Number

Security Control No.
512937

Keep this card for your records. Void if reproduced.


NATIONAL SAFETY COUNCIL
Your Safety & Health Leader for 90 Years
This is to certify that
Penny Prestley
has successfully completed the
DEFENSIVE DRIVING COURSE – 6/8
INSTRUCTOR DEVELOPMENT COURSE
Itasca, Illinois
10/13/06
Janet Rand
Instructor

DYKEMA

Employment Briefing Series 2008

February 19, 2008

This program, ORG-PROGRAM-25500, has been approved for
1.5 recertification credit hours toward PHR, SPHR and GPHR recertification
through the Human Resource Certification Institute (HRCI)

Penny Prestley

Successfully Completed the Employment Briefing Series Program

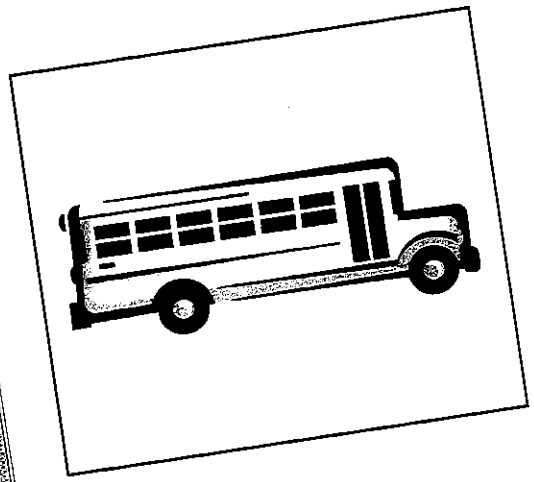
PHR · SPHR · GPHR
Pre-Approved
HRCI

David L. Miller, Member

TRAIN THE TRAINER

Certificate of Completion

Penny Prestley



Presented By:
Lake County Association for Pupil Transportation
February 23, 2008 – Gurnee, IL

Vicki Mattson

LITHO. IN U.S.A.

Certificate of Completion Presented to:

Penny Fleming

for attending the

De-Escalating Techniques & Situational Awareness

On January 30, 2016, in Woodstock, IL

Presented by McHenry County Sheriff's Office

Hosted by McHenry County Transportation Directors Association

The MCTDA recognizes your dedication to the safety of our students, and thanks you for your participation in this program.

MCTDA President

22222 Void ☐

a Employee's social security number [redacted]

OMB No. 1545-0008

b Employer identification number (EIN) [redacted]

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT

1204 S. MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Control number
000148

e Employee's name, address, city and ZIP code
PENNY S 75 PRESTLEY

Suff.

[redacted]

1 Wages, tips, other compensation: 43497.31	2 Federal income tax withheld: 6886.49
3 Social security wages: 45563.27	4 Social security tax withheld: 2824.98
5 Medicare wages and tips: 45563.27	6 Medicare tax withheld: 660.67
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code
14 Other: IMRF 2065.96; INSPR 346.80	12c Code
	12d Code [redacted]

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	[redacted]	43497.31	1304.90			

Form **W-2** **Wage and Tax Statement** 2008

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

Printed on Recycled Paper

22222 Void ☐

a Employee's social security number

OMB No. 1545-0008

b Employer identification number (EIN)

c Employer's name, address, and ZIP code

d Control number

e Employee's name, address, city and ZIP code

Suff.

1 Wages, tips, other compensation	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
14 Other	12c Code
	12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement** 2008

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

Printed on Recycled Paper

NATIONAL ASSOCIATION FOR PUPIL TRANSPORTATION

CERTIFICATE OF COMPLETION

Penny Prestley

NAPT Training Program

Course #607 - Legal Issues in Public School Transportation

October 29, 2008 - Myrtle Beach, SC

Michael J. Martin, Executive Director

NATIONAL ASSOCIATION FOR PUPIL TRANSPORTATION

CERTIFICATE OF COMPLETION

Penny Prestley

NAPT Training Program

Course #801 - Special Education Transportation

October 28, 2008 - Myrtle Beach, SC

Michael J. Martin, Executive Director

NATIONAL ASSOCIATION FOR PUPIL TRANSPORTATION

CERTIFICATE OF COMPLETION

Penny Prestley

NAPT Training Program

Course #401 - Managing Human Resources

October 27, 2008 - Myrtle Beach, SC

Michael J. Martin, Executive Director

Regional Office of Education
McHenry County, Illinois

Eugene T. Goeglein
Regional Superintendent

Joseph R. Williams, Sr.
Assistant Superintendent

McHenry County Government Center
2200 North Seminary Avenue
Woodstock, Illinois 60098
Phone: 815-334-4475
Fax: 815-338-0475

CERTIFICATION

TO: District #47/155

In accordance with Section 6-106.1 (d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1 (d)), I hereby certify that Penny Prestley

has successfully competed the ☐ **Initial Training** ☒ **Refresher Training**

on September 25, 2008.

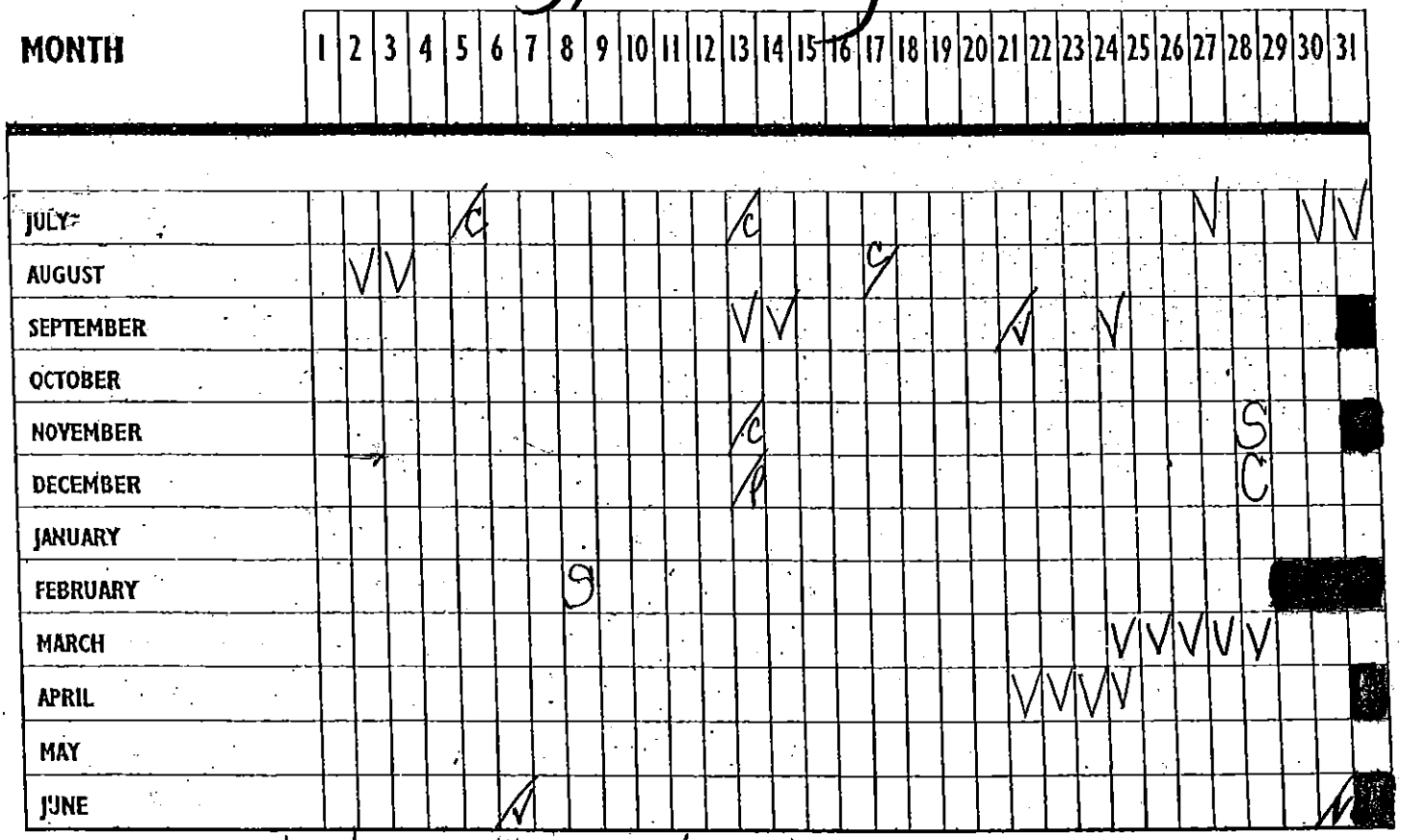
September 30, 2008
Date

Signature of Regional Superintendent

Attendance Log 2007 - 2008

NAME Prestley, Penny

	155	47
START	8/27/07	8/29/07
END	6/2/08	6/5/08



SENIORITY DATE 11/12/93 office date 7/1/04

SICK DAYS 49 '13 (7/1/07 - 7/1/08) 18 1/2

PERSONAL DAYS 2

VACATION DAYS 19

Comp
7/5 —
7/6 —
12/16 —

SICK DAYS USED

2

PERSONAL DAYS USED

1/2

UNPAID SICK DAYS

UNPAID PERSONAL DAYS

Regional Office of Education
McHenry County, Illinois

Eugene T. Goeglein
Regional Superintendent

Joseph R. Williams, Sr.
Assistant Superintendent

McHenry County Government Center
2200 North Seminary Avenue
Woodstock, Illinois 60098
Phone: 815-334-4475
Fax: 815-338-0475

CERTIFICATION

TO: District #47/155

In accordance with Section 6-106.1 (d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1 (d)), I hereby certify that Penny Prestley has successfully competed the ☐ **Initial Training** ☒ **Refresher Training** on June 12, 2008.

June 16, 2008
Date

Signature of Regional Superintendent

22222 Void ☐

a Employee's social security number [redacted]

OMB No. 1545-0008

b Employer identification number (EIN) [redacted]

1 Wages, tips, other compensation: 38724.27

2 Federal income tax withheld: 6137.95

c Employer's name, address, and ZIP code

TRANSPORTATION JOINT AGREEMENT

1204 S. MCHENRY AVENUE
CRYSTAL LAKE IL 60014

3 Social security wages: 40565.59

4 Social security tax withheld: 2515.11

5 Medicare wages and tips: 40565.59

6 Medicare tax withheld: 588.16

7 Social security tips

8 Allocated tips

d Control number
000146

9 Advance EIC payment

10 Dependent care benefits

e Employee's name, address, city, and ZIP code

PENNY S 75 PRESTLEY

Suff.

[redacted]

11 Nonqualified plans

12a See instructions for box 12 Code

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

12b Code

14 Other

IMRF 1841.32
INSPR 354.00

12c Code

12d Code

[redacted]

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	[redacted]	38724.27	1161.78			

Form **W-2** Wage and Tax Statement

2007

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

Printed on Recycled Paper

Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled 2007 Instructions for Forms W-2 and W-3. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at *www.irs.gov.*

Caution. *Because the SSA processes paper forms by machine, you cannot file with the SSA Forms W-2 and W-3 that you print from the IRS website. Instead, you can use the SSA website at www.ssa.gov/employer/bsohbnew.htm to create and file electronically "fill-in" versions of Forms W-2 and W-3.*

Due dates. Furnish Copies B, C, and 2 to the employee generally by January 31, 2008.

File Copy A with the SSA generally by February 29, 2008. Send all Copies A with Form W-3, Transmittal of Wage and Tax Statements. However, if you file electronically, the due date is March 31, 2008.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Forms W-2 and W-3 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Section 6051 and its regulations require you to furnish wage and tax statements to employees and to the Social Security Administration. Section 6109 requires you to provide your employer identification number (EIN). If you fail to provide this information in a timely manner, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the Internal Revenue Service to disclose or give the information shown on your return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and/or criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file these forms will vary depending on individual circumstances. The estimated average times are: **Form W-2**—30 minutes, and **Form W-3**—28 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making these forms simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Forms W-2 and W-3 to this address. Instead, see *Where to file* in the instructions for Forms W-2 and W-3.

W-2 / COPY D

National Safety Council
Defensive Driving Course Training Center
Instructor Record

Training Center:

ID # 722874

School District 47 & 155 DOT
1204 S Mc Henry Ave
Crystal Lake, IL 60014

Instructor Record:

ID #	Expiration	Classification (*see back)
790316	12/31/2008	DDC-FN

Penny Prestley
School District 47 & 155 DOT
1204 S Mc Henry Ave
Crystal Lake, IL 60014

Carry this card with you at all times.

↓ Bend and Lift Card here

National Safety Council
Defensive Driving Course Trng Ctr ID:
Instructor Certification Card 722874

ID # 790316 Expiration
Classification (*see back) 12/31/2008
DDC-FN

Penny Prestley
School District 47 & 155 DOT
1204 S Mc Henry Ave
Crystal Lake, IL 60014

President Signature of Training Center Official

Penny Prestley
School District 47 & 155 DOT
1204 S Mc Henry Ave
Crystal Lake, IL 60014

11/27/07

National Safety Council
Training Center Administration
1121 Spring Lake Drive
Itasca, IL 60143

722874
School District 47 & 155 DOT
1204 S Mc Henry Ave
Crystal Lake, IL 60014

School District 47 & 155 DOT

Crystal Lake IL

is hereby recognized as a TRAINING CENTER in the

National Safety Council's

DEFENSIVE DRIVING COURSES

and is hereby authorized to present the Defensive Driving Course(s) in its own behalf and not as an agent of the National Safety Council in accordance with the rules and procedures prescribed by the National Safety Council

722874	*1/31/2010*	
Customer ID	Expiration Date	President

32986-0000

National Safety Council
Defensive Driving Course Training Center
Instructor Record

Training Center:

ID # 722874

School District 47 & 155 DOT
1204 S Mc Henry Ave
Crystal Lake, IL 60014

Instructor Record:

ID #	Expiration	Classification (*see back)
790316	12/31/2008	DDC-FN

Penny Prestley
School District 47 & 155 DOT
1204 S Mc Henry Ave
Crystal Lake, IL 60014

Carry this card with you at all times.

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Instructor Certification Card 722874

ID # 790316 Expiration
Classification (*see back) 12/31/2008
DDC-FN

Penny Prestley
School District 47 & 155 DOT
1204 S Mc Henry Ave
Crystal Lake, IL 60014

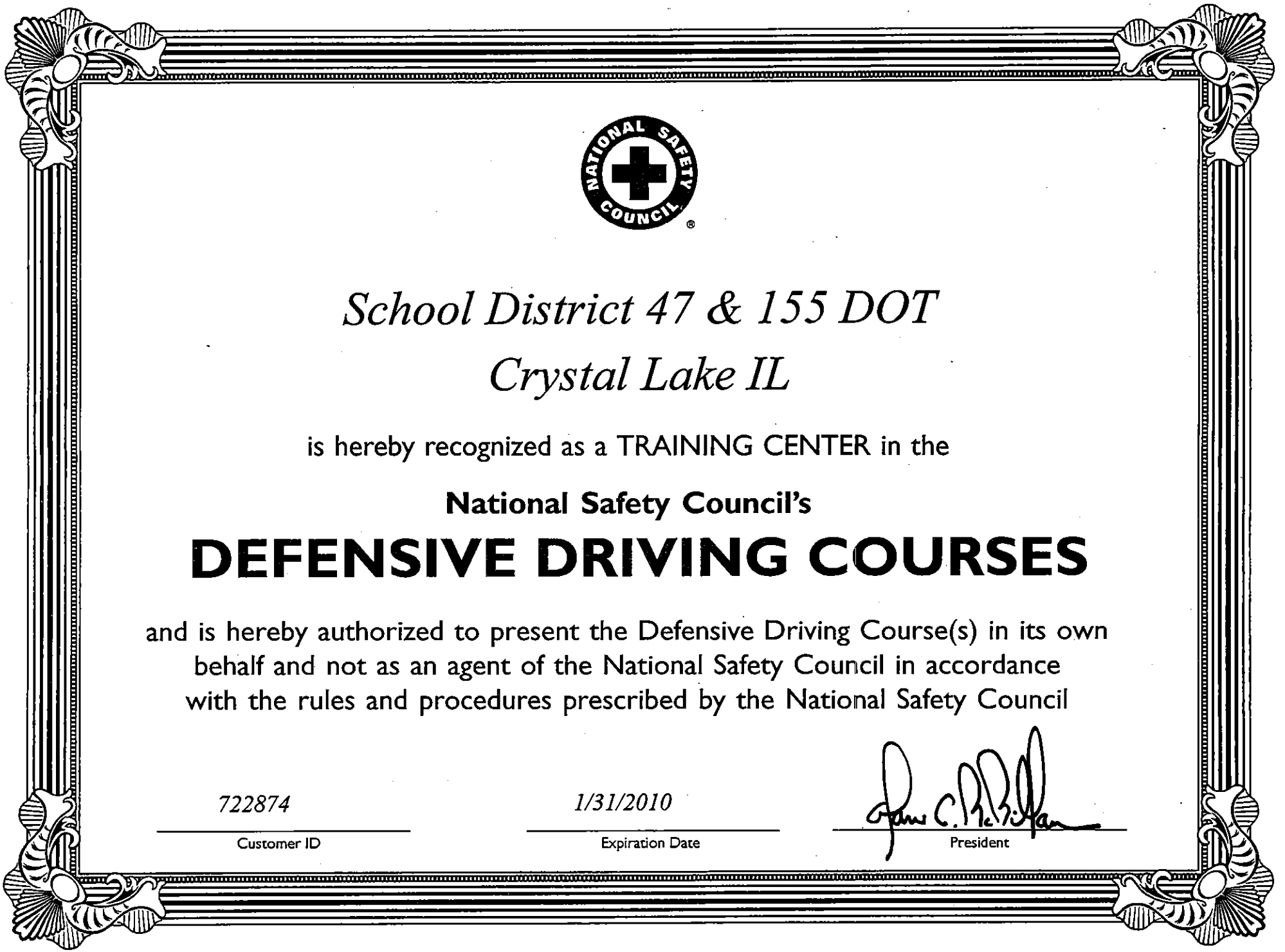
President Signature of Training Center Official

Penny Prestley
School District 47 & 155 DOT
1204 S Mc Henry Ave
Crystal Lake, IL 60014

11/27/07

National Safety Council
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722874	*1/31/2010*	
Customer ID	Expiration Date	President

32986-0000

Certificate of Continuing Education

The undersigned participant is awarded .6 CEUs or 6 contact hours of Continuing Education according to the guidelines set forth by the National Task Force on Continuing Education for completion of the following program:

How to Be a Better Trainer

Signature of Seminar Participant

8/12/04
Date

Mark R. Truitt, Executive Director

Gary M. Truitt, Managing Director

Rockhurst University Continuing Education Center

Printed in the U.S.A. KTR

Place in file

STATE OF ILLINOIS

JESSE WHITE

SPRINGFIELD

ILLINOIS

SCHOOL BUS

THIRD PARTY CERTIFICATION PROGRAM
SAFETY OFFICER LICENSE

Penny Prestley license no. 02-05-8611

ISSUED TO _____

~~HOME ADDRESS~~ _____

EMPLOYED BY School Dist. 47 & I55 dba/ Trans. Joint Agreement

CLASSIFICATION *CDL B/P SCHOOL BUS PERMIT

ISSUANCE DATE FEB 2 2005

License Valid indefinitely unless revoked, suspended or cancelled

DRIVE TEST CLASSIFICATION(S) *CDL B/P SCHOOL BUS PERMIT BY

Jesse White

SECRETARY OF STATE

THIS CERTIFICATE MUST BE DISPLAYED IN THE MAIN OFFICE OF THE THIRD PARTY CERTIFICATION PROGRAM LISTED ABOVE.

CDTS-44.3

National SAFE KIDS Campaign

Wednesday, July 20, 2005

PENNY S PRESTLEY
TJA TRANSPOTATION
1304 MCHENRY AVE
CRYSTAL LAKE, IL 60014 US

Dear Penny:

Congratulations on successfully completing all of the requirements for your **Re-Certification** as part of NHTSA's National Standardized Child Passenger Safety Training Program. Because it is necessary to show proof of your current certification at upcoming classes or checkup events, we have enclosed a new wallet ID card. It shows your certification ID and your new certification expiration date.

You have been assigned a user name and a password to access the SAFE KIDS CPS website. These are printed at the bottom of this page. You can use these to update your online profile. Simply go to www.safekids.org/certification and log in. Once you log in, there is a link to "Update My Profile." Within your profile, you are able to update your contact information. You can also use other menu options to enter seat check activity, apply for re-certification and access your score report. We encourage you to keep your profile up to date, so we can ensure you receive timely notification of the latest developments in child passenger safety. You will continue to receive a quarterly technical update newsletter published by NHTSA.

Your certification is valid for two years. Your certification expiration date is shown on the wallet card below. You will be notified prior to your expiration date to remind you to re-certify. All re-certification exams are provided online.

To locate additional information about CPS certification, such as other technicians and instructors in your area, visit www.safekids.org/certification. To find out more about the National CPS Board, visit www.cpsboard.org.

Sincerely,

National SAFE KIDS Campaign

[redacted]

Your written test score is: 89.

User Name:
Password: [redacted]

G.A.T.E. America, Inc.

CERTIFICATE OF TRAINING

This is to certify that

Penny S. Prestley

Has successfully completed the six hours of training in

TERRORISM PREPAREDNESS FOR EDUCATIONAL INSTITUSTION

In that the above successfully completed training in the described subject matter.
On this 11th day of October 2005

Robert G. Tornabene
President
G.A.T.E.. America, Incorporated





NAPT
NATIONAL ASSOCIATION FOR PUPIL TRANSPORTATION

NSTA

HIGHWAY WATCH
Homeland Security

This Certifies

PENNY PRESTLEY

— A School Bus Professional —

Is an authorized **School Bus Watch and Highway Watch® Member**, having successfully completed the School Bus Watch Training Program. As a School Bus Watch member, your skills, professional expertise, and commitment to safety will make our nation's highways a safer place to work and travel.

ID# : IL389795-SB

School Bus Professional:

Organization: PENNY PRESTLEY

Emergency Line: **9-1-1**
Hazard Line: **877-USA-SAFE (872-7233)**

For contact information, or local law enforcement, or for the School Bus Coordinators, please contact **Highway Watch® at 866-821-3444.**

Dear School Bus Professional:

Congratulations. You are now certified in School Bus Watch in cooperation with Highway Watch®. Attached you will find your certificate of completion and your School Bus Watch® identification card. Your identification card is unique to you and will remain with you for the life of the program. Should your information change, please contact us at 866-821-3444.

School Bus Watch works because of your participation. Thank you for your commitment of time in learning how we all can support a safer and more secure America!

Please feel free to contact us with any questions at 866-821-3444.

Many thanks for your contributions!

School Bus Watch and Highway Watch®

School Bus Watch
c/o **Highway Watch®**

2200 Mill Road
Alexandria, VA 22314

703.838.1805 (Voice)
703.838.1850 (Fax)

www.highwaywatch.com
www.highwayisac.org

ID# : 728392

Highway Watch® Professional: PENNY PRESTLEY

Emergency Line: **9-1-1**
Hazard Line: **877-USA-SAFE (872-7233)**

For contact information, or local law enforcement, or for the Highway Watch® Coordinators, please contact **Highway Watch® at 866-821-3444**

HIGHWAY WATCH®
Homeland Security
ATA

This Certifies

PENNY PRESTLEY

— A Transportation Professional —

As an authorized Highway Watch® Member, having successfully completed the Highway Watch® Training Program. As a Highway Watch® Member, your skills, professional expertise, and commitment to safety will make our nation's highways a safer place to work and travel.

School District 47 & 155 DOT

Crystal Lake IL

is hereby recognized as a TRAINING CENTER in the

National Safety Council's

DEFENSIVE DRIVING COURSES

and is hereby authorized to present the Defensive Driving Course(s) in its own behalf and not as an agent of the National Safety Council in accordance with the rules and procedures prescribed by the National Safety Council

722874	*1/31/2010*	
Customer ID	Expiration Date	President

32986-0000

DYKEMA

Employment Briefing Series 2008

February 19, 2008

This program, ORG-PROGRAM-25500, has been approved for
1.5 recertification credit hours toward PHR, SPHR and GPHR recertification
through the Human Resource Certification Institute (HRCI)

Penny Prestley

Successfully Completed the Employment Briefing Series Program

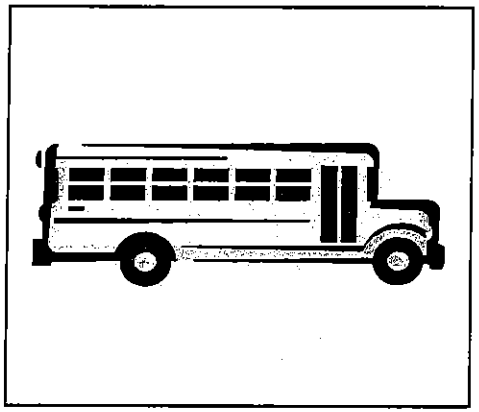
PHR · SPHR · GPHR
Pre-Approved
HRCI

David L. Miller, Member

TRAIN THE TRAINER

Certificate of Completion

Penny Prestley



Presented By:
Lake County Association for Pupil Transportation
February 23, 2008 – Gurnee, IL

Vicki Mattson

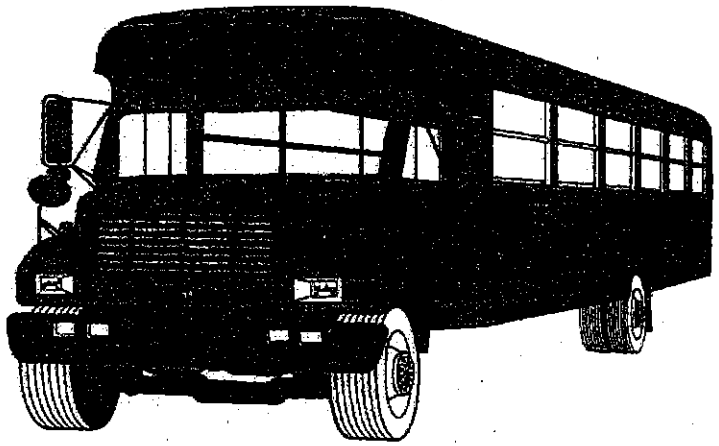
© GOES 671

LITHO.IN U.S.A.

Penny Fleming

Has Successfully Completed





Child Passenger Safety Training for School Buses

Cheryl Wolf

Instructor

5-5-2012

Date

Child Safety Seating: NHTSA's Curriculum & Beyond

U.S. Department of Transportation

People Saving People
www.nhtsa.dot.gov

ILLINOIS ASSOCIATION
for
PUPIL TRANSPORTATION

Certificate of Completion

This certifies that

PENNY PRESTLEY

has completed the school bus driver's workshop on advanced driving maneuvers instructed by Eastern Illinois University Staff. Held at Romeoville High School, Romeoville, Illinois in July, 1989.

Lucille J. Peppe
Northern Region Director

© GOES 351

OFFICE OF THE SECRETARY OF STATE
STATE OF ILLINOIS

COMMERCIAL DRIVER TRAINING SECTION

Application for THIRD-PARTY CERTIFICATION PROGRAM SAFETY OFFICER

(Please Print or Typewrite)

General

APPLICANT'S NAME Penny Prestley [redacted]

HOME ADDRESS [redacted] ILLINOIS DRIVER'S LICENSE # [redacted]

CITY

CLASSIFICATION TJA school dist 47 & 155 SOCIAL SECURITY #

NAME OF THIRD-PARTY CERTIFICATION ENTITY FOR WHICH YOU WILL TEST:

ADDRESS 1204 S. McHenry Ave

CITY Crystal Lake STATE IL ZIP CODE 60014

Testing Experience

List any training you have received that instructed you on methods to conduct drive tests.

NAME OF TRAINING	DATE OF TRAINING
Classroom & Behind the Wheel Training of Drivers	2002 - Present
On Board Evaluations of Drivers	Summer 2004
On Board Individualized Training of Drivers	School years 2002/03 & 2003/04

Have you read the Secretary of State's Examiner's Manual and will your training and experience qualify you to conduct drive tests as described in the Secretary of State's Examiner's Manual? ☐ yes ☑ no

Questions

1. Have you ever been convicted of driving while under the influence of alcohol, other drugs, or a combination thereof, leaving the scene of an accident, or reckless homicide or reckless driving? ☐ yes ☑ no
2. Have you ever received a suspension for repeated involvement as a driver in a motor vehicle collision or for a violation of the Implied Consent Provision, received a Statutory Summary Suspension, or had repeated convictions of traffic offenses? ☐ yes ☑ no
3. Have you ever been convicted of perjury or making any false statements relating to the Illinois Vehicle Code? ☐ yes ☑ no
4. Has your license to drive in Illinois or any other state ever been denied, cancelled, suspended or revoked? ☐ yes ☑ no

over

5. Has your Third-Party Certification Program Safety Officer's License ever been denied, cancelled, suspended or revoked? ☐ yes ☒ no

6. Are you currently employed by a Commercial Driver Training School? ☐ yes ☒ no

Explanations of the previous questions answered "yes" _____

THIS PORTION MUST BE READ AND COMPLETED BY THE APPLICANT

I intend to drive test employees or members in the following classifications(s):

Class A ☐	Class B ☒	Class C ☐	Class M ☐
Passenger Endorsement ☒		Restriction ☐	Class A (Non-CDL) ☐
Class B (Non-CDL) ☐	Class C (Non-CDL) ☐	School Bus ☒	

The applicant undertakes and agrees that:

1. If he/she terminates employment with the third-party certification entity listed herein, he/she will surrender his/her license to test for said third-party certification entity.

2. If he/she becomes employed by another third-party certification entity, he/she will make application for a new safety officer license for said third-party certification entity.

Under penalty of perjury, I, swear and affirm that I have read the foregoing application, I am familiar with all its contents, and believe that all answers contained therein are true in substance and in fact.

Applicant's Signature Larry Pursley Date 8/11/04

This application must be signed by an authorized official of the third-party certification entity.

Signature Kathy A. Smith Date 9-22-04

Title Assistant Director School District 47 & 155
Crystal Lake, Ill. 60014

ILLINOIS STATE POLICE
BUREAU OF IDENTIFICATION
260 NORTH CHICAGO STREET
JOLIET, ILLINOIS 60432-4075

TRANSPORTATION JOINT AGREEMENT
1204 S MC HENRY AVE
CRYSTAL LAKE, IL 60014-7495

PURSUANT TO A FINGERPRINT BASED SEARCH USING THE FINGERPRINT CARD SUBMITTED BY YOUR AGENCY, THE FILES OF THIS BUREAU FAILED TO REVEAL ANY CRIMINAL CONVICTIONS FOR THIS SUBJECT. THIS FINGERPRINT CARD IS BEING RETAINED BY THE BUREAU OF IDENTIFICATION.

THE ILLINOIS STATE POLICE IS PERMITTED TO DISSEMINATE ONLY CRIMINAL HISTORY RECORD INFORMATION AUTHORIZED BY STATE LAW. ISP ATTEMPTS TO MAKE RECORDS AS COMPLETE AS POSSIBLE BY RETRIEVING MISSING COURT DISPOSITIONS FROM VARIOUS SOURCES. IN SOME CASES, COURT DISPOSITIONS ARE UNAVAILABLE TO THE ISP. IF COURT DISPOSITIONS ARE UNAVAILABLE, CORRESPONDING ARRESTS CAN NOT BE DISSEMINATED BY THE ISP.

THE SEARCH ROUTINE USED TO PROCESS YOUR SUBMISSION DID NOT INCLUDE AN INQUIRY INTO THE ILLINOIS STATE POLICE SEX OFFENDER REGISTRATION FILE. TO DETERMINE IF THE SUBJECT OF YOUR INQUIRY IS A REGISTERED SEX OFFENDER, PLEASE CHECK THE ILLINOIS STATE POLICE REGISTERED SEX OFFENDER INFORMATION WEB SITE AT "WWW.ISP.STATE.IL.US".

IF YOU HAVE ANY QUESTIONS CONCERNING THIS SITUATION, PLEASE FEEL FREE TO CONTACT SWITCHBOARD OPERATOR AT (815) 740-5160.

IDENTIFIERS

DCN: L49491119
SUBMISSION TYPE: FEAPP
Name: PRESTLEY, PENNY S
Sex Code: F

TCN: LS10373L49491119
RESULT: NO RECORD ON FILE
Employer #: SB0569009
Race Code: W

PURPOSE: SBD
SSN#: [redacted]
DOB: [redacted]

STATE USE ONLY

WARNING: Release of this information to unauthorized individuals or agencies or misuse is prohibited by Federal Law Title 42 USC 3789g pertaining to criminal history information.

ROE# 355407

TO:4599115 P:1/1

LS10373L4948 9/19

9-19-07

Authorization for Release of Criminal History Record Check

Verify Fingerprinting Services
206 South Sixth Street
Springfield, Illinois 62704
217-753-1190

To be Completed by Applicant/Employee

Last Name:	First Name:	M Int:	SSN:	Date of Birth (mm/dd/yyyy):
Prestley	Penny	S	[redacted]	[redacted]

Address 1: [redacted]

Address 2:

City: [redacted] State: [redacted] ZIP: [redacted]

Sex

Female: ✓	Male:	Unknown:

Race

Asian:	American Indian/Alaskan:	Black:	White: ✓	Unknown:

(Note: White Includes Mexicans and Latins)

Place of Birth: Elgin, IL (State or County)

Eye Color: Blue	Hair Color: Blond	Ht: 5'7"	Wt: 190

Applicant Authorization

Without reservation, I authorize this employer or any part or agency contacted by this employer to procure my criminal history record and/or to obtain or furnish information concerning my criminal history record check or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, employment status, general reputation, and mode of living.

Applicant Signature: Penny Prestley Date: 9-19-07

DISTRICT AUTHORIZATION

Superintendent Signature (or designee): [signature] Date: 9-19-07

School District to be Billed: TSA Districts 47 & 155

Applicant Job Category: Administrative

To Be Completed by Live Scan Technician
Regional Office of Education
2200 North Seminary Ave
Woodstock, Illinois 60098
Telephone: 815-334-4475

Proof of Identification

Driver's License:	State ID:	Social Security Card:	Military ID:	Insurance Card
FOID:	Student ID:	Fee Collected:	Receipt to Applicant:	

Technician Name: CR

Thank you for selecting FIRM for your fingerprinting requirements.

This document serves as permission and receipt for fingerprinting services.

We recommend that a copy of this receipt accompany your application for licensure. Results of this criminal background check will be sent automatically to the school that has requested the background check. Contact the school for approval or status.

A unique number (TCN) has been assigned to your fingerprints and should be used for tracking purposes when contacting the state.

Disclaimer:
Fingerprint image quality is determined by three key factors: age, physiology, and the type of work that the applicant has done with their hands. There are circumstances beyond our control that cause fingerprints to be unreadable and, thus, rejected by either the IL State Police or FBI. The IL State Police recognizes this situation and has established follow-up procedures to address this problem.

If your fingerprints are rejected, a notification of the rejection from the State Police and FBI will be sent to the school. They will notify you. You must have your fingerprints taken a second time. Please contact the location where your fingerprints were originally taken to arrange a time to retake your fingerprints. You will be required to provide the unique 16-digit Transaction Control Number (TCN) or the FBI ICN in order to receive the $10.00 resubmission fee. Failure to bring this number will cause resubmission at full price. If fingerprints are rejected a second time, both rejection notifications (TCNs) may be used to request a name-based criminal background check from either the State Police or FBI.

Should you have any questions regarding your fingerprint submission, please contact FIRM at 866-721-1203 or verifyadmin@hso.net.

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

KATHY G. SMITH
DIRECTOR

PENNY S. PRESTLEY
SAFETY MANAGER

NORMA L. URBINA
ROUTING COORDINATOR
Si habla español

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE
815-459-9115 FAX

ALANNA M. WINANDY
ADMINISTRATIVE ASSISTANT

TIMOTHY M. OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH
DISPATCHER

LISA D. RUSSO
DISPATCHER

Jacket Acknowledgment

I, Penny Prestley, acknowledge receipt of a TJA jacket as per ARTICLE XVII - JACKETS, Section 17.1 Jackets of the Agreement Between the Transportation Joint Agreement, Community High School District #155, Community Consolidated School District #47, Crystal Lake, Illinois and Transportation Local of Crystal Lake, IEA/NEA. I understand that the jacket will be worn as per the Employee Appearance section of the current Vehicle Operator/Attendant Employee Handbook. I will surrender this jacket to employer:

1. immediately upon conclusion of my employment.

Or

2. Immediately upon being issued a new jacket.

TJA will not release the final check until said jacket is returned.

Penny Prestley
Employee Signature

Date 8-20-07

Erdmann, Ron

To: Smith, Kathy; Prestley, Penny S.
Subject: Back to School Meeting: Aug. 20, 2007

I would like to congratulate you ladies on a fabulous opening day. It was: a) organized b) informational c) moved rapidly and, d) extremely interesting. I was especially impressed with the use of the power point and the group problem solving exercises. And, you still schedule time to have a bus evacuation drill---------I cannot believe it. But, you didn't stop there.....you even thought of a box lunch program which provided a wonderful meal in a cost effective manner. Wow!!!!

You have transformed these opening day meetings into something that was useful, informative, and entertaining for the drivers. Both of you used your training to develop TJA presentations without using outside consultants, and the result was a superior meeting, highly energized, and the meeting was extremely well received by the drivers. This is a huge step forward.

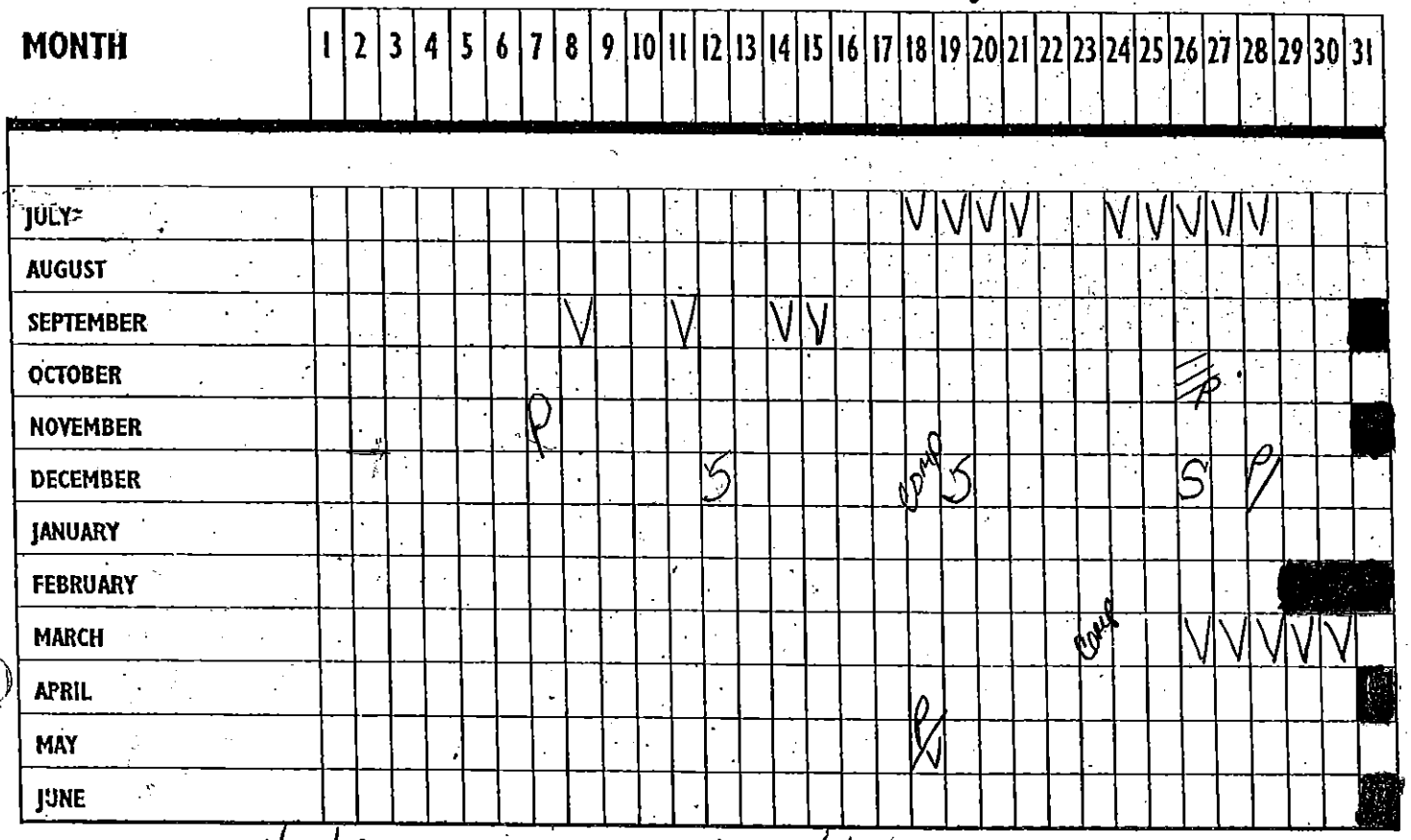
For next year, I would like you to have the presentations from Alanna, Norma, Linda, and Lisa done on the power point. With your newly honed skills, this would allow these ladies to present their information in a more coherent, visual manner, keep them on task, and reduce the time of their presentations. The "saved" time would permit you to develop your problems solving exercises, and even may allow you time to have the drivers break down into groups, work on the problems, and report their findings back to the total group.

CC: Personnel File; TJA Advisory Board

Dr. Ron Erdmann
Executive Director
Transportation Joint Agreement
1204 S McHenry Ave
Crystal Lake, IL 60014
815 455 0558

Attendance Log 2006 - 2007

NAME Prestley, Penny



SENIORITY DATE 11/12/93 office date 7/1/04

SICK DAYS 40 1/3 ~~(7/1/05 - 7/1/06) 17~~

PERSONAL DAYS 2 (7/1/06 - 7/1/07) 18

VACATION DAYS 18

owe comp day for 1 ~~1~~

SICK DAYS USED

3

PERSONAL DAYS USED

2

UNPAID SICK DAYS

UNPAID PERSONAL DAYS

DAYS SUSPENDED

UNPAID VACATION DAYS

Regional Office of Education
McHenry County, Illinois

Eugene T. Goeglein
Regional Superintendent

Joseph R. Williams, Sr.
Assistant Superintendent

McHenry County Government Center
2200 North Seminary Avenue
Woodstock, Illinois 60098
Phone: 815-334-4475
Fax: 815-338-0475

CERTIFICATION

TO: District #47/155

In accordance with Section 6-106.1 (d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1 (d)), I hereby certify that Penny Prestley has successfully competed the ☐ **Initial Training** ☒ **Refresher Training** on June 2, 2007.

June 5, 2007
Date

Signature of Regional Superintendent

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

KATHY G. SMITH
DIRECTOR

PENNY S. PRESTLEY
SAFETY MANAGER

NORMA L. URBINA
ROUTING COORDINATOR
Si habla español

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
CRYSTAL LAKE, ILLINOIS 60014-7495
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TIMOTHY M. OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH
DISPATCHER

LISA D. RUSSO
DISPATCHER

4.0

TO: Mrs. Kathy Smith, Director of Transportation
Mrs. Penny Prestley, Safety Manager
RE: Letter to the Editor
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: May 30, 2007

This letter is a wonderful testament to what you ladies do on a daily basis, and TJA could not possibly receive any higher praise than that of a parent who praises TJA for the safe transportation of her students. NICE WORK!

NORTHWEST NEWS GROUP
OF GREATER CHICAGO
John Rung – Group Publisher
Chris Krug – Group Editor

OPINION

Wednesday, May 30, 2007 • Page 8A

Impressive response

To the Editor:

Let's thank the transportation department of school districts 47 and 155.

A few months ago there was an accident that involved a child, SUV and the bus at our stop.

Thankfully he only had minor injuries.

But what I must tell you is after the parents called 911, I called the transportation department and spoke to Kathy Smith.

She said she'd be right there with her safety director Penny Presley.

Well, she beat the police and the ambulance.

Smith and Presley immediately ran to the child and checked him over, talked to the parents and called the bus back to the scene.

I was very impressed by the way it was handled. It made me very happy to know they are in good hands and when things go wrong they are right there figuring out how not to let it happen again.

Thank you for the safe rides.

Lynda Schwartz
Crystal Lake

cc: TJA Advisory Board; Personnel File

2006 IMRF EMPLOYER STATEMENT
CRYSTAL LAKE SD 47

IMRF Employer #01401

PRESTLEY, PENNY S
[redacted]

DATE OF BIRTH [redacted]
GENDER Female
PLAN Regular

MEMBER'S CONTRIBUTIONS AND SERVICE CREDIT

	Member Contributions	Service With All Employers Regular	Service With This Employer Regular
1/1/2006	$ 2,986.13	1y 9m	1y 9m
Reported	1,699.58	1y	1y
12/31/2006	$ 4,685.71	2y 9m	2y 9m

2006 EMPLOYER REPORTED WAGES AND CONTRIBUTIONS

	Wages	Contributions		Wages	Contributions		Wages	Contributions
JAN	$ 2,960.00	$ 133.20	MAY	$ 2,960.00	$ 133.20	SEP	$ 3,078.40	$ 138.52
FEB	$ 2,960.00	$ 133.20	JUN	$ 2,960.00	$ 133.20	OCT	$ 3,078.40	$ 138.52
MAR	$ 2,960.00	$ 133.20	JUL	$ 3,078.40	$ 138.52	NOV	$ 3,078.40	$ 138.52
APR	$ 2,960.00	$ 133.20	AUG	$ 3,078.40	$ 138.52	DEC	$ 4,617.60	$ 207.78

See the enclosed memo for information on service credit. Total $ 37,769.60 $ 1,699.58

IMRF BENEFIT ESTIMATES

The figures presented here are estimates only and may not include all benefit options. These estimates are not a guarantee of the member's eligibility for nor the amount of any future benefits.

RETIREMENT
The member needs eight years of IMRF service credit to vest for an IMRF pension. Our records indicate that as of 12/31/06 the member was not vested.

DISABILITY
$1,573 per month if the member is approved for IMRF disability benefits. The member would also continue to earn IMRF service credit.

DEATH
$42,782 in case of death while participating in IMRF. Amount is equal to one year's salary plus a refund of the balance of the member's account as of 12/31/06.

REFUND
$4,685.71 if member terminates employment.

a Control number			OMB No. 1545-0008
000130	22222	Void ☐	

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
[redacted]	35979.54	5665.44
c Employer's name, address, and ZIP code TRANSPORTATION JOINT AGREEMENT 1204 S. MCHENRY AVENUE CRYSTAL LAKE IL 60014	3 Social security wages 37679.12	4 Social security tax withheld 2336.19
	5 Medicare wages and tips 37679.12	6 Medicare tax withheld 546.35
	7 Social security tips	8 Allocated tips
d Employee's social security number [redacted]	9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code PENNY S 75 PRESTLEY Suff. [redacted]	11 Nonqualified plans	12a See instructions for box 12
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b
	14 Other IMRF 1699.58 INSPR 90.48	12c 12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	[redacted]	35979.54	1079.46			

Form W-2 Wage and Tax Statement 2006

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Printed on Recycled Paper

Employers, Please Note—

Specific information needed to complete Form W-2 is given in a separate booklet titled 2006 Instructions for Forms W-2 and W-3. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at *www.irs.gov.*

Caution. *Because the SSA processes paper forms by machine, you cannot file with the SSA Forms W-2 and W-3 that you print from the IRS website. Instead, you can use the SSA website at* www.socialsecurity.gov/employer/bsohbnew.htm *to create and file electronically "fill-in" versions of Forms W-2 and W-3.*

Due dates. Furnish Copies B, C, and 2 to the employee generally by January 31, 2007.

File Copy A with the SSA generally by February 28, 2007. Send all Copies A with Form W-3, Transmittal of Wage and Tax Statements. However, if you file electronically, the due date is April 2, 2007.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Forms W-2 and W-3 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Section 6051 and its regulations require you to furnish wage and tax statements to employees and to the Social Security Administration. Section 6109 requires you to provide your employer identification number (EIN). If you fail to provide this information in a timely manner, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the Internal Revenue Service to disclose or give the information shown on your return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and/or criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file these forms will vary depending on individual circumstances. The estimated average times are: **Form W-2**—30 minutes, and **Form W-3**—28 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making these forms simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Forms W-2 and W-3 to this address. Instead, see *Where to file* in the Instructions for Forms W-2 and W-3.

W2/ COPY D

Erdmann, Ron

To: Prestley, Penny S.; Smith, Kathy

I cannot begin to describe how proud I am of you ladies. The perfect storm and the failure of our snow removal company presented an extreme test of your management prowess. You masterfully
confronted a disaster and found a way to remove the snow and have the buses ready to go on Monday.

I, for one, am in awe and your labors over the weekend of Dec. 2 and 3, once again proved conclusively, that there is nothing that you cannot handle. *Great Job!*

cc: Personnel File; TJA Advisory Board

Dr. Ron Erdmann
Executive Director
Transportation Joint Agreement
1204 S McHenry Ave
Crystal Lake, IL 60014
815 455 0558

Erdmann, Ron

To: Smith, Kathy; Prestley, Penny S.
Subject: Breakfast: Nov. 16

What a grand, glorious, wonderful idea: You two cooking breakfast for the TJA personnel! This is just more than public relations, as the drivers were feted to a wonderful pancake breakfast by the bosses.....it really demonstrates that you care about the employees. And.....the chef outfits only added to the gaiety. The breakfast was really enjoyed by the TJA employees, with many of them commenting very positively on this event.

Thank you for taking the time for this activity———it was such a positive thing to do!

cc: Personnel file

Dr. Ron Erdmann
Executive Director
Transportation Joint Agreement
1204 S McHenry Ave
Crystal Lake, IL 60014
815 455 0558

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

KATHY G. SMITH
DIRECTOR

PENNY S. PRESTLEY
SAFETY MANAGER

NORMA L. URBINA
ROUTING COORDINATOR
Si habla español

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE
815-459-9115 FAX

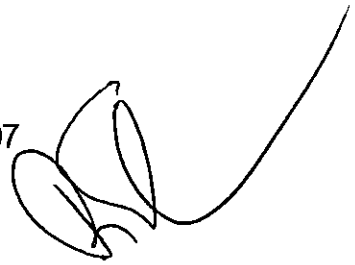
ALANNA M. WINANDY
ADMINISTRATIVE ASSISTANT

TIMOTHY M. OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH
DISPATCHER

LISA D. RUSSO
DISPATCHER

TO: Kathy Smith, Transportation Director
Penny Prestley, Safety Manager
RE: Staff Development Program on Terrorism: April 19, 2007
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: April 19, 2007



This program was a model for a training program: (1) Clearly defined objectives (2) Content driven presentation (3) Learning Activities designed to augment the objectives and (4) Defined exit objectives that could be validated. Terrorism training is a very important topic, and I am now confident TJA drivers have the tools to deal with a variety of terrorist activities affecting school bus transportation.

Equally important was the engagement of the drivers as I witnessed 100% of the drivers attending to and participating in the program. It was evident that you ladies spent countless hours on the program design and you were rewarded with the total appreciation of our drivers. You developed skills in an entertaining environment, and I cannot count how many drivers commented about this being the "best program ever."

If TJA paid a consultant to come in, the consultant could not have done a better job. I really believe that you should present this program throughout the county and at the State Transportation Directors Convention-----it is that good. I am very proud of you!!

cc: Personnel File
TJA Advisory Board

SUBURBAN COOK COUNTY REGIONAL OFFICE OF EDUCATION

Robert A. Ingraffia, Regional Superintendent
10110 Gladstone, Westchester, Illinois 60154-2618
Tel: (708) 865-9330 Fax: (708) 865-9338
Internet: http://www.cook.k12.il.us
Transportation:(708) 343-7290

CERTIFICATION

TO: TRANSPORTATION JOINT AGREEMENT

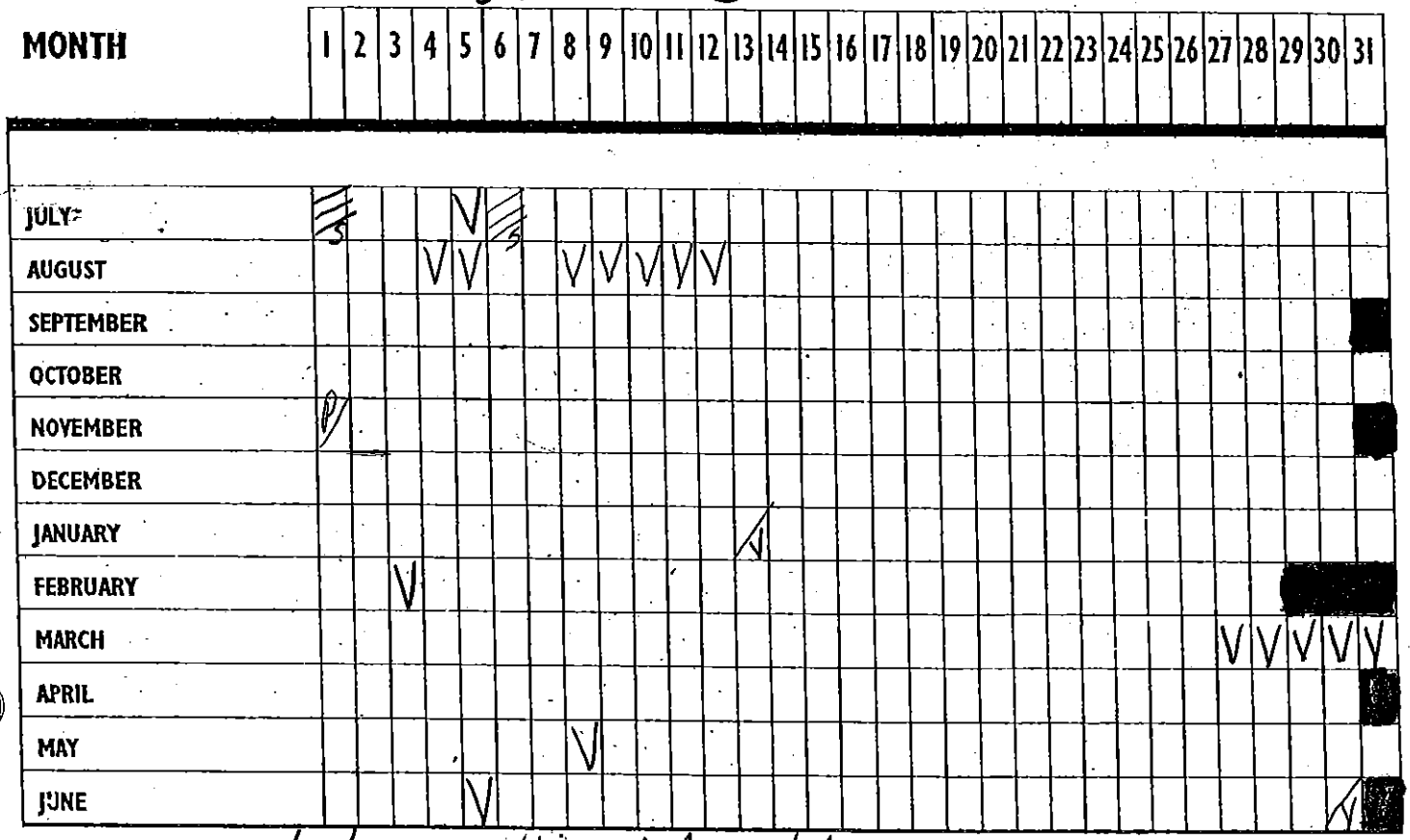
In accordance with Section 6-106.1(d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1(d)), I hereby certify that PENNY S. PRESTLEY has successfully completed the ☐ **Initial training** ☑ **Refresher training** on May 16, 2006.

Next Due On: 5/16/2007

9/25/2006 *Robert A. Ingraffia*
Date *Signature of Regional Superintendent*

Attendance Log 2005 - 2006

NAME Prestley, Penny



SENIORITY DATE 11/12/93 office date 7/1/04

SICK DAYS 27 1/3 (7/1/05 - 7/1/06) 17

PERSONAL DAYS 2

VACATION DAYS 17

SICK DAYS USED

1/2

PERSONAL DAYS USED

1/2

UNPAID SICK DAYS

UNPAID PERSONAL DAYS

Erdmann, Ron

To: Smith, Kathy; Krajnovich, Linda; Winandy, Alanna; Prestley, Penny S.
Cc: Cratty, Dave; John Lutsch (E-mail); Tim Neubauer (E-mail)
Subject: Above and beyond

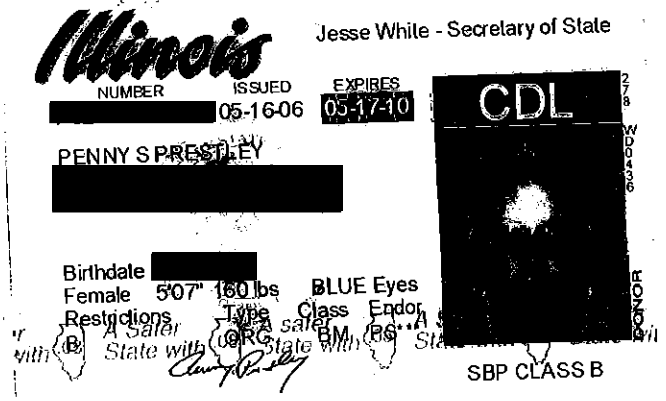
Kathy, Linda, Alanna, Penny:

I want to express my appreciation to all of you for stepping in to complete the routing when Norma was absent due to an emergency appendectomy. Those twelve hour days of "scrambling" enabled TJA to be ready to open without a hitch. This is one more prime example of the great service that dedicated TJA employees provide for the students, community, and schools they serve.

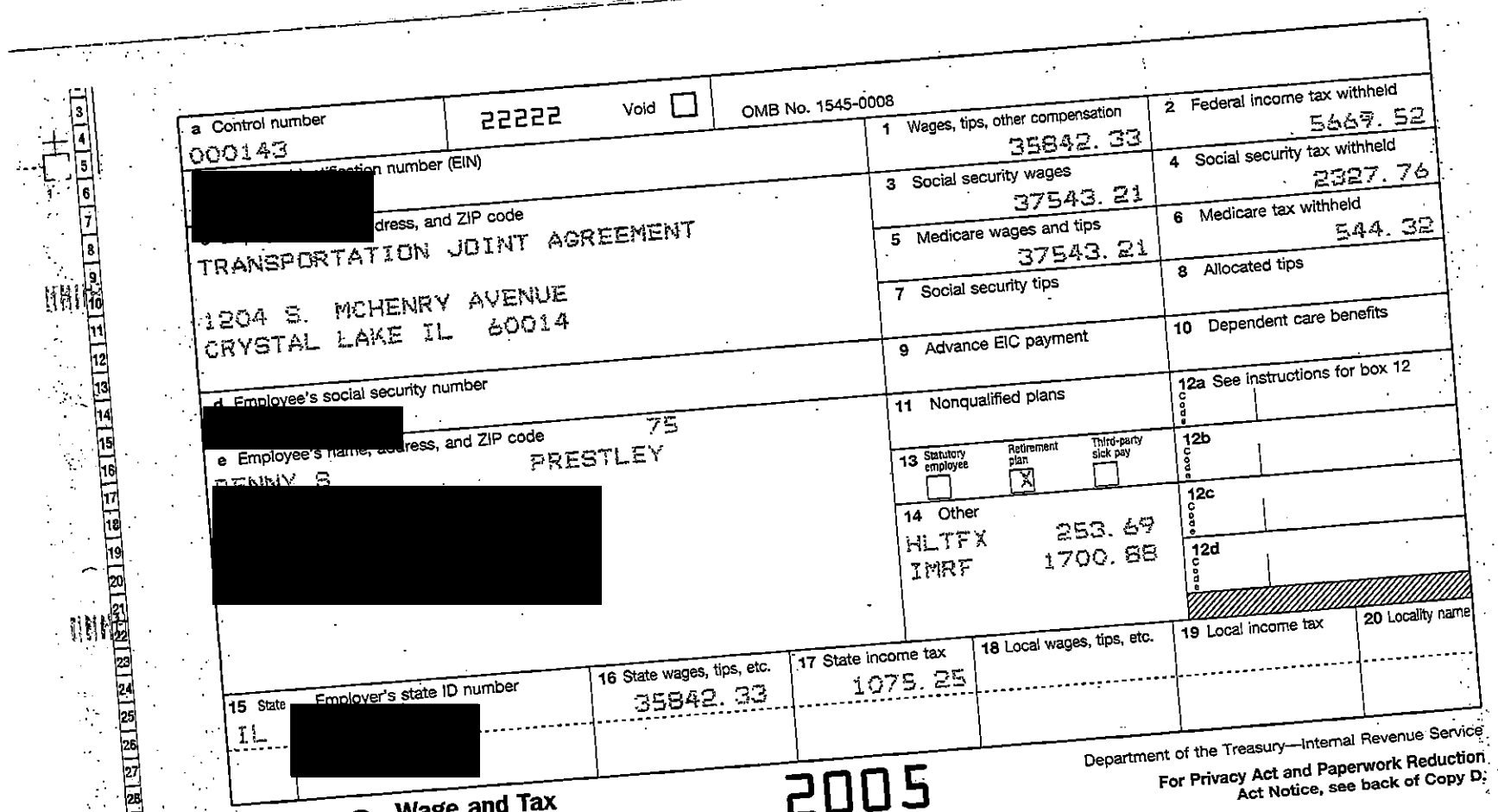
The real test of an organization is how the organization functions when crisis's developed-----all four of you passed the test with an A+.

Thank-you for your excellent performance.....you folks are the reason that TJA constantly receives high marks for the schools we serve.

cc: Personnel File; TJA Advisory Board



Cover Sheet Sent 5/17/06



a Control number 000143 | 22222 | Void ☐ | OMB No. 1545-0008

b [redacted] number (EIN)

c [redacted] dress, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S. MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Employee's social security number [redacted]

e Employee's name, address, and ZIP code
75
PRESTLEY
[redacted]

1 Wages, tips, other compensation	35842.33
2 Federal income tax withheld	5667.52
3 Social security wages	37543.21
4 Social security tax withheld	2327.76
5 Medicare wages and tips	37543.21
6 Medicare tax withheld	544.32
7 Social security tips	
8 Allocated tips	
9 Advance EIC payment	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	
12b	
14 Other HLTFX 253.69 IMRF 1700.88	
12c	
12d	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	[redacted]	35842.33	1075.25			

Form **W-2** Wage and Tax Statement **2005**

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Printed on Recycled Paper

Employers, Please Note—

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Caution. *Because the SSA processes paper forms by machine, you cannot file with the SSA Forms W-2 and W-3 that you print from the IRS website. Instead, you can use the SSA website at www.socialsecurity.gov/employer to create and file electronically "fill-in" versions of Forms W-2 and W-3.*

Due dates. Furnish Copies B, C, and 2 to the employee generally by January 31, 2006.

File Copy A with the SSA generally by February 28, 2006. Send all Copies A with Form W-3, Transmittal of Wage and Tax Statements. However, if you file electronically (not by magnetic media), the due date is March 31, 2006.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Forms W-2 and W-3 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Section 6051 and its regulations require you to furnish wage and tax statements to employees and to the Social Security Administration. Section 6109 requires you to provide your employer identification number (EIN). If you fail to provide this information in a timely manner, you may be subject to penalties.

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Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the Internal Revenue Service to disclose or give the information shown on your return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and/or criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file these forms will vary depending on individual circumstances. The estimated average times are: **Form W-2**—30 minutes, and **Form W-3**—28 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making these forms simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Forms W-2 and W-3 to this address. Instead, see *Where to file* in the Instructions for Forms W-2 and W-3.

W2/ COPY D

2005 IMRF EMPLOYER STATEMENT
CRYSTAL LAKE SD 47

IMRF Employer #01401

PRESTLEY, PENNY S
[redacted]

DATE OF BIRTH [redacted]
GENDER Female
PLAN Regular

MEMBER'S CONTRIBUTIONS AND SERVICE CREDIT

	Member Contributions	Service With All Employers Regular	Service With This Employer Regular
1/1/2005	$ 1,285.25	9m	9m
Reported	1,700.88	1y	1y
12/31/2005	$ 2,986.13	1y 9m	1y 9m

2005 EMPLOYER REPORTED WAGES AND CONTRIBUTIONS

	Wages	Contributions		Wages	Contributions		Wages	Contributions
JAN	$ 2,846.15	$ 128.08	MAY	$ 2,846.15	$ 128.08	SEP	$ 2,960.00	$ 133.20
FEB	$ 2,846.15	$ 128.08	JUN	$ 2,846.15	$ 128.08	OCT	$ 2,960.00	$ 133.20
MAR	$ 2,846.15	$ 128.08	JUL	$ 4,440.00	$ 199.80	NOV	$ 2,960.00	$ 133.20
APR	$ 2,846.15	$ 128.08	AUG	$ 2,960.00	$ 133.20	DEC	$ 4,440.00	$ 199.80
						Total	$ 37,796.90	$ 1,700.88

See the enclosed memo for information on service credit.

IMRF BENEFIT ESTIMATES

The figures presented here are estimates only and may not include all benefit options. These estimates are not a guarantee of the member's eligibility for nor the amount of any future benefits.

RETIREMENT
The member needs eight years of IMRF service credit to vest for an IMRF pension. Our records indicate that as of 12/31/05 the member was not vested.

DISABILITY
$1,574 per month if the member is approved for IMRF disability benefits. The member would also continue to earn IMRF service credit.

DEATH
$40,879 in case of death while participating in IMRF. Amount is equal to one year's salary plus a refund of the balance of the member's account as of 12/31/05.

REFUND
$2,986.13 if member terminates employment.

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

KATHY G. SMITH
DIRECTOR

PENNY S. PRESTLEY
SAFETY MANAGER

NORMA L. URBINA
ROUTING COORDINATOR
Si habla español

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE
815-459-9115 FAX

ALANNA M. WINANDY
ADMINISTRATIVE ASSISTANT

TIMOTHY M. OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH
DISPATCHER

LISA D. RUSSO
DISPATCHER

TO: Kathy Smith, Penny Prestley, Lisa Russo, Linda Krajnovich, Norma Urbina, Tim Oppenhagen, Marcia Thomas, Teresa Menard, Tom Bramley, Pat Willis, Nancy Setnan, Ranee Pattison, Brenda Taege, Carol Schultz, Dennis Graczyk
RE: School Transportation Safety Assessment
FR: Dr. Ronald S. Erdmann, Ex. Dir., TJA
DT: January 26, 2006

I would like to thank you for taking the time, and it was **a whole lot of time,** to complete the School Transportation Safety Assessment. In my opinion, TJA is doing an very good job in most areas of school transportation---------however, no matter how well we think we are doing, there is always room for improvements. Like any organization, TJA needs to take a hard look at itself, assess what is going well, look for opportunities for improvement, and IMPROVE. Your input will assist us in doing just that.

I will be presenting the survey to the TJA Advisory Board. Kathy Smith and I will use the information from this survey and other information to develop a long range, strategic plan for TJA. You were instrumental in getting the process moving, and your time and input is sincerely appreciated. If you have any questions about this process, please see me.

cc: Personnel File; TJA Advisory Board

National Child Passenger Safety Program

Certifying Body: **Safe Kids Worldwide**
Curriculum by the **National Highway Traffic Safety Administration**

In collaboration with the **National CPS Board**

Program Sponsor **State Farm®**

Certification Confirmation

Penny S Prestley

T042026 : Certified Technician

Valid from 6/2/2007 through 6/1/2009

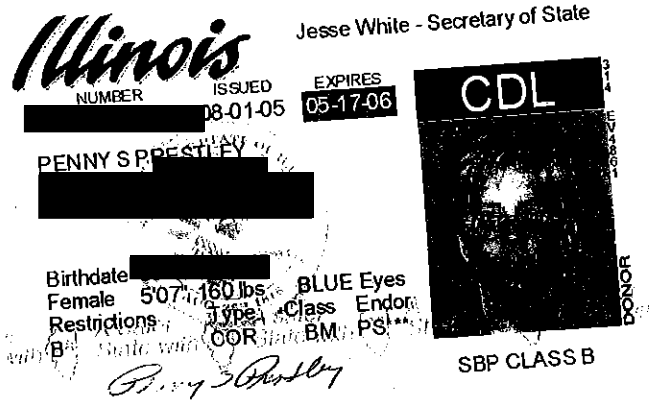
Bring this card to all of your CPS events for proof of your certification.

National CPS Certification

Penny S Prestley
T042026
6/2/2007 - 6/1/2009
Certified Technician

Certifying Body: **Safe Kids Worldwide**
Curriculum by **NHTSA**
In collaboration with the **National CPS Board**
Program Sponsor: **State Farm®**

5


Illinois
Jesse White - Secretary of State
NUMBER
[redacted]
ISSUED
08-01-05
EXPIRES
05-17-06
CDL
PENNY S PRESTLEY
[redacted]
Birthdate [redacted]
Female 5'07" 160 lbs BLUE Eyes
Restrictions Type Class Endor
B COR BM PS
DONOR
SBP CLASS B

American Heart Association®

Fighting Heart Disease and Stroke

AHA Region: USA 2 3725 HS-AED

Community Training Center: Educational Associates NTC

~~He~~artsaver AED

Penny Prestley

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Heartsaver AED (CPR/AED) Program.

Training Site: SOS Technologies

Instructor: Colleen Parker — 1115

Holder's Signature: Penny Prestley

AUG 2 5 2005
Issue Date

AUG 0 0 2007
Recommended Renewal Date

©2000 American Heart Association Tampering with this card will alter its appearance 70-2913

70-2913

Attendance Log 2004 - 2005

NAME PRETLEY, PENNY

MONTH

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY				V																										V	
AUGUST																V	V														
SEPTEMBER																													V		
OCTOBER																							V						V		
NOVEMBER																						V									
DECEMBER																					V								V	V	V
JANUARY																				V				V	V						
FEBRUARY			1/3 comp																												
MARCH																															
APRIL	V																														
MAY				comp	comp V							H																			
JUNE			V	S				S	S	S	S			S	S		S	S					S	S	S	S			S	S	S	S

SENIORITY DATE 11/12/93 OFFICE DATE 7/1/04

SICK DAYS 22 2/3 (7/1/04 - 7/1/05) 16

PERSONAL DAYS 2 (7/1/05 - 7/1/06)

VACATION DAYS 16

SICK DAYS USED 1/4.

IIII IIII

PERSONAL DAYS USED

MISSED KINDYS

ACCIDENTS

over 8 hrs comp for 1/22

used 1/2 - 2/2/05

used 1/2 - 5/3/05

L.O.A.

awarded 1 comp day for 2/21/05 used on 5/3/05

TARDY

a Control number 000119 | 22222 | Void ☐ | OMB No. 1545-0008

b Employer identification number [redacted]

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT
1204 S. MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Employee's social security number [redacted]

e Employee's name, address, and ZIP code
PENNY S PRESTLEY
[redacted]

1 Wages, tips, other compensation: 34905.70	2 Federal income tax withheld: 5428.64
3 Social security wages: 36190.95	4 Social security tax withheld: 2243.83
5 Medicare wages and tips: 36190.95	6 Medicare tax withheld: 524.72
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee ☐ Retirement plan ☑ Third-party sick pay ☐	12b
14 Other IMRF 1285.25	12c
	12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	[redacted]	34905.70	1047.19			

Form **W-2** **Wage and Tax Statement** 2004

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Printed on Recycled Paper

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W2/ COPY D

Regional Office of Education
McHenry County, Illinois

Donald R. Englert
Regional Superintendent

Gene Goeglein
Assistant Superintendent

McHenry County Government Center
2200 N. Seminary Avenue
Woodstock, Illinois 60098
Phone (815) 334-4475
Fax (815) 338-0475

CERTIFICATION

TO: District #47/155

In accordance with Section 6-106.1 (d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1 (d), I hereby certify that Penny Prestley has successfully competed the ☐ **Initial Training** ☒ **Refresher Training** on May 21, 2005

Donald R. Englert

May 25, 2005
Date

Signature of Regional Superintendent

Dear Penny,

Thank you for your support and participation in our Transition Seminar. Your involvement helped to make this event a success. Your time and input are greatly appreciated.

Sincerely, Angela Kramka

This will be returned to you when statement is filed in the office of the County Clerk.

(COMPLETE BUT DO NOT DETACH)

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed as of this date.

Safety Manager
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Penny Prestley
Name

1204 S. McHenry Ave.
Address

Crystal Lake IL 60014
City State ZIP Code

FILED
McHENRY COUNTY, IL
MAR 24 2005
Katherine C. Schultz
COUNTY CLERK

McHenry County, Illinois

Statement of Economic Interest

RECEIPT FOR STATEMENT OF ECONOMIC INTEREST

Received of	PENNY S PRESTLEY
Government or District	SCHOOL DISTRICT #47
Position or Office	SAFETY MANAGER
Date	Thursday, March 24, 2005

Katherine C. Schultz
County Clerk

by Nancy Maynard
Deputy

NM

2004 IMRF EMPLOYER STATEMENT
CRYSTAL LAKE SD 47

IMRF Employer #01401

PRESTLEY, PENNY S
[redacted]

DATE OF BIRTH [redacted]
GENDER Female
PLAN Regular

MEMBER'S CONTRIBUTIONS AND SERVICE CREDIT

	Member Contributions	Service With All Employers Regular	Service With This Employer Regular
1/1/2004 Reported	1,285.25	9m	9m
12/31/2004	$ 1,285.25	9m	9m

2004 EMPLOYER REPORTED WAGES AND CONTRIBUTIONS

	Wages	Contributions		Wages	Contributions		Wages	Contributions
JAN			MAY	$ 2,700.70	$ 121.53	SEP	$ 2,846.16	$ 128.08
FEB			JUN	$ 2,692.92	$ 121.18	OCT	$ 2,846.16	$ 128.08
MAR			JUL	$ 5,176.08	$ 232.93	NOV	$ 2,846.16	$ 128.08
APR	$ 2,337.24	$ 105.17	AUG	$ 2,846.16	$ 128.08	DEC	$ 4,269.22	$ 192.12
						Total	$ 28,560.80	$ 1,285.25

See the enclosed memo for information on service credit.

IMRF BENEFIT ESTIMATES

The figures presented here are estimates only and may not include all benefit options. These estimates are not a guarantee of the member's eligibility for nor the amount of any future benefits.

RETIREMENT
The member needs eight years of IMRF service credit to vest for an IMRF pension. Our records indicate that as of 12/31/04 the member was not vested.

DEATH
$1,285 in case of death. Amount is equal to a refund of the balance of the member's account as of 12/31/04.

REFUND
$1,285.25 if member terminates employment.

Ron Erdmann

To: John Lutsch (E-mail); Tim Neubauer (E-mail); Dave Cratty
Subject: Wednesday, January 4, 2005

TO: Kathy Smith, Penny Prestley, Alanna Winandy, Linda Krajnovich, Lisa Russo, Norma Urbina
RE: January 4, 2005
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: January 4, 2005

Once again, you ladies rallied to keep the services of TJA operational, efficient, and safe. I cannot thank you enough for coming in early on this snowy morning to cover for the 18 drivers who called in sick. You did an exceptional job of covering the routes by providing the safe, efficient transportation that marks the goals of TJA. You performance is far above your job expectations, and I want you to know that your performance is noted and a matter of record. Thank-you.

Thanks
Ron

CC-Personnel File

American Red Cross
We'll be there.

This recognizes that
Penny Prestley
has completed the requirements for
FUNDAMENTALS OF INSTRUCTOR TRAINING
conducted by
ARCGC-Crystal Lake
Date completed NOV 10 2004
The American Red Cross recognizes this certificate as valid for 1 year(s) from completion date.

Norman R. Augustine
Chairman, American Red Cross
Instructor's Signature
Chapter
AMERICAN RED CROSS OF GREATER CHICAGO
Holder's Signature
(Cat. 653099 Rev. Feb. 1999)

SAFETY AWARD

Illinois Association for Pupil Transportation

THIS IS TO CERTIFY THAT

PENNY PRESTLEY

Has participated in the School Bus Drivers Roadeo and is awarded this certificate for demonstrating exceptional driving skills.

Karen J. DeCarlo — I.A.P.T. President

6/26/04 — Date

2004 IAPT ROADEO RESULTS JUNE 26, 2004

Rank	Contestant #	School District/Company	Rookie	Written	Back Up	Curb	Pre Trip	Mirror	Serpentine	Offset Alley	Straight Line	RR Cross	Turn	Dim. Clear.	Student Load	Stop Line	Neg. Time	Wkshp Score	Wkshp Atten.	Total	Time
1	18	TOLONO, IL 61880		62	200	15	88	40	50	32	50	50	80	40	80	10	0	48	30	843	6:33
2	50	PALATINE, IL 60067		63	200	15	37	45	50	50	40	50	50	30	100	20	0	44	30	824	7:32
3	5	ELGIN, IL 06120		57	200	15	47	50	50	50	40	50	50	40	90	15	0	40	30	824	7:33
4	4	ELGIN, IL 06120		61	185	20	64	50	50	10	50	50	60	20	100	25	0	48	30	823	8:27
5	82	NAPERVILLE, IL 60564		65	175	10	66	45	50	22	40	50	60	40	100	20	0	45	30	818	8:11
6	17	HIGHLAND, IL 62249		65	165	15	75	35	50	22	50	50	70	30	100	0	0	50	30	807	7:35
7	9	GRAYSLAKE, IL 60030		60	200	20	64	45	50	0	40	60	70	40	85	5	0	42	30	801	8:22
8	67	SCHAUMBURG, IL 60193		58	200	10	65	35	50	30	50	40	70	20	90	0	0	42	30	790	7:40
9	6	ELGIN, IL 06120		58	200	15	80	0	50	40	30	60	60	40	100	10	0	46	30	789	7:15
10	69	PRAIRIE VIEW, IL 60069		65	200	15	71	50	50	12	30	50	50	40	100	25	50	47	30	785	9:58
11	63	SCHAUMBURG, IL 60193		59	200	15	45	45	50	14	30	50	50	20	100	25	0	47	30	780	6:18
12	66	DEKALB, IL 60115		65	198	10	48	40	50	22	10	50	60	20	100	25	0	44	30	772	7:37
13	32	ROCKFORD, IL 61104		65	200	10	60	45	50	6	20	40	70	40	90	0	0	46	30	772	8:24
14	39	PALATINE, IL 60067		63	200	15	58	0	50	40	50	50	50	50	55	10	0	48	30	769	8:24
15	41	SYCAMORE, IL 60178		64	200	15	53	0	50	20	40	50	50	40	100	10	0	46	30	768	7:27
16	70	HODGKINS, IL		56	200	5	47	50	50	22	50	40	50	40	60	25	0	43	30	766	7:30
17	8	ELGIN, IL 06120		64	200	5	58	10	50	40	50	20	50	40	75	15	0	48	30	751	7:42
18	21	CRYSTAL LAKE, IL 60014		62	200	15	83	45	48	32	20	20	50	40	100	25	50	47	30	747	9:40
19	51	PALATINE, IL 60067	Y	55	196	5	51	0	50	16	60	60	50	30	100	25	10	43	30	741	8:43
20	72	PALOS HEIGHTS, IL 60463		61	171	5	69	50	50	22	50	40	50	20	75	0	0	46	30	739	6:50
21	15	MUNDELEIN, IL 60060		60	200	10	70	0	50	20	40	20	50	30	90	25	0	43	30	738	8:24
22	20	HIGHLAND, IL 62249		64	165	10	48	40	50	20	30	50	50	30	100	0	0	47	30	734	7:54
23	19	HIGHLAND, IL 62249		64	195	10	46	25	50	30	20	20	80	20	90	0	0	48	30	728	6:16
24	30	ROCKFORD, IL 61104		65	200	0	62	40	50	4	10	40	50	30	100	10	20	47	30	718	9:01
25	44	SYCAMORE, IL 60178		65	200	20	60	0	50	10	10	40	50	40	80	10	0	46	30	711	6:30
26	36	ALGONQUIN, IL 60102		63	200	10	53	0	50	30	30	20	50	20	85	15	0	49	30	705	8:18
27	12	ST. CHARLES, IL 60174		64	190	10	48	0	50	0	50	30	50	40	80	5	0	49	30	696	7:51
28	23	CRYSTAL LAKE, IL 60014	Y	65	200	5	66	40	50	0	20	40	50	50	55	25	50	48	30	694	10:17
29	34	HOMEWOOD, IL 60430	Y	64	200	5	48	0	50	0	10	30	50	40	100	20	0	46	30	693	6:28
30	14	ANTIOCH, IL 60002	Y	56	195	10	18	40	50	22	20	20	50	30	100	0	0	44	30	685	6:04
31	57	WOODSTOCK, IL 60098		63	195	0	57	50	50	0	20	50	50	50	0	25	0	44	30	684	8:22
32	37	ALGONQUIN, IL 60102		60	195	15	64	0	50	20	30	40	50	20	100	15	50	45	30	684	11:22
33	45	SYCAMORE, IL 60178	Y	65	200	10	26	45	50	20	10	20	50	10	100	0	0	44	30	680	5:59
34	43	SYCAMORE, IL 60178		65	190	0	55	0	50	12	10	50	50	50	60	15	0	43	30	680	7:08
35	26	ROMEOVILLE, IL 60446		56	195	10	14	20	50	30	50	40	70	20	35	25	10	42	30	677	8:35
36	13	ST. CHARLES, IL 60174		62	155	5	47	25	50	4	30	50	50	50	70	0	0	47	30	675	6:45
37	22	CRYSTAL LAKE, IL 60014		62	195	10	48	0	50	8	40	30	70	30	100	0	50	46	30	669	14:03
38	1	ELGIN, IL 06120		64	150	5	51	15	50	30	40	50	50	10	100	25	50	48	30	668	10:07
39	16	WAUCONDA, IL 60084		60	195	0	37	0	50	30	10	30	50	40	75	25	10	45	30	667	8:40
40	11	ST. CHARLES, IL 60174		65	200	15	58	45	50	0	10	30	50	20	80	20	50	43	30	666	9:37
41	55	HARVEY, IL 60426	Y	51	190	0	22	25	50	6	10	20	60	40	100	25	0	35	30	664	8:08
42	27	ROMEOVILLE, IL 60446		59	200	5	46	0	50	0	40	30	50	40	65	0	0	47	30	662	8:09
43	34	SOMONAUK, IL 60552		59	200	10	40	30	50	12	50	10	50	20	55	0	0	45	30	661	6:39
44	42	SYCAMORE, IL 60178		65	195	5	61	0	50	20	30	50	50	40	0	20	0	43	30	659	6:54
45	28	NEW LENOX, IL 60451		60	200	5	27	0	46	0	20	50	50	18	100	15	10	48	30	659	8:43
46	71	DIXON, IL 61021	Y	56	200	10	32	0	50	0	10	30	60	40	70	25	0	44	30	657	8:15
47	60	RICHMOND, IL 60071		64	190	0	22	0	50	0	38	40	50	30	90	0	0	44	30	648	8:12
48	3	ELGIN, IL 06120	Y	58	195	10	49	0	50	20	20	50	50	30	75	25	50	34	30	646	11:35
49	38	ALGONQUIN, IL 60102	Y	55	200	0	28	25	50	12	10	50	50	30	60	5	0	39	30	644	7:46
50	40	PALATINE, IL 60067		60	195	15	71	10	50	0	20	30	50	30	60	25	50	43	30	639	9:45
51	31	ROCKFORD, IL 61104		61	191	10	33	20	46	0	50	10	50	40	80	5	30	41	30	637	9:07
52	65	VERNON HILLS, IL 60061	Y	59	200	5	29	35	50	6	10	30	50	30	75	0	30	45	30	624	9:11
53	7	ELGIN, IL 06120		60	190	5	54	10	50	0	40	30	50	40	0	15	0	46	30	620	6:30
54	56	HARVEY, IL 60426		61	200	10	49	0	50	0	6	20	50	30	40	25	0	45	30	616	8:10
55	2	ELGIN, IL 06120		57	200	15	30	5	50	16	40	10	50	20	75	15	50	43	30	606	9:38
56	49	TUSCOLA, IL 61953	Y	59	195	0	47	50	0	4	30	10	70	14	35	15	0	44	30	603	6:18
57	35	SHABBONA, IL 60550		58	195	5	15	15	50	10	10	20	50	20	65	15	0	43	30	601	5:55
58	10	GRAYSLAKE, IL 60030	Y	57	200	0	44	0	50	10	10	10	50	30	65	0	0	44	30	600	5:17
59	59	RICHMOND, IL 60071	Y	55	193	0	32	0	50	6	50	20	50	30	30	10	0	44	30	600	6:40
60	48	TUSCOLA, IL 61953	Y	60	200	0	18	0	50	0	30	0	50	40	75	0	0	43	30	596	6:27
61	33	ROCKFORD, IL 61104	Y	63	150	0	38	0	50	0	30	20	50	20	60	25	0	44	30	580	8:18
62	64	SCHAUMBURG, IL 60193	Y	59	195	0	48	10	50	10	10	30	50	40	0	0	0	42	30	574	5:37
63	73	ALPHA SCHOOL BUS		48	190	0	20	0	50	16	30	10	50	50	25	5	0	36	30	560	7:12
64	52	HARVEY, IL 60426		51	190	0	19	0	50	22	10	0	50	30	65	0	0	38	30	555	8:20
65	24	CRYSTAL LAKE, IL 60014		59	185	0	21	0	50	12	10	10	50	20	55	0	0	47	30	549	7:09
66	47	TUSCOLA, IL 61953	Y	57	185	0	26	10	50	0	4	30	50	8	0	25	50	41	30	466	12:11
67	29	GURNEE, IL	Y	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:00
68	53	HARVEY, IL 60426	Y	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0:00
69	58	RICHMOND, IL 60071	Y	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:00
70	61	NAPERVILLE, IL 60564	Y	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:00
71	46	TUSCOLA, IL 61953	Y	-58	-190	0	-29	-25	-50	0	-50	0	-50	-40	0	-5	0	-45	-30	-572	8:19
		VILLA PARK, IL	Y	-56	-195	0	-56	-10	-50	-20	-40	-50	-70	-20	-90	-25	0	-42	-30	-754	8:12
			Y	-59	-193	0	-41	-10	-50	0	-50	-40	-50	-38	-100	-10	50	-45	-30	-766	10:42

DR. RONALD G. ERDMANN
EXECUTIVE DIRECTOR

KATHY G. SMITH
ASSISTANT DIRECTOR
PENNY S. PRESTLEY
SAFETY MANAGER

NORMA L. URBINA OFFICE ASSISTANT
Si habla espanol

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT

1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

ALANNA M. WINANDY
ADMINISTRATIVE ASSISTANT

TIMOTHY M. OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH
DISPATCHER

LISA D. RUSSO
DISPATCHER

TO: Norma Urbina, Lisa Russo, Linda Krajnovich, Kathy Smith, Penny Prestley
RE: Substitute Bus Driving
FR: Dr. Ron Erdmann, Ex. Dir., TJA
DT: October 6, 2004

I would like to express my sincere appreciation to all of you for not only preforming your assigned duties, but also to commend you for going far beyond "the call of duty" by substitute bus driving. Because of your commitment to TJA, you all have been working 10 to 12 hour days so the students of Districts #47 and #155 arrive safely and on time to schools. I personally feel very fortunate that I work with people who are dedicated and willingly do whatever is necessary for TJA to function effectively. Hopefully, this problem will be resolved in the near future when the trainees that have been hired become fully licensed.

It is precisely this dedication and commitment that sends a clear message to everyone that our organization can most effectively respond to the needs of the school district. A HUGE thank-you for your assistance which is noted as far beyond your job requirements. TJA is very fortunate to have you as an employee.

cc: Personal File; TJA Advisory Board

9/8/04

Penny:

It was a pleasure to see you "in action" today at the TIA advisory board mtg. FYI School Busing always seems to be in the news.

Dave Crabb
District 47

A couple of safety/security news article(s).

WISCONSIN

School bus driver jailed in abuse case

MILWAUKEE — A school bus driver caught on a hidden tape recorder threatening to beat a 9-year-old boy with Down Syndrome was sentenced to six months in jail.

Brian Duchow, 29, pleaded guilty in May to one count of child abuse that intentionally caused great harm after a criminal complaint said he admitted slapping the boy and cursing at him on the bus.

Jacob Mutulo's parents had placed a voice-activated tape recorder in their son's backpack because of concerns about how he was behaving on the bus. On the tape, Duchow can be heard telling the boy to "stop before I beat the living hell out of you."

TEXAS

Bus runs over girl awaiting brother

HOUSTON — A 4-year-old girl died when a school bus ran over her moments after she met her brother, who had just gotten off the bus after school, officials said.

Fatima Romero and her father went to meet Fatima's 7-year-old brother Friday afternoon in front of their home when the accident happened.

As students exited the bus, the girl slipped away from her father and darted to a side of the bus without the driver seeing her, sheriff's Capt. Paul Cordova said. No charges are expected, officials said.

Items compiled from Tribune news services.

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA LAPETINA
ADMINISTRATIVE ASSISTANT

TIM OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

LISA D. RUSSO, DISPATCHER

As a result of the training on July 22, 2003 you have been instructed in the following areas:

- ✓ **Rules & Regulations**
- ✓ First aid kit
- ✓ Body Fluid Clean-up Kit
- ✓ Bloodborne Pathogen Handbook/Test
- ✓ Wheelchair door
- ✓ Wheelchair lift
- ✓ Wheelchair hook-ups
- ✓ Basic wheelchair knowledge: brakes, etc
- ✓ Carseats, highback boosters, boosters, seatbelts, etc: installation and use
- ✓ Harness hookups
- ✓ Emergency evacuation procedures
- ✓ Star Seats
- ✓ Seating Arrangements
- ✓ Manual Opperation Of wheelchair lift

Comments Penny did a great Job of explaining & hands on Training and Answered all my questions.

Linda Torgerson
Aide
Linda Torgerson

Penny Pudley
Driver/Trainer

Attendance Log 2003 - 2004

NAME PRESTLEY, PENNY

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY				H													A					S								S
AUGUST																															
SEPTEMBER	H											P	H																		
OCTOBER			S													S						S									
NOVEMBER											H									S							H	H			
DECEMBER		P																							H						
JANUARY	H					P																									
FEBRUARY					S											H															
MARCH												X							X												
APRIL					X																								S	S	
MAY																															
JUNE																															

SENIORITY DATE 11/12/93

SICK DAYS 13 2/3 x2

PERSONAL DAYS 2

VACATION DAYS 0

SICK DAYS USED

HH1

PERSONAL DAYS USED

11

MISSED KINDYS

ACCIDENTS

L.O.A.

TARDY

a Control number	22222 Void ☐	OMB No. 1545-0008		
000128				
b Employer identification number [redacted]		1 Wages, tips, other compensation 31813.98	2 Federal income tax withheld 4772.11	
c Employer's name, address, and ZIP code TRANSPORTATION JOINT AGREEMENT 1204 S. MCHENRY AVENUE CRYSTAL LAKE IL 60014		3 Social security wages 31813.98	4 Social security tax withheld 1972.46	
		5 Medicare wages and tips 31813.98	6 Medicare tax withheld 461.30	
		7 Social security tips	8 Allocated tips	
d Employee's social security number [redacted]		9 Advance EIC payment	10 Dependent care benefits	
e ess, and ZIP code 75 PENNY S PRESTLEY [redacted]		11 Nonqualified plans	12a See instructions for box 12	
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b	
		14 Other	12c	
			12d	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	[redacted]	31813.98	954.42			

Form **W-2** **Wage and Tax Statement** **2003**

Department of the Treasury—Internal Revenue Service

Copy 1 For State, City, or Local Tax Department
Copy D For Employer.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Employers, Please Note—

Specific information needed to complete Form W-2 is given in a separate booklet titled **2003 Instructions for Forms W-2 and W-3.** You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS Web Site at **www.irs.gov.**

Caution: *Because the SSA processes paper forms by machine, you cannot file with the SSA Forms W-2 and W-3 that you print from the IRS Web Site. Instead, visit the SSA Web Site at* **www.ssa.gov/employer** to see if you can file "fill-in" versions of Forms W-2 and W-3.

Due dates. Furnish Copies B, C, and 2 to the employee generally by February 2, 2004.

File Copy A with the SSA generally by March 1, 2004. Send all Copies A with **Form W-3,** Transmittal of Wage and Tax Statements. However, if you file electronically (not by magnetic media), the due date is March 31, 2004.

W2/ COPY D

PERSONNEL NOTICE

School District 47
Crystal Lake, Illinois

☐	New Employee	XXXXX ☐	Reassignment	☐	Long Term Leave of Absence
☐	Full Time	☐	Reduction in Force	☐	Short Term Leave of Absence
☐	Part Time	☐	Resignation	☐	Return from Leave of Absence
☐	Substitute Work Agreement	☐	Termination		

Name Penny Prestley

S. S. # [redacted]

Address [redacted]

Date of Birth [redacted]

City/Zip

Spouse

Phone #

Building/Position Safety Manager

Start Date 7/01/04

Staff Member Replaced New Position

Last Day Worked

Salary/Hourly Rate 37,000.00

Schedule Step _____ Graduate Credits _____

Hours Per Day _____

Insurance Benefits XXXX Yes _____ No

Sick Leave _____ Personal Leave _____

Comments Penny has been hire for the new position of Safety Manager.

Her previous position - School Bus Driver

Personnel Secretary

Date 6/14/04

White - Personnel File
Yellow - Payroll Department
Pink - Insurance

Regional Office of Education
McHenry County, Illinois

Donald R. Englert
Regional Superintendent

Gene Goeglein
Assistant Superintendent

McHenry County Government Center
2200 N. Seminary Avenue
Woodstock, Illinois 60098
Phone (815) 334-4475
Fax (815) 338-0475

CERTIFICATION

TO: District #47/155

In accordance with Section 6-106.1(d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1(d), I hereby certify that Penny Prestley, completed the Refresher course on May 22, 2004.

Donald R. Englert

05/25/04

Date **Regional Superintendent**

ch

To: Kathy Smith

From: Joseph A Gawerecki

Date: 4/11/2004

Re: Training Comments

Penny Prestley was an exceptional trainer.

A step-by-step approach was used during my training. Penny did not push. Items were added when we felt I was ready for more. Penny displayed great patience. This, I believe, made my training successful.

Penny made me feel very comfortable during the hands-on portion of my training. She gave me the confidence I needed to succeed. This confidence was very important as driving a vehicle of this size was new to me.

I feel the training time frame worked out well. When I first heard that I was to take my hands on test two weeks from the date I passed my written test, I was intimidated. As the hands on training progressed I became more confident in myself (thanks Penny).

During my training suggestions were given (mirror use, docking techniques, ect) by other trainers (Becky, Bob & Lori). All suggestions went **through Penny**. This was great. Having these suggestions go through Penny was very important. Penny was my trainer and having other trainers give me different directions could have been counterproductive. Penny took the suggestions of other trainers and communicated them to me. She was very open to new / different ideas.

The training program supplied by TJA to new employees is excellent and very professional.

To: Kathy Smith

From: Joseph A Gawerecki

Date: 4/11/2004

Re: Training Comments

Place in Penny's file

Penny Prestley was an exceptional trainer.

A step-by-step approach was used during my training. Penny did not push. Items were added when we felt I was ready for more. Penny displayed great patience. This, I believe, made my training successful.

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The training program supplied by TJA to new employees is excellent and very professional.

Penny - What a great letter! I'm placing this in your file & sharing it with TJA Board

JR

NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 9/01)

Please print or type — Use Black Ink

MEMBER INFORMATION *(to be completed by member — please print or type)*

1. Last name Prestley First Penny Middle Initial S. Jr., Sr., II, etc.
2. Social Security Number [redacted]
3. Mailing Address [redacted]
City [redacted] +4 County
4. Home Telephone No. [redacted]
5. Birth date (Month, Day, Year) [redacted]
6. Sex ☐ Male ☑ Female
7. Marital Status [redacted]

TAPE A COPY OF SOCIAL SECURITY CARD IN THIS SPACE

If a copy of the Social Security card is not attached, IMRF will use the Social Security number entered on this form. Any IRS penalties that result from an incorrect Social Security number will be the responsibility of the IMRF employer. **(Do not staple card—use tape and please stay within this border.)**

8. Please indicate whether you are currently participating or have previously participated in other Illinois Public Pension systems, other than IMRF

☑ **No** ☐ **Yes** *(please check the box(es) to identify the other pension system(s))*

- ☐ Chicago Public School Teachers'
- ☐ Judges' Retirement System
- ☐ Metro Water Reclaim. Retirement System
- ☐ State Universities Retirement System
- ☐ Cook County Annuity & Benefit Fund
- ☐ Laborers' Annuity & Benefit Fund
- ☐ Municipal Employees Annuity & Benefit Fund
- ☐ State Employees' Retirement System
- ☐ General Assembly Retirement System
- ☐ Cook County Forest Preserve Annuity & Benefit
- ☐ Park Employees' Annuity & Benefit Fund
- ☐ State Teachers' Retirement System

I certify that this information is correct to the best of my knowledge and belief.

Employee signature *(write; do not print or type)* X Penny S. Prestley Date 4/5/04

EMPLOYMENT INFORMATION *(to be completed by employer — please print or type)*

9. Employer Name School Dist. 47 & 155 Transportation Joint Agreement
10. Employer IMRF I.D. Number 1401

11. Complete for each position employee holds:

Date employed (MO/DAY/YR)	Participation date* (MO/DAY/YR)	Employee will participate in	Dept. name/number	Position Title
11/12/93	4/4/04	XXX ☑ Regular IMRF ☐ SLEP	Transportation	School Bus Driver
		☐ Regular IMRF ☐ SLEP		
		☐ Regular IMRF ☐ SLEP		

*If date employed is earlier than participation date, **please explain in detail.** Employee began in non-qualifying position, then became qualified in 1994. Please see attached form 6.05, Omitted Service Credit Verification.

12. Is member:

A. Elected official or appointed to elected office?
XXX ☑ No ☐ Yes *(attach Form 6.21; County Employers, see Q. 14)*

B. City hospital worker?
XXX ☑ No ☐ Yes *(attach Form 6.21)*

C. Police chief eligible for transfer into IMRF for SLEP coverage?
XXX ☑ No ☐ Yes *(attach Form 6.22)*

D. Performing police duties? ..... XXX ☑ No ☐ Yes

E. Performing fire protection duties? ..... XXX ☑ No ☐ Yes

13. Will employee

A. Work in a seasonal position? ..... ☐ No XXX ☑ Yes

B. Be paid irregularly? ..... XXX ☑ No ☐ Yes

14. **FOR COUNTY EMPLOYERS ONLY**
If **12A** is checked yes, has member elected to participate in the Elected County Official (ECO) plan?
☐ No ☐ Yes *(attach Form 6.21B)*

I certify this information is correct to the best of my knowledge and belief and that the person named above is employed in a position which qualifies him or her for membership in IMRF with the above employer.

Authorized Agent signature *(write; do not print or type)* X Paul L. Keegan Date 4/9/04

Illinois Municipal Retirement Fund
2211 York Road, Suite 500, Oak Brook Illinois 60523-2337
Service Representatives 1-800-ASK-IMRF (1-800-275-4673)
www.imrf.org

DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 5/03) *Please print or type — Use black ink*

Please refer to instruction sheet when completing this form

1. **Member's** Last name	First	Middle Initial	Jr., Sr., II, etc.	Social Security Number
Prestley	Penny	S.		[redacted]

Street (Mailing) Address [redacted] County [redacted]

City [redacted] State and ZIP + 4

Marital Status [redacted] Marriage Date *(month/day/year)* [redacted]

Spouse's Last name	First	Middle Initial	Maiden *(if applicable)*	Jr., Sr., II, etc.	Telephone Number
Prestley	Donald			JR.	(815) 455-1995

Do you want information regarding your beneficiary(ies) listed on IMRF correspondence? ☐ Yes ☐ No

2. Primary Beneficiary(ies) *(Will receive IMRF death benefits **first**)*

Name	Social Security Number (optional)	Relationship	% Share to each
[redacted]			
		TOTAL	**100%**

3. Secondary Beneficiary(ies) *(Will receive IMRF death benefits **if no Primary Beneficiary survives.**)*

Name	Social Security Number (optional)	Relationship	% Share to each
[redacted]			
		TOTAL	**100%**

4. Exclusion of spouse as Primary Beneficiary (Refer to instructions for Box 4)

(CHECK BOX IF YOU DID **NOT** ENTER YOUR SPOUSE'S NAME AS YOUR **PRIMARY** BENEFICIARY IN BOX 2 ABOVE.)

☐ I do **not** want my spouse to receive IMRF death benefits as **Primary** Beneficiary. I understand and intend that my spouse will **not** be eligible for a surviving spouse pension.

5. Signature

X Penny S. Prestley Date 4/5/04

Read conditions on reverse side.

Illinois Municipal Retirement Fund

Suite 500, 2211 York Road, Oak Brook, IL 60523-2337 1-800-ASK-IMRF (1-800-275-4673)

OMITTED SERVICE CREDIT VERIFICATION

IMRF Form 6.05 (Rev. 2/95)

FOR EARNINGS NEVER REPORTED TO IMRF
SEE INSTRUCTIONS ON BACK
PLEASE PRINT OR TYPE

MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER
Penny	S.	Prestley		[redacted]
STREET (MAILING) ADDRESS		CITY, STATE AND ZIP + 4		
[redacted]		[redacted]		
DATE OF BIRTH	TELEPHONE NO.			OPTIONAL: ANTICIPATED RETIREMENT DATE
[redacted]	[redacted]			

NAME OF CURRENT RETIREMENT SYSTEM: Illinois Municipal Retirement Fund	
CURRENT POSITION: School Bus Driver	PARTICIPATION DATE OF CURRENT SYSTEM: 4/4/04
EMPLOYER FOR WHOM SERVICE WAS RENDERED: School Dist. 47 & 155 d.b.a. Transportation Joint Agreement	
OMITTED POSITION: School Bus Driver	IMRF EMPLOYER I.D. NUMBER: 1401

CERTIFICATION BY AUTHORIZED AGENT

I certify that the following statement of earnings for the above member are in agreement with the governmental unit's payroll records and represents the entire qualifying employment period determined by the governing body.

CALENDAR YEAR	EARNINGS	MONTHS OF CREDITABLE SERVICE WITH EARNINGS	MONTHS OF CREDITABLE SERVICE WITHOUT EARNINGS*	CALENDAR YEAR	EARNINGS	MONTHS OF CREDITABLE SERVICE WITH EARNINGS	MONTHS OF CREDITABLE SERVICE WITHOUT EARNINGS*
1994	6,290.08	10	2 SE	1998	15,753.92	10	2 SE
1995	13,078.58	10	2 SE	1999	19,350.71	12	
1996	17,849.73	12		2000	24,007.80	12	
1997	17,921.39	12		2001	24,321.09	12	

*SE - (seasonal leave explained on reverse side)

1. Were contributions deducted from the member's earnings for the service listed above? XXNo *(Sign form and mail to IMRF)*
   ☐ Yes *(Answer question 2)*

2. Enter amount deducted $_____.

Paul L. Pregler
Signature of Authorized Agent

Apr. 7 04
Date

Illinois Municipal Retirement Fund
Suite 500, 2211 S. York Road, Oak Brook Illinois 60521-2374 708-368-1010
Service Representatives 1-800-ASK-IMRF

OMITTED SERVICE CREDIT VERIFICATION

IMRF Form 6.05 (Rev. 2/95)

FOR EARNINGS NEVER REPORTED TO IMRF
SEE INSTRUCTIONS ON BACK
PLEASE PRINT OR TYPE

MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER
Penny	S.	Prestley		[redacted]

STREET (MAILING) ADDRESS	CITY, STATE AND ZIP + 4
[redacted]	

DATE OF BIRTH	TELEPHONE NO.	OPTIONAL: ANTICIPATED RETIREMENT DATE
[redacted]	[redacted]	

NAME OF CURRENT RETIREMENT SYSTEM	
Illinois Municipal Retirement Fund	
CURRENT POSITION: School Bus Driver	PARTICIPATION DATE OF CURRENT SYSTEM: 4/4/04
EMPLOYER FOR WHOM SERVICE WAS RENDERED: School Dist. 47 &1155 d.b.a. Transportation Joint Agreement	
OMITTED POSITION: School Bus Driver	IMRF EMPLOYER I.D. NUMBER: 1401

CERTIFICATION BY AUTHORIZED AGENT

I certify that the following statement of earnings for the above member are in agreement with the governmental unit's payroll records and represents the entire qualifying employment period determined by the governing body.

CALENDAR YEAR	EARNINGS	MONTHS OF CREDITABLE SERVICE WITH EARNINGS	MONTHS OF CREDITABLE SERVICE WITHOUT EARNINGS*	CALENDAR YEAR	EARNINGS	MONTHS OF CREDITABLE SERVICE WITH EARNINGS	MONTHS OF CREDITABLE SERVICE WITHOUT EARNINGS*
2002	29,129.71	12					
2003	31,813.98	12					
2004	7,632.43	3					

*SE - (seasonal leave explained on reverse side)

1. Were contributions deducted from the member's earnings for the service listed above? XX☐ No *(Sign form and mail to IMRF)*
   ☐ Yes *(Answer question 2)*

2. Enter amount deducted $_____.

Signature of Authorized Agent

Date 7/04

Illinois Municipal Retirement Fund
Suite 500, 2211 S. York Road, Oak Brook Illinois 60521-2374 708-368-1010
Service Representatives 1-800-ASK-IMRF

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
TRANSPORTATION JOINT AGREEMENT
1204 SOUTH McHENRY AVENUE
CRYSTAL LAKE, ILLINOIS 60014-7495
815-455-0558 MAIN OFFICE 815-459-9115 FAX

MARCIA LAPETINA
ADMINISTRATIVE ASSISTANT

PHILLIP REESE
SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

LISA RUSSO, DISPATCHER

Individualized Training Record

Check if done

- ☑ Pre-trip inspection with emphasis on brakes
- ☐ Mirror station
- ☑ Parking bus on TJA lot
- ☑ Bus evacuation
- ☐ ⇨ **WALK THE BUS** ⇦
- ☑ Setting parking brake, or shifting transmission into PARK at all student stops
- ☑ Do not change routes and/or stops without permission from the TJA office
- ☑ Proper 2-way radio etiquette. Do not use unless absolutely necessary

As a TJA Driver Trainer, I certify that I have instructed the following person in the items covered above.

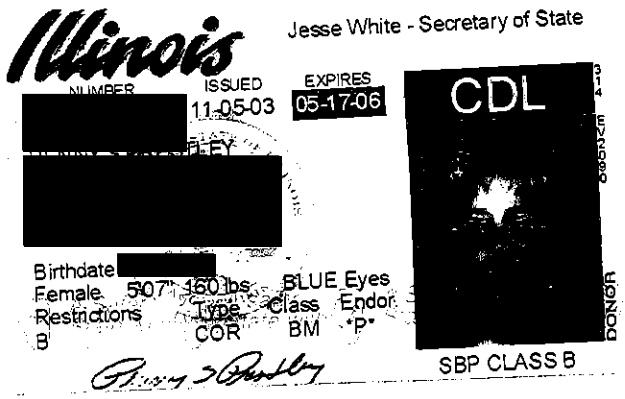
Trainer's Name: Brenda Silmeese (Signature) Date: 2/22/02

Trainer's Name: Brenda A Kroll (Please print)

I certify that I have been instructed in the items listed above and that I fully understand all procedures covered in and required by same. If, in the future I believe I need additional training, I will contact TJA management and request same:

Driver's Name: Penny Prestley (Signature) Date: 2/22/02

Driver's Name: Penny Prestley (Please print)


Illinois
Jesse White - Secretary of State
NUMBER
ISSUED
11-05-03
EXPIRES
05-17-06
CDL
Birthdate
Female 507 160 lbs BLUE Eyes
Restrictions Type Class Endor
B COR BM "P"
SBP CLASS B
DONOR

Attendance Log

2002- 2003

NAME PRESTLEY, PENNY

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY				H											S																
AUGUST																															
SEPTEMBER		H											P					S											S	
OCTOBER														H									S/S						S	
NOVEMBER							S				H/S		S		S						S							H	H		
DECEMBER																	P								H						
JANUARY	H																													S	
FEBRUARY					S	S	S			S	S						H														
MARCH														S																	
APRIL						S								P/S	S										S						
MAY																										H					
JUNE																															

SENIORITY DATE 11/12/93

SICK DAYS 15 1/3 + 2

PERSONAL DAYS 2

VACATION DAYS 0

SICK DAYS USED 2 1/3

MISSED KINDYS

PERSONAL DAYS USED

ACCIDENTS

O.A.

TARDY

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
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MARCIA LAPTETINA
ADMINISTRATIVE ASSISTANT

TIMOTHY M. OPPENHAGEN
SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

LISA RUSSO, DISPATCHER

Certification of Instruction on Blood Borne Pathogens Hepatitis B and Available Inoculations

This is to certify that I have received training and instruction on: Blood Borne Pathogens and the causes and prevention of Hepatitis B, and the free inoculations that are available to TJA drivers. I agree to observe and follow all the safety precautions, and if I have questions, I will direct those questions to either the Executive Director or Transportation Director of TJA.

Penny Pressley
Employee's signature

8/19/02
Date

325-62-0128
Employee's Social Security Number

The undersigned presenter certifies that the above employee has received the instruction defined in paragraph one.

Presenter

8-19-02
Date

Regional Office of Education
McHenry County, Illinois

Donald R. Englert
Regional Superintendent

Gene Goeglein
Assistant Superintendent

McHenry County Government Center
2200 N. Seminary Avenue
Woodstock, Illinois 60098
Phone (815) 334-4475
Fax (815) 338-0475

CERTIFICATION

TO: District #47/155

In accordance with Section 6-106.1(d) of the Illinois Vehicle Code (625 ILCS 5/6 106.1(d), I hereby certify that Penny Prestley, completed the Refresher course on May 17, 2003.

5/21/03 Donald R. Englert

Date **Regional Superintendent**

jb

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
ROUTING COORDINATOR

DEPARTMENT OF TRANSPORTATION
SCHOOL DISTRICTS 47 & 155 dba
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SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

LISA D. RUSSO, DISPATCHER

NORMA URBINA, OFFICE ASSISTANT
Si habla español

MEMO TO: Becky Rosenthal, Michele Frank, Penny Prestley, Bob Bowers, Gloria Johncours, Brenda Kroll, John Rosing & Lori Sherry

FROM: Rich Hansen

RE: Driver's meeting of February 13, 2003

DATE: February 13, 2003

Thank You

for the excellent, superb job and presentation you made at the General Driver's Meeting earlier today. You obviously prepared for this and take your role very seriously. The word "pride" does not adequately explain how I feel about this organization and the people working here. Each and every one of you was well received by your peers and I firmly believe there was a whole lot of learning going on. Whilst John Rosing could not be present for the meeting as he was on his assigned special education route, John's contribution to the TJA training curriculum helped us all. You eight people are very special to the children of School Districts 47 & 155. Well done.

cc: Dr. Ronald S. Erdmann
Executive Director

TJA Advisory Committee

file

a Control number 000115 | Void ☐ | OMB No. 1545-0008

b Employer identification number [redacted]

c Employer's name, address, and ZIP code
TRANSPORTATION JOINT AGREEMENT

1204 S. MCHENRY AVENUE
CRYSTAL LAKE IL 60014

d Employee's social security number [redacted]

e Employee's first name and initial PENNY S | Last name PRESTLEY

[redacted]

f Employee's address and ZIP code

1 Wages, tips, other compensation	29129.71
2 Federal income tax withheld	4369.46
3 Social security wages	29129.71
4 Social security tax withheld	1806.05
5 Medicare wages and tips	29129.71
6 Medicare tax withheld	422.40
7 Social security tips	
8 Allocated tips	
9 Advance EIC payment	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12 Code	
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	
12b Code	
14 Other	
12c Code	
12d Code	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	[redacted]	29129.71	873.88			

Form **W-2** **Wage and Tax Statement**

Copy D For Employer.

2002

(Rev. February 2002)

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Employers, Please Note—

Specific information needed to complete Form W-2 is given in a separate booklet titled **2002 Instructions for Forms W-2 and W-3.** You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS Web Site at **www.irs.gov.**

Caution: *Because the SSA processes paper forms by machine, you cannot file with the SSA Forms W-2 and W-3 that you print from the IRS Web Site. Instead, visit the SSA's Web Site at* **www.ssa.gov/employer** to see if you can file "fill-in" versions of Forms W-2 and W-3.

Due dates. Furnish Copies B, C, and 2 to the employee generally by January 31, 2003.

File Copy A with the SSA generally by February 28, 2003. Send all Copies A with **Form W-3,** Transmittal of Wage and Tax Statements. However, if you file electronically (not by magnetic media), the due date is March 31, 2003.

W2/ COPY D

DR. RONALD S. ERDMANN
EXECUTIVE DIRECTOR

RICHARD A. HANSEN
DIRECTOR OF TRANSPORTATION

KATHY G. SMITH
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ADMINISTRATIVE ASSISTANT

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SHOP FOREMAN

LINDA S. KRAJNOVICH, DISPATCHER

LISA D. RUSSO, DISPATCHER

August 12, 2002, Penny Prestley successfully completed all phases of training. (Observing - co/teach -being observed to become a Behind the Wheel Trainer. Confidence, skill, enthusiasm, knowledge and professionalism were all executed by Penny. Even though the trainees's assigned trainer was present, the trainee directed all his questions towards Penny. That act of confidence from a trainee expressed it all. Penny is ready to independently train.

Brenda Kroll
Transportation Joint Agreement Trainer

OFFICE OF THE SECRETARY OF STATE
STATE OF ILLINOIS

COMMERCIAL DRIVER TRAINING SECTION

Application for
THIRD-PARTY CERTIFICATION PROGRAM
SAFETY OFFICER

(Please Print or Typewrite)

General

APPLICANT'S NAME: Penny S. Prestley

HOME ADDRESS: [redacted]

HOME PHONE: [redacted]

CITY: [redacted]

SE #: [redacted]

CLASSIFICATION

SOCIAL SECURITY #: [redacted]

NAME OF THIRD-PARTY CERTIFICATION ENTITY FOR WHICH YOU WILL TEST: TJA Transportation (Dist 47 & 155)

Department of Transportation
School Districts 47 & 155 dba
~~Transportation Joint Agreement~~
1204 South McHenry Avenue
~~Crystal Lake, Illinois~~ 60014-7495

ADDRESS

CITY: Crystal Lake, STATE: IL ZIP CODE: 60014

Testing Experience

List any training you have received that instructed you on methods to conduct drive tests.

NAME OF TRAINING	DATE OF TRAINING
Driver Trainer	Completed Aug. 12, 2002
Car Seat Tech Certification	May 2003

Have you read the Secretary of State's Examiner's Manual and will your training and experience qualify you to conduct drive tests as described in the Secretary of State's Examiner's Manual? ☐ yes ☑ no

Questions

1. Have you ever been convicted of driving while under the influence of alcohol, other drugs, or a combination thereof, leaving the scene of an accident, or reckless homicide or reckless driving? ☐ yes ☑ no
2. Have you ever received a suspension for repeated involvement as a driver in a motor vehicle collision or for a violation of the Implied Consent Provision, received a Statutory Summary Suspension, or had repeated convictions of traffic offenses? ☐ yes ☑ no
3. Have you ever been convicted of perjury or making any false statements relating to the Illinois Vehicle Code? ☐ yes ☑ no
4. Has your license to drive in Illinois or any other state ever been denied, cancelled, suspended or revoked? ☐ yes ☑ no

over

CRYSTAL LAKE

Fleming, Penny <psfleming@d47.org>

CLP Attached

1 message

Fleming, Penny <psfleming@d47.org>
To: schoolbus@ilsos.gov

Wed, Feb 9, 2022 at 9:49 AM

Tina,

Attached is the front and back side of Teresa Peragine's CLP. The attachment is two pages with the front of her license on the first page and back on the second.

Thank you for your help with this.

Penny S. Fleming, CDPT
Director of Transportation
MCTDA President

Transportation Joint Agreement

Dist. 47 & 155 dba Transportation Joint Agreement
1204 S. McHenry Ave, Crystal Lake, IL 60014
P-815-455-0558 F-815-459-9115

Lexmark_2022_02_09_11_12_59_776.pdf
563K


ILLINOIS
USA
4b EXP.
DD 20210702760D1117

[redacted]

Blood Type RH Factor	Medical Information/Living Will Seal Area

www.CYBERDRIVEILLINOIS.com

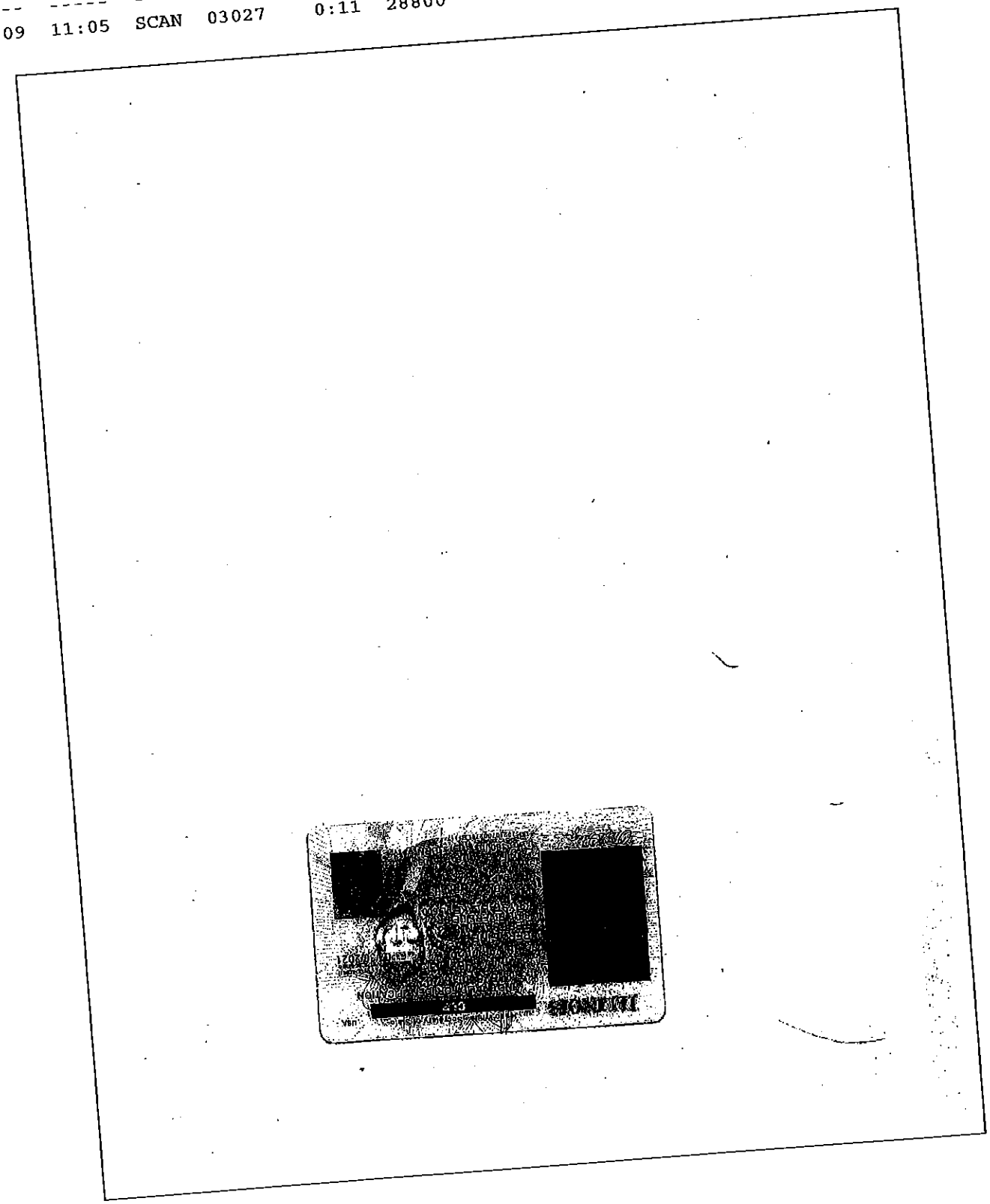
Class: Any Single Vehicle Except Cycles
Endorsements: P-Pass S-School
Restrictions: M -Passenger Endor for Class B, P -No Passengers in CMV Bus

Transmission Log

8154599115

DIST #47 & #155 TRAN Wednesday, 2022-02-09 11:06

Date	Time	Type	Job #	Length	Speed	Fax Name/Number	Pgs	Status
2022-02-09	11:05	SCAN	03027	0:11	28800	12175243654	2	OK -- V.34 AB31



Office of the Secretary of State

Driver Services Department

FIELD SERVICES
2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
217-782-7044
www.cyberdriveillinois.com

Date Issued: 07-30-2021

276LB1117

Receipt

THIS DOCUMENT IS NOT VALID FOR DRIVING PRIVILEGES OR IDENTIFICATION PURPOSES

Driver's License/ID Number: [redacted]

Name: **TERESA ANN PERAGINE**

Address: [redacted]

City, State Zip:

Date of Birth: [redacted]

Gender: **Female**

Hair: **BRN**

Eyes: **BRN**

Height: **5 09**

Weight: **160**

TA: **A**

Class: ***B***

CDL **YES**

Restrictions: **MP********

Endorsements: **PS**

BASIC CDL KNOWLEDGE	1	PASS
AIR BRAKES	1	PASS
PASSENGER	1	PASS
SCHOOL BUS TEST	1	NO ATTEMPT
PRE-TRIP INSPECTION	1	NO ATTEMPT
SKILLS TEST	1	NO ATTEMPT
ROAD TEST		

FEE PAID: **$50.00**

Signature

This document does not entitle the holder to any driving privileges. It is for receipt purposes only. It confirms what fees (if any) and applicable exams were taken for a specific transaction.

Printed by authority of the State of Illinois - DSD TDL/TID RECEIPT v1.0 October 16

McHenry Regional Office of Education

Certificate of Completion

Is hereby granted to

Teresa Peragine

employed by Transportation Joint Agreement

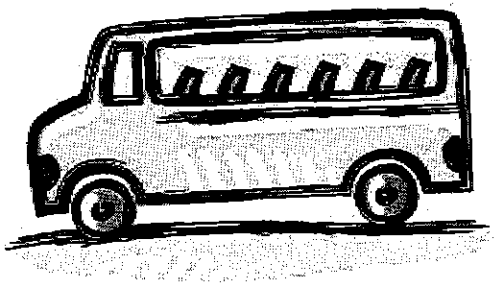
certifying that he/she has completed the Refresher course per the Illinois Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

School Bus Driver Training Course

By Michele Frank, Illinois Certified School Bus Driver Training Instructor

On July 27, 2021

Regional Superintendent of Schools



Northwestern Med Occupational Health - Woodstock
3701 Doty Road
1st Floor Main Entrance
Woodstock, IL 60098-7509
Phone: 815-759-4224
Fax: 815-334-3820

Drug Screen Results Letter

RECEIVED JUL 2 2 2021

Mailed 7-12-21

To: Penny Fleming
Crystal Lake Trans Dist 47&155
1204 S. McHenry Avenue
Crystal Lake, IL 60014

Name:	Teresa Peragine
Patient ID:	[redacted]
Collection Date & Time:	07/08/2021 15:02
Specimen ID #:	4762019
Drug Test Profile:	DOT (Quest) Federally Regulated
Collection Site & Phone:	Northwestern Med Occupational Health - Woodstock 3701 Doty Road 1st Floor Main Entrance Woodstock, IL 60098-7509 815-759-4224
Collector:	Sara Torres
Laboratory:	Quest Diagnostic-Lenexa 10101 Renner Blvd. Lenexa, KS 66215
Test Reason:	Annual Test
Result:	**Negative**
MRO Verified On:	07/12/2021
Date CCF Received:	07/08/2021

Printed: 07/12/2021 10:40:42AM

Manoj R. Patel, MD
Medical Review Officer

7/12/2021
Date of Review and Verification

DERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484
www.questdiagnostics.com/mydrugtest

OMB No. 0930-0158

00113834 4/6/2015 SPECIMEN ID NO. 00113834 4/6/2015

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. B. MRO Name, [redacted] Phone No. and Fax No.

[redacted]

C. Donor SSN or Employee I.D. No. [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) Annual

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)

X 626438 DOT DRUG PANEL

G. Collection Site Name: Northeastern Occ Hlth Collection Site Code: Collector Phone No.: 815-759-4124

Address: 4370 Perry Rd Collector Fax No.:

City, State and Zip: Rockford IL 61109

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark ☐ Observed, (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier
☐ FedEx
☐ Other

X [signature] Signature of Collector

Sylvia Jones, RN (Print) Collector's Name (First, MI, Last)

07/08/2015 02:15 AM PM Date (Mo./Day/Yr.) Time of Collection

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X Teresa Peregine Signature of Donor

Teresa Peregine (PRINT) Donor's Name (First, MI, Last)

07/08/2015 Date (Mo./Day/Yr.)

Date of Birth [redacted] Mo. Day

Daytime Phone No. [redacted] Evening Phone No. ( )

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVID THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☐ **NEGATIVE** ☐ **POSITIVE** for: ☐ **TEST CANCELLED**

☐ DILUTE

☐ **REFUSAL TO TEST** because – check reason(s) below:

☐ ADULTERATED (adulterant/reason):

☐ SUBSTITUTED

☐ OTHER

REMARKS:

X Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ **RECONFIRMED** for: ☐ **TEST CANCELL**

☐ **FAILED TO RECONFIRM** for:

REMARKS:

(PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day

U.S. Department of Transportation (DOT)
Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

[redacted]

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name: Teresa Peragine (First, M.I., Last)

B: SSN or Employee ID No.: [redacted]

C: Employer Name: Crystal Lake Trans Dist 47&155
Street: 1204 S. McHenry Avenue
City, Sate, Zip: Crystal Lake, IL 60014

DER Name and Telephone No.: Penny Fleming (DER Name) (815) 455-0558 (DER Phone Number)

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☑ Follow-up ☐ Pre-employment

Subject Teresa Peras

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee: Teresa Peragine — Date Month Day Year: 07/08/2021

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☑ BAT ☐ STT DEVICE: ☐ SALIVA ☑ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

Print Additional Results Here or Affix With Tamper Evident Tape

REMARKS:

Northwestern Med Occupational Health - Woodstock (Alcohol Technician's Company)
3701 Doty Road, 1st Floor Main Entrance (Company Street Address)
Woodstock, IL 60098-7509 (Company City, State, Zip)
(815) 759-4224 (Phone Number)

Sara Torres, RN (PRINT) Alcohol Technician's Name (First, M.I., Last)

Signature of Alcohol Technician: Sara Torres RN — Date Month Day Year: 07/08/2021

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee — Date Month Day Year

OMB No. 2105-0529

Form DOT F 1380 (Rev. 5/2008)

COPY 1 – ORIGINAL – FORWARD TO THE EMPLOYER

Northwestern Medicine

Northwestern Medicine Occupational Health
3701 Doty Road
Woodstock, IL 60098-7509
Phone: (815) 759-4224

WORK CLEARANCE

Crystal Lake Trans Dist 47&155
1204 S. McHenry Avenue
Crystal Lake, IL 60014

PATIENT NAME Teresa Peragine DOB [redacted]

was examined on 07/08/21 for a:

- ☐ Post Offer Physical
- ☐ Renewal Physical
- ☐ Annual Physical
- ☐ Periodic Physical
- ☐ Exit Physical
- ☐ DOT Physical
- ☐ Asbestos Physical with respirator certification
- ☐ Return to Work Physical
- ☐ Silica Physical with respirator certification
- ☑ School Bus Driver Physical
- ☐ Respirator Certification
- ☐ Fit for Duty Physical

For the position of _____ and was found to be:

- ☑ FIT FOR DUTY Without Restrictions/Accommodations
- ☐ NOT FIT FOR DUTY
- ☐ JUDGEMENT DEFFERED; Awaiting one or more of the following:
  - ☐ Personal Physician Response/Labs/Tests/Medical Records
  - ☐ Other: _____

- ☐ FIT FOR DUTY With the following restrictions/accommodations:
  - ☐ Permanently
  - ☐ Until Further Notice

- ☐ Needs hearing aide at work
- ☐ Corrective lenses needed for ☐ Far work ☐ Near work

V Milborn CNP
Physician Signature

Valerie Milborn, CNP
Physician Printed Name

07/08/2021
Date

Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name Crystal Lake Trans Dist 47&155
Address 1204 S. McHenry Avenue
Crystal Lake, IL 60014
Employer Number

Please print information clearly

Name: (Last, First, Middle)	Birth Date:	Age:
Peragine, Teresa	[redacted]	[redacted]

Address: (Street, City, State, ZIP)
[redacted]

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: [redacted]

(To be completed by medical examiner)

[redacted]

GENERAL PHYSICAL EXAMINATION FINDINGS ☑ Satisfactory ☐ Rejection Cause for Rejection

Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments
normal exam

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: The Medical Examiner shall provide one completed and signed Certificate to the applicant. A copy of the completed and signed Certificate is to be forwarded by the medical examiner to the employing agency or organization of the applicant. One copy is to be retained by the medical examiner.

I certify that I have completed Part A of the school bus examination of Teresa Peragine on 07/08/2021 in accordance with the provisions of 92 Illinois Administrative Code 1035.20 and, based upon that examination, find he/she is:

- ☑ Qualified under the regulations
- ☐ Qualified only when wearing corrective lenses
- ☐ Qualified only when wearing a hearing aid
- ☐ Not qualified under the regulations

Valerie Milborn, CNP
Name of Medical Examiner

209005441
Professional License Number of Medical Examiner

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY THE APPLICANT. TEST RESULTS MUST BE CERTIFIED IN PART B BEFORE THE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results:
Date of Drug Test Results: 07/12/2021

I certify that I have completed my examination including my readings of the drug and TB test results for Teresa Peragine on 07/12/2021 in accordance with the provisions of 92 Illinois Administrative Code 1035.20. Based upon the results of Drug and TB testing required by 92 IL Administrative Code 1035.20(j)(11) and (j)13 and having no positive test results for infectious disease, or having determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- ☑ Qualified under the regulations
- ☐ Not qualified due to positive drug test
- ☐ Not qualified due to positive tuberculosis test

Valerie Milborn, CNP
Name of Medical Examiner

(815) 759-4224
Telephone Number of Medical Examiner

(847) 802-7112
Fax Number of Medical Examiner

209005441
Professional License Number of Medical Examiner



Signature of Medical Examiner

07/12/2021
Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at 10350 Haligus Road Huntley, IL 60142-9558

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

Printed by authority of the State of Illinois - September 2016 - 5M - DSD SB 4.8

Transportation Joint Agreement
School Districts 47 & 155
1204 S McHenry Ave
Crystal Lake, IL 60014
P (815) 455-0558 F (815) 459-9115

INSPIRE. EMPOWER. NURTURE.

Penny Fleming, CDPT Director of Transportation
Teresa Peragine, Assistant Director of Transportation
Kathy Emmel, Accounting & HR Processor
Norma Urbina, Route Manager
Lisa Russo, Head Dispatcher
Yvonne Rhodes, Dispatcher
Felicia Hernandez, Routing & Dispatch Assistant
Timothy Oppenhagen, Shop Foreman

June 2, 2022

TO: Teresa Peragine

RE: Formal "Final Warning" Written Reprimand – Unprofessional Conduct Toward TJA Employees and Other Professionals

On May 24, 2022, we met to discuss the reports that have been received regarding your conduct towards employees and other professionals. The reports have come from Drivers, Attendants, Shop staff, office staff, District Administrators, and outside professionals. The following is a more specific outline of the reports of unprofessional conduct. These items were discussed in greater detail during the May 24, 2022 meeting.

- On January 26, 2022, TJA struggled to keep buses running due to the extreme weather. An Administrator from D47 was in the building and heard you yell out in an angry tone, "and the superintendent didn't think this warrants a snow day?" You were also making statements about the additive TJA uses and how this would not be happening if they used another additive that you named specifically. The D47 Administrator reported that you made several unprofessional comments during the time that she was in our office.

- Driver and Attendant bus accident on 4/12/2022. Driver and Attendant were transported to Alexian Brothers Hospital. At the request of one of the employees you went into the emergency treatment room. The Driver and Attendant both reported that you were very pushy and demanding towards the hospital staff asking them to hurry up and critiquing the staff. You told the Driver and a Nurse that the Driver was not to be given any pain medications because she still had to be drug tested.

  As discussed during the meeting, you had no authority to interfere with any health care that the Driver or Attendant received. Common sense and good judgment would have suggested that there would not be a problem with a drug test as long as the Driver was prescribed the meds by the treating physician and that the hospital treatment report would have documented this.

- During the week of April 25, 2022, when I was on vacation, you were unprofessional and disrespectful to a D155 Administrator and Program Leader when addressing a student issue. During a conversation with the Administrator, you told her she should be speaking to a renowned transportation professional insinuating that she didn't know how to do her job. During a phone conversation with the Program Leader, you were also insistent that he shoul be speaking with the transportation professional. The Route Manager was present for this phone conversation and reported that you were raising your voice to the Program Leader ar being very disrespectful in the way you were speaking to him.

- We discussed in detail the reports received by the TJA Technicians in the past couple of months, which include but are not limited to;
  - Treating them like they don't know what they are doing,
  - Making them feel like you think you know more about bus maintenance and repair than they do,
  - Making inappropriate offers for back rubs,
  - Talking about me to them, telling them that I won't let go of the money and I shoot you down all the time when you want to spend money on something,
  - When the shop personnel is pointing out safety related issues on buses that should have been caught in the pre-trip inspection by the driver, you are quick to defend the driver stating "they are under a lot of stress". The shop interprets that statement to mean that you aren't going to address the matter,
  - Embarrassing them at an accident scene, acting like you know more than the emergency professionals on scene and arguing with them, and
  - Questioning the MATCO tool salesman about why he works for MATCO and suggesting that he instead work for Snap-On. All technicians reported that this was a very embarrassing scene.

- On May 16, 2022, you were the first TJA representative on scene for an accident involving one of our drivers. After I arrived to the scene and had spoken with the driver who was in the ambulance, you and I were discussing who would go to the hospital and who would stay on scene. An officer on scene asked me to stay and be the point of contact because "we can't deal with that", referring to you. You also instructed the paramedics to transport to Northwestern because we have an account with them, when they wanted to transport to the nearest hospital. I had to step in and tell you that they can transport to which ever hospital they and the Driver decide.

- On May 17, 2022, the day after TJA was involved in a tragic accident, you arrived at work in a visibly emotional state. After you had been speaking with counselors who were on site that day, I asked you to go home because you were still emotionally distraught. You argued with me stating that you needed to be here for the drivers. Because I was needed outside of the office most of the day, the Associate Superintendent of Human Resources came to TJA and instructed you to go home. According to the Associate Superintendent of HR, you argued with him about leaving and didn't leave for some time after you had been directed to do so.

  While the Associate Superintendent of Human Resources was in the building, he instructed you to show the Route Manager how to access the log on the camera system. While he was sitting in my office, he overheard the Route Manager tell you, "I'm not going to lie to him". When asked about this statement, the Route Manager reported that you told her to "tell him you don't know how to do it" and when the Route Manager told you that she would not lie to him, you responded with "but I need to be here". The Route Manager later reported that this was not the first time you asked her to be dishonest. The Route Manager stated that in February 2022, you told her to tell me that she saw GPS data that she in fact did not see.

The Associate Superintendent also overheard other office staff making statements about how you are so mad at Norma. Your actions and words are what sparked their perception of you being mad at the Route Manager.

During our meeting to discuss the above mentioned items, you gave reasons for each and every one of them. As I stated in the meeting, if it were one or two people, I could reasonably say that it could be a misinterpretation of your intentions. However, these reports are coming from a wide variety of people and are all similar in nature in that they all are about your unprofessional interactions with each of them.

More specifically people are perceiving you as being disrespectful, treating them like they don't know their jobs, micro managing, intimidating and dishonest. To be successful in your role as an Administrator, it is imperative that you can be objective, be flexible, have the ability to use common sense and good judgement and be trustworthy.

Since our meeting to discuss the above mentioned items, I was informed that you told a driver that you are thinking about leaving because you have two (2) strikes and only have one (1) left, and that you have to be careful what you say. Speaking to employees about your personnel matters puts them in an awkward position, makes them uncomfortable and is unprofessional and inappropriate.

This is not the first time you have received a formal written letter regarding your behavior as an Administrator. On February 25, 2022, you received a formal written letter of reprimand for the same type of behavior. I will reiterate what you were told in that letter, as I don't believe it can be more clear than it was then;

You were not hired into an entry level position and based on the information provided by you and your references, I expected that you could handle personnel matters in a professional way. You are in a position of great responsibility for our employees, students, districts and community. As an administrator you are held to a higher standard. You must be able to handle that level of responsibility and you must be able to maintain respectful and professional relationships. Your conduct is inconsiderate, unprofessional and disrespectful and impacts productivity in the workplace. The type of behavior you are exhibiting will not be tolerated. If you are struggling with how to manage employees, McHenry County Community College offers management classes which I found to be extremely informative and would highly recommend them.

Moving forward, you are expected to foster a positive work environment by treating staff professionally and respectfully.

This letter will serve as a "final written warning", that moving forward you are expected to foster a positive work environment by treating staff, administrators and other professionals respectfully and professionally. Failure to do so will result in termination of employment from the Transportation Joint Agreement. You should understand that TJA is issuing this reprimand and "final warning" in lieu of your immediate dismissal.

Penny Fleming, Director of Transportation

Cc: Dr. Greg Buchanan, Associate Superintendent of Human Resources and Operations
Personnel file

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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

OMB No. 1545-0074

2022

Step 1: Enter Personal Information

(a) First name and middle initial: Teresa A.
Last name: Peragine
(b) Social security number: [redacted]
▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

Address: [redacted]
City or t

(c) ☑ Single or Married filing separately
☐ Married filing jointly or Qualifying widow(er)
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $

Multiply the number of other dependents by $500 . . . . ▶ $

Add the amounts above and enter the total here . . . . . 3 $ 0

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . 4(a) $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . 4(b) $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . 4(c) $ 65.00

Step 5: Sign Here

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

Teresa Peragine
Employee's signature (This form is not valid unless you sign it.)

4.20.2022
Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form **W-4** (2022)

4-20-22

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Jesse White • Illinois Secretary of State

Driver's License/Identification Card Number: P625-8016-2927

Name: TERESA ANN PERAGINE

Date Issued: 02/24/2022 279WC1960

KEEP THIS RECEIPT UNTIL YOUR PERMANENT CARD ARRIVES IN THE MAIL.

You should receive your Driver's License / CLP / ID Card within 15 business days from the date issued (above) unless you have received correspondence stating otherwise.

YOU WILL NOT RECEIVE YOUR NEW CARD IF YOU DO NOT LIVE AT THE ADDRESS LISTED BELOW ON THIS DOCUMENT. THE U.S. POST OFFICE CANNOT FORWARD DRIVER'S LICENSE, CLP OR ID CARDS. ILLINOIS LAW REQUIRES YOU TO NOTIFY THE SECRETARY OF STATE'S OFFICE OF AN ADDRESS CHANGE.

ilsos.gov **To check the delivery status of your card, visit ilsos.gov or call (217) 782-7044.**

SEPARATE YOUR TEMPORARY CREDENTIAL AT PERFORATIONS

[redacted]

Rev. 08/17/2015
11/17/1962

Blood Type
RH Factor

Medical Information/ Living Will Seal Area

ilsos.gov

Class:Any Single Vehicle, Any Size Motorcycle
Endorsements:P-Pass S-School
Restrictions:E -No Manual Transmission Equipped CMV M -Passenger Endor for Class B

ILLINOIS

Jesse White - Secretary of State USA

CDL

[redacted]

4b EXP. 05/25/2022 4a ISS. 02/24/2022

1 PERAGINE
2 TERESA ANN [redacted]

9 CLASS: BM 9a END:
12 REST: EM
SBPCLASSB
15 SEX: F 16 HGT: 5'-09" 17 WGT: 160 lbs 18 EYES: BRN
5 DD: 20220224279WC1960

VERIFY PRESENCE OF PAPER WATERMARK HOLD TO LIGHT TO VIEW

Transportation Joint Agreement
School Districts 47 & 155
1204 S McHenry Ave
Crystal Lake, IL 60014
P (815) 455-0558 F (815) 459-9115

INSPIRE. EMPOWER. NURTURE.

Penny Fleming, CDPT Director of Transportation
Teresa Peragine, Assistant Director of Transportation
Kathy Emmel, Accounting & HR Processor
Norma Urbina, Route Manager
Lisa Russo, Head Dispatcher
Yvonne Rhodes, Dispatcher
Felicia Hernandez, Routing & Dispatch Assistant
Timothy Oppenhagen, Shop Foreman

February 25, 2022

Teresa Peragine

Teresa,

This letter serves as a formal written reprimand for your unprofessional conduct toward TJA employees.

On February 18, 2022, I received a complaint from the CLTU on behalf of a driver outlining several instances of unprofessional conduct toward driver [redacted] Specifically, [redacted] reported the following:

- In a meeting a few weeks ago to discuss [redacted] routes, you accused her of driving too slow and being dishonest. When [redacted] explained that she was not driving slow and tried to explain her side and understand your accusation, you abruptly told her that GPS don't lie and neither do you, but you could not provide proof of her speed when asked. [redacted] as well as three (3) witnesses who were in the meeting stated that you were "loud, accusatory, rude, condescending and unprofessional" in the way you spoke to [redacted] and that you would not listen to what [redacted] had to say.

- On February 17, 2022, you sent [redacted] an email in response to a student conduct report that [redacted] had filed. In your email, you accused [redacted] of submitting multiple conduct reports for cell phone use when in fact this was [redacted] first time submitting a conduct report for cell phone use. Instead of counseling [redacted] about student cell phone use in a respectful way, you sent her an email with statements in bold print and capital letters as well as telling her to "cease" doing this. Your email was accusatory, condescending and unprofessional.

On February 18, 2022, I met with you to discuss the complaints in [redacted] email. In this meeting you stated that you never tried to make [redacted] look bad or dishonest. You said that while you can't find it on GPS, you "know she was only going 20 mph". You were defensive when I asked about your email to [redacted] You were more focused on your anger over the complaint and wanting to be a part of the investigative meeting that I would be having with [redacted] and her union rep. You were upset when I told you that you would not be a part of that meeting.

On February 22, 2022, I met with you again to follow up after completing the investigation of these complaints and to counsel you on this matter. In this meeting, you became instantly defensive and combative making the following statements: "So they can accuse me and it's okay? Where's my place to turn? Who defends me?" To these questions, I asked you "Are you saying that you didn't speak to [redacted] that way?" Your response was "No, I did, I'm firm and they don't see what I do behind the scenes to help them. I guess this is just a game I have to play and the rules are obviously different

for them than they are for us." You then stated "This is not a contractual item. They should not be allowed to come in with union reps for things that are not contractual." To this statement I told you that employees have the right to request an investigation if they feel that they have been wronged in any way, they also have the right to union representation in such cases and that I have a responsibility to investigate any and all complaints that I receive.

You made it a point to tell me that you do not have the experience that I do dealing with these situations and because of that you don't handle them with the "finesse" that I do. I reminded you that you were not hired into an entry level position and based on the information provided by you and your references, I expected that you could handle personnel matters in a professional way.

This is not the first time that you have acted unprofessionally. On February 11, 2022 when Dispatcher [redacted] informed you of a bus accident, you displayed anger when you threw your glasses down on your desk and said "you gotta be kidding me". When you did not respond in a manner that indicated to [redacted] that you were going to address the accident, [redacted] then turned to [redacted] who is the next person with accident investigation experience, as I was out of the office that day. You were angered that [redacted] had been asked to go to the accident. As a result, instead of just heading out the door to the accident scene, you first took a minute or two to call out [redacted] berating her in front of the rest of the office. The following Monday, I informed you that your actions were unprofessional and counseled you on how you could have handled the situation in a professional manner.

You are in a position of great responsibility for our employees, students, districts and community. As an administrator you are held to a higher standard. You must be able to handle that level of responsibility and you must be able to maintain respectful and professional relationships. Your conduct is inconsiderate, unprofessional and disrespectful and impacts productivity in the workplace. The type of behavior you are exhibiting will not be tolerated. If you are struggling with how to manage employees, McHenry County Community College offers management classes which I found to be extremely informative and would highly recommend them.

Moving forward, you are expected to foster a positive work environment by treating staff professionally and respectfully. Failure to do so could result in further disciplinary action including termination of employment.

Respectfully,

Penny Fleming, Director of Transportation

Cc: Personnel file

ILLINOIS CDL SKILLS TEST SCORE SHEET

Skills/Drive Test Date: 1-22-22 Facility Control #: 0082

Applicant: Peragine, Teresa

Permit/Lic #: [redacted] CLP Class: B

Truck Reg #: 105 957 Trailer Reg #: NA

Truck VSI Exp: 2/22 Trailer VSI Exp:

Truck GVWR: 30,000 Trailer GVWR:

Truck Axles: (2) 3 Trailer Axles: 1 2

Examiner Name: [signature] Emp ID #: 05690009

Endorsements: H N P S T X Testing Vehicle: Truck Pass SBus

CDL Restrictions: E L M N O Z J-10 (trucks only) Testing Class: A (B) C

Air Brakes:	(Yes)	No	Veh Insp:	(Pass)	Fail	
Type of Air Brakes:	(Full)	Part	Pre-Trip:	(Pass)	Fail	N/A
~~Type of Trailer: Semi 5th Wheel~~		~~Pintle/Ball~~	Skills:	(Pass)	Fail	N/A
Transmission:	(Auto)	Man	Road:	Pass	(Fail)	N/A
School Bus:	(Yes)	No	Comments:	Hit curb @ Lincoln Prwky (1)		

PRE-TRIP INSPECTION TEST

[redacted]

Pre-Trip Inspection: (PASS) FAIL

BASIC CONTROL SKILLS TEST

[redacted]

BCS SCORE [redacted]

Passing score: 12 points or less

Failure to Cooperate ☐

Dangerous Action ☐

Basic Control Skills (PASS) FAIL

Printed by authority of the State of Illinois. April 2018 — 1 — DSD X 178.4

CDL SKILLS & DRIVE TESTING SCORE SHEET – ROAD TEST

[redacted]

Applicant Signature: Teresa Teague Examiner Signature:

TEST RESULTS SECTION

PRE-TRIP INSPECTION:

PASS ☑ FAIL ☐

Dangerous Action ☐

Failure to Cooperate/Refusal to Perform ☐

Accident ☐

BASIC CONTROL SKILLS:

PASS ☑ FAIL ☐

Points # [redacted]

Dangerous Action ☐

Violation ☐

Failure to Cooperate/Refusal to Perform ☐

Accident ☐

ROAD TEST:

PASS ☐ FAIL ☑

Points # [redacted]

Dangerous Action ☐

Violation ☑

Failure to Cooperate/Refusal to Perform ☐

Accident ☐

ILLINOIS CDL SKILLS TEST SCORE SHEET

Skills/Drive Test Date: 1-22-22 Facility Control #: 0082

Applicant: Peraza, Teresa

Permit/Lic #: [redacted] CLP Class: B

Truck Reg #: 105951 Trailer Reg #: NA

Truck VSI Exp: 2/22 Trailer VSI Exp:

Truck GVWR: 30,000 Trailer GVWR:

Truck Axles: (2) 3 Trailer Axles: 2

Examiner Name: Jamie Rhodes Emp ID #: 0569009

Endorsements: H N P S T X Testing Vehicle: Truck (Bus)

CDL Restrictions: E L M N O Z J-10 (trucks only) Testing Class: A (B) C

Air Brakes:	(Yes)	No	Veh Insp:	(Pass)	Fail
Type of Air Brakes:	(Full)	Part	Pre-Trip:	Pass	Fail (N/A)
~~Type of Trailer: Semi-trailer~~ → A		Pintle/Ball	Skills:	Pass	Fail (N/A)
Transmission:	(Auto)	Man	Road:	Pass	Fail N/A
School Bus:	(Yes)	No	Comments:		

PRE-TRIP INSPECTION TEST

[redacted]

CDL SKILLS & DRIVE TESTING SCORE SHEET – ROAD TEST

ALL CLASSES	POOR	FAIR
Start		
Posture	6	
	2	

LEFT TURNS
[redacted]

Applicant Signature: Teresa Tuazon Examiner Signature:

TEST RESULTS SECTION

E-TRIP INSPECTION:

PASS ☐ FAIL ☐

- ngerous Action ☐
- ure to Cooperate/Refusal to Perform ☐
- ident ☐

BASIC CONTROL SKILLS:

PASS ☐ FAIL ☐

Points # _____

- Dangerous Action ☐
- Violation ☐
- Failure to Cooperate/Refusal to Perform ☐
- Accident ☐

ROAD TEST:

PASS ☐ FAIL ☐

Points # [redacted]

- Dangerous Action ☐
- Violation ☐
- Failure to Cooperate/Refusal to Perform ☐
- Accident ☐

TJA TRAINING RECORD

Trainee: Teresa Peragine Phone: [redacted]

CDL Classroom Training:
Date: 12/28/21 Initial: AD
Date: 12/28/21 Initial: AD
Date: 12/29/21 Initial: AD
Date: 12/30/21 Initial: AD

BTW Training:
Date: 11/6/22 /Hours: 3 /Initial: AD
Date: 11/12/22 /Hours: 3 /Initial: ND
Date: 11/13/22 /Hours: 3 /Initial: ND
Date: 11/14/22 /Hours: 6 /Initial: AD
Date: 11/15/22 /Hours: 5 /Initial: SB
Date: 1-18-22 /Hours: 3 /Initial: AD
Date: 1-21-22 /Hours: 3 /Initial: ND
Date: _____ /Hours: _____ /Initial: _____
Date: _____ /Hours: _____ /Initial: _____
Date: _____ /Hours: _____ /Initial: _____

ILL THIRD PARTY CERTIFICATION PROGRAM – TWO WEEK/14-DAY PRACTICAL TRAINING COURSE

FOR CDL APPLICANTS

PERMIT DATE: 7/30/21 **DRIVERS LIC. #:** [redacted]

NAME: Teresa Peragine
(PRINT)

	DATES OF TRAINING											
PRE-TRIP TRAINING:												
WHEELS	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
AIR BRAKES	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
OTHER BRAKES	1/6/22	n/a	n/a	n/a	n/a							
CONTROLS	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
LIGHTS	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
BUS #	373	373	408	391	1/14/22 PM							
BASIC CONTROL SKILLS:												
STRAIGHT BACKING	1/6/22	1/12/22	1-13-22	1/14/22								
OFF SET PARKING	1/6/22	1/12/22	1-13-22	1/14/22								
PARALLEL PARKING	1/6/22	1/12/22	1-13-22	1/14/22								
DRIVE TEST:												
TURNS	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
INTESECTIONS	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
URBAN/RURAL STRAIGHT	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
LANE CHANGES	—	1/12/22	1-13-22	1/14/22	1/14/22 PM							
EXPRESSWAY	—	n/a	n/a	n/a	n/a							
STOP/START	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
CURVES	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
UPGRADE	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
DOWNGRADE	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
RAILROAD CROSSING	—	1/12/22	1-13-22	1/14/22	1/14/22 PM							
BRIDGE/OVERPASS	—	n/a	n/a	1/14/22	1/14/22 PM							
SIGNALS	1/6/22	1/12/22	1-13-22	1/14/22	1/14/22 PM							
CABLE												

SIGNATURE OF APPLICANT: Teresa Peragine

SIGNATURE OF TRAINER(S): Amanda Dodt

ILL THIRD PARTY CERTIFICATION PROGRAM – TWO WEEK/14-DAY PRACTICAL TRAINING COURSE

FOR CDL APPLICANTS

PERMIT DATE: 7/30/21 **DRIVERS LIC. #:** [redacted]

NAME: TERESA Peragine (PRINT)

	DATES OF TRAINING					
PRE-TRIP TRAINING:						
WHEELS	1-15-22	1-18-22	1-21-22			
AIR BRAKES	1-15-22	1-18-22	1-21-22			
OTHER BRAKES	1-15-22	n/a	n/a			
CONTROLS	1-15-22	1-18-22	1-21-22			
LIGHTS	1-15-22	1-18-22	1-21-22			
BUS #	404	408	408			
BASIC CONTROL SKILLS:						
STRAIGHT BACKING	1-15-22	n/a	1-21-22			
OFF SET PARKING	1-15-22	n/a	1-21-22			
PARALLEL PARKING	1-15-22	n/a	1-21-22			
DRIVE TEST:						
TURNS	1-15-22	1-18-22	1-21-22			
INTESECTIONS	1-15-22	1-18-22	1-21-22			
URBAN/RURAL STRAIGHT	1-15-22	1-18-22	1-21-22			
LANE CHANGES	1-15-22	1-18-22	1-21-22			
EXPRESSWAY	1-15-22	n/a	n/a			
STOP/START	1-15-22	1-18-22	1-21-22			
CURVES	1-15-22	1-18-22	1-21-22			
UPGRADE	1-15-22	1-18-22	1-21-22			
DOWNGRADE	1-15-22	1-18-22	1-21-22			
RAILROAD CROSSING	1-15-22	1-18-22	1-21-22			
BRIDGE/OVERPASS	1-15-22	n/a	1-21-22			
SIGNALS	1-15-22	1-18-22	1-21-22			
APPLICABLE						

SIGNATURE OF APPLICANT: Teresa Peragine

SIGNATURES OF SAFETY OFFICER(S): Tammy Dawson

Trainee's Name: Teresa Peraginel Date: 1/6/22

BEHIND THE WHEEL DAILY SCHEDULE – DAY 1

TJA's policy on Idling Time: NO MORE THAN 10 MIN. DURING PRE-TRIP PROCEDURE

WALK THE BUS PER TJA HANDBOOK

Failure to walk the bus at the end of each route in the morning at the school, or to walk the bus at the end of each route at the first safest place in the afternoon. This serious violation could lead to termination on the first or subsequent offense. This includes all activities during and after school time.

JP 1. **Trainer** Pre-Trips bus at garage while Trainee walks along and observes **Trainer**. (Both will sign off on Pre-Trip Form).

JP a. **"Walk the Bus" (Per TJA Handbook Page 10)**

JP 2. **Trainer** drives bus to **Skills Course** and drives the course explaining each segment to Trainee.

3. **Trainer** takes bus to **Mirror Station.** Trainee takes over and **Trainer** stands outside on each colored circle helping Trainee set up mirrors, adjusting mirrors as necessary.

JP 4. Trainee drives through the entire **Skills Course** several times. Depending on Trainee's performance, **Trainer** will either observe outside of the bus or choose to remain in the bus, correcting Trainee, as needed.

JP 5. Depending on Trainee's performance on the **Skills Course, Trainer** will decide if Trainee will go out on the road on first day.

N/A a. If **Trainer** feels Trainee is not ready to go out on the road, keep practicing on **Skills Course. Trainer** will drive bus back to TJA and park the bus.

JP b. If **Trainer** feels Trainee is ready to go out on the road, have Trainee drive the bus through Coventry subdivision, making **Left** and **Right** turns.

OVER

6. Trainee will drive to the following schools today and **Trainer** will show where and how buses line up for A.M. and P.M. routes, as well as field trips:

   a. **Indian Prairie Elementary**
   b. **Woodscreek Elementary**
   c. **Coventry Elementary**
   d. **Canterbury Elementary**

7. Trainee drives back to TJA and parks bus in assigned stall. **Trainer** will **"assist"** Trainee through this procedure. If Trainee is too nervous, **Trainer** will park bus for them. (One time).

8. Discuss how Trainee performed and set appointment for the next day.

9. Fill out appropriate forms:

   a. **Secretary of State "Dates of Training"** (**Trainer** to date every day and sign at the end of 5th and 10th day of training).
   b. **Trainer** will sign off **BTW Daily Schedule** and date at end of each day.
   c. Trainee will initial each step of **BTW Daily Schedule** at the end of each day.

Trainer's Signature: Amanda Cutts **Date:** 1/6/22

Trainee's Name: Omar Reagan Date: 1/6/2022

BEHIND THE WHEEL DAILY SCHEDULE – DAY 2

✓ **TJA's policy on Idling Time: NO More THAN 10 MIN. DURING PRE-TRIP PROCEDURES**

✓ **Mirror Adjustment**

JP 1. Trainee Pre-Trips bus at garage. Allowed to use Pre-Trip and Air Brake forms. Record time on this form. 50 min

JP a. Trainee will "**Walk the Bus**" **(Per TJA Handbook Page 10)**

JP b. If tank is ½ full, Trainee will fuel

JP 2. Trainee fills out Pre-Trip form. (Both will sign off).

JP 3. Trainee will practice each segment on Skills Course with **Trainer** observing and helping outside of bus.

JP 4. Trainee will drive over the following **RR Crossing. (Trainer** will **verbally assist):**

JP a. **Crystal Lake Ave. Going East (2)**

JP b. **Pingree Rd.**

JP c. **Sands Rd.**

JP 5. Trainee will drive to the following school and **Trainer** will show where and how buses line up for A.M. and P.M. routes, as well as field trips.

JP a. **Hannah Beardsley Middle School (HBMS)**

JP 6. Trainee will drive to the following area and perform an **Uphill/Downhill** procedure. (**Trainer** will "**verbally assist**" Trainee through procedure).

JP a. **Amy Drive**

JP 7. Trainee drives back to TJA and parks bus in assigned stall.

OVER

TP 8. Discuss how Trainee performed and set appointment for the next day.

TP 9. Fill out appropriate forms:

TP a. **Secretary of State "Dates of Training"** (**Trainer** to date every day and sign at the end of the 5th and 10th day of training).

TP b. **Trainer** will sign off **BTW Daily Schedule** and date at end of each day.

TP c. Trainee will initial each step of **BTW Daily Schedule** at the end of each day.

Trainer's Signature: Danny Dawson **Date:** 1/12/22

Trainee's Name: Rosa Siragusa Date: 1/12/2022

BEHIND THE WHEEL DAILY SCHEDULE – DAY 3

✓ **TJA's policy on Idling Time: NO MORE THAN 10 MIN. DURING PRE-TRIP PROCEDURE**

✓ **Mirror Adjustment**

JP 1. Trainee Pre-Trips bus at garage. Allowed to use Pre-Trip and Air Brake forms. Record time on this form. 45 min

✓ a. Trainee will **"Walk the Bus" (Per TJA Handbook Page 10)**

n/a b. If tank is ½ full, Trainee will fuel

JP 2. Trainee fills out Pre-Trip form. (Both will sign off).

JP 3. Trainee will practice each segment on **Skills Course** with **Trainer** observing and helping outside of bus.

JP 4. Trainee will drive over the following **RR Crossings** today. (**Trainer** will verbally assist).

✓ a. **Ridgefield Rd.**

✓ b. **Oak St.**

JP 5. Trainee will drive to the following schools today and **Trainer** will show where and how buses line up for A.M. and P.M. routes, as well as field trips:

n/a a. ~~**Faith Lutheran Parochial High School**~~

✓ b. **Central High School (CLC)**

✓ c. **Husmann Elementary**

✓ d. **Richard F. Bernotas (RBMS)**

✓ e. **North Elementary**

OVER

6. Trainee will drive to the following areas and practice either a **3-Point Turn and/or Uphill Downhill.**

- ✓ a. **North Shore and Sunnyside – 3-Point Turn**
- ✓ b. **Green Oaks and Sycamore – 3-Point Turn**
- ✓ c. **Maplewood – Uphill/Downhill**

7. Trainee will drive onto **"Zig-Zag"** turn off of Woodstock St., Dole Ave. and Elmhurst on the way back to TJA.

8. Trainee drives back to TJA and parks bus in assigned stall.

9. Discuss how Trainee performed and set appointment for the next day.

10. Fill out appropriate forms:

- ✓ a. **Secretary of State "Dates of Training" (Trainer** to date and sign on the end of 5th and 10th day of training).
- ✓ b. **Trainer** will sign off **BTW Daily Schedule** and date at end of each day.
- ✓ c. Trainee will initial each step of **BTW Daily Schedule** at the end of each day.

Trainer's Signature: Nancy Dawson **Date:** 1-13-22

Trainee's Name: Teresa Peragine Date: 1-13-22

BEHIND THE WHEEL DAILY SCHEDULE – DAY 4

TJA's policy on Idling Time: NO MORE THAN 10 MINUTES DURING PRE-TRIP PROCEDURE

****NO SKILLS COURSE TODAY****

Mirror Adjustment

1. Trainee Pre-Trips bus at garage. **Trainer** will choose a bus with the fire extinguisher in the overhead compartment. Take **Air Brake** sheet away and have Trainee try by memory. Allow to use paper on Pre-Trip, if needed. Record time on this form._____
   a. Trainee will" **Walk the Bus" (Per TJA Handbook Page 10)**
   b. If tank is ½ full, Trainee will fuel

2. Trainee fills out Pre-Trip form. (Both will sign off).

3. **Trainer** will **read** off a route for Trainee at one of the following schools:
   a. Route #: 501
   b. **"Walk the Bus" (Per TJA Handbook – Page 10)**

4. Trainee will drive to the following schools today and **Trainer** will show where and how buses line up for A.M. and P.M. routes, as well as field trips:
   a. **Immanuel Lutheran Parochial School**
   b. **St. Thomas Parochial School**
   c. **West Elementary**
   d. **South Elementary**

5. Trainee will driver over the following **RR Crossings** today:
   a. **Main St. in Crystal Lake (All 3)**
   b. **Terra Cotta Ave. (176)**
   c. **Prairie St.**

OVER

6. Trainee will drive to the following areas and will practice a **3-Point Turn:**
   a. **Hickory Lane and Willow Ct. off of Briarwood**

7. Trainee drives back to TJA and parks bus in assigned stall. Discuss how Trainee performed and set appointment for the next day.

8. Fill out appropriate forms:
   a. **Secretary of State "Dates of Training"** (**Trainer** to date and sign at the end of 5th and 10th day of training).
   b. **Trainer** will sign off **BTW Daily Schedule** and date at end of each day.
   c. Trainee will initial each step of **BTW Daily Schedule** at the end of each day.

Trainer's Signature: Amanda Oak **Date:** 1/14/22

Trainee's Name: Teresa Perazino Date: 1/14/2022

BEHIND THE WHEEL DAILY SCHEDULE – DAY 5

TJA's policy on Idling Time: NO MORE THAN 10 MIN. DURING PRE-TRIP PROCEDURE

****NO SKILLS COURSE TODAY****

Mirror Adjustment

1. Trainee Pre-Trips bus at garage. **Should** do this by **memory without paperwork.** Record time on this form 40
   a. Trainee will **"Walk the Bus" (Per TJA Handbook Page 10)**
   b. If tank is ½ full, Trainee will fuel N/A

2. Trainee fills out Pre-Trip form. (Both will sign off).

3. Trainee will drive to the following schools today and **Trainer** will show where and how buses line up for A.M. and P.M. routes, as well as field trips. Practice **Student Loading** and **Unloading** at these schools:
   a. **Cary Grove H.S. (CGHS). Do a Mock Student D/O**
   b. **Walk the bus.(Per TJA Handbook)**

4. Trainee will drive past the** **FORBIDDEN RR CROSSING****WITH **TRAINER POINTING THEM OUT.**
   a. **Three Oaks Rd. in Cary**
   b. **Main St. in Cary**
   c. **Algonquin Rd. in Fox River Grove**

5. Trainee will drive over the following **RR Crossing** today:
   a. **Foxmoor in Fox River Grove – Practice at least 2X**
   b. **Lincoln Ave. in Fox River Grove – Practice at least 2X**
   c. **Jandus Cut-Off in Cary**
   d. **Cary Rd. Off of Jandus Cut-Off**

OVER

6. Trainee drives back to TJA and parks bus in assigned stall.

7. Discuss how Trainee performed and set appointment for the next day.

8. Fill out appropriate forms:
   a. **Secretary of State "Dates of Training" (Trainer** to date and sign at the end of 5th and 10th day of training).
   b. **Trainer** will sign off **BTW Daily Schedule** and date at the end of each day.
   c. Trainee will initial each step of **BTW Daily Schedule** at the end of each day.
   d. **Progress Report**

Trainer's Signature: Amanda Oak **Date:** 1/14/22

Trainee's Name: Jesse Guzman Date: 1/14/2022

BEHIND THE WHEEL DAILY SCHEDULE – DAY 6

TJA's policy on Idling Time: NO MORE THAN 10 MIN. DURING PRE-TRIP PROCEDURES

****SCHEDULE DATE WITH PENNY FOR ROAD TEST****

a. Date of road test: 1/22/22 @ 7:30am

****SCHEDULE NIGHT DRIVING TODAY. MUST BE DONE BY THE 10TH DAY****

a. Night Driving Scheduled: 1.19 @6:30

Mirror Adjustment

1. Trainee Pre-Trips bus at garage. **Should** do this by **memory without paperwork.** Record time on this form. 30 min
   a. Trainee will **"Walk the Bus" (Per TJA Handbook Page 10)**
   b. If tank is ½ full, Trainee will fuel

2. Trainee fills out Pre-Trip form. (Both will sign off).

3. Trainee drives to **Skills Course** and practices each segment as **Trainer** observes from outside. Trainee should be able to **"verbally talk"** out loud the **RR Crossing** procedures **by memory at this point.**

4. **Trainer** will acquire a **full set of routes (3)** for Trainee to drive. **Trainer** will have a duplicate copy to follow along and **assist,** if necessary.
   a. Rt 501 Crystal Lake South High School
   b. Rt 205 Lundahl Middle School
   c. Rt 63 Glacier Ridge Elementary School

5. Trainee will drive to the following areas and will practice **Uphill/Downhill** procedure:
   a. **Amberwood Rd. West of Golf Course**

OVER

6. **Trainer** will show Trainee where and how buses line up for A.M. and P.M. routes, as well as field trips at the following school:
   a. **Glacier Ridge Elementary**
   b. **South H.S. (SHS)**
   c. **Haber Oaks @ South High School**
   d. **Lundahl Middle School (LMS)**

7. Trainee drives back to TJA and parks bus in assigned stall.

8. Discuss how Trainee performed and set appointment for the next day.

9. Fill out appropriate forms:
   a. **Secretary of State "Dates of Training" (Trainer** to date and sign at the end of the 5th and 10th day of training).
   b. **Trainer** will sign off **BTW Daily Schedule** and date at the end of each day.
   c. Trainee will initial each step of **BTW Daily Schedule** at the end of each day
   d. **Trainee's Progress Report (Both to sign and date).**

Trainer's Signature: Amanda Dath **Date:** 1/14/22 PM

Trainee's Name: Teresa Ragone **Date:** 1/14/2022 PM

BEHIND THE WHEEL DAILY SCHEDULE – DAY 7

TJA's policy on Idling Time: NO MORE THAN 10 MIN. DURING PRE-TRIP PROCEDURE

Mirror Adjustment

1. Trainee Pre-Trips bus at garage. **Should** do this by **memory without paperwork.** Record time on this form 50
   a. Trainee will **"Walk the Bus" (Per TJA Handbook Page 10)**
   b. If tank is ½ full, Trainee will fuel

2. Trainee fills out Pre-Trip form. (Both will sign off).

3. Trainee will drive to **Skills Course** and **Practice Perfection.**

4. Trainer will show how to perform a **"Bus Evacuation".** (Usually done at skills course **2X**).

5. **Trainer** will explain in **DETAIL** how to perform a **"Park Regeneration"** procedure. Do this at the **Skills Course (2X).**

6. Trainee will drive to our **"Satellite"** lot. **Trainer** will bring trailer key and go inside and show Trainee around and our procedure:
   a. **Leach Lot**

7. **Trainer** will show Trainee where and how buses line up for A.M. and P.M. routes, as well as field trips at the following school:
   a. **Prairie Ridge High School**

8. Trainee will practice a **3-Point Turn:**
   a. **Oakcrest** (off of Route 31)

OVER

9. Trainee will drive over the following **RR Crossing** today.
   a. **Hillside Rd.**
   b. **Bay Rd.**
   c. **Edgewood Rd.**

10. Trainee will drive past the ****FORBIDDEN RR CROSSING**** WITH **TRAINER** POINTING IT OUT:
   a. **Walkup in Crystal Lake**

11. ****BONUS TIME* Trainer will acquire route for Trainee to drive. **Trainer** will have a duplicate copy to follow along and **assist**, if necessary.
   a. Rt 2200 Prairie Ridge High School

12. Trainee drives back to TJA and parks bus in assigned stall.

13. Discuss how Trainee performed and set appointment for the next day.

14. Fill out appropriate forms:
   a. **Secretary of State "Dates of Training" (Trainer** to date and sign on the 5th and 10th day of training).
   b. **Trainer** will sign off **BTW Daily Schedule** and date at the end of each day.
   c. Trainee will initial each step of **BTW Daily Schedule** at the end of each day.

Trainer's Signature: S Palmer **Date:** 1-15-2022

Trainee's Name: Tiesa Aragon **Date:** 1-15-2022

Trainee's Name: Teresa Peragine Date: 1/15/2022

BEHIND THE WHEEL DAILY SCHEDULE – DAY 8

TJA'S policy on Idling Time: NO MORE THAN 10 MIN. DURING PRE-TRIP PROCEDURE

****NO SKILLS COURSE TODAY****

Mirror Adjustment

1. Trainee Pre-Trips bus at garage. **Should** do this by memory. Record time on this form NT
   - a. Trainee will "**Walk the Bus**". **(Per TJA Handbook Page 10)**
   - b. If tank is ½ full, Trainee will fuel

2. Trainee fills out Pre-Trip form. (Both will sign off).

3. **Trainer** will acquire a **full set of routes (3)** for Trainee to drive. **Trainer** will have a duplicate copy to follow along and **assist**, if necessary.

b.	Rt 205B	Lundahl Middle School
a.	Rt 501B	Crystal Lake South High School
c.	Rt 63B	Glacier Ridge Elementary School

4. Trainee drives back to TJA and parks bus in assigned stall.

5. **Trainer** will take Trainee to **Conference Room** and discuss the following:
   - a. How to handle a **Breakdown (TJA's procedure)**
   - b. How to sign the **"Availability List"**
   - c. How to **"Bid"** on **Field Trips/Trips Awarded**
   - d. How to properly fill out a **Field Trip** ticket

OVER

6. Discuss how Trainee performed and set appointment for the next day.
   a. Go over any **weak areas** Trainee may have.

7. Fill out appropriate forms:
   a. **Secretary of State "Dates of Training"** (**Trainer** to date and sign on the end of 5th and 10th day of training).
   b. **Trainer** will sign off **BTW Daily Schedule** and date at the end of each day.
   c. Trainee will initial each step of **BTW Daily Schedule** at the end of each day.

Trainer's Signature: _____ Date: 1-15-2022

Trainee's Name: Teresa Peragine Date: 1/15-2022

BEHIND THE WHEEL DAILY SCHEDULE – DAY 9

TJA's policy on Idling Time: NO MORE THAN 10 MIN. DURING PRE-TRIP PROCEDURE

Mirror Adjustment

1. Trainee Pre-Trips bus at garage. **MUST** do this by memory. Record time on this form 40 min
   a. Trainee will "**Walk the Bus" (Per TJA Handbook Page 10)**
   b. If tank is ½ full, Trainee will fuel

2. Trainee fills out Pre-Trip form. (Both will sign off).

3. Trainee will drive to **Skills Course** and **Practices Perfection.**

4. Trainee will perform a "**Bus Evacuation**". Usually done while at **Skills Course.**

5. **Trainer** will explain in detail how to perform a **"Park Regeneration"** procedure. Usually done while at course.

6. **If anything has been missed on daily schedules, complete today.**

7. **PRACTICE TEST** - Trainee will drive around the city practicing the following:
   a. **Left/Right turns**
   b. **RR Crossings**
   c. **Mock Student Pick-Up/Drop Offs** (at stops and schools)
   d. **Uphill/Downhill's**
   e. **3-Point Turns**

OVER

8. Go over anything the Trainer/Trainee feels **weak** in.

9. Trainee drives back to TJA and parks bus in assigned stall.

10. Discuss how Trainee performed and set appointment for the next day.

11. Fill out appropriate forms:
    a. **Secretary of State "Dates of Training" (Trainer** to date and sign on the end of the 5th and 10th day of training).
    b. **Trainer** will sign off BTW Daily Schedule and date at the end of each day.
    c. Trainee will initial each step of **BTW Daily Schedule** at the end of each day.

Trainer's Signature: Nancy Dawson **Date:** 1-18-22

Trainee's Name: Quinn Teague Date: 1/18/2022

BEHIND THE WHEEL SCHEDULE – DAY 10

TJA's policy on Idling Time: NO MORE THAN 10 MIN. DURING PRE-TRIP PROCEDURE

Mirror Adjustment

** **Date Night Driving Occurred:** _____

1. Trainee Pre-Trips bus at garage. **MUST do this by memory**. Record time on this form 35min
   a. Trainee will **"Walk the Bus" (Per TJA Handbook Page 10)**
   b. If tank is ½ full, Trainee will fuel

2. Trainee fills out Pre-Trip form. (Both will sign off).

3. **PRACTICE TEST –**
   a. Trainee will drive to **Skills Course** and **Practices Perfection** on the following:
      i. **Straight Backing**
      ii. **Off Set Parking** (Both Left and Right Side)
      iii. **Parallel Parking** (Both Left and Right Side)

   b.. Trainee will drive all through town, both urban and rural **Perfecting** the following:
      i. **Left/Right Turns**
      ii. **Railroad Crossings**
      iii. **Mock Student Pick-Up/Drop Offs** (at stops and schools)
      iv. **Uphill/Downhill**

   c. **Trainer** will help Trainee focus on areas needed to be strengthened, if any:
      i. **Left/Right Turns**
      ii. **Railroad Crossings**
      iii. **Student Pick-Up/Drop Offs**
      iv. **WALK THE BUS**
      v. **Uphill/Downhill**

4. Trainee drives back to TJA and parks bus in assigned stall.

OVER

5. Both **Trainer** and Trainee will sign and date the following forms:
   a. Trainee will initial each step of **BTW Daily Schedule.**
   b. **Trainer** will sign off **BTW Daily Schedule** .
   c. Trainee's **Progress Report.**
   d. **Secretary of State – Third Party Certification Form. "Dates of Training".**
   e. **Behind the Wheel Completion Form.**

6. Give Trainee Behind the Wheel **Trainer Evaluation Form.** (To be completed at home and turned in the **day** of their **Road Test).**

7. **Trainer** to staple the following in order:
   a. **Secretary of State Third Party Certification Form(s)**
   b. **Behind the Wheel 10 Day Schedule (1-10)**
   c. **Trainee's Progress Report (5 and 10)**

8. **Trainer** to fill out **TJA TRAINING RECORD – DAILY** (Located on front of Trainee's folder).

9. **Trainer** to turn in completed Trainee's **Folder** to **Administrative Assistant** on the **last** day of training

10. **Remind** Trainee of their **Scheduled Road Test Date and Time.**
    a. Date and time of Road Test: 1-22-22 @ 7:30 AM

n/a 11. **TJA PARKING PERMIT** (Turn into Dispatch during first scheduled shift after completion of test. **Return Temporary Permit** to Trainer.)

Trainer's Signature: Danny Dawson **Date:** 1-21-22

Trainee's Name: Teresa Peragine Date: 1-21-22

BEHIND THE WHEEL COMPLETION FORM

As a TJA Driver Trainer, I certify that I have instructed the following person on all items covered in behind the wheel procedures.

Trainer's Name: Nancy Dawson

Trainer's Signature: Nancy Dawson Date: 1-21-22

I certify that I have been instructed on all items covered and that I fully understand all procedures pertaining to Behind the Wheel training. If in the future, I believe I need additional training, I will contact TJA management and request any training needed.

Trainee's Name: Teresa Peragine

Trainee's Signature: Teresa Peragine Date: 1-21-22

NEW HIRE Information

Name/Address:
Teresa Peragine
[redacted]

Phone:
[redacted]

Birthdate:
[redacted]

Social Security:
[redacted]

Driver's License #
[redacted]

Expires

Hire Date:
6/16/2021

Pay Rate:

G/L: _____

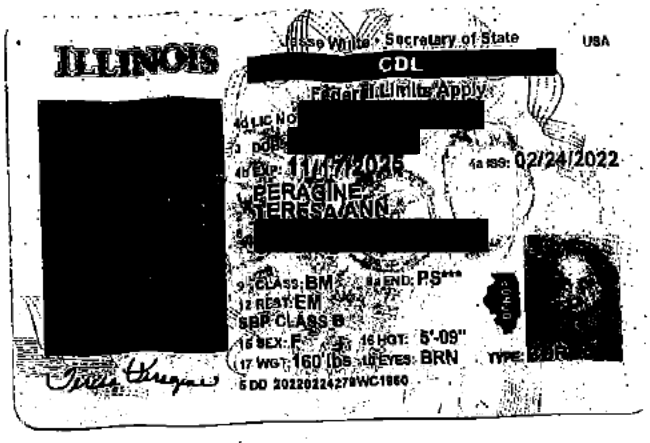
Employee Number: [redacted]

W-4 Exemptions:
Fed: Dist. Office
State: Dist. Office
IMRF: Yes
Ethnicity:

Referred by: Not Applicable

New Hire Checklist
- ✓ TJA Personal Docs Drive
- ✓ TJA Personal Update Excel
- ✓ Attendance on demand
- ✓ Add to access
- ✓ Calendar
- ✓ Senority List
- N/A Payroll worksheet
- done Core (KJ)
- done HR

Post Training Checklist
- ____ Badge (add # to Google Drive Emplist)
- ____ Door Access
- ____ Mailbox
- ✓ Email
- ____ ESS
- ____ Skyward
- N/A Insurance

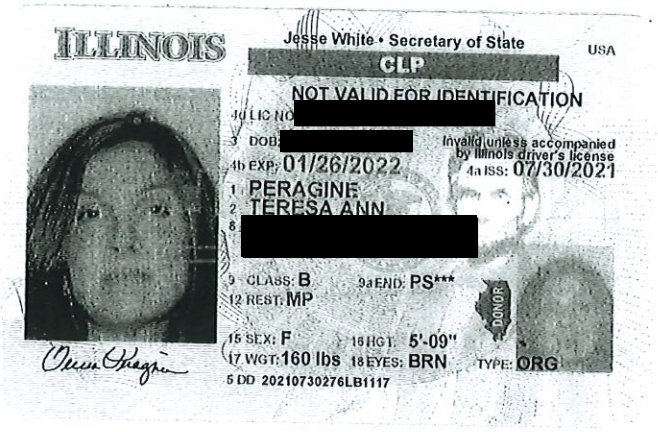

ILLINOIS
Jesse White · Secretary of State
USA
CDL
Federal Limits Apply
4a ISS: 02/24/2022
PERAGINE
TERESA ANN
9 CLASS: BM
12 REST: EM
9a END: PS***
16 SEX: F
16 HGT: 5'-09"
17 WGT: 160 lb
18 EYES: BRN
5 DD 20220224278WC1860

Reimb 6.21.22



test

Scheduled 1/22/22 @ 7:30am


ILLINOIS
Jesse White • Secretary of State
USA
CLP
NOT VALID FOR IDENTIFICATION
4d LIC NO [redacted]
3 DOB [redacted]
Invalid unless accompanied by Illinois driver's license
4b EXP: 01/26/2022
4a ISS: 07/30/2021
1 PERAGINE
2 TERESA ANN
8 [redacted]
9 CLASS: B
9a END: PS***
12 REST: MP
DONOR
15 SEX: F
16 HGT: 5'-09"
17 WGT: 160 lbs
18 EYES: BRN
TYPE: ORG
5 DD 20210730276LB1117

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CLASSROOM TRAINING COMPLETION FORM

As a TJA Driver Trainer, I certify that I have instructed the following person on all items covered in this manual.

Trainer's Name: Amanda Oates

Trainer's Signature: Amanda Oates Date: 12/30/21

I certify that I have been instructed on all items covered in this manual and that I fully understand all procedures. If in the future I believe I need additional training, I will contact TJA management and request any training needed.

Trainee's Name: Teresa Peraguc

Trainee's Signature: Teresa Peraguc Date: 12-30-2021

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CLASSROOM TRAINING - DAY 6 - 4 HOURS

1. Mandated Reporting
   - a. **Read Manual for Mandated Reporting on your own time** (Found on page 111)
   - b. Discuss "WE" are Mandated Reporters
   - c. Employee must sign the acknowledgement of Mandated Reporter status form. **Place in folder.**

2. Terrorism Preparedness
   - a. Cover material in Manual

3. Building Disaster and Evacuation Procedure
   - a. Cover material in Manual

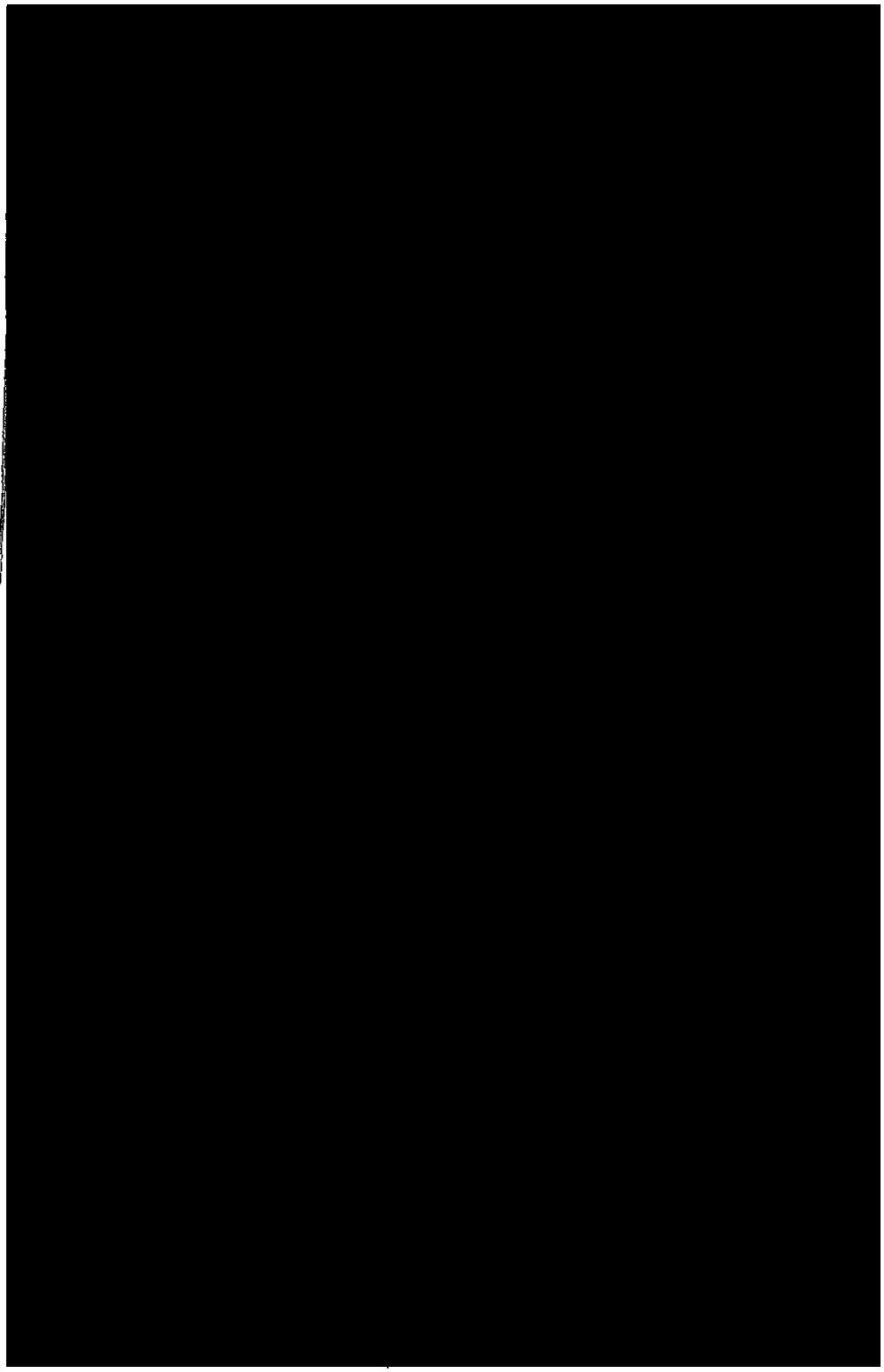
4. Crashes and Injuries
   - a. Cover material in Manual

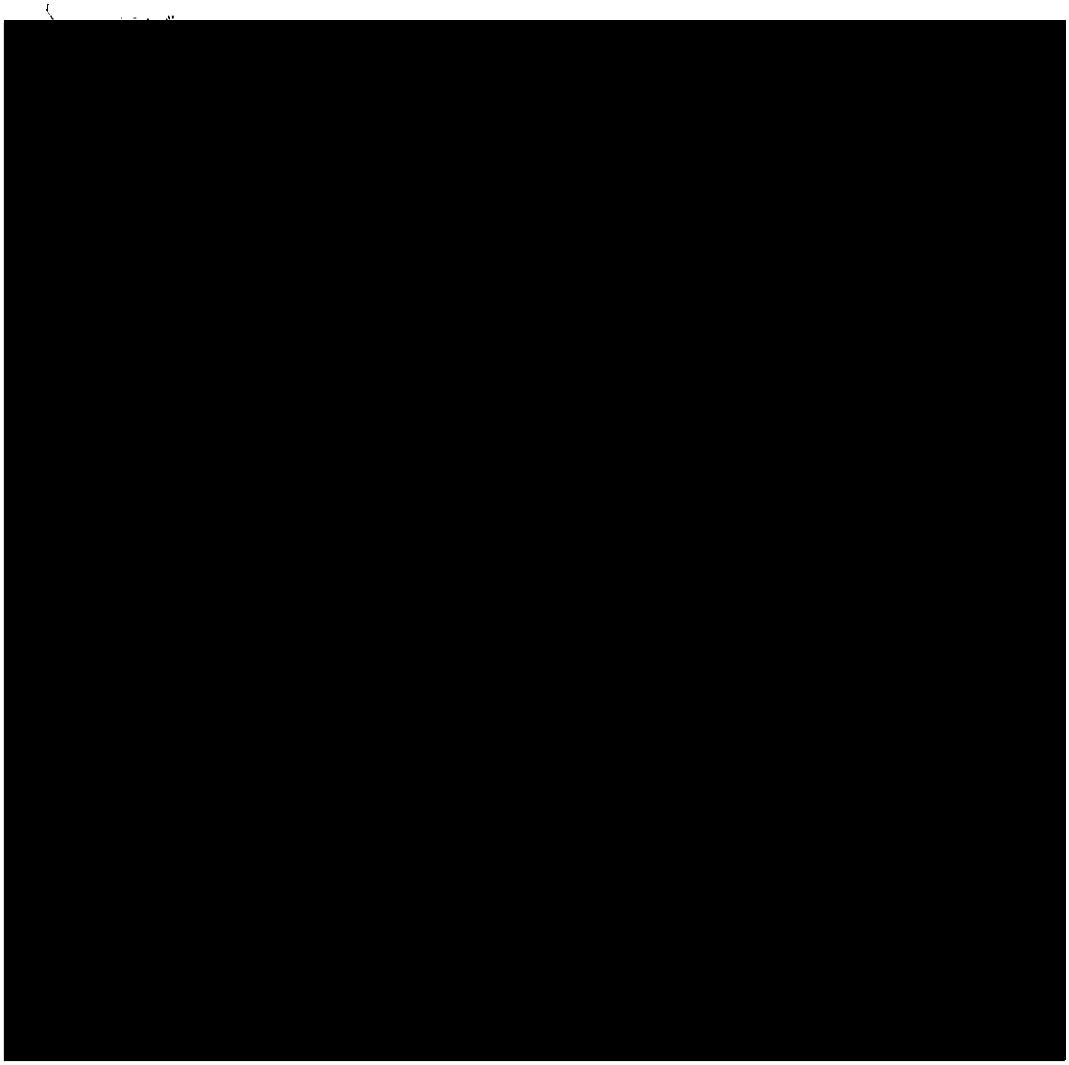
5. Policy Updates/Kindergarten Procedures

6. Mirror Station
   - a. **#5 Mirror Station Video** (13 min. 38 sec.)

7. Building Reference Times
   - a. Building Reference Times Test

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ACKNOWLEDGEMENT OF TRAINING

I have read and understand the training handbook, **Bloodborne Pathogens for Bus Drivers**. I have also completed and passed the comprehensive quiz at the conclusion of this handbook.

Employee's Signature — Date: 12/29/2022

Amanda Oates / Karen Fowler — Date: 12/29/2022

Trainer's Name

NOTE: This record may be included in the employee's personnel or training file.

CLASSROOM TRAINING - DAY 2 - 3-3 ½ HOURS

1. Finish reviewing CDL Study Guide Questions and Answers (grey boxes)

2. Grade Practice Tests in Trainees Manual:
   a. Core Knowledge – 30 questions
   b. Cargo – 30 questions
   c. Air Brakes – 30 questions
   d. Transporting Passengers – 30 questions
   e. School Bus Endorsement – 30 questions

3. Keep practice tests in Trainee's Manual for future review.

4. Practice on-line Tests in Driver's Room. Password for PC: CLTJA
   a. http://driving-tests.org/cdl-practice-test/
   b. TBD

5. Trainer to give Trainee **Letter of Intent** and **Driver's Declaration Form**. Facility addresses and phone numbers located in CDL Study Guide - Page 7.

6. **Proof of Legal Presence.** Trainee to bring one of the following documents with them to the **DMV**: (Check one)

   a. U.S. Citizen:
   - ____ 1. U.S. Birth Certificate with the official raised seal. (No copies).
   - ✓ 2. U.S. Passport (unexpired), with the official raised seal. (No copies).
   - ____ 3. Puerto Rico Birth Certificate
   - ____ 4. Virgin Islands (US) Birth Certificate
   - ____ 5. Guam Birth Certificate
   - ____ 6. American Samoa Birth Certificate
   - ____ 7. Commonwealth of the Northern Mariana Islands Birth Certificate
   - ____ 8, Consular Report of Birth Abroad (CRBA) issued by US State Department
   - ____ 9. Naturalization issued by US DHS (N550)
   - ____ 10. Certificate of Citizenship issued by US DHS (N600)

OVER

   ____ b. Lawful Permanent Resident (L)
   - ____ 1. Permanent Resident Card issued by USCIS or INS (I-551)

____ c. Non-Domiciled Resident (N)

____ 1. Unexpired Employment Authorization Document (EAD) issued by USCIS (I-766)

JD 7. Fill out **Training Progress Report** and place in **folder**.

Trainer's Signature: Amanda Ortiz Date: 12/28/21

CLASSROOM TRAINING - DAY 5 – 4 HOURS

1. Student Management
   - a. **#19 Student Management Video** (45 min.)
   - b. Cover all materials for Student Management
   - c. In-depth Discussion
   - d. Read Student Management Scenario
   - e. Review Conduct and Incident Reports
   - f. Have trainee fill out reports accordingly
   - g. Review filled out form. **Place in folder.**
   - h. Trainee takes Student Management tests
   - i. Review test questions and answers. **Place in folder**.

2. First-Aid Kit – Cover contents and discuss
   - a. 2-2" Bandages
   - b. 2-4" Bandages
   - c. 1-Wire Splint
   - d. 1-Triangular Bandage with pins
   - e. 1-1X3" Adhesive Bandages (16 count)
   - f. 6 fuses

3. Bloodborne Pathogens
   - a. **Bloodborne Pathogens Video** (15 min.)
   - b. Body Fluid Clean Up Kit (Demonstrate gloves and kit)
   - c. Bloodborne Pathogens Booklet
   - d. Bloodborne Pathogens Test (Located in this Maual).

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e. Review tests Questions and Answers. **Place in folder**

f. Bloodborne Pathogen Exposure Control Plan. Found on Page 90. **To be read by Trainee on their own time.**

g. Bloodborne Pathogen Training Acknowledgement Form. **Check off and sign. Place in folder**

h. Hepatitis B Vaccination. (Consent or Declined). **Must be signed and return to Assistant Director of Transportation**

CLASSROOM

TRAINING

DAY 6

Illinois Department of
DCFS
Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, Teresa Peragine (Employee Name), understand that when I am employed as a Bus Driver (school) (Type of Employment), I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Teresa Peragine
Signature of Applicant/Employee

12/29/2021
Date

CANTS 22
Rev. 8/2013

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov

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CONSENT for Hepatitis B Vaccination

NAME Teresa Peragine **Social Security #** XX-XX-XXXX

A. Consent/Declination Record

Section #1 - Consent

[redacted]

Section #2 - Declination

[redacted]

B. Administrative Record

Date	Deltoid Only	Lot Number	Vaccinated by
[redacted]			

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BLOODBORNE PATHOGENS TRAINING

- ☑ Bloodborne Pathogen Video
- ☑ Body Fluid Clean Up Kit
- ☑ Bloodborne Pathogen Handbook
- ☑ Bloodborne Pathogen Test
- ☑ Received copy of Bloodborne Pathogen Exposure Control Plan
- ☑ Hepatitis B Vaccination Offered (Consent or Declination must be signed and returned to TJA Management).

As a TJA Driver Trainer, I certify that I have instructed the following person in the items covered above.

Trainer's name: Amanda Oates

Trainer's signature: Amanda Oates Date: 12/29/21

I certify that I have been instructed in the items listed above and that I fully understand all procedures covered in and by same. If, in the future I believe I need additional training, I will contact TJA management and request same.

Trainee's name: Teresa Peragine

Trainee's signature: Teresa Peragine Date: 12/29/21

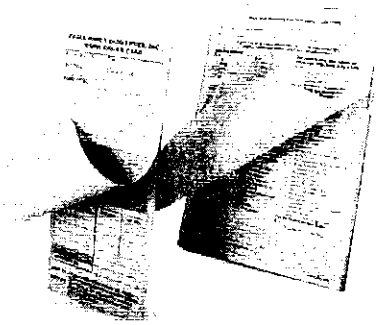
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Recording your Pre-Trip Inspection

The Pre-Trip Inspection form is a legal document.

The Pre-Trip Inspection form is used to notify technicians of defects, identify when the bus is due for a safety inspection based on date and mileage, and document fuel usage.

The information on the inspection form is also used for billing the School Districts and the State of Illinois.



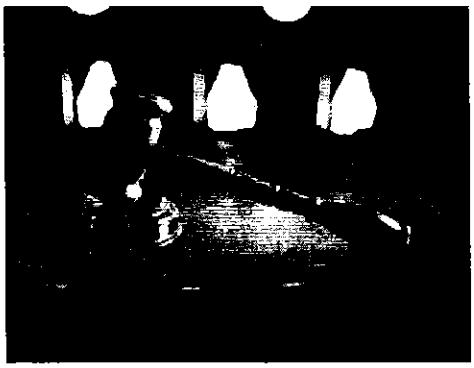


Because School District's 47 & 155 and the State are all responsible for portions of the transportation budget, TJA is subject to Audit.

It is for these reasons that the Pre-Trip Inspection forms MUST be filled out legibly, completely, and with complete accuracy.

The purpose of this section is to inform you of the importance of filling out your pre-trip inspection form accurately. All drivers will know how to fill out the Pre-Trip Inspection form:

- Legibly
- Accurately
- In its entirety



Inaccurate Pre-Trip Inspection forms can result in:

- Legal repercussions for you and TJA.
- Inaccurate billing to the School Districts & to the State of Illinois.
- Time spent researching, investigating, and reporting to the Districts & the State

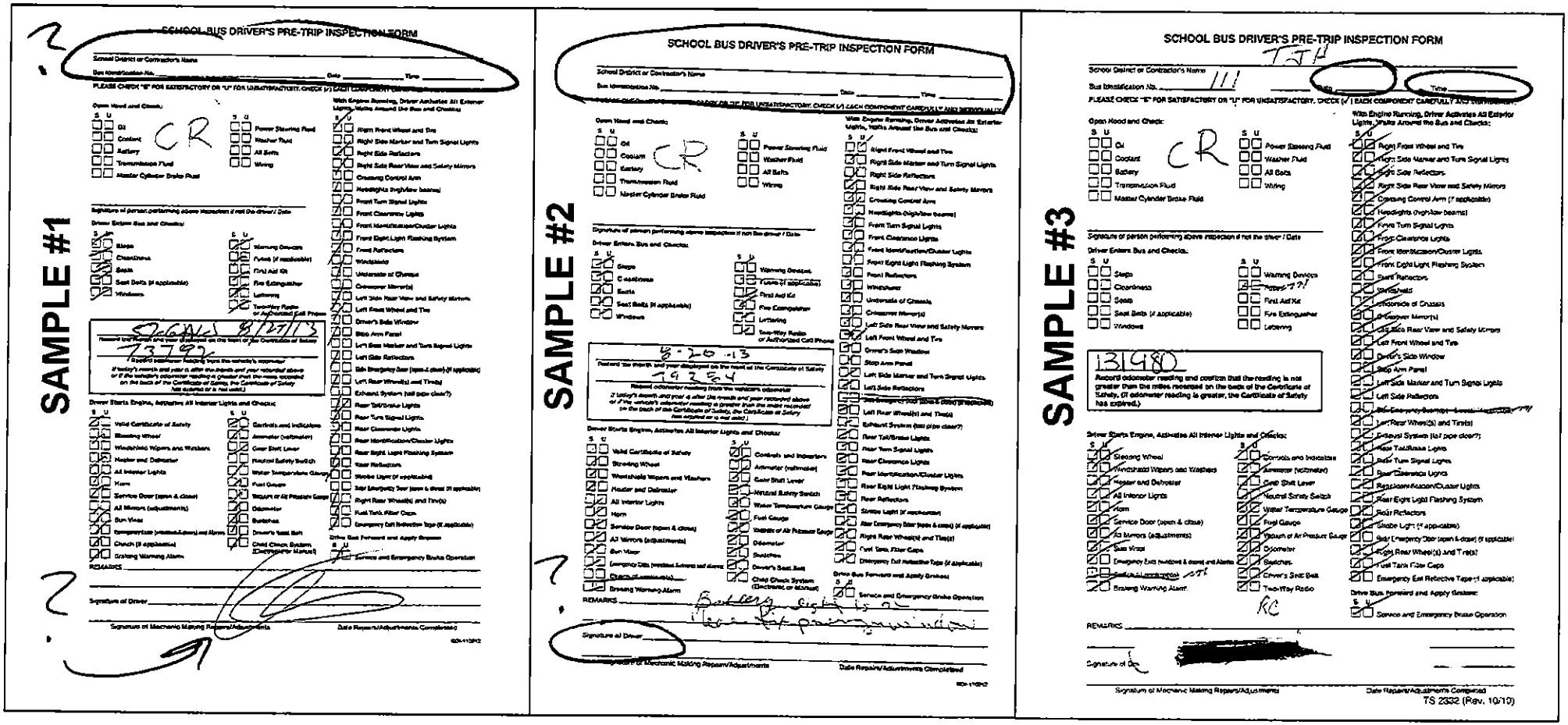


What does the Illinois School Bus Driver Training Curriculum say about the Pre-trip form?

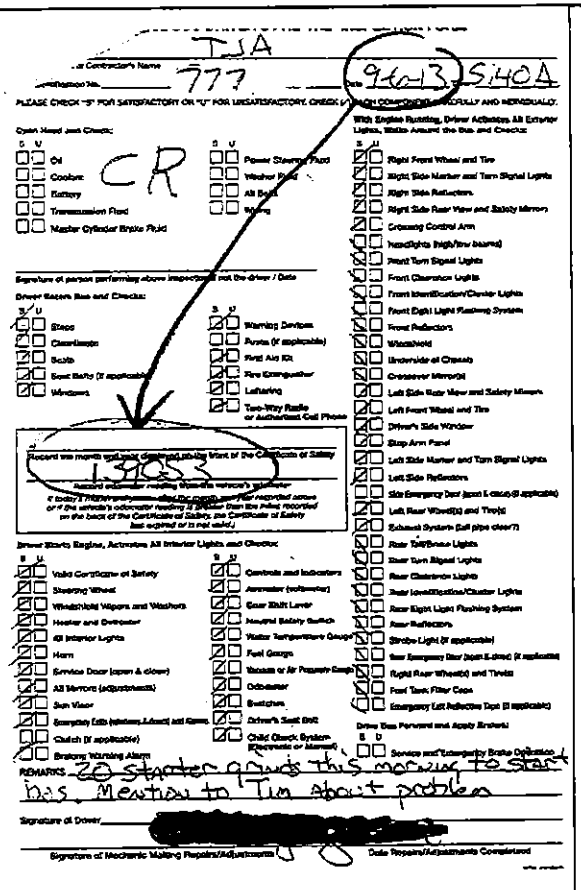
- The driver is required to fill out the Pre-trip form each time an inspection is performed.
- Any defects found on the bus must be recorded.
- Forms must NOT be filled out in advance.
- Each individual component must be checked or marked.
- If a component listed on the form was not present on the bus at the time of manufacture (ie: clutch), the item must be marked out and "Not Applicable" or "N/A" must be written beside the component.
- Each day before a school bus is operated, the driver must examine the previous Pre-trip Inspection Form.

The following are examples of errors that have been found by TJA.

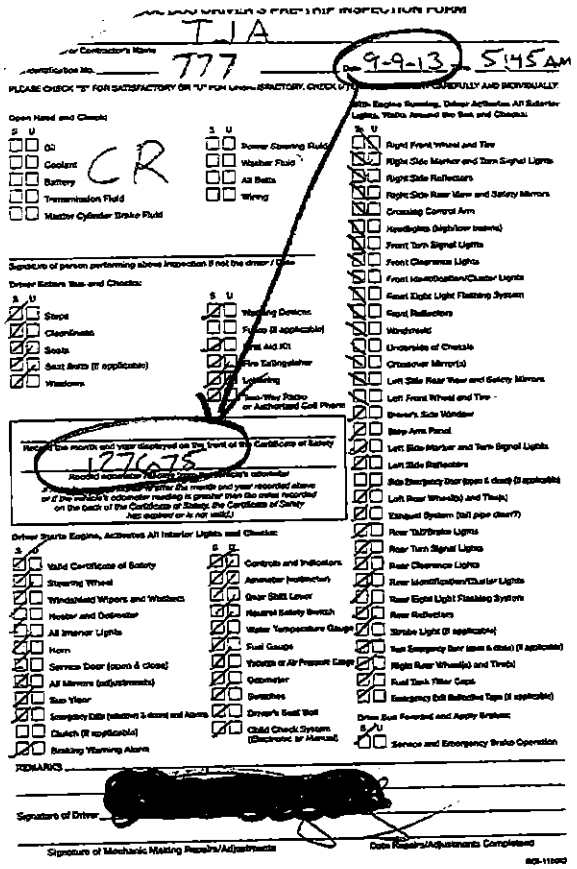
You will notice that however insignificant it may seem, remember that this is an official document and must be treated as such. Errors will not be tolerated and could result in, but not limited to, termination.



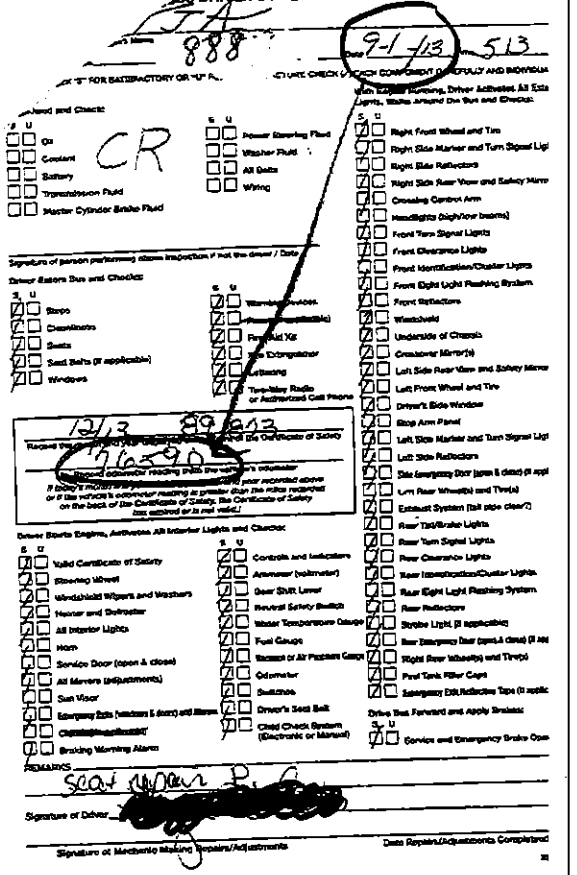
SAMPLE #8 A

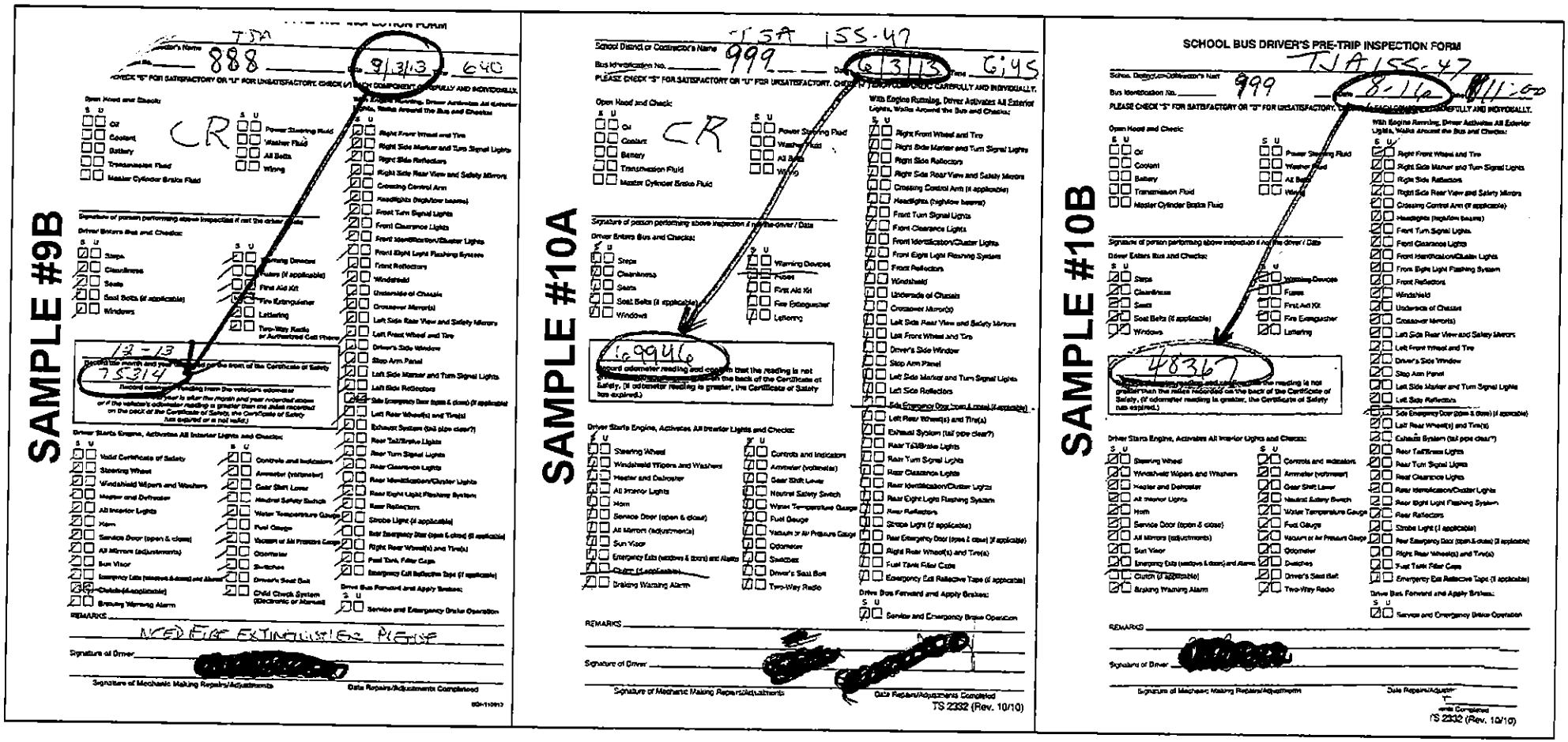


SAMPLE #8B

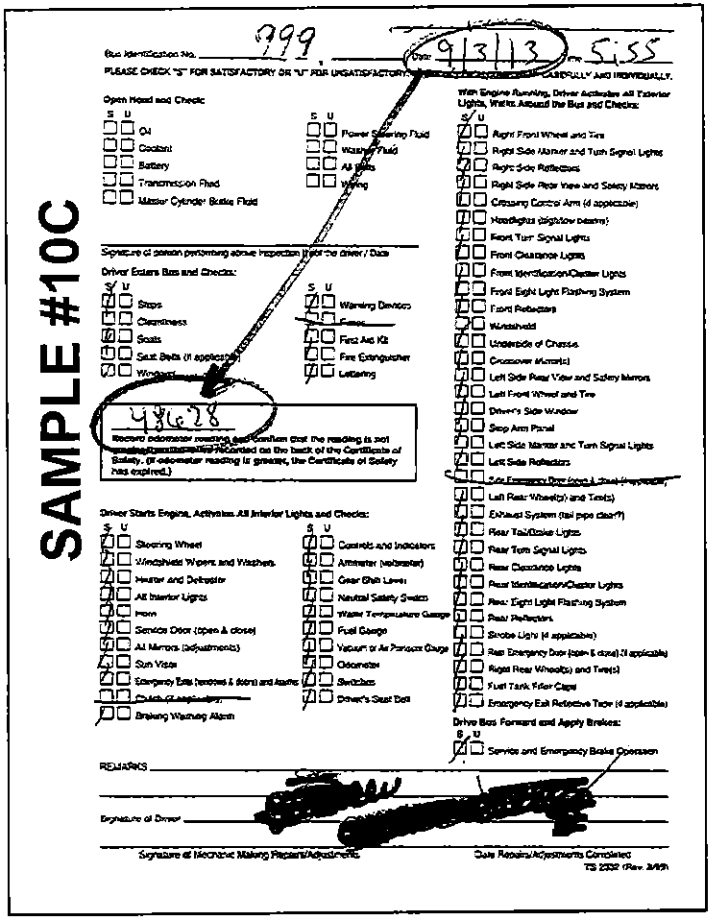


SAMPLE #9A

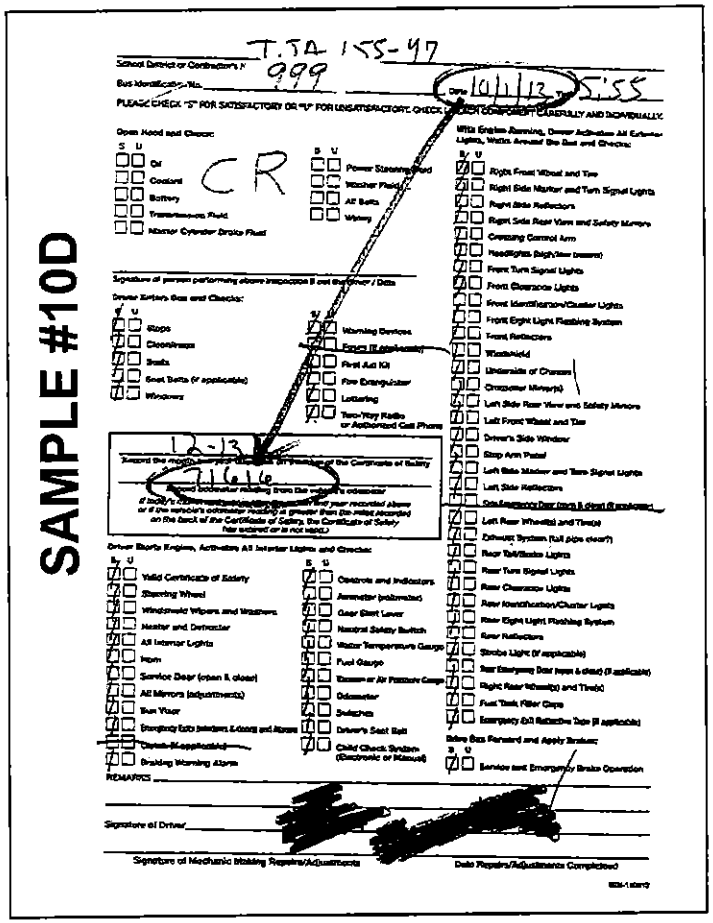



SAMPLE #9B
TSA
888
9/3/13
640
CR
12-13
75314
NEED FIRE EXTINGUISHER PLEASE
SAMPLE #10A
TSA 155.47
999
6/3/13
6:45
CR
169946
SAMPLE #10B
SCHOOL BUS DRIVER'S PRE-TRIP INSPECTION FORM
TSA 155.47
999
8-16
48367
TS 2332 (Rev. 10/10)

SAMPLE #10C



SAMPLE #10D





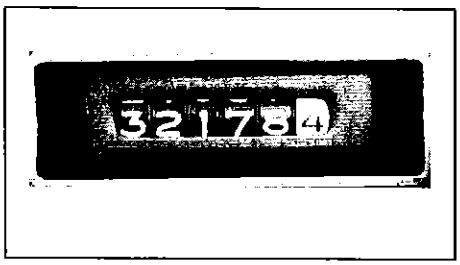
How do we fix it?

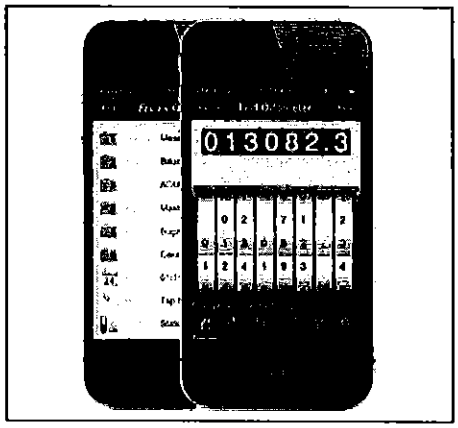
What you need to do:

Be positive that your Pre-Trip Inspection form is filled out correctly and meets the needs of TJA, the State of Illinois, and School Districts 47 & 155.

Filling out the **LEGAL DOCUMENT PRE-TRIP INSPECTION FORM**

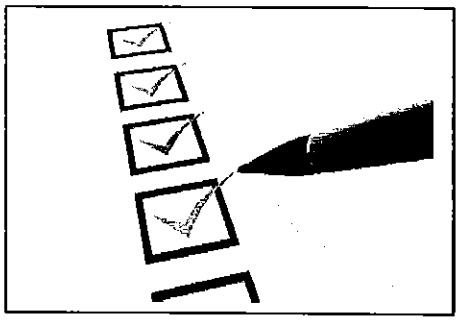
- Pre-Trip forms must be filled out daily by each new driver of the bus.
- **ALL** aspects of the pre-trip form must be recorded accurately. This includes but it not limited to:
  - Bus #
  - Date
  - Mileage
  - Time





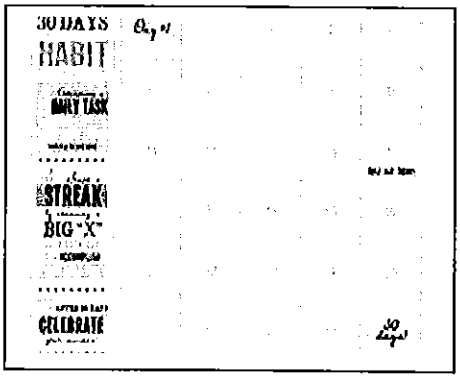
Each box must be checked. Do not draw a single line down through the boxes.

Use black or blue ink. This is a professional & legal document.



Pre-Trip forms must be turned in before leaving the lot each day.

- At the mechanics office window, or
- In mailbox at the fuel pump.



By law, the yellow carbon copy of the Pre-Trip form must be kept in the bus for 30 days.

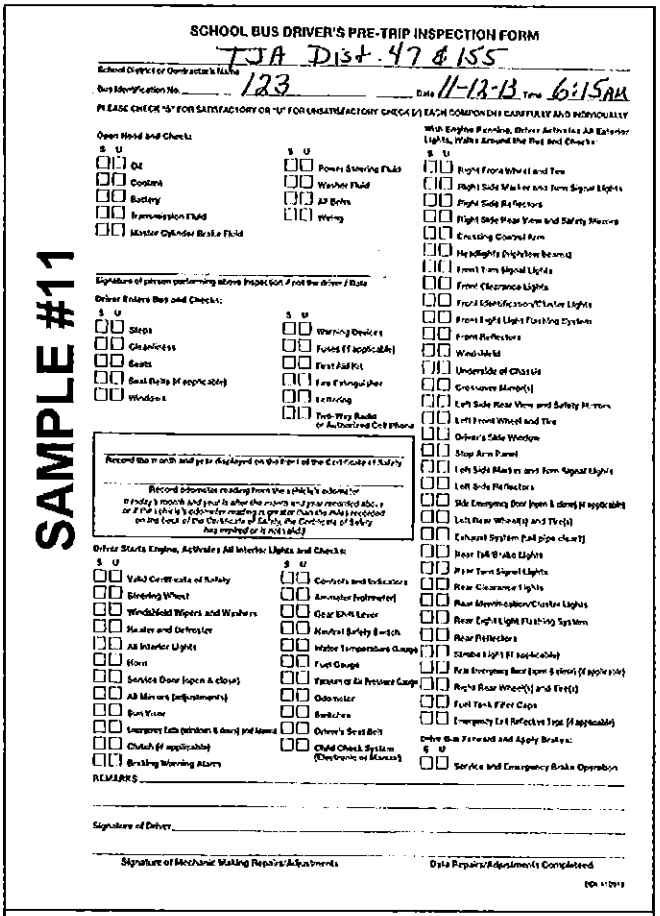
Mileage must be recorded in whole numbers. No Tenths.

Correct recording – 32178
Incorrect recording 32178.4
Incorrect recording 321784

Correct recording 13082
Incorrect recording 13082.3
Incorrect recording 130823

All numbers, words & signatures must be legible. Always print your name legibly after your signature.

- Print legibly
- Make sure the bus number is the bus you are in
- Be sure the date & time are correct



SAMPLE #11

SCHOOL BUS DRIVER'S PRE-TRIP INSPECTION FORM

TJA Dist. 47 & 155

School District or Contractor's Name

Bus Identification No. 123 Date 11-12-13 Time 6:15AM

PLEASE CHECK "S" FOR SATISFACTORY OR "U" FOR UNSATISFACTORY. CHECK (√) EACH COMPONENT CAREFULLY AND INDIVIDUALLY.

Open Hood and Check:

S U
- ☐ ☐ Oil
- ☐ ☐ Coolant
- ☐ ☐ Battery
- ☐ ☐ Transmission Fluid
- ☐ ☐ Master Cylinder Brake Fluid
- ☐ ☐ Power Steering Fluid
- ☐ ☐ Washer Fluid
- ☐ ☐ All Belts
- ☐ ☐ Wiring

Signature of person performing above inspection if not the driver / Date

Driver Enters Bus and Checks:

S U
- ☐ ☐ Steps
- ☐ ☐ Cleanliness
- ☐ ☐ Seats
- ☐ ☐ Seat Belts (if applicable)
- ☐ ☐ Windows
- ☐ ☐ Warning Devices
- ☐ ☐ Fuses (if applicable)
- ☐ ☐ First Aid Kit
- ☐ ☐ Fire Extinguisher
- ☐ ☐ Lettering
- ☐ ☐ Two-Way Radio or Authorized Cell Phone

Record the month and year displayed on the front of the Certificate of Safety

Record odometer reading from the vehicle's odometer

If today's month and year is after the month and year recorded above or if the vehicle's odometer reading is greater than the miles recorded on the back of the Certificate of Safety, the Certificate of Safety has expired or is not valid.

Driver Starts Engine, Activates All Interior Lights and Checks:

S U
- ☐ ☐ Valid Certificate of Safety
- ☐ ☐ Steering Wheel
- ☐ ☐ Windshield Wipers and Washers
- ☐ ☐ Heater and Defroster
- ☐ ☐ All Interior Lights
- ☐ ☐ Horn
- ☐ ☐ Service Door (open & close)
- ☐ ☐ All Mirrors (adjustments)
- ☐ ☐ Sun Visor
- ☐ ☐ Emergency Exits (windows & doors) and Alarms
- ☐ ☐ Clutch (if applicable)
- ☐ ☐ Braking Warning Alarm
- ☐ ☐ Controls and Indicators
- ☐ ☐ Ammeter (voltmeter)
- ☐ ☐ Gear Shift Lever
- ☐ ☐ Neutral Safety Switch
- ☐ ☐ Water Temperature Gauge
- ☐ ☐ Fuel Gauge
- ☐ ☐ Vacuum or Air Pressure Gauge
- ☐ ☐ Odometer
- ☐ ☐ Switches
- ☐ ☐ Driver's Seat Belt
- ☐ ☐ Child Check System (Electronic or Manual)

REMARKS

Signature of Driver

Signature of Mechanic Making Repairs/Adjustments

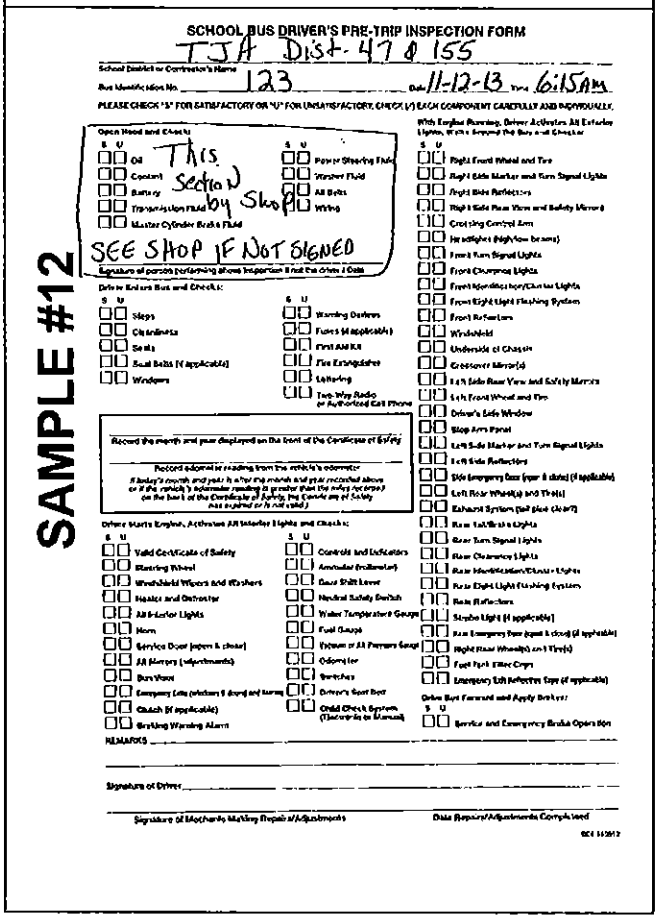
Date Repairs/Adjustments Completed

With Engine Running, Driver Activates All Exterior Lights, Walks Around the Bus and Checks:

S U
- ☐ ☐ Right Front Wheel and Tire
- ☐ ☐ Right Side Marker and Turn Signal Lights
- ☐ ☐ Right Side Reflectors
- ☐ ☐ Right Side Rear View and Safety Mirrors
- ☐ ☐ Crossing Control Arm
- ☐ ☐ Headlights (High/low beams)
- ☐ ☐ Front Turn Signal Lights
- ☐ ☐ Front Clearance Lights
- ☐ ☐ Front Identification/Clearance Lights
- ☐ ☐ Front Right Light Flashing System
- ☐ ☐ Front Reflectors
- ☐ ☐ Windshield
- ☐ ☐ Underside of Chassis
- ☐ ☐ Crossover Mirror(s)
- ☐ ☐ Left Side Rear View and Safety Mirrors
- ☐ ☐ Left Front Wheel and Tire
- ☐ ☐ Driver's Side Window
- ☐ ☐ Stop Arm Panel
- ☐ ☐ Left Side Marker and Turn Signal Lights
- ☐ ☐ Left Side Reflectors
- ☐ ☐ Side Emergency Door (open & close) (if applicable)
- ☐ ☐ Left Rear Wheel(s) and Tire(s)
- ☐ ☐ Exhaust System (tail pipe clear)
- ☐ ☐ Rear Tail/Brake Lights
- ☐ ☐ Rear Turn Signal Lights
- ☐ ☐ Rear Clearance Lights
- ☐ ☐ Rear Identification/Clearance Lights
- ☐ ☐ Rear Right Light Flashing System
- ☐ ☐ Rear Reflectors
- ☐ ☐ Strobe Light (if applicable)
- ☐ ☐ Rear Emergency Door (open & close) (if applicable)
- ☐ ☐ Right Rear Wheel(s) and Tire(s)
- ☐ ☐ Fuel Tank Filler Caps
- ☐ ☐ Emergency Exit Reflective Tape (if applicable)

Driver Puts Forward and Apply Brakes:

S U
- ☐ ☐ Service and Emergency Brake Operation



SAMPLE #12

SCHOOL BUS DRIVER'S PRE-TRIP INSPECTION FORM

TJA Dist. 47 & 155

School District or Contractor's Name

Bus Identification No. 123 Date 11-12-13 Time 6:15AM

PLEASE CHECK "S" FOR SATISFACTORY OR "U" FOR UNSATISFACTORY. CHECK (√) EACH COMPONENT CAREFULLY AND INDIVIDUALLY.

Open Hood and Check:

THIS Section by Shop

S U
- ☐ ☐ Oil
- ☐ ☐ Coolant
- ☐ ☐ Battery
- ☐ ☐ Transmission Fluid
- ☐ ☐ Master Cylinder Brake Fluid
- ☐ ☐ Power Steering Fluid
- ☐ ☐ Washer Fluid
- ☐ ☐ All Belts
- ☐ ☐ Wiring

SEE SHOP IF NOT SIGNED

Signature of person performing above inspection if not the driver / Date

Driver Enters Bus and Checks:

S U
- ☐ ☐ Steps
- ☐ ☐ Cleanliness
- ☐ ☐ Seats
- ☐ ☐ Seat Belts (if applicable)
- ☐ ☐ Windows
- ☐ ☐ Warning Devices
- ☐ ☐ Fuses (if applicable)
- ☐ ☐ First Aid Kit
- ☐ ☐ Fire Extinguisher
- ☐ ☐ Lettering
- ☐ ☐ Two-Way Radio or Authorized Cell Phone

Record the month and year displayed on the front of the Certificate of Safety

Record odometer reading from the vehicle's odometer

If today's month and year is after the month and year recorded above or if the vehicle's odometer reading is greater than the miles recorded on the back of the Certificate of Safety, the Certificate of Safety has expired or is not valid.

Driver Starts Engine, Activates All Interior Lights and Checks:

S U
- ☐ ☐ Valid Certificate of Safety
- ☐ ☐ Steering Wheel
- ☐ ☐ Windshield Wipers and Washers
- ☐ ☐ Heater and Defroster
- ☐ ☐ All Interior Lights
- ☐ ☐ Horn
- ☐ ☐ Service Door (open & close)
- ☐ ☐ All Mirrors (adjustments)
- ☐ ☐ Sun Visor
- ☐ ☐ Emergency Exits (windows & doors) and Alarms
- ☐ ☐ Clutch (if applicable)
- ☐ ☐ Braking Warning Alarm
- ☐ ☐ Controls and Indicators
- ☐ ☐ Ammeter (voltmeter)
- ☐ ☐ Gear Shift Lever
- ☐ ☐ Neutral Safety Switch
- ☐ ☐ Water Temperature Gauge
- ☐ ☐ Fuel Gauge
- ☐ ☐ Vacuum or Air Pressure Gauge
- ☐ ☐ Odometer
- ☐ ☐ Switches
- ☐ ☐ Driver's Seat Belt
- ☐ ☐ Child Check System (Electronic or Manual)

REMARKS

Signature of Driver

Signature of Mechanic Making Repairs/Adjustments

Date Repairs/Adjustments Completed

With Engine Running, Driver Activates All Exterior Lights, Walks Around the Bus and Checks:

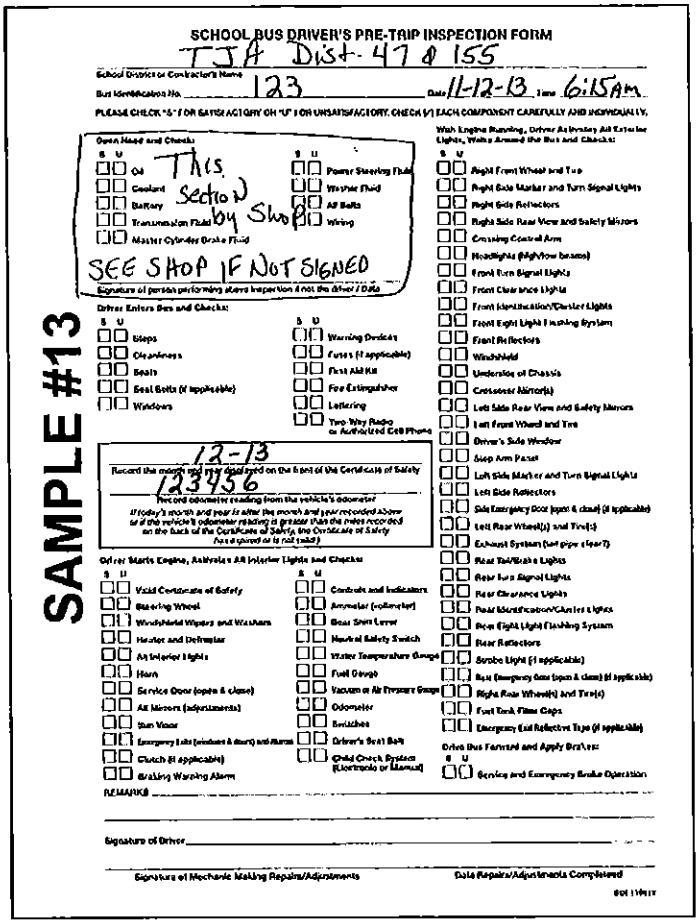
S U
- ☐ ☐ Right Front Wheel and Tire
- ☐ ☐ Right Side Marker and Turn Signal Lights
- ☐ ☐ Right Side Reflectors
- ☐ ☐ Right Side Rear View and Safety Mirrors
- ☐ ☐ Crossing Control Arm
- ☐ ☐ Headlights (High/low beams)
- ☐ ☐ Front Turn Signal Lights
- ☐ ☐ Front Clearance Lights
- ☐ ☐ Front Identification/Clearance Lights
- ☐ ☐ Front Right Light Flashing System
- ☐ ☐ Front Reflectors
- ☐ ☐ Windshield
- ☐ ☐ Underside of Chassis
- ☐ ☐ Crossover Mirror(s)
- ☐ ☐ Left Side Rear View and Safety Mirrors
- ☐ ☐ Left Front Wheel and Tire
- ☐ ☐ Driver's Side Window
- ☐ ☐ Stop Arm Panel
- ☐ ☐ Left Side Marker and Turn Signal Lights
- ☐ ☐ Left Side Reflectors
- ☐ ☐ Side Emergency Door (open & close) (if applicable)
- ☐ ☐ Left Rear Wheel(s) and Tire(s)
- ☐ ☐ Exhaust System (tail pipe clear)
- ☐ ☐ Rear Tail/Brake Lights
- ☐ ☐ Rear Turn Signal Lights
- ☐ ☐ Rear Clearance Lights
- ☐ ☐ Rear Identification/Clearance Lights
- ☐ ☐ Rear Right Light Flashing System
- ☐ ☐ Rear Reflectors
- ☐ ☐ Strobe Light (if applicable)
- ☐ ☐ Rear Emergency Door (open & close) (if applicable)
- ☐ ☐ Right Rear Wheel(s) and Tire(s)
- ☐ ☐ Fuel Tank Filler Caps
- ☐ ☐ Emergency Exit Reflective Tape (if applicable)

Driver Puts Forward and Apply Brakes:

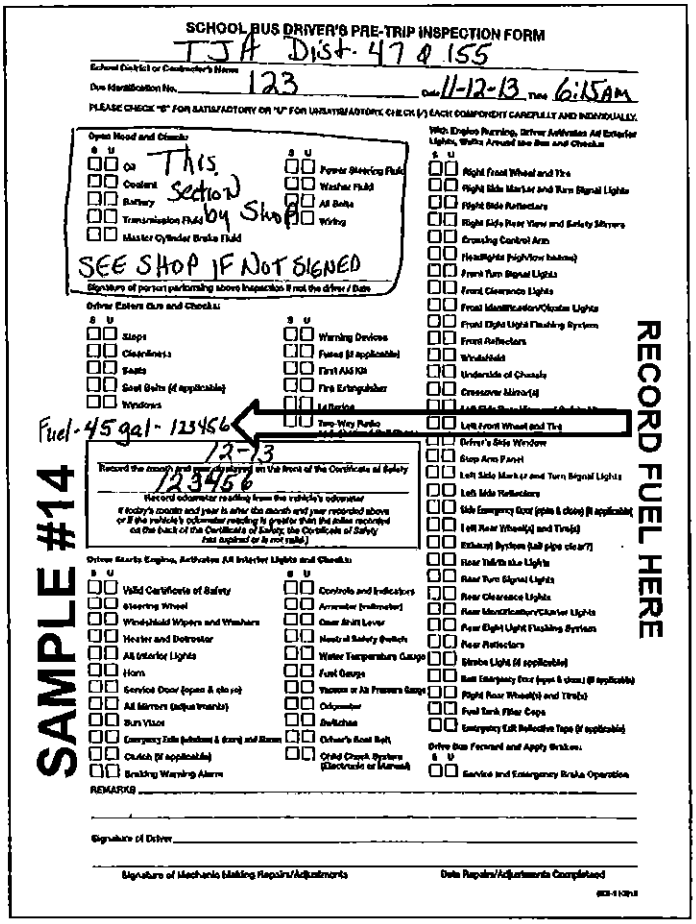
S U
- ☐ ☐ Service and Emergency Brake Operation

- This section is filled out by the shop.
- If no signature, do not leave lot until mechanic signs it.
- If you take overnight trips, you are responsible for checking the fluids. See a mechanic for training before an overnight trip.

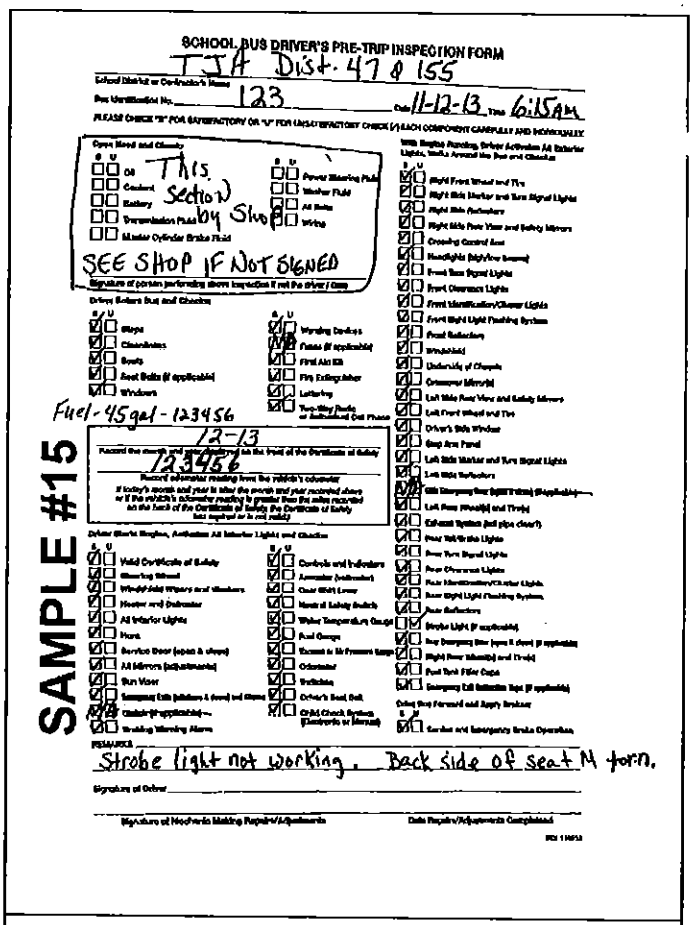
- Record mileage in whole numbers. No Tenths
- Record mileage on line indicated on form.
- Record Month & Year displayed on the front of the Safety Certificate
- Do not record fuel on any of the provided lines. (see below)
- Do not record anything other than what is indicated on these lines.
- **Write legibly**



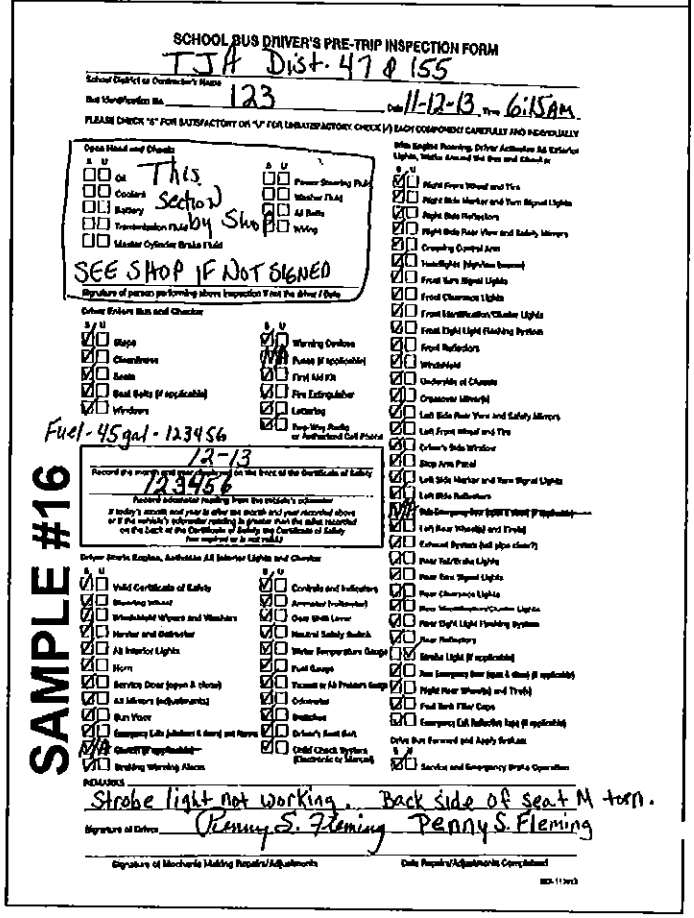
- Proper placement of fuel record is directly above the Mileage and Safety Inspection Sticker box



- Each box must be checked. Do not draw a line through the row of boxes.
- For items that are not applicable, mark out the item & put "N/A" in the box next to the item.
- Print legibly in the remarks section, a brief description of items marked unsatisfactory.



- Sign your name on the signature line – **Legibly.**
- Print your name next to your signature – **Legibly.**



Failure to accurately fill out the pre-trip forms will result in the following:

- **1st offense** - Verbal Warning
- **2nd offense** - (in a 1 year time frame) written letter with a permanent letter in file.
- **3rd offense** - (in a 1 year time frame) written warning with a permanent letter in file and one (1) day unpaid suspension.
- **4th offense** - (in a 1 year time frame) discipline, up to and including termination.

RECAP

- ✓ Pre-Trip forms must be filled out daily by each new driver of the bus.
- ✓ ALL aspects of the pre-trip must be recorded accurately. This includes but is not limited to:
  - Bus #
  - Date
  - Mileage
  - Time
- ✓ Mileage must be recorded in WHOLE NUMBERS.
- ✓ Each box must be checked. Do not draw a single line down through the boxes.
- ✓ All numbers, words & signatures must be legible. Always print your name legibly after your signature.
- ✓ Use black or blue ink. This is a professional & legal document.
- ✓ Pre-Trip forms must be turned in before leaving the lot each day.
- ✓ By law, the yellow carbon copy of the pre-trip form must be kept in the bus for 30 days.

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SCHOOL BUS DRIVER'S PRE-TRIP INSPECTION FORM

School District or Contractor's Name: 47 + 155 TJA.

Bus Identification No.: 300 Date: 12/31/2021 Time: 8:00 am

PLEASE CHECK "S" FOR SATISFACTORY OR "U" FOR UNSATISFACTORY. CHECK (✓) EACH COMPONENT CAREFULLY AND INDIVIDUALLY.

Open Hood and Check:

S	U		S	U	
☐	☐	Oil	☐	☐	Power Steering Fluid
☐	☐	Coolant	☐	☐	Washer Fluid
☑	☐	Battery	☐	☐	All Belts
☐	☐	Transmission Fluid	☐	☐	Wiring
☐	☐	Master Cylinder Brake Fluid			

Signature of person performing above inspection if not the driver / Date

Driver Enters Bus and Checks:

S	U		S	U	
☑	☐	Steps	☑	☐	Warning Devices
☑	☐	Cleanliness	N/A	☐	~~Fuses (if applicable)~~
☑	☐	Seats	☑	☐	First Aid Kit
☑	☐	Seat Belts (if applicable)	☑	☐	Fire Extinguisher
☑	☐	Windows	☑	☐	Lettering
			☑	☐	Two-Way Radio or Authorized Cell Phone

5/2022
Record the month and year displayed on the front of the Certificate of Safety

39432
Record odometer reading from the vehicle's odometer

If today's month and year is after the month and year recorded above or if the vehicle's odometer reading is greater than the miles recorded on the back of the Certificate of Safety, the Certificate of Safety has expired or is not valid.)

Driver Starts Engine, Activates All Interior Lights and Checks:

S	U		S	U	
☑	☐	Valid Certificate of Safety	☑	☐	Controls and Indicators
☑	☐	Steering Wheel	☑	☐	Ammeter (voltmeter)
☑	☐	Windshield Wipers and Washers	☑	☐	Gear Shift Lever
☑	☐	Heater and Defroster	☑	☐	Neutral Safety Switch
☑	☐	All Interior Lights	☑	☐	Water Temperature Gauge
☑	☐	Horn	☑	☐	Fuel Gauge
☑	☐	Service Door (open & close)	☑	☐	Vacuum or Air Pressure Gauge
☑	☐	All Mirrors (adjustments)	☑	☐	Odometer
☑	☐	Sun Visor	☑	☐	Switches
☑	☐	Emergency Exits (windows & doors) and Alarms	☑	☐	Driver's Seat Belt
N/A	☐	~~Clutch (if applicable)~~	☑	☐	Child Check System (Electronic or Manual)
☑	☐	Braking Warning Alarm			

With Engine Running, Driver Activates All Exterior Lights, Walks Around the Bus and Checks:

S	U	
☑	☐	Right Front Wheel and Tire
☑	☐	Right Side Marker and Turn Signal Lights
☑	☐	Right Side Reflectors
☑	☐	Right Side Rear View and Safety Mirrors
☑	☐	Crossing Control Arm
☑	☐	Headlights (high/low beams)
☑	☐	Front Turn Signal Lights
☑	☐	Front Clearance Lights
☑	☐	Front Identification/Cluster Lights
☑	☐	Front Eight Light Flashing System
☑	☐	Front Reflectors
☑	☐	Windshield
☑	☐	Underside of Chassis
☑	☐	Crossover Mirror(s)
☑	☐	Left Side Rear View and Safety Mirrors
☑	☐	Left Front Wheel and Tire
☑	☐	Driver's Side Window
☑	☐	Stop Arm Panel
☑	☐	Left Side Marker and Turn Signal Lights
☑	☐	Left Side Reflectors
☐	☐	~~Side Emergency Door (open & close) (if applicable)~~ N/A
☑	☐	Left Rear Wheel(s) and Tire(s)
☑	☐	Exhaust System (tail pipe clear?)
☑	☐	Rear Tail/Brake Lights
☑	☐	Rear Turn Signal Lights
☑	☐	Rear Clearance Lights
☑	☐	Rear Identification/Cluster Lights
☑	☐	Rear Eight Light Flashing System
☑	☐	Rear Reflectors
☑	☐	Strobe Light (if applicable)
☑	☐	Rear Emergency Door (open & close) (if applicable)
☑	☐	Right Rear Wheel(s) and Tire(s)
☐	☐	Fuel Tank Filler Caps
☑	☐	Emergency Exit Reflective Tape (if applicable)

Drive Bus Forward and Apply Brakes:

S	U	
☑	☐	Service and Emergency Brake Operation

REMARKS

Signature of Driver: Teresa Peragine — Teresa Peragine

Signature of Mechanic Making Repairs/Adjustments — Date Repairs/Adjustments Completeed

BDI-110912

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BUILDING REFERENCE TIMES

(In order to make it to your next assignment on time, these are the approximate arrival times for dropping students off at school, and picking students up at school).

Building →	High School	Middle School Band	Middle School	Middle School Activity	Elementary School	ECE AM	ECE PM	← Building
AM AT SCHOOL TIME →	6:45-7:00am	6:40-6:50am	7:30-7:35am		8:30-8:45am	9:00am		AM AT SCHOOL ← TIME
MID DAY AT SCHOOL TIME →					(Kindy) 11:30	11:05am	12:20-12:30pm	MID DAY AT SCHOOL ← TIME
PM AT SCHOOL TIME →	2:50-3:01pm		2:05 pm	4:00-4:15pm	3:30-3:45pm		3:00pm	PM AT SCHOOL ← TIME

(Except in situations where Dispatch already knows you are going to be late, i.e. sent out last minute)

AS SOON AS YOU ARE AWARE,

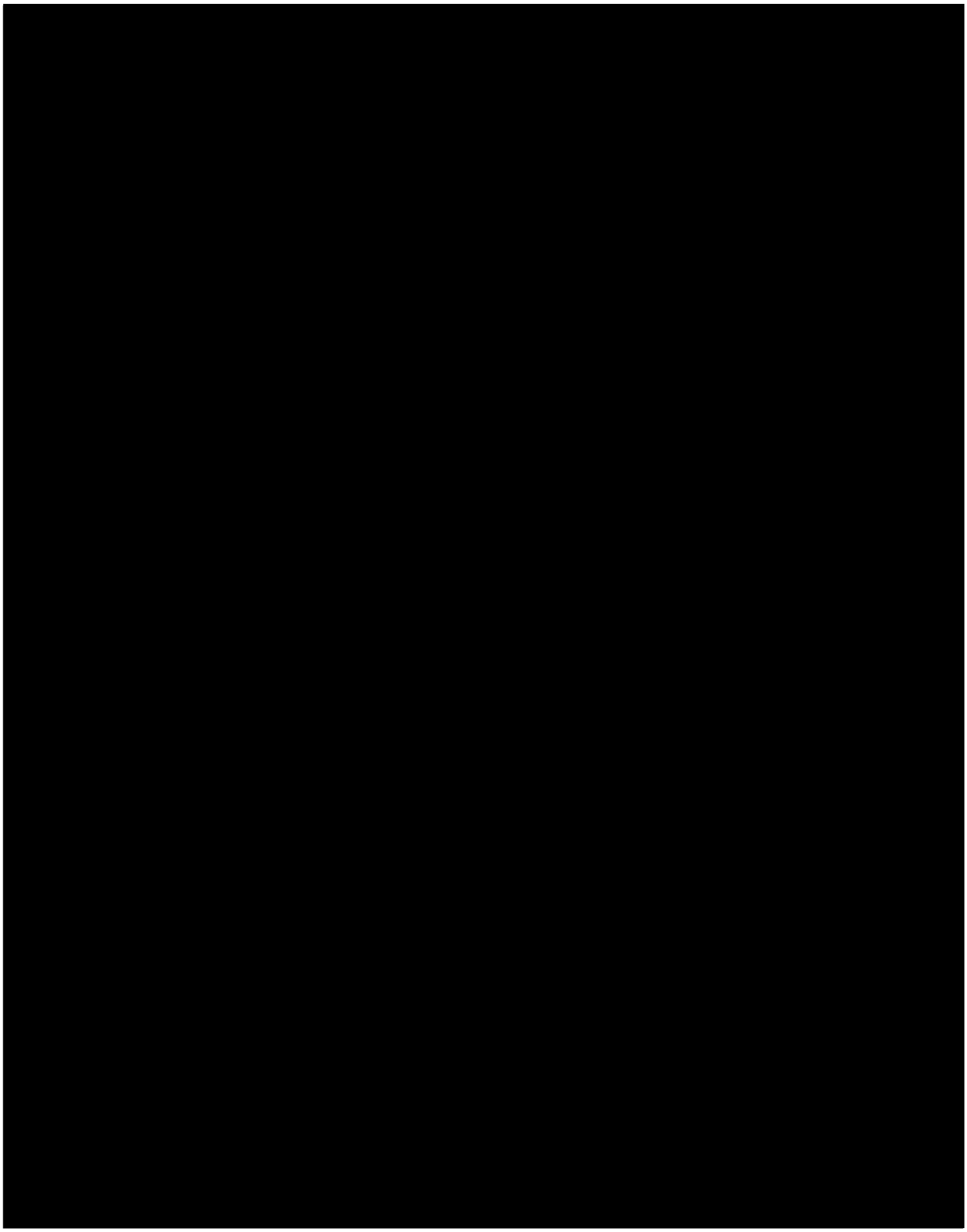
Contact Dispatch on the radio if you are not going to arrive at these times. Please allow time for dispatch to contact the school.

Dispatch should Not find out from the school that you are running late.

Due to traffic and weather, District 47 and TJA policy allows for a 5 minute window from the posted time on the route sheet.

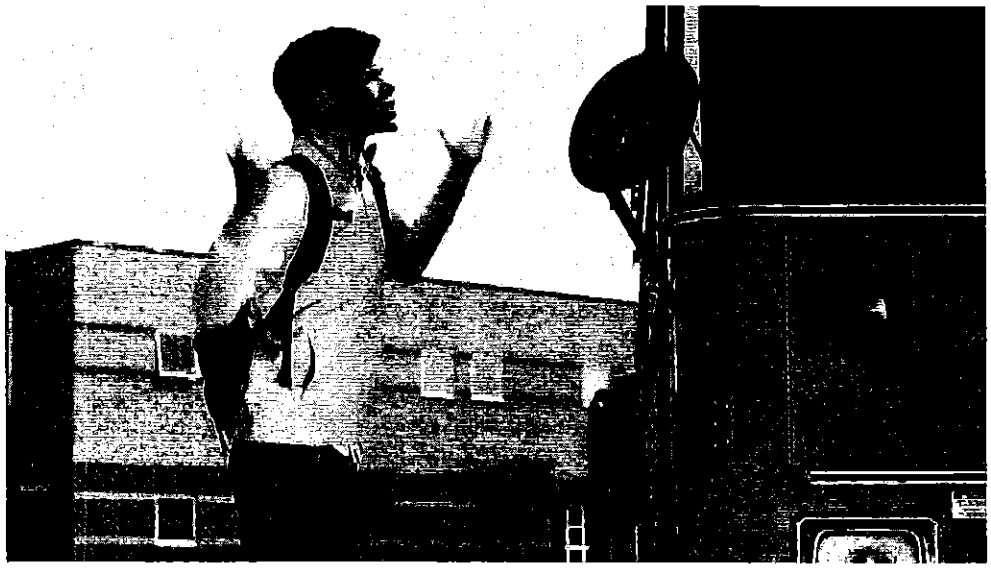
If you are running 10 minutes behind on any route, contact Dispatch so that a notification can be sent to parents

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Student Management Techniques for the Professional Driver



	Morning	Afternoon
Bus Driver	• Looking forward to a good day • Has had breakfast • Pre-trips bus and leaves in time for first stop • Greets children en route to school • Feels good that all went well	• Approaches afternoon with a good attitude • Arrives at schools on time • Says goodbye on students way out • Feels good that all went well
High School	• Tired • Disheveled • No breakfast or tying to eat it on the bus • Quiet • Usually has earbuds in ears • May be running late to the bus	• Rambunctious • Talkative • Hungry – snacking on the bus • Horses around • Opens windows – yells out windows
Middle school	• Tired • Quiet • No breakfast or trying to eat it on the bus • Usually has earbuds in ears • May be running late to bus • Tries to close windows or vents • Trips up bus stairs, loses shoe	• Rambunctious • Opens windows – yells out windows • Throws stuff at other students, on floor or out windows • Eats in the bus • Horses around
Elementary school	• Happy to see you – says hello • Talkative • Sits with friends – sometime 3 to a seat • Can't sit still • Wants to change seats • Can't keep hand to themselves • Plays across aisle • Eats on the bus • Forgets items on the bus • Takes a long time to pick a seat	• Very talkative and loud • Takes a long time to pick a seat • Plays across the aisle • Wants to change seats • Snacks on the bus • Blocks aisle with backpack or feet • Leaves stuff on the bus

Your level of success depends predominately on three influences:

1. **Your professionalism in student interactions.**
2. **Student behavior.**
3. **Your use of defensive driving techniques.**

Your professionalism in Student Interactions

1. Are you presenting a professional appearance?
2. Are you setting an example for your students?
3. Have you set a standard in your bus?
    - Have you explained the bus rules?
    - Are your instructions clear?
    - Do your students know and understand the bus rules?
4. Is your bus clean?
5. Are you eating and drinking in front of your students when you have asked them not to?
6. Communication Skills:
    - Do your students know your name?
    - Do you know your students names?
    - When talking to your students, are you talking to them or at them?
    - Are your discussions short and simple?
    - Do your students understand your goal?
    - Do you know TJA policy and School District policy in relation to discipline?

Student Behavior

1. Treat your students with respect to receive respect.
2. Refer to "Profile of a Student" to recognize and become familiar with the everyday predictable behavior of the students in your bus
3. Identify students that are continually getting into trouble or are causing other students to get into trouble on the bus.
4. Recognize and identify the different personalities of students and realize that not all situations can be treated the same.

Defensive Driving Techniques

Always use the Defensive Driving Techniques you learn in training. Before you can learn to manage student behaviors, you must make sure that your behavior reflects safety.

27 Ways to Maintain Student Discipline

1. Never give an order you do not mean to enforce.
2. The response of the student is an action. Give your command to stimulate action, not to check it. Say "Do this," rather than "Don't do that." Suggest an action that can be successfully obeyed.
3. Give a student time for reacting.
4. Have a reason for what you ask a student to do and, when possible, take time to give the reason so he/she can see the point.
5. Be honest in what you say and do. A student's faith in you is a great help.
6. Be fair; it isn't punishment, but injustice that makes a student rebel against you.
7. Be friendly. Always show an interest in what the students are doing.
8. Commend good qualities and actions.
9. Try to be constructive and positive in all dealings with students.
10. Remember that a sense of humor is extremely valuable.
11. Never strike or touch a student.
12. Do not judge misconduct on how it annoys you.
13. Do not take your personal feelings and prejudices out on the students.
14. Maintain poise at all times. Do not lose your temper.
15. Remember, "The tongue is the only tool that gets sharper with use." Do not nag, bluff, harass or be offensive to your passengers.
16. Look for good qualities. All children have them.
17. Do not "pick" on every little thing a student does. Sometimes it is wiser to overlook some things.
18. Keep in mind that misbehavior is seldom willful. There is usually a cause. It may be your tone or demeanor or some other influence in the student's home or life that is influencing the behavior.
19. Listen for suggestions and complaints from the students.
20. Follow up all cases that have been disciplined. Be certain that you still have the respect and confidence of the student.
21. Be sincere in your work and actions.
22. Set a good example yourself.
23. Intelligence in handling youth consists of thinking faster than they do. If they can outthink you, you are not using your maturity and the advantage of your larger education. You should see possibilities before they become results. This is the secret of leadership.
24. Defiance of established procedures comes from failure of some adults to keep the situation in hand. If there is a danger of a direct break, the student should not be forced. An adult's will should never be pitted against that of a student. It is far wiser to give some simple and consistent direction that will be automatically obeyed and gain control in a quiet way.
25. Never hold a student up to public ridicule. It is the surest way to create a discipline problem.
26. Report bullying to the appropriate administrator (105 ILCS 5/27-23.7).
27. You are a mandated reporter who is required to immediately report suspected child abuse or neglect to the Department of Children and Family Services (DCFS). You could be the only person in contact with the student who notices there is a problem that needs attention.

Student Management Scenario

Jack – "Ha ha, Billy's got an ugly backpack, Billy's got an ugly backpack, Billy's got an ugly backpack." "Billy is so stupid, look at his ugly backpack, what a dork, ha ha ha." "Billy's got an ugly backpack, Billy's got an ugly backpack."

Other students on the bus – "laughing"

Billy – "Shut up Jack, you got an ugly face. Jack's go an ugly face, Jack's got an ugly face, come on everyone, sing with me. Jack's got an ugly face, Jack's go an ugly face."

Other students on the bus – "laughing"

Jack pushes & kicks Billy

Billy falls to bus floor & his leg is bleeding

Jack – "That serves you right you *%#$@&*$%#.

The driver saw and heard the verbal part of the fight but did not see one student kick and hurt the other.

STUDENT CONDUCT REPORT AND INCIDENT REPORT

PLEASE REFER TO THE "SCHOOL BUS STUDENT CONDUCT REPORT ONLINE" PACKET LOCATED IN THE BACK POCKET OF THIS MANUAL.

CRASH REPORT

Transportation Joint Agreement
School Districts 47 & 155

**Please provide an accurate statement of the crash. When completed, place in the Assistant Director's Mailbox.

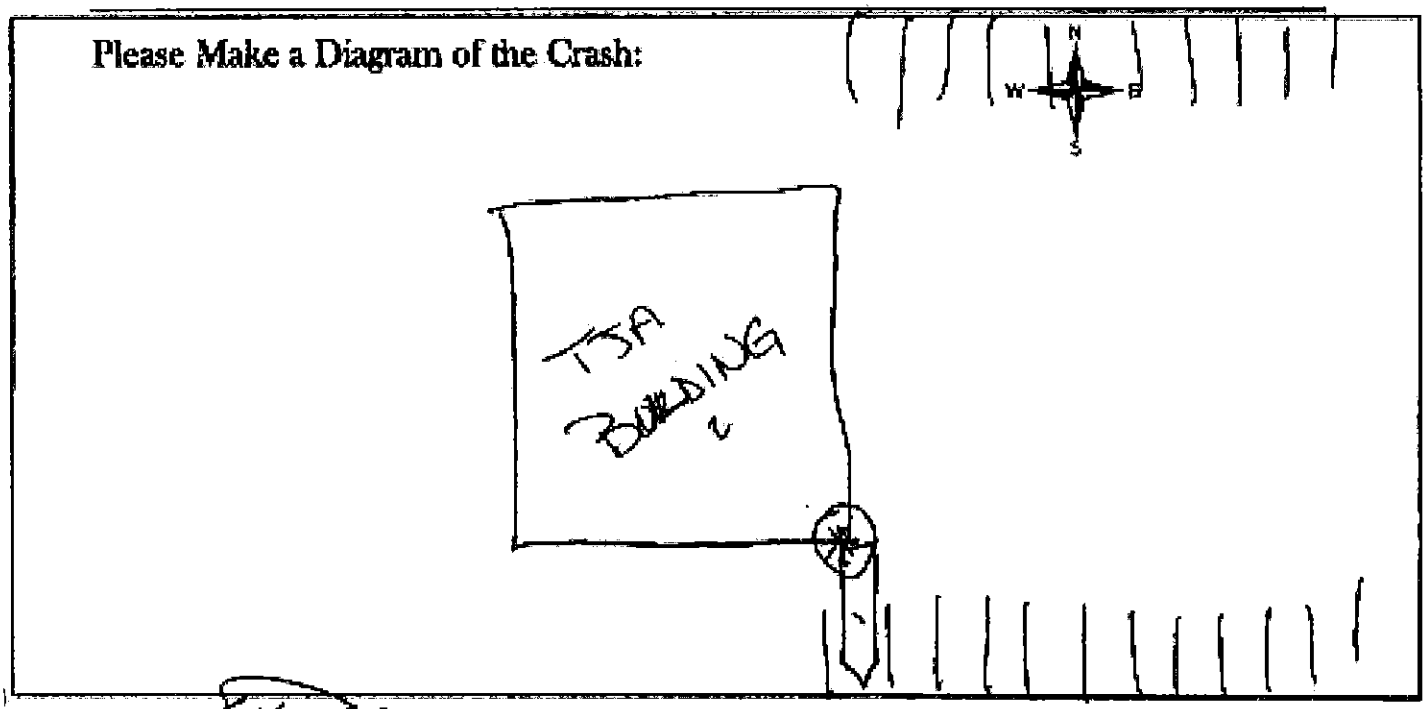
Date 7/29/2017 Bus# 5276 Time 1:07 am/pm

Location: TSA LOT

Driver: Colin McCormick

Description of Crash: AS I WAS BACKING, I HIT THE BUILDING WITH THE REAR OF THE BUS.

Please Make a Diagram of the Crash:



Signature

--------- *CRASH REPORT* ----------

Transportation Joint Agreement
School Districts 47 & 155

**Please provide an accurate statement of the crash. When completed, place in the Assistant Director's Mailbox.

Date _____ Bus# _____ Time _____ am/pm

Location: _____

_____

Driver: _____

Description of Crash: _____

_____

_____

_____

_____

_____

_____

_____

Please Make a Diagram of the Crash:



_____

Signature

DISTRICT 47 & 155 TRANSPORTATION SCHOOL BUS CONDUCT REPORT

Student's Name Billy Benson School CLMS Date 01/02/12

Bus # 123 Route # 456 Driver's Name Abbie A.

Notice to Parents:

1. The purpose of this report is to inform you of a disciplinary incident involving the student on the school bus.
2. You are urged to both appreciate the action taken by the driver and to cooperate with the corrective action initiated.

Identification of Behavior Problem

_____ Improper Boarding/Exiting Procedure
_____ Consumption of Food, candy or drinks
_____ Throwing objects in, from, or at the bus
_____ Refusal to remain seated or sit in an assigned seat
_____ Lowering window below the safety mark
_____ Deliberate boarding od unassigned bus without permission
_____ Misconduct under substitute driver
_____ Possession/use of/Tobacco, Alcohol, or Drugs
✓ Threat/Intimidation of student(s)/School District Employee
_____ Deliberate delay of bus route after verbal warning
_____ Vandalism
_____ Pushing, Shoving, Tripping
_____ Littering/Spitting
_____ Gang activity/gestures/signs
✓ Excessive noise/screaming or shouting
_____ Putting body extremities out the window
_____ Defiance of bus Driver directions/orders
_____ Obscene language or gestures
_____ Fighting/Assault of student(s)/School Dist. Employee
_____ Improper use of cell phone
_____ Other

Driver's Comments: Billy was being teased by another student and in retaliation, Billy started teasing him back. Billy said to the other student "shut up, you got an ugly face." Billy also tried to get the rest of the students to chime in.

School Use Only:

Preliminary Action:

_____ Checked students folder
_____ Held conference with student
_____ Sent previous report home
_____ Telephoned parent

Present Action and Recommendation(s)

_____ Student regrets incident, cooperative
_____ Warning
_____ Assigned seat
_____ Student suspended/denied bus privilege until _____

Comments: _____

Driver's Signature: Abbie A Administrator's Signature: _____

Parent's Signature: _____ Date: _____

SCHOOL COPY - WHITE TRANSPORTATION COPY - CANARY PARENT'S COPY - PINK DRIVER'S COPY - GOLDENROD

DISTRICT 47 & 155 TRANSPORTATION SCHOOL BUS CONDUCT REPORT

Student's Name Jack Jones School CLMS Date 01/02/12

Bus # 123 Route # 456 Driver's Name Abbie A.

Notice to Parents:

1. The purpose of this report is to inform you of a disciplinary incident involving the student on the school bus.
2. You are urged to both appreciate the action taken by the driver and to cooperate with the corrective action initiated.

Identification of Behavior Problem

- ____ Improper Boarding/Exiting Procedure
- ____ Consumption of Food, candy or drinks
- ____ Throwing objects in, from, or at the bus
- ____ Refusal to remain seated or sit in an assigned seat
- ____ Lowering window below the safety mark
- ____ Deliberate boarding od unassigned bus without permission
- ____ Misconduct under substitute driver
- ____ Possession/use of/Tobacco, Alcohol, or Drugs
- ✓ Threat/Intimidation of student(s)/School District Employee
- ____ Deliberate delay of bus route after verbal warning
- ____ Vandalism
- ✓ Pushing, Shoving, Tripping
- ____ Littering/Spitting
- ____ Gang activity/gestures/signs
- ✓ Excessive noise/screaming or shouting
- ____ Putting body extremities out the window
- ____ Defiance of bus Driver directions/orders
- ✓ Obscene language or gestures
- ✓ Fighting/Assault of student(s)/School Dist. Employee
- ____ Improper use of cell phone
- ____ Other

Driver's Comments: Jack was making fun of another student by calling him "stupid, ugly" and making fun of his back pack. The other student started teasing Jack and Jack retaliated by pushing and kicking the other student who was injured. Jack also called this student a ("use exact words")

School Use Only:

Preliminary Action:

- ____ Checked students folder
- ____ Held conference with student
- ____ Sent previous report home
- ____ Telephoned parent

Present Action and Recommendation(s)

- ____ Student regrets incident, cooperative
- ____ Warning
- ____ Assigned seat
- ____ Student suspended/denied bus privilege until ____

Comments: ____

Driver's Signature: Abbie A. Administrator's Signature: ____

Parent's Signature: ____ Date: ____

SCHOOL COPY - WHITE TRANSPORTATION COPY - CANARY PARENT'S COPY - PINK DRIVER'S COPY - GOLDENROD

Department of Transportation
School Districts 47 & 155 dba
Transportation Joint Agreement

Crash/Incident/Concern Report (circle one)

Date 01/02/12 Bus# 123 Time 7:21 (am)/pm

Location: On Bus

Driver: Abbie A.

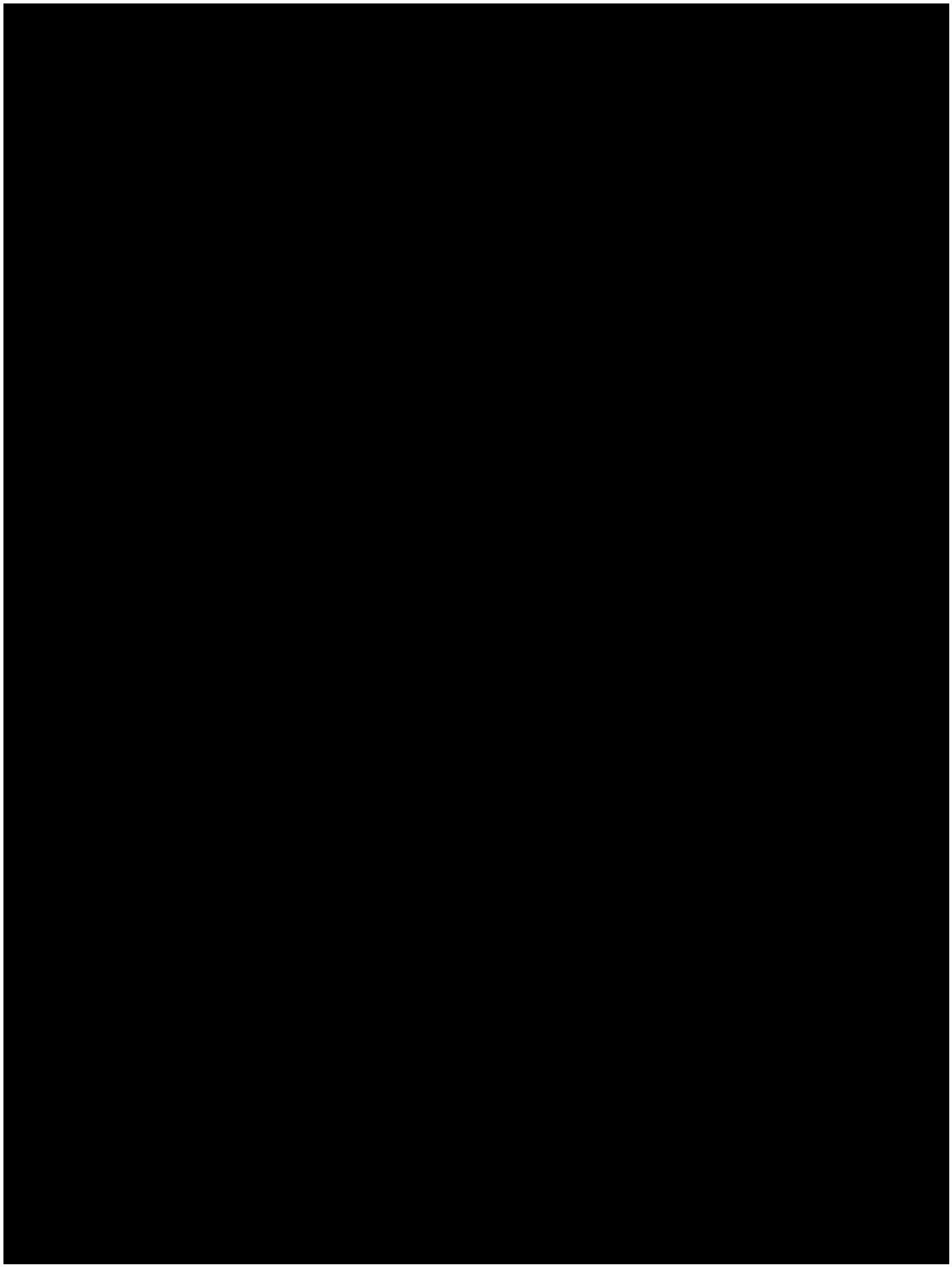
Description of Crash/Incident/Concern:

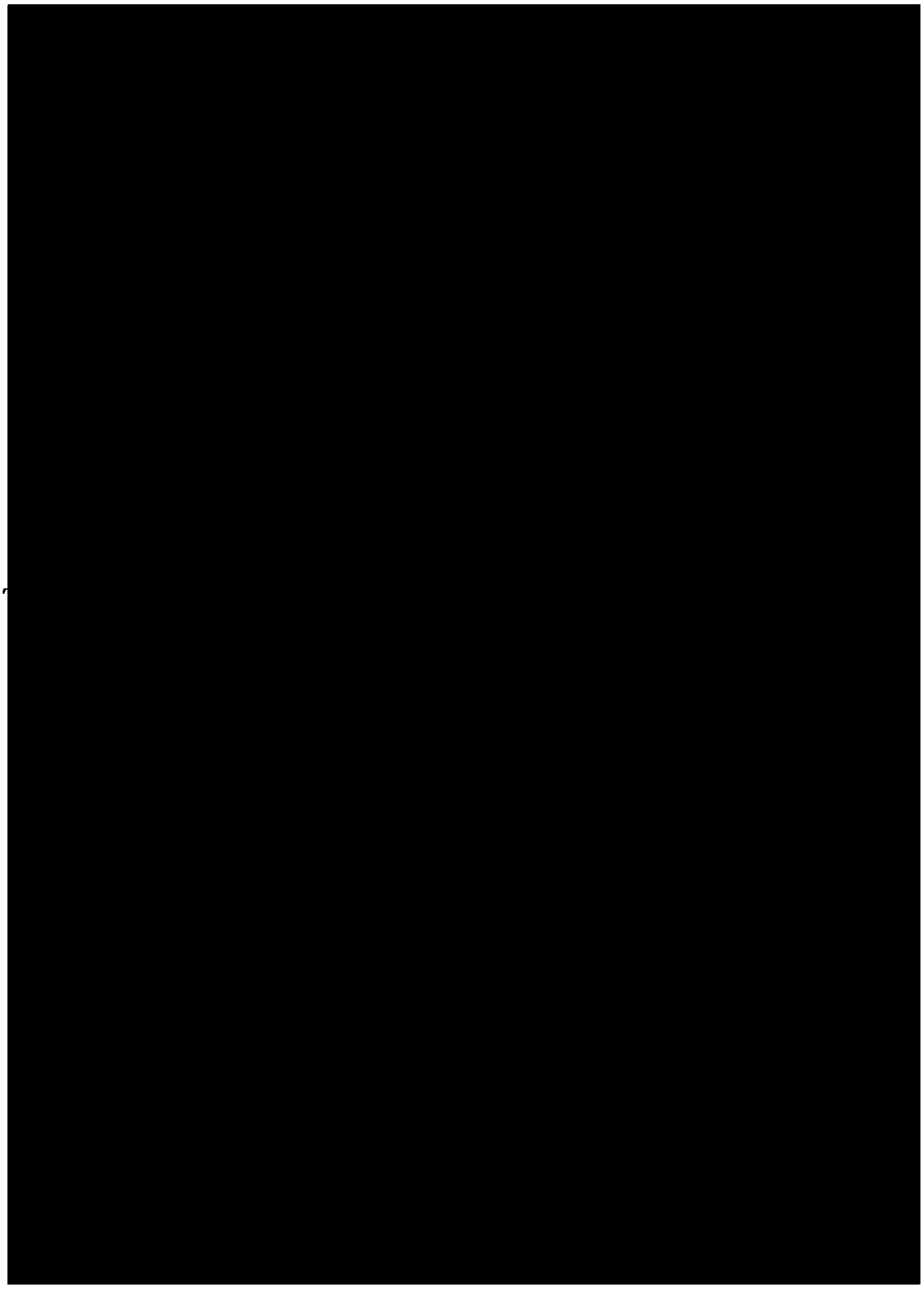
Billy Benson reported that he was kicked on the right leg by another student. I checked his leg and it was bleeding. I reported the incident to dispatch and I was instructed to send Billy to the Nurse.

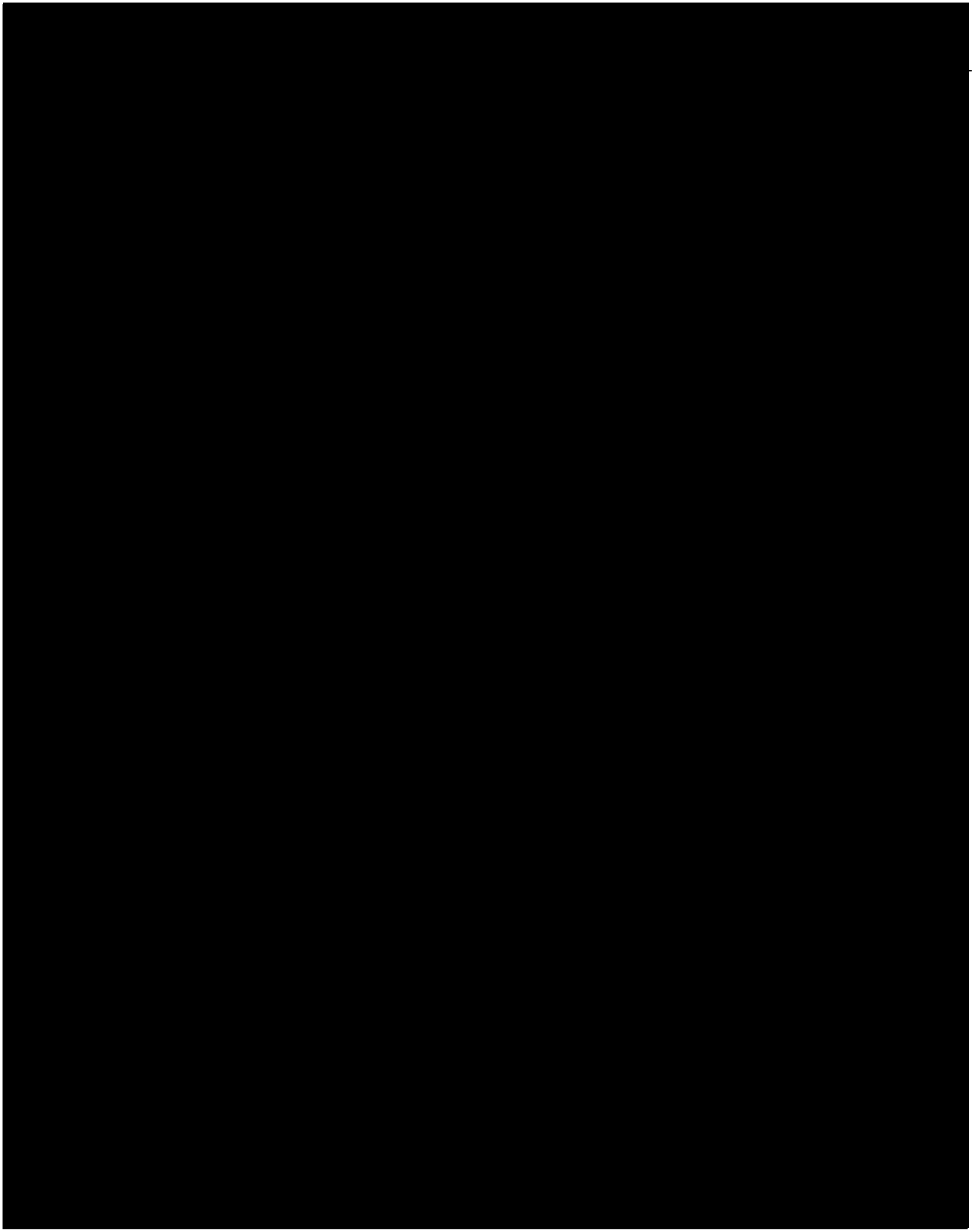
If Crash/Incident please make a diagram:



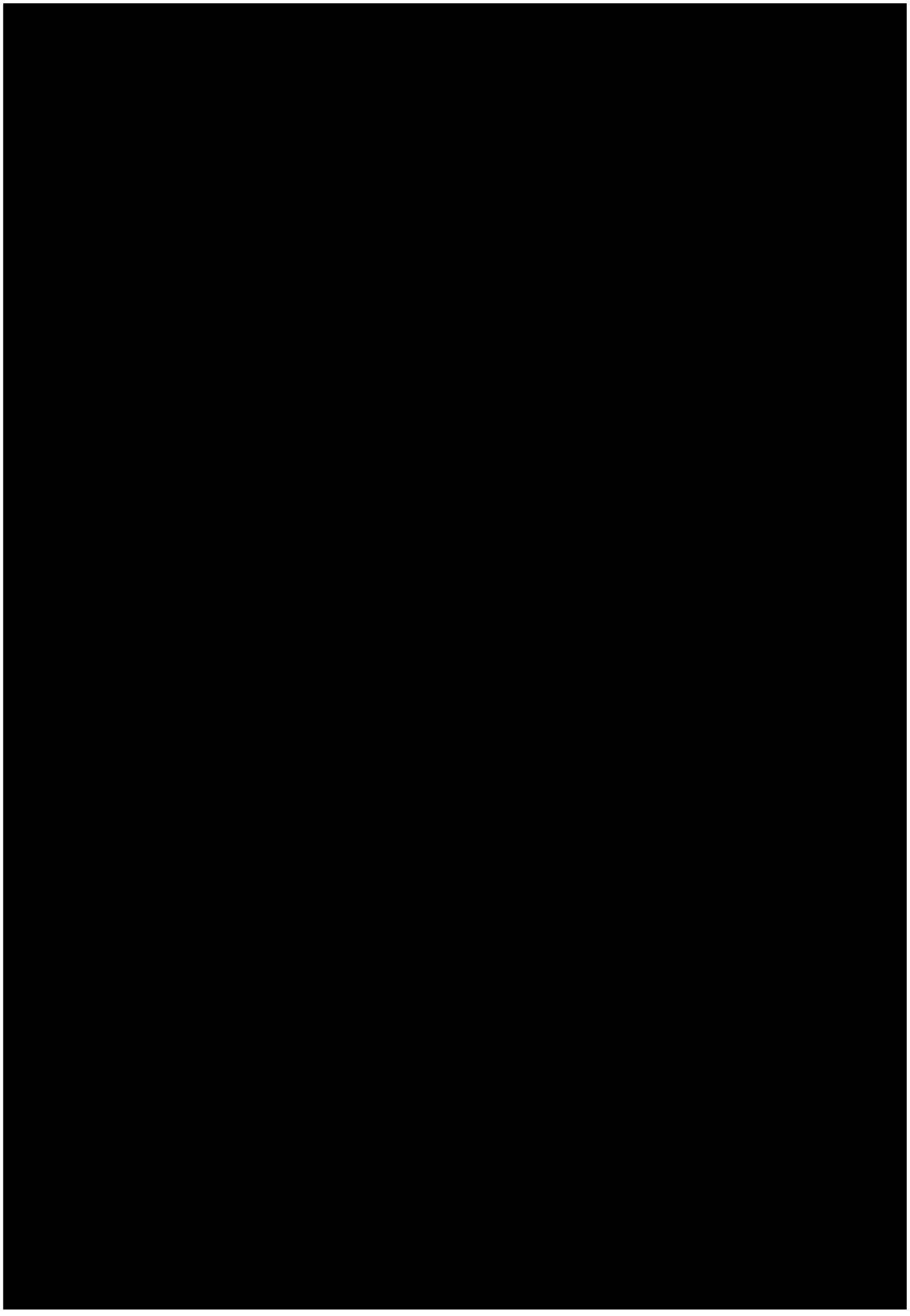
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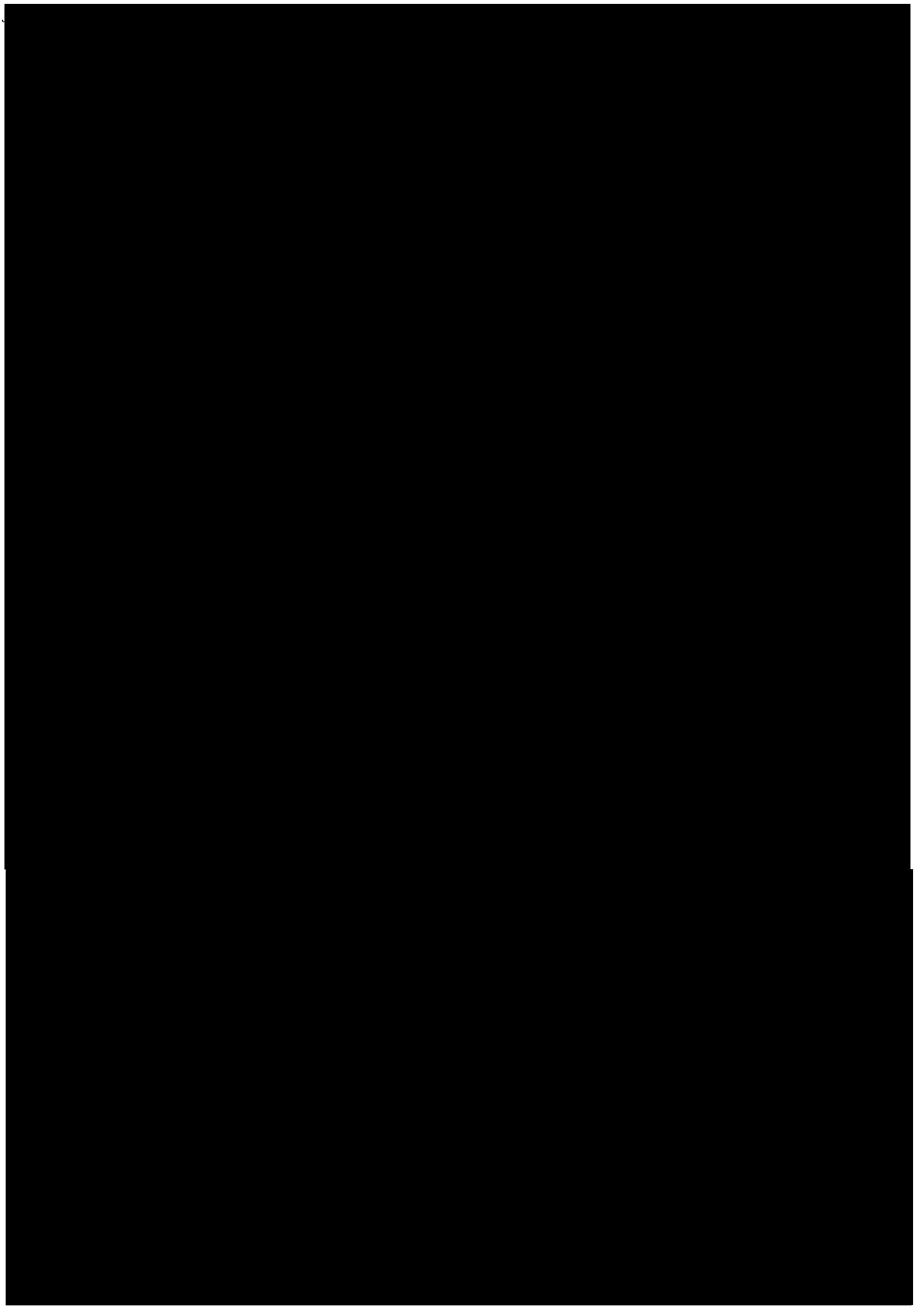






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Jesse White • Illinois Secretary of State

Driver's License/Identification Card Number: P625-8016-2927

Name: TERESA ANN PERAGINE

Date Issued: 07/30/2021 276LB1117

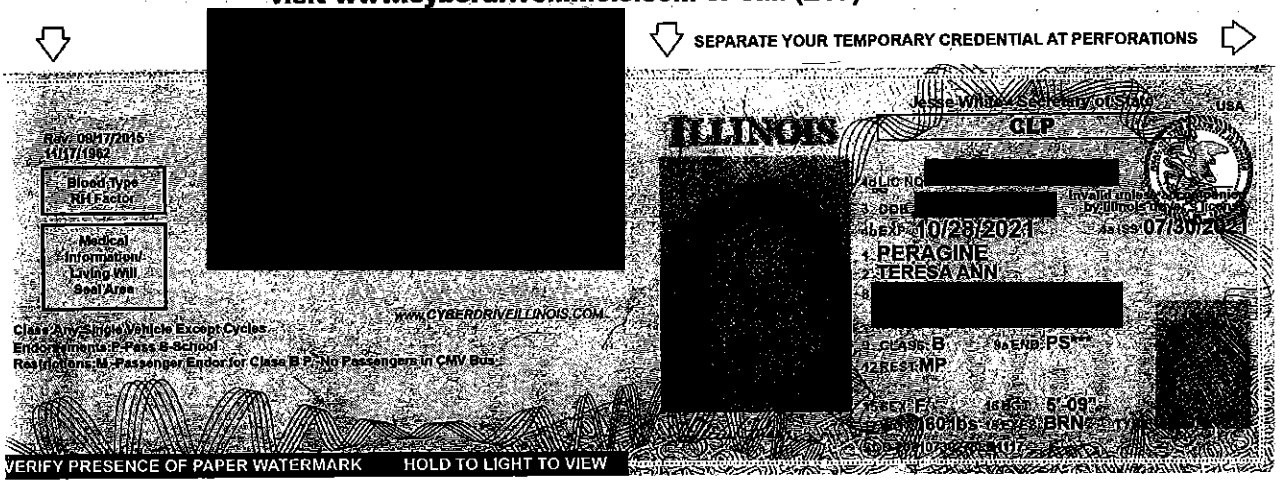
KEEP THIS RECEIPT UNTIL YOUR PERMANENT CARD ARRIVES IN THE MAIL.

You should receive your Driver's License / CLP / ID Card within 15 business days from the date issued (above) unless you have received correspondence stating otherwise.

YOU WILL NOT RECEIVE YOUR NEW CARD IF YOU DO NOT LIVE AT THE ADDRESS LISTED BELOW ON THIS DOCUMENT. THE U.S. POST OFFICE CANNOT FORWARD DRIVER'S LICENSE, CLP OR ID CARDS. ILLINOIS LAW REQUIRES YOU TO NOTIFY THE SECRETARY OF STATE'S OFFICE OF AN ADDRESS CHANGE.

To check the delivery status of your card, visit www.cyberdriveillinois.com or call (217) 782-7044.

SEPARATE YOUR TEMPORARY CREDENTIAL AT PERFORATIONS



Transportation Joint Agreement
School Districts 47 & 155
1204 S McHenry Ave
Crystal Lake, IL 60014
P (815) 455-0558 F (815) 459-9115

INSPIRE. EMPOWER. NURTURE.

Penny Fleming, CDPT Director of Transportation
Collin McCormick, Assistant Director of Transportation
Kathy Emmel, Accounting & HR Processor
Norma Urbina, Route Manager
Lisa Russo, Head Dispatcher
Yvonne Rhodes, Dispatcher
Felicia Hernandez, Routing & Dispatch Assistant
Timothy Oppenhagen, Shop Foreman

JOB DESCRIPTION

Title: Assistant Director of Transportation and Safety
Supervisor: Director of Transportation
Work Year: 12 month

Updated: March 16, 2021

Essential Functions:

- Assist in the daily operation of TJA.
- Develop, plan and conduct employee training programs.
- Design and implement safety practices and procedures.
- Evaluate school bus drivers and attendants, maintaining required paperwork.
- Attend crash and Worker's Compensation scenes, evaluate and complete all necessary paperwork.
- Purchase and inventory all necessary special education equipment.
- Coordinate, distribute and track Illinois School Bus Route/Road Hazard Checklist.
- Maintain Department of Transportation vehicle damage and cleanliness records.
- Maintain records and insure compliance for any applicable Federal, State, County or local obligations/legalities pertaining to safety, licensing and/or permitting. DOT Clearinghouse & Map 21
- Promptly investigate, evaluate and address all safety concerns from the public, school district or Department of Transportation employee.
- Work in concert with the Director of Transportation to recruit, interview and recommend for hire school bus drivers and attendants.
- Prepare reports for the TJA Advisory Board.
- Keep records of safety and worker's compensation claims. Develops programs to reduce claims.
- Assist in Collective Bargaining.
- Provides articles for the TJA newsletter. Driving Comment Line
- Assist in maintaining current information of District Transportation Website page.
- Participate in County, State and National Transportation Organizations.
- Conduct regular meetings with TJA Driver Trainers. Average once every month or two.
- Maintains conduct reports, incident reports and bus video footage and provides to schools.
- Reviews and recommends updates for technology practices of TJA.
- Manages Instant Alert Messaging System for Transportation
- Other duties as assigned by the Director of Transportation Learn Versa Trans Routing

Knowledge, Skills, Abilities and Personal Characteristics:

- Working knowledge of technology for routing software, camera systems, video systems, statistical records of Department safety issues, etc.
- Ability to establish and maintain effective relationships with colleagues and members of the community.
- Ability to exercise a high degree of confidentiality, good judgment and discretion.

Minimum Qualifications:

- Education: College degree or such practical life experience as the Boards of Education find acceptable.
- Experience: Supervisory experience preferred.
- Licenses/Certifications: Must possess or be willing to obtain a State of Illinois School Bus Driver Permit and requisite Commercial Driver's License, State of Illinois Third Party Certification Program, Safety Officer License, etc.

TJA

STAFF EMERGENCY FORM DISTRICTS 47 & 155
d.b.a. TRANSPORTATION JOINT AGREEMENT
SCHOOL YEAR 2018/2019

Name Peragine Teresa
Last Name – **Please print** First Name – **Please print**

Address [redacted]

City, State, Zip [redacted]

*Primary Phone [redacted] Secondary Phone _____
Text? Y N (circle one) Text? Y N (circle one)

Email Address [redacted]

***Primary Phone:** The number that you would like to be contacted at, and the number in which messages will be sent via phone and/or Text message from the automated system.

In Case of Emergency, Please Notify:

Name [redacted]

Relationship Friend

Work Phone _____ Cell Phone [redacted]

Name Of Physician none yet

Hospital Preference None yet

Allergies to Medication none

**If neither doctor nor Emergency contact named above can be reached, I authorize the school authorities to take such emergency measures as deemed necessary.

Date 6-15-2021 Signature Teresa Peragine

Please provide the above information. If there are any changes in the future, a new form will need to be completed.

Personnel Notification - Action Form

For: **Peragine, Teresa** | Completed By: User - kbroederdorf | Sent On: 6/11/2021 11:38am CT
Sent By: kbroederdorf | Completed: 6/11/2021 11:44am CT

PERSONNEL NOTIFICATION: ACTION FORM

* First Name	Teresa
Middle Initial (please type 'none' if employee does not have a middle initial)	
* Last Name	Peragine
* Proposed Email Address:	tperagine@d47.org
* Reason For Action	New Hire/Rehire
If action is a replacement, who are they replacing?	Collin McCormick
Employee Status	TJA
Base Building Assignment	
Position	Administrator
Assignment Description (including Grade Level)	Assistant Director of Transportation and Safety
Anticipated Start Date	06/16/2021
Anticipated End Date	

Enter any additional information needed for Technology:

TJA

Direct Deposit Authorization

For: **Peragine, Teresa** | Completed By: Applicant - Teresa Peragine | Sent On: 6/9/2021 1:20pm CT
Sent By: kbroederdorf | Completed: 6/10/2021 5:34am CT

Please read and complete this form carefully. You may select up to two (2) accounts for your direct deposit. If you select two accounts, your first bank account must be for the least amount, and your second account must be for the remaining amount owed to you. Attach a voided check or copy of a check (not a deposit slip) for each checking account. If you are using a savings account, make sure to check with the Bank's Automatic Clearing House Department regarding the correct transit routing and account numbers for purposes of direct deposit.

Your Name	Teresa Peragine
* This is a:	New authorization for Direct Deposit
* Please complete the information below for the First or Only bank account into which you would like your direct deposit. This is a:	Checking Account
*	I wish to have the entire amount of my paycheck deposited into the account listed below.
Please upload a copy of a voided check. voided check.jpg	
* Name of Bank	[redacted]
* Bank Routing Number	
* Bank Account Number	
Please complete the following information only if you are dividing your direct deposit into two accounts. This is a:	
Name of Second Bank	
Bank Routing Number	
Bank Account Number	

I hereby authorize my employer, either directly or through its payroll service provider, to deposit any amounts owed me by treating credit entries to my account(s) at the financial institution(s) (hereinafter "Bank(s)") indicated on this form. Further, I authorize the Bank(s) to accept and to credit to my account any credit amounts indicated by my employer, either directly, or through its payroll service provider. In the event that my employer deposits funds erroneously into my accounts, I authorize my employer to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization will remain in full force and effect until my employer and the Bank have received written notice from me of its termination in such time and manner as to afford my employer and the Bank(s) reasonable opportunity to act on it, or until I am no longer employed by my employer. I understand that it is my responsibility to ensure that the correct amount is deposited my account each payday.
Please type your name and click the button to digitally sign:

X	Signed: **Teresa Peragine** Stamped: 6/10/2021 5:23:26 AM; 198.143.32.21; Applicant - #22214 - Teresa Peragine;

Date (DD/MM/YYYY): 06/10/2021

Please include Deposit instruction if using multiple account deposits:

KJ 6-10-2021 CR 6.11.21

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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

OMB No. 1545-0074

2021

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Teresa	Peragine	[redacted]
Address [redacted]		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
City or town, state, and ZIP code [redacted]		
(c) [redacted]		

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ _____

Multiply the number of other dependents by $500 . . . . ▶ $ _____

Add the amounts above and enter the total here . . . . . 3 $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . 4(a) $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . 4(b) $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . 4(c) $

Step 5: Sign Here

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

Teresa Peragine
Employee's signature (This form is not valid unless you sign it.)

06/10/2021
Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

[redacted]
Social Security number

Teresa Peragine
Name

[redacted]
Street address

[redacted] [redacted] [redacted]
City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☐

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

IL-W-4 (R-07/17)

1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 [redacted]

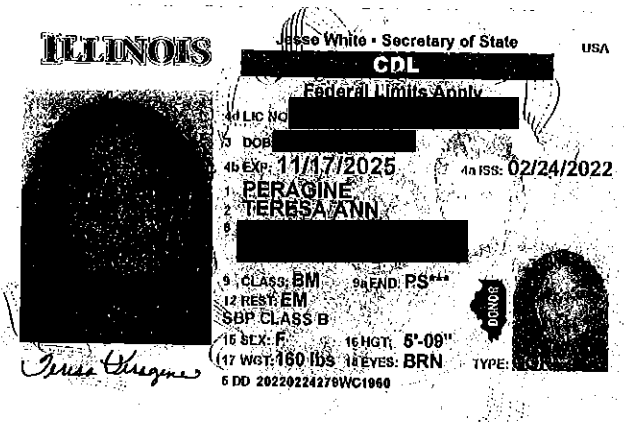
2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____

3 Enter the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Teresa Peragine 6/10/2021 5:21:37 AM
Your signature Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.


ILLINOIS
Jesse White • Secretary of State
USA
CDL
Federal Limits Apply
4d LIC NO [redacted]
3 DOB [redacted]
4b EXP: 11/17/2025
4a ISS: 02/24/2022
1 PERAGINE
2 TERESA ANN
8 [redacted]
9 CLASS: BM
9a END: PS***
12 REST: EM
SBP CLASS B
15 SEX: F
16 HGT: 5'-09"
17 WGT: 160 lbs
18 EYES: BRN
DONOR
TYPE:
6 DD 20220224279WC1960

P625-8016-2927-0 AB278

06 12 21

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE

[redacted]

TERESA ANN PERAGINE

[redacted]

CONT LIC DATE	ISSUE DATE	BIRTH DATE
08 24 17	09 12 17	[redacted]

GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
F	5 10	155	BRN	BRN		N	3	D M		X	NONE	11 17 21

TYPE ACTION		STOP IN EFFECT
71	ISS-DT 08-24-17 EXP-DT 11-22-17 PERMIT-NO=	
71	ISS-DT 09-12-17 EXP-DT 12-11-17 PERMIT-NO=	
48	SCH BUS PERM ISS-DT 09-12-17 EXP-DT 09-12-18 PERMIT-NO= [redacted] SCHOOL BUS DRIVER	
48	SCH BUS PERM ISS-DT 09-13-18 EXP-DT 09-12-19 PERMIT-NO= SCHOOL BUS DRIVER	
48	SCH BUS PERM ISS-DT 09-13-19 EXP-DT 09-12-20 PERMIT-NO= SCHOOL BUS DRIVER	
48	SCH BUS PERM ISS-DT 09-13-20 EXP-DT 09-12-21 PERMIT-NO= SCHOOL BUS DRIVER	
	* END OF RECORD *	

* This is to certify, to the best of my knowledge and belief, after a careful search of my records, that the information set out herein is a true and accurate copy of the captioned individual's driving record; identified by driver's license number, and I certify that all statutory notices required as a result of any driver control actions taken have been properly given.

Jesse White
SECRETARY OF STATE

(Form DSDASQ - Rev. 8/24/2011)

014/11934

Authorization for Release of Criminal History Record Check

LS10373L4951 6971

FIRM SYSTEMS
EMPLOYMENT COMPLIANCE SOLUTIONS

This fingerprint was completed on: 6/15/21 at 9:45AM

206 South Sixth Street Springfield, Illinois 62701 www.firmsystems.net Toll Free 866.721.1203 Fax 217.525.1271

Consent Release

To be Completed by Applicant/Employee

Last Name:	First Name:	Middle Initial:	SSN:	Date of Birth (mm/dd/yyyy)
Peragine	Teresa		[redacted]	[redacted]

Address 1: [redacted] Cell #: [redacted]

Address 2:

City: [redacted] State: [redacted] ZIP: [redacted]

Sex

Female: ✓ Male:

Race

Asian: American Indian/Alaskan: Black: White: ✓ Unknown:

(Note: White includes Mexicans and Latins)

Height: 5'10" Weight: 165 Hair Color: BROWN Eye Color: BR.

Place of Birth: [redacted] (State or Country if outside USA)

Applicant Authorization

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware that images of my fingerprints will be captured and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation where permitted by law. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Signature: Teresa Peragine Date: 6-15-21

DISTRICT AUTHORIZATION

Superintendent Signature (or designee): [signature] Date: 6/9/2021

School District to be Billed: TSA Dist 47

Applicant Job Category: School Bus Driver

To Be Completed by Live Scan Technician
Regional Office of Education
667 Ware Road
Woodstock, Illinois 60098
Telephone: 815-334-4475

Proof of Identification: IL

Driver's License: ✓ State ID: Social Security Card: ✓

Passport: Student ID: FOID: Military: Bank Card:

Technician Name: CF Date: 6/15/21

revised May 2018

Please forward this information to **Teresa** at this location: CORE Center

NETWORK ACCESS: **Teresa Peragine**

JOB TITLE: **Asst. Director of Transportation and Safety**

COMPUTER LOGIN: [redacted]

This computer login provides access to District 47 workstations, drives, printers and email.

EMAIL ADDRESS: **TPeragine@d47.org**

Note: You can access your email from home or anywhere there is internet connectivity. The web-access page is : http://www.gmail.com.

PASSWORD: [redacted]

Please store this document in a safe place and do not share your password with anyone. It is recommended that you change your password immediately. On and Windows laptop you can do so after successful login by pressing CTRL + ALT + DEL and click "Change Password". On a Chromebook, in Gmail, click on the Google account profile icon in the upper right, click on "Manage your Google account", "Personal Info", "Password".

If you're having trouble with your login, please contact the technology department at 815-788-5080 or email techsupport@d47.org..

To: SB0569009 From: IL State Police

*****STATE USE ONLY - DATE: 06/15/2021 ORI: SB0569009 TCN: LS10373L49516971

ILLINOIS STATE POLICE
BUREAU OF IDENTIFICATION
260 NORTH CHICAGO STREET
JOLIET, ILLINOIS 60432- 4075

TRANSPORTATION JOINT AGREEMENT
1204 S MC HENRY AVE
CRYSTAL LAKE, IL 60014 -7495

A SEARCH OF THE FILES OF THIS BUREAU MADE PURSUANT TO THE FEE APPLICANT FINGERPRINT CARD SUBMITTED BY YOUR AGENCY, FAILED TO REVEAL ANY CRIMINAL CONVICTION RECORD FOR THE SUBJECT OF YOUR INQUIRY.

THE APPLICANT FINGERPRINT CARD WILL BE RETAINED IN THE FILES OF THE ILLINOIS STATE POLICE TO FACILITATE FUTURE DISSEMINATION TO YOUR AGENCY OF ANY CONVICTION INFORMATION PERTAINING TO THIS SUBJECT.

THE ILLINOIS STATE POLICE IS PERMITTED TO DISSEMINATE CRIMINAL HISTORY RECORD INFORMATION AS AUTHORIZED BY STATE LAW. ATTEMPTS ARE MADE TO MAKE RECORDS AS COMPLETE AS POSSIBLE BY OBTAINING MISSING DISPOSITIONS FROM VARIOUS SOURCES. IN SOME CASES HOWEVER, DISPOSITION INFORMATION IS UNAVAILABLE.

THE SEARCH ROUTINE USED TO PROCESS YOUR SUBMISSION DID NOT INCLUDE AN INQUIRY INTO THE ILLINOIS STATE POLICE SEX OFFENDER REGISTRATION FILE. TO DETERMINE IF THE SUBJECT OF YOUR INQUIRY IS A REGISTERED SEX OFFENDER, PLEASE CHECK THE ILLINOIS STATE POLICE REGISTERED SEX OFFENDER INFORMATION WEB SITE AT "WWW.ISP.STATE.IL.US".

IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER, PLEASE CONTACT THE BUREAU OF IDENTIFICATION AT ISP.BOI.CUSTOMER.SUPPORT@ILLINOIS.GOV OR (815) 740-5160 TO LEAVE A MESSAGE.

********** NOTICE **********

THE CURRENT OPTION OF HAVING A CRIMINAL HISTORY RECORD RESPONSE PRINTED AND MAILED BY THE ILLINOIS STATE POLICE WILL SOON BE UNAVAILABLE. IF YOU HAVE NOT DONE SO ALREADY, PLEASE REGISTER AND BEGIN UTILIZING THE CRIMINAL HISTORY INFORMATION RESPONSE PROCESS (CHIRP) AS SOON AS POSSIBLE IN ORDER TO AVOID ANY FUTURE DISRUPTION IN DELIVERY OF RESPONSES. CHIRP MAY BE ACCESSED BY THE FOLLOWING LINK: https://chirp.isp.illinois.gov/CHIRP/login.action

IDENTIFIERS

DCN:	L49516971	**TCN:**	LS10373L49516971	**PURPOSE:**	SBD
SUBMISSION TYPE:	FEAPP	**RESULT:**	NO RECORD ON FILE		
Name: PERAGINE, TERESA		**Employer #:**	SB0569009	**SSN #:**	[redacted]
Sex Code: FEMALE		**Race Code:**	WHITE	**DOB:**	

STATE USE ONLY

WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW TITLE 42 USC 3789G PERTAINING TO CRIMINAL HISTORY INFORMATION

ILLINOIS STATE POLICE
Division of Justice Services

J B Pritzker
Governor

Brandon F Kelly
Director

Phone:
Fax:
Karen_Levy-McCanna@isp.state.il.us

To: SB0569009

Fax: 8154599115

Time: 01:30PM

From:

Pages: 2

Date: June 15, 2021

Illinois State Police

Bureau of Identification
260 North Chicago Street . Joliet, IL 60432-4075
(815) 740-5160 (voice) . (815) 740-4401 (fax)
www.illinois.gov . www.isp.state.il.us

Fingerprinting:

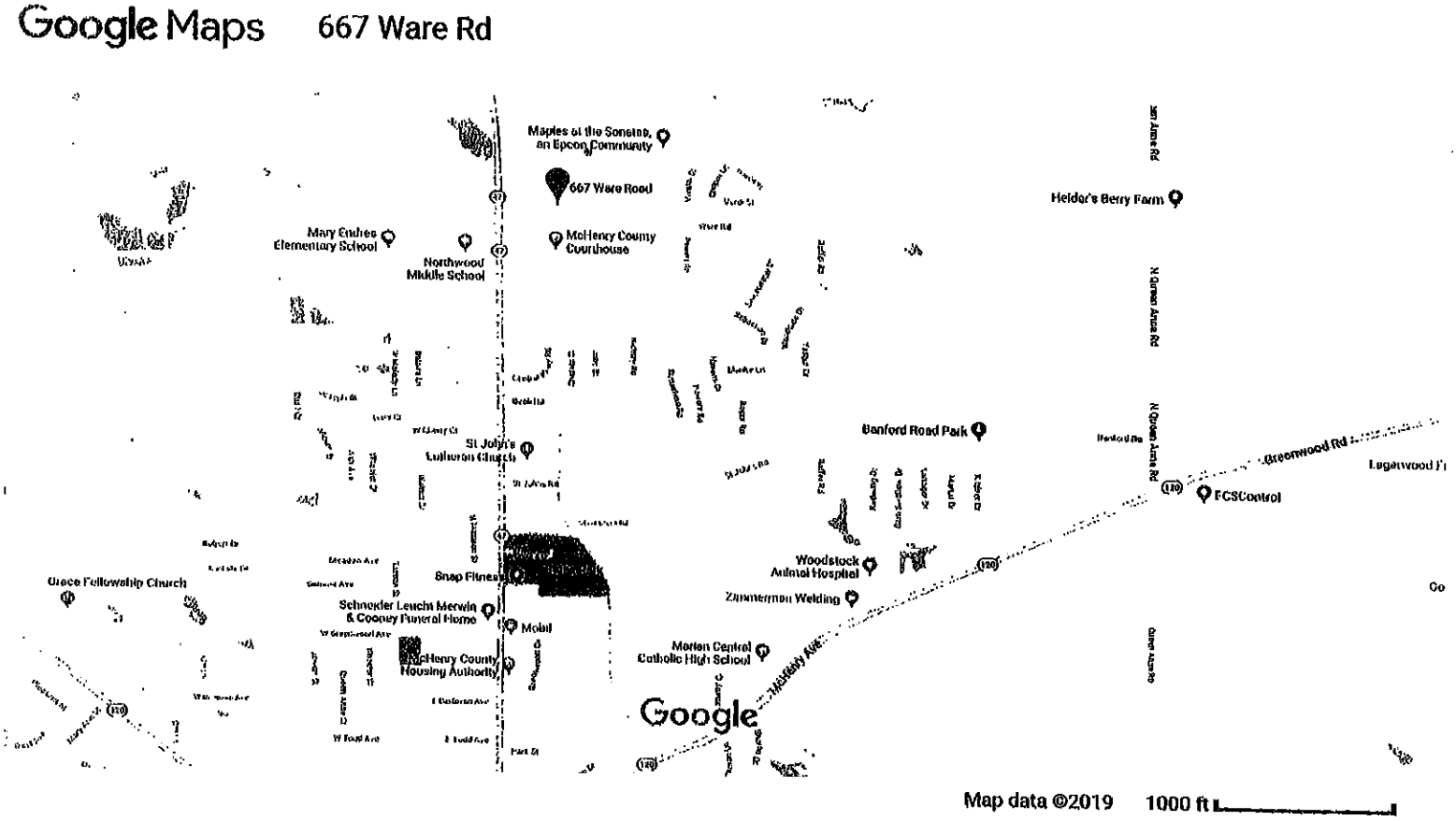
Regional Office of Education
667 Ware Rd, Woodstock, Il. 60098 (1 block north of Woodstock Courthouse)
815-334-4475

Fingerprinting Hours: ~~9:00am – 11:00am – Monday, Friday~~ Please call for updated hours.
~~2:00pm – 4:00pm – Monday – Thursday~~

Must bring 2 forms of ID with you. One must be picture ID.

Must bring Consent Release form with District Authorization signature. ~~Attached~~ - Please fill out top portion.

Fingerprints must be done ~~within 3 business days.~~ by Tuesday, June 15, 2021



LS10373L4951 _____

Authorization for Release of Criminal History Record Check

FIRM SYSTEMS
EMPLOYMENT COMPLIANCE SOLUTIONS

This fingerprint was completed on:
___/___/____ at ___:____

206 South Sixth Street Springfield, Illinois 62701 www.firmsystems.net Toll Free 866.721.1203 Fax 217.525.1271

Consent Release

To be Completed by Applicant/Employee

Last Name:	First Name:	Middle Initial:	SSN:	Date of Birth (mm/dd/yyyy)
Peragine	Teresa			/ /

Address 1: [redacted] Cell #:

Address 2:

City: [redacted] State: [redacted] ZIP: [redacted]

Sex

Female: ✓ Male:

Race

Asian: American Indian/Alaskan: Black: White: Unknown:

(Note: White includes Mexicans and Latins)

Height: Weight: Hair Color: Eye Color:

Place of Birth: (State or Country if outside USA)

Applicant Authorization

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware that images of my fingerprints will be captured and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation where permitted by law. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Signature:_____ Date:_____

DISTRICT AUTHORIZATION

Superintendent Signature (or designee): [signature] Date: 6/9/2021

School District to be Billed: TSA Dist 47

Applicant Job Category: School Bus Driver

To Be Completed by Live Scan Technician
Regional Office of Education
667 Ware Road
Woodstock, Illinois 60098
Telephone: 815-334-4475

Proof of Identification

Driver's License: State ID: Social Security Card:

Passport: Student ID: FOID: Military: Bank Card:

Technician Name:_____ Date:_____

revised May 2018

Transportation Joint Agreement
School Districts 47 & 155
1204 S McHenry Ave
Crystal Lake, IL 60014
P (815) 455-0558 F (815) 459-9115

D155 INSPIRE. EMPOWER. NURTURE.

Penny Fleming, CDPT Director of Transportation
Collin McCormick, Assistant Director of Transportation
Kathy Emmel, Accounting & HR Processor
Norma Urbina, Route Manager
Lisa Russo, Head Dispatcher
Yvonne Rhodes, Dispatcher
Felicia Hernandez, Routing & Dispatch Assistant
Timothy Oppenhagen, Shop Foreman

JOB DESCRIPTION

Title: Assistant Director of Transportation and Safety
Supervisor: Director of Transportation
Work Year: 12 month

Updated: March 16, 2021

Essential Functions:

- Assist in the daily operation of TJA.
- Develop, plan and conduct employee training programs.
- Design and implement safety practices and procedures.
- Evaluate school bus drivers and attendants, maintaining required paperwork.
- Attend crash and Worker's Compensation scenes, evaluate and complete all necessary paperwork.
- Purchase and inventory all necessary special education equipment.
- Coordinate, distribute and track Illinois School Bus Route/Road Hazard Checklist.
- Maintain Department of Transportation vehicle damage and cleanliness records.
- Maintain records and insure compliance for any applicable Federal, State, County or local obligations/legalities pertaining to safety, licensing and/or permitting. D&A Clearinghouse & Map 21
- Promptly investigate, evaluate and address all safety concerns from the public, school district or Department of Transportation employee.
- Work in concert with the Director of Transportation to recruit, interview and recommend for hire school bus drivers and attendants.
- Prepare reports for the TJA Advisory Board.
- Keep records of safety and worker's compensation claims. Develops programs to reduce claims.
- Assist in Collective Bargaining.
- Provides articles for the TJA newsletter. Driving Comment Line
- Assist in maintaining current information of District Transportation Website page.
- Participate in County, State and National Transportation Organizations.
- Conduct regular meetings with TJA Driver Trainers. Average once every month or two.
- Maintains conduct reports, incident reports and bus video footage and provides to schools.
- Reviews and recommends updates for technology practices of TJA.
- Manages Instant Alert Messaging System for Transportation
- Other duties as assigned by the Director of Transportation Learn Versa Trans Routing

Knowledge, Skills, Abilities and Personal Characteristics:

- Working knowledge of technology for routing software, camera systems, video systems, statistical records of Department safety issues, etc.
- Ability to establish and maintain effective relationships with colleagues and members of the community.
- Ability to exercise a high degree of confidentiality, good judgment and discretion.

Minimum Qualifications:

- Education: College degree or such practical life experience as the Boards of Education find acceptable.
- Experience: Supervisory experience preferred.
- Licenses/Certifications: Must possess or be willing to obtain a State of Illinois School Bus Driver Permit and requisite Commercial Driver's License, State of Illinois Third Party Certification Program, Safety Officer License, etc.

Will Regional Office of Education

Certificate of Completion

Is hereby granted to

Teresa Peragine

employed by Hopewell School

certifying that he/she has completed the Refresher course per the Illinois
Vehicle Code 625 ILCS 5/6-106.1 and the Illinois Secretary of State, 92 Illinois Administrative Code Part 1035

School Bus Driver Training Course

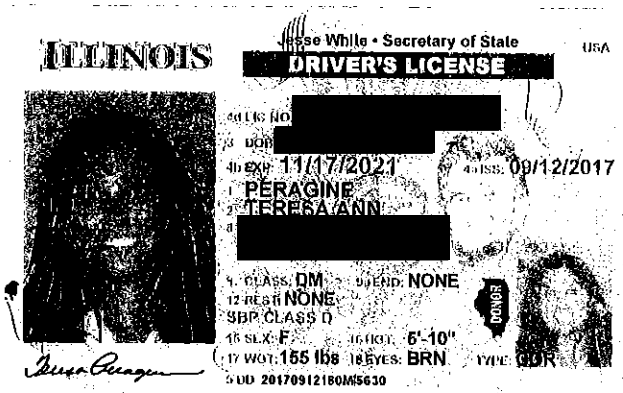
By Margaret Garrett, Illinois Certified School Bus Driver Training Instructor

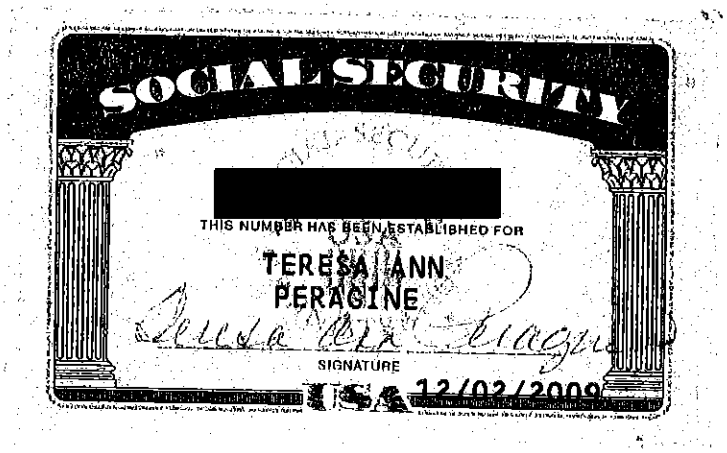
On May 17, 2021

Dr. Shawn Walker

Regional Superintendent of Schools




ILLINOIS
Jesse White • Secretary of State
DRIVER'S LICENSE
USA
[redacted]
4b EXP 11/17/2021
4a ISS 09/12/2017
2 PERAGINE
1 TERESA ANN
[redacted]
9 CLASS DM
12 RESTR NONE
9B CLASS D
15 SEX F
16 HGT 6'-10"
17 WGT 155 lbs
18 EYES BRN
DONOR
TYPE: DDR
5 DD 20170912180M5630


SOCIAL SECURITY
[redacted]
THIS NUMBER HAS BEEN ESTABLISHED FOR
TERESA ANN
PERAGINE
SIGNATURE
12/02/2009

Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 10/31/2021

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name PERAGINE First Name TERESA in accordance with *(please check only one)*:

- ● the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* OR
- ○ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 08/20/2022

Medical Examiner's Signature

Medical Examiner's Name *(please print or type)*: Roman, Lauren

Medical Examiner's Telephone Number: (630)974-6131

Date Certificate Signed: 08/20/2020

○ MD ○ Physician Assistant ● Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: 277000740

Issuing State: IL

National Registry Number: 3476213849

Driver's Signature

Driver's License Number: [redacted]

Issuing State/Province: IL

CLP/CDL Applicant/Holder: ○ Yes ● No

Driver's Address

Street Address: [redacted] City [redacted] State/Province: [redacted] Zip Code: [redacted]

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Form MCSA-5875

OMB No. 2126-0006 Expiration Date: 11/30/2021

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

SECTION 1. Driver Information *(to be filled out by the driver)*

PERSONAL INFORMATION

Last Name: PERAGINE First Name: TERESA Middle Initial: Date of Birth: [redacted] Age: [redacted]

Street Address: [redacted] City: [redacted] State/Province: [redacted] Zip Code: [redacted]

Driver's License Number: [redacted] Issuing State/Province: IL Phone: [redacted] Gender: ○ M ◉ F

E-mail *(optional)*: CLP/CDL Applicant/Holder*: ○ Yes ◉ No

Driver ID Verified By**: Drivers License

[redacted]

Last Name: PERAGINE First Name: TERESA DOB: [redacted] Exam Date: 08/20/2020

DRIVER HEALTH HISTORY *(continued)*

[redacted]

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: _____ Date: 8/20/2020 12:45:11 PM

SECTION 2. Examination Report *(to be filled out by the medical examiner)*

DRIVER HEALTH HISTORY REVIEW

[redacted]

Last Name: PERAGINE	First Name: TERESA	DOB: 11/17/1962	Exam Date: 08/20/2020

TESTING

[redacted]

PHYSICAL EXAMINATION

[redacted]

(Attach additional sheets if necessary)

Last Name: PERAGINE First Name: TERESA DOB: [redacted] Exam Date: 08/20/2020

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

[redacted]

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: [signature]

Medical Examiner's Name *(please print or type)*: Roman, Lauren

Medical Examiner's Address: 6545 W Archer Ave City: Chicago State: IL Zip Code: 60638-2555

Medical Examiner's Telephone Number: (630)974-6131 Date Certificate Signed: 08/20/2020

Medical Examiner's State License, Certificate, or Registration Number: 277000740 Issuing State: IL

☐ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☑ Advanced Practice Nurse

☐ Other Practitioner *(specify)*:

National Registry Number: 3476213849

Medical Examiner's Certificate Expiration Date: 08/20/2022

Additional Notes Addendum

Last Name: PERAGINE First Name: TERESA DOB: [redacted] Exam Date: 08/20/2020

DRIVER HEALTH HISTORY

[redacted]

PHYSICAL EXAMINATION

[redacted]

OTHER TESTING

[redacted]

Last Name: PERAGINE	First Name: TERESA	DOB: [redacted]	Exam Date: 08/20/2020

CERTIFICATION

[redacted]

physicians
immediate care

TB SURVEILLANCE

PIC Location for this visit: Glendale

Name: Peraaine, Teresa Ann Date: 8/29/17

Birth Date: [redacted] Phone: _____

☒ Corporate: Hopewell Services

☐ Private

HISTORY:

[redacted]

Signature: [redacted] Date: [redacted]

[redacted]

Signature: _____ Date: _____

*≥ 5mm. is positive in persons with HIV, immunosuppression, taking Prednisone, recent close contacts, or healed TB on CXR.

≥ 10 mm. is positive in persons who are foreign born or from countries with high prevalence, IVD users, NH residents, chronic illness, silicosis, low income.

≥ 15 mm. is positive in persons otherwise healthy.

If previous BCG vaccine as child, test is + if > 10 mm. & from country with high prevalence.

Copyright © 2009, Physicians Immediate Care

Teresa Peragine

[redacted]

Phone Int v
5/24/2021 @ 11:30

IN-Person Int v
5/27/21 @ 7:00AM

Contents:

1. Online Application
2. Attachment: Cover Letter
3. Attachment: Resume

Social Media V on 6/7/2021
found Nothing

Checked 3 Ref - ~~Both~~ All Good

Prepared for: Penny Fleming
Crystal Lake Community Consolidated School District #47
May 25, 2021 7:02 AM

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Crystal Lake Community Consolidated School District #47 Online Application

Peragine, Teresa - SC: % | TC: % - AppNo: 22214 Date Submitted: 5/25/2021

Personal Data

Name: Teresa (First) (Middle Initial) Peragine (Last)

Other name(s) under which transcripts, certificates, and former applications may be listed:

Other: (First) (Middle Initial) (Last)

Email Address: [redacted]

Postal Address

Permanent Address

Number & Street: [redacted]
Apt. Number:
City: [redacted]
State/Province:
Zip/Postal Code:
Country:
Home Phone Number:
Cell Phone Number:

Present Address

Number & Street:
Apt. Number:
City:
State/Province:
Zip/Postal Code:
Country:
Phone Number:

Employment Desired

Open Vacancy Desired:

JobID		Date Last Submitted	Experience in Similar Positions
3955	**TJA Administration:** Assistant Director of Transportation and Safety at TJA	5/25/2021	years

Experience

Please list ALL relevant work experience beginning with the most recent.

Current or Most Recent Position		**Employer Contact Information**		**Supervisor/Reference Contact Information**	
Hopewell Transportation/ First Student Location Safety Supervisor		505 E North Ave Carol Stream, Il 60188 630-426-1749		Gary Torrey/ Former Location Manager [redacted] No longer with here	
Date From - Date To:	-	**Full or Part Time:**	Full		
Reason for Leaving:	Corporate buy out, work closer to home.				
May we contact this employer?	Yes				
Responsibilities/ Accomplishments at this Position	Oversee 150+ drivers and staff with duties such as hiring and mentoring,fleet maintenance, accident protocol implementation, employee compliance, dispatch procedures, and general reporting.We transport and work with Special Needs individuals. NAPT certifications with Special Needs concentration				

Experience Continued

Previous Position Held		Employer Contact Information		Supervisor/Reference Contact Information	
Rising Point Solution Credit Repair Representative		OakBrook, IL satelite location Grapevine St, TX 76051		Kelly Stone 847-553-6711	
Date From - Date To:	-	**Full or Part Time:**			
Reason for Leaving:	Benefits , opportunity to grow				
May we contact this employer?	Yes				
Responsibilities/ Accomplishments at this Position	Covering the Chicago, IL suburbs and partnering with many Mortgage Brokers to secure accounts to repair and restore credit for individuals preparing to purchase homes				

Previous Position Held		Employer Contact Information		Supervisor/Reference Contact Information	
Polhemus Property Managment Asast.Property Manager		Garrison, NY		Terry Polhemus	
Date From - Date To:	-	**Full or Part Time:**	Full		
Reason for Leaving:	Husband and wife divorced , business dissolving				
May we contact this employer?	No				
Responsibilities/ Accomplishments at this Position	Worked closely with tenants to resolve daily concerns including property maintenance and rental payments. Performed most property maintenance including light plumbing and electrical.				

Previous Position Held		Employer Contact Information		Supervisor/Reference Contact Information	
Mine & Development Research Services Field Research Associate		Rhinecliff, NY		Self	
Date From - Date To:	-	**Full or Part Time:**	Full		
Reason for Leaving:	NY Budget Cuts				
May we contact this employer?	Yes				
Responsibilities/ Accomplishments at this Position	Conducted and produced research, reports, and support for consulting Geologists in the mine and quarry fields. Also assisted local and county officials with regulations and deadlines.				

North Dakota - Asst Mgmt
3 yrs after wkd for Regan
Dahl Land & Cattle - Jeff Dahl - C - 701-269-5368

Dispatcher Jessica Fuller - 331-385-1915

Experience Continued

Previous Position Held		Employer Contact Information		Supervisor/Reference Contact Information	
Tri Star Trucking Principle Owner		Sprakers, NY		Self	
Date From - Date To:	-	**Full or Part Time:**	**Full**		
Reason for Leaving:	Divorce , Sold the business				
May we contact this employer?	Yes				
Responsibilities/ Accomplishments at this Position	Contracted trucks to haul aggregates for local construction companies working primarily on heavy highway and Union based jobs.				

Education

Please tell us about your educational background beginning with the most recent.

High School Attended: RCS Ravena ,NY
Graduation Status: H.S. Diploma

Colleges, Universities and Technical Schools Attended:

Name and location	Dates Attended: From - To	Major area of study and number of semester hours	Minor area of study and number of semester hours	Degree	Date Conferred or Expected
NY - State University of New York, College of Agriculture & Technology at Cobleskill	01/2011 12/2013	Ag Business Hrs:	Education Hrs:	Bachelors	01/2014

	Undergraduate	Graduate
Overall GPA	3.96/4	/4
Major GPA	3.96/4	/4

Highest Degree Attained

BA/BS/etc.

Number of graduate hours beyond your highest degree:

Grad Program Of Study

Ag Buisness Management

List honors, awards or distinctions you have earned:
Phi Theta Kappa
Epsilon Pi Tau

Statement

Tip: Use your word processor to copy and paste in your answers. Copy your answers from the word processor and then hit CTRL+V for PC or OpenApple+V for Mac to paste.

1. Please explain how your past personal and professional experience make you a quality candidate for the position for which you are applying.

The many roads I have taken in life and the diversity that was chosen has led to a very eclectic mix that was once likened to a Swiss Army Knife and I have many successes. I have a love for knowledge and service to people. You can have everything in life you want, if you will just help other people get what they want.
I have been gifted with a voice and articulation coupled with curiosity and the desire to achieve. I am not afraid to tackle any task and I always do it with the mindset to win.The corporate culture has been an influencer but not a stifler. I love to instill positivity where it didn't exist and bring calm to chaos. We all put in a large portion of our lives into our work, so I try to be a blessing to someone everyday and always remember, people are more important than things.

Statement

Tip: Use your word processor to copy and paste in your answers. Copy your answers from the word processor and then hit CTRL+V for PC or OpenApple+V for Mac to paste.

1. As an administrator, what would give you the most satisfaction fulfilling your responsibilities?

I derive most pleasure and reward when I can help people elevate to their true potential while accomplishing the goal or task, in a joyful atmosphere.
I enjoy working behind the scenes to make the team look great!
To be instrumental in alleviating the burden of another, so that they can take that issue off their docket.
To be appreciated!! "Thank yous" go a long way.

2. How would you develop relationships with your staff and support them on a daily basis?

I feel checking in regularly and being 100% invested helps them to know you truly care what they are doing and how they can achieve their goals.
By helping them achieve their goals, even the small tasks, you will see the employee "buy in", and you ultimately get a more cohesive, collaborative team member.
Being present.

Language Skills

Do you know any language other than English? No

Referrals

How did you hear about employment with us?

other	Other: Indeed

Additional Information

List any additional information which will help in determining your professional qualifications for a position.

NAPT certifications
Supervisory with Special Needs concentration

Please state your desired salary for this position.

Disclosures

Contract Status

* Are you currently under contract?	No
If Yes, which district?	
If Yes, when does it expire?	
When may your present employer be contacted?	

Professional Status

* Have you obtained tenure status in any other School District?	No
If Yes, where?	
When?	
* Have you ever been denied tenure?	No

If Yes, explain:

* Have you ever had a teaching certificate or teaching license revoked or suspended?	No

If Yes, explain:

* Have you ever failed to be rehired, been asked to resign a position, resigned to avoid termination, or terminated from employment?	No

If Yes, explain:

* Are you a relative of any board member, administrator, or supervisor who is currently serving the School District?	No
Name:	
Position:	

Disclosures continued

Relationship:

* Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation? Yes

List any accommodations:

* Have you ever worked for District 47 before? No

If yes, list position(s) and school(s):

Legal Information

Please note: Applicants are not obligated to disclose sealed or expunged records.
* Are you legally eligible to work in the United States? Yes

* Have you ever been convicted of a criminal offense other than a minor traffic violation? No

If yes, explain, giving dates:

Please Note: A conviction will not necessarily bar you from employment. Facts, such as date of occurrence and rehabilitation will be considered. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

* Have you ever had any indicated finding of child abuse filed in your name? No

If yes, explain, giving dates:

* Does your name appear on any Sex Offender Database in any state or country? No

Equal Opportunity Employer

Crystal Lake School District #47 is an Equal Opportunity Employer. Crystal Lake School District #47 ensures equal employment opportunities regardless of race, creed, gender, color, national origin, religion, age, sexual orientation or disability. Crystal Lake School District #47 has a policy of active recruitment of qualified minority teachers and non-certified employees. Any individual needing assistance in making application for any opening should contact the Department of Human Resources.

Applicant's Acknowledgment and Agreement

By checking the box below, candidate authorizes the school district to conduct an investigation of candidate pursuant to The School Code to determine whether candidate has been convicted of any criminal or drug offenses as set forth in such statute, and, upon request, agrees to execute an investigation authorization form as a condition for candidate's employment. The School Code also stipulates that the School District perform a check on the Statewide Sex Offender Database. Candidate may not be employed unless such investigations have been initiated.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statement, and I authorize past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. Failure to provide requested employment or employment history which is material to the applicant's qualifications for employment or the provision of statements which the applicant does not believe to be true may be a Class A misdemeanor.

I, Teresa Peragine, agree to all of the terms above. ☒ I agree

TERESA PERAGINE

[redacted]

May 24,2021

Dear Ms. Fleming,

Please accept this letter as an indication of my extreme interest in the position of Assistant Director of Transportation. I meet many of the skills in the job requirements, from many years involving transportation to NAPT Certifications.

My Bachelors was acquired in 2014 from the State University of New York in Ag Business Management. I have 4 years in Student transportation as well as owning my own trucking company back in New York. I completed all NAPT certifications required to be certified as Supervisory with Special Needs concentration taking me to another level in my present company.

With a long-standing record of initiative and creative thought, I have demonstrated leadership abilities in many different venues, improving on processes which I believe will bring value to the TJA.

Please take a moment to review my enclosed resume which is only some of the many past experiences that I bring to the table. I would appreciate the opportunity to speak with you regarding my candidacy and to expand on my qualifications and how they will bring value to your company.
I am looking forward to your response and thank you for your consideration.

Sincerely,

Teresa Peragine

Teresa Peragine

[redacted]

EDUCATION

STATE UNIVERSITY of NEW YORK at COBLESKILL — **Cobleskill, NY**
Bachelors - Ag Business Management — 2014

PROFESSIONAL SUMMARY

I have 30 plus years of progressive skills encompassing Management, Safety, Farming, Mechanical, Operational, Construction, Research and Financial/Analytical decision making. Special Needs students and transportation safety have become my focus.
Additionally I possess effective problem-solving skills and leadership abilities which have been demonstrative in my present position.

PROFESSIONAL EXPERIENCE

HOPEWELL TRANSPORTATION — Carol Stream, IL

Assistant Location Manager/ Field Safety Supervisor
Fleet Maintenance Mgmt./ Driver /Recruiter — 2017 – Present

Hopewell Transportation is a transportation company with locations in New Lenox and Carol Stream that transports special needs students for 7 Districts including DuPage County and surrounding areas.

At Hopewell Transportation, I am the Assistant Manager of Fleet maintenance management of 178 vans and 60 buses. Additional essential functions and responsibilities include the following:

- Responsible for maintaining fleet for safety and reliability on budget
- Driver training with concentration on Safety for Special Needs
- Used interpersonal skills to problem solve issues with parents and school district personnel to ensure a positive outlook with the company, while keeping a professional demeanor and maintain confidentiality with student information
- Daily communication with dispatch for updates on fleet status
- NAPT Member,CSPT(Certified Supervisor of Pupil Transportation)in progress, with concentration in Special Needs

RISING POINT SOLUTIONS — **Chicago, IL**
Regional Account Executive — 2015 –2017

Rising Point Solutions is the premier credit restoration company and one of the very few that is A+ rated with the Better Business Bureau as well as one of the very few that is registered with the Credit Services Organization.

Teresa Peragine

[redacted]

At Rising Point Solutions, I was responsible developing business partnerships with professionals in both mortgage and real estate by helping them get more borrowers qualified for home loans. I did this by educating them in how much the company is dedicated to the interests of the mortgage professional and the potential home buyer who is struggling with credit issues. Additional essential functions and responsibilities include the following:

- Devise and implement a business development plan establishing a company presence in the Chicago area
- Marketing credit repair and consulting to new businesses to establish a client base
- Responsible for analyzing credit reports for new clients
- Instrumental in clients attaining their goals of getting the loan they desire for that dream home.
- Organizational abilities, encompassing the utilization of new technology
- Used interpersonal skills to problem solve issues with customers to ensure a positive outlook with the company, while keeping a professional demeanor and maintain confidentiality with customer information
- Daily communication with Mortgage Lenders for decision analytics

POLHEMUS PROPERTY MANAGEMENT — **Garrison, NY**
Assistant Property Manager — 2014-2015

Polhemus Construction and Property management are privately owned companies that have been in operation for more than 40 years. I was brought on to oversee the property management and livestock on the property. Additional essential functions and responsibilities include the following:

- Personally responsible for health and welfare of livestock
- Traveling out of country on behalf of owner, addressing project issues at their personal residence and losely with the construction side of the business in project issue resolution when needed
- Performed most property maintenance including light plumbing and electrical

DAHL LAND & CATTLE — **Gackle, ND**
Ag Business Management Assistant — 2013-2014

Dahl land & Cattle is a 7000 acre ranch in central North Dakota. As a recent graduate in Ag Business Management, I was brought on to facilitate an LLC from a partnership. The patriarch, Jack Dahl, was a former President and inductee of the National Cattleman's Association as well as being appointed by President Reagan to the Dept. of Agriculture as the Secretaries Advisory Committee and a Chairperson of the Board of Directors for the Federal Ag Mortgage Corp and it was an honor to be accepted as one of the family.
Additional responsibilities include the following:

- Secured sales with east coast buyers and breeders at annual production sale increasing revenue ***$25,000.***
- Identified, researched and recommended a new ISP, cutting the company's online costs by 15%.
- Researched Dahl's operation; advised LLC's over present Partnership, resulting in a change in business status gaining protection of overall assets in the millions

Teresa Peragine

[redacted] [redacted] [redacted]

MDRS (Mine & Development Research Services) **Rhinecliff, NY**
Independent Field Research –*Principal Owner* 2008-2010

Primary responsibilities were performing research, reports, and support for the consulting Geologists in mine and quarry field permitting and regulation..

TRI-STAR TRUCKING **Schenectady, NY**
Trucking Company-*Principal Owner* 1997-2005

Responsible for contracting to haul aggregates for local construction companies, working primarily on heavy highway jobs and all Union based jobs. I employed 2 full timed drivers. Accounting, job sales, payroll, office management as well as fleet maintenance were daily responsibilities. This was a successful endeavor and I sold this company to purchase my farm and raise my family in the country.

CERTIFICATIONS

- NAPT 101 Student Transportation Orientation
- NAPT 201 Business Writing
- NAPT 202 Presentation Skills
- NAPT 204 Team Communication Strategies
- NAPT 208 Parent, Administrator, Board & Public Outreach
- NAPT 304 Best Practices When Collecting, Analyzing & Using Data
- NAPT 401 Managing Human Resources 1
- NAPT 402 Managing Human Resources: Employee Relations
- NAPT 405 Student Needs and Management
- NAPT 601 School Bus Routing & Scheduling 1
- NAPT 606 Risk Management and Emergency Planning
- NAPT 701 Introduction to Leadership & Management
- NAPT 702 Personal Skills for Managers
- NAPT 902 Crisis Communication
- Reasonable Suspicion Testing: What Supervisors Need to Know

HONORS

- Phi Theta Kappa Honors Society, 2010
- Epsilon Pi Tau International Honor Society for Professions in Technology, 2013

SKILLS /STRENGTHS

Teresa Peragine

[redacted] [redacted] [redacted]

- Computer/Tech- Microsoft Office - (*Excel, Outlook, PowerPoint & Word*)
- Self-Motivated leader -*motivating others around me to achieve as a team*
- Problem Solving / team builder- *building a business from no experience; putting the right team together to make it successful*
- Critical Thinking-*Devising the change of a 10M partnership to an LLC*