THOMPSON
SCHOOL DISTRICT

LICENSED EMPLOYEES' HANDBOOK

Thompson School District R2-J
General Personnel Practices and Procedures
Effective Date
July 1, 2015
Version 1 - Revised 05/12/2015
Version 2 – Revised 05/09/2016
Version 3 – Revised 05/26/2017
Version 4 – Revised 04/26/2018
Version 4 –Corrections 09/17/2018
Version 5 – Revised 6/16/2020
Version 6 – Revised 6/28/2022
Version 7 – Revised 5/09/2023
Version 8 - Revised 6/16/2025

EMPOWER TO LEARN
CHALLENGE TO ACHIEVE
INSPIRE TO EXCEL

IMPORTANT NOTE

This handbook is designed to acquaint licensed staff of the Thompson School District with some information about working in the district. The handbook is not all inclusive, but is intended to provide employees with a summary of some of the Thompson School District's guidelines and practices. The Board of Education also has school district policies, Memorandum of Understanding (MOU) and if this handbook conflicts with Board of Education policies or MOU policy, those policies shall prevail. If there is a conflict with federal, state, or local laws, the laws prevail.

The policies and procedures contained in this handbook are referred to in Article 3-7 of the MOU. The need may arise to change the guidelines described in the handbook. This handbook does not represent a contract, is not meant to be enforceable as a contractual obligation of the Thompson School District, and should not be relied upon as binding, inflexible promises made by the school district.

This handbook is designed as a supplement to the Memorandum of Understanding. No employee handbook can anticipate every circumstance or question. After reading the handbook, employees who have questions should talk with their immediate supervisor, association representative, or the Department of Human Resources.

A Note from Human Resources

This handbook was developed to describe some of the guidelines, practices, programs, and benefits for employees. All employees should familiarize themselves with the contents of the licensed employee handbook as soon as possible, for it may answer many questions about employment with Thompson School District.

The Mission of the Human Resources Department is to provide service and support through:

To welcome and support all staff in our culture of growth and excellence.

Our Vision:

To be the employer of choice in our community for those seeking a rewarding career in education.

Non-Discrimination/Equal Opportunity (Ref. Policy AC)

Thompson School District does not discriminate on the basis of a person's actual or perceived characteristics such as, but not limited to, race, color, sex, sexual orientation, gender, gender identity, gender expression, religion, creed, national origin, ancestry, immigration/citizenship status, age, marital status, conditions related to pregnancy or childbirth, genetic information, mental or physical disability, need for special education services, or any other protected class in conformance with federal, state, and local law in admission or access to, or treatment and employment in, its programs and activities. A lack of English skills will not be a barrier to admission or participation.

The following person/people has/have been designated to handle inquiries regarding the nondiscrimination policies:

Title IX/Employee ADA/Section 504 EEO Compliance Officer
Director of Human Resources
800 South Taft Avenue
Loveland, Colorado 80537
(970) 613-5009
nondiscrimination@tsd.org

Student ADA/Section 504 Compliance Officer
Executive Director of Student Support Services
800 South Taft Avenue
Loveland, Colorado 80537
(970) 613-5092
nondiscrimination@tsd.org

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SECTION 1: GENERAL INFORMATION

Article 9-2. - Military Leave

9-2-1. Subject to conditions prescribed in C.R.S. §28-3-601 through §28-3-607, and with appropriate advance notice, any teacher employed by TSD who is a member of the Colorado National Guard or the reserve forces of the United States shall be entitled to leave without loss of pay for all the timed engaged in training or active service ordered or authorized by proper authority, but not exceeding 15 days in any fiscal year. Such leave shall be allowed if the required military service is performed satisfactorily. The teacher must return to work immediately on being relieved from such military service.

9-2-2. If the teacher is required by proper authority to continue in such military service beyond the time for which leave with pay is allowed, he/she shall be entitled to leave of absence without pay for the additional service. Reinstatement shall be in accordance with C.R.S. §28-3-604.

Article 9-3. – Jury Duty

9-3-1. Employees shall be granted leave with full pay when called to jury duty, ordered to appear in a proceeding pursuant to subpoena or other court order. After the first three days of jury service, the district shall deduct the state wage of $50.00 per day of jury service from the employees pay as an offset. (Board Policy GBGK)

Article 9-4. - Political or Legislative Leave

9-4-1. A teacher who serves in an elected or appointed governmental position may request and receive Board of Education approval for unpaid leave to perform the duties connected with that position when those duties require an absence from their position with TSD. The request for unpaid leave should include documentation supporting the amount of leave time requested.

9-12. - Family and Medical Leave

9-12-1. Unpaid family medical leave is available under the Family and Medical Leave Act and Board Policy GBGF/GBGF-R*. Employees entitled to paid leave under other policies or sections of the Memorandum of Understanding will use their paid leave first for part or all of their family and medical leave in accordance with FMLA guidelines.

9-13. - Leave Related to Domestic Abuse

9-13-1. An employee who is the victim of domestic abuse or related crimes may request and shall be granted up to three working days of leave from work without pay in any 12-month period to attend to certain related matters. (See Policy GBGL* for definitions and description or eligible purposes.)

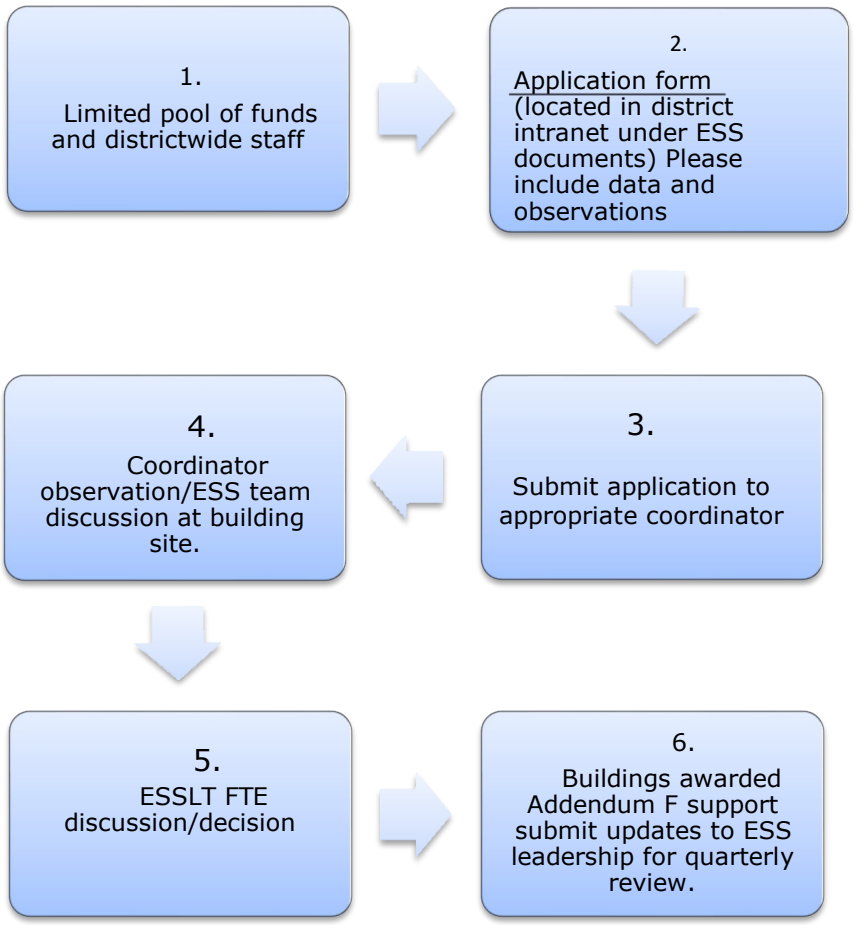
9-13-2. The employee does not need to exhaust his or her annual or grandfathered leave prior to being granted leave related to domestic abuse.

ADDENDUM F – SPECIAL EDUCATIONAL SERVICES
REVIEW PROCESS FOR ADDITIONAL SUPPORT

Because Special Education has a unique administrative structure, it requires its own review process.

This review process allows Special Education teachers or staff members, who have concerns about meeting the needs of their students, to request additional support**.** Although it is hoped that a solution to the concern will be found, such a solution cannot be guaranteed. Communication and team problem-solving is the main intent of this process. All Addendum F positions are subject to review quarterly. It is not intended to address a cap or caseload limit. The steps for the process are given in the flowchart:

Addendum F Process



ATTACHMENT 10 – EXTRA DUTY SALARY SCHEDULE RUBRIC
Extra Duty Salary Schedule Rubric

4/15/01

Academic Extra Duty Pay

Criteria	1 (minimum)	2 (some)	3 (average)	4 (significant)	5 (maximum)
Impact on **TSD** staff	minimum	some	average	significant	maximum
Impact on school, department or team	minimum	some	average	significant	maximum
Expectation/responsibility placed on position by district and/or building administration	minimum	some	average	significant	maximum
Estimated Duty Hours (outside contract day during school year)	1-25	26-50	51-75	76-100	>100
Number of staff whose work is coordinated	1-2	3-10	11-25	26-45	>45

Scale: Level 1 24-25 Level 2 22-23 Level 3 20-21 Level 4 18-19 Level 5 16-17 Level 6 14-15 Level 7 12-13 Level 8 10-11 Level 9 8-9 Level 10 0-7

Activities Extra Duty Pay

Criteria	1		2		3				5	
	MS	HS	**MS**	HS	**MS**	HS	**MS**	HS	**MS**	HS
Number of Students	**<40**	<20	**40-59**	20-39	**60-79**	40-59	**80-99**	60-79	**>100**	80-100
Formal Performances/contests (not practices and meetings)	**<8**	<8	**8-11**	8-11	**12-15**	12-15	**16-19**	16-19	**>20**	>20
Number of weeks	**-**	<12	**-**	12-17	**-**	18-23	**-**	24-29	**-**	30-36
Community expectations	**Low**	-	**Medium**	-	**High**	Low	**-**	Medium	**-**	High
Student body expectations	**Low**	-	**Medium**	-	**High**	Low	**-**	Medium	**-**	High
Time outside contract day (hrs. per week) – none, if class	**<4**	<4	**4-5**	4-5	**6-7**	6-7	**8-9**	8-9	**>10**	>10
Number of Levels	**-**	1	**-**	2	**-**	3	**-**	4	**-**	5

Scale MS: Level 1 34-35, Level 2 31-33, Level 3 28-30, Level 4 25-27, Level 5 22-24, Level 6 19-21, Level 7 16-18, Level 8 13-15, Level 9 10-12, Level 10 6-9

Scale HS: Level 1 31 & above, Level 2 28-30, Level 3 25-27, Level 4 22-24, Level 5 19-21, Level 6 16-18, Level 7 13-15, Level 8 10-12, Level 9 7-9, Level 10 6 & below

Coaching Extra Duty Pay

Criteria	1	2	3	4	5
Number of weeks	<9	9	10	11	12
Number of Hours/week	-	10-14	15-19	20-24	>25
Number of contests – each level	-	-	<12	12-15	>16
Number of paid assistants and number of levels	0	1	2	3	4
Number of participants	<10	10-19	20-29	30-39	>40
Revenue Producing/expectations, pressure as rated by district administration	-	-	Low	Medium	High

Scale: Level 1 28-30, Level 2 25-27, Level 3 22-24, Level 4 19-21, Level 5 16-18, Level 6 13-15, Level 7 10-12, Level 8 7-9, Level 9 4-6, Level 10 1-3

All high school assistants would be four levels below the head coach in that sport (-9 points)

All middle school assistants would be two levels below the head coach in that sport (-6 points

SECTION 2: FORMS

APPENDIX B –PROBLEM SOLVING FORM
PROBLEM SOLVING PROCESS FOR CONFLICT RESOLUTION

Section 1 (to be filled out by person submitting form)

Person(s) submitting: _____

Position(s): _____ Building assignment _____

☐ I have tried to resolve this concern directly with those involved.

Whom: _____ Date: _____

Discussion summary: _____

_____

Description of unresolved concern: _____

_____

_____

Proposed solution (by person(s) submitting): _____

Date of submission: _____

_____

Section 2 (to be completed collaboratively during the meeting)

Problem solving participants:_____

_____

Collaborative solution (e.g., strategies or "no solution"): _____

_____

_____

Participants' Signatures:

Date: _____

_____

_____

_____

_____

Has this been resolved? Yes ☐
No ☐

If no, refer Problem Solving Form to Elementary or Secondary Executive Director or designee.

Send copies of completed form to: Human Resources
Thompson Education Association

APPENDIX C – INFORMAL PROBLEM SOLVING

INFORMAL PROBLEM SOLVING PROCESS FOR A WRITTEN REPRIMAND

Name of person submitting issue: _____

Name of Principal or Supervisor: _____

School Name: _____

Key Dates of Events: _____

Copies submitted to: _____ HR Director (Mandatory) _____Administrator

Description of Concern: _____

_____

_____

_____

_____

_____

Participants: _____

_____

Proposed Solution: _____

_____

_____

_____

_____

_____ _____

Date of Submission Teacher

Disposition by HR: _____

_____

_____

_____

_____

_____

This form is to be used when a teacher feels that a written reprimand has occurred without prior due process. The form should be submitted to Human Resources in a timely manner.

APPENDIX D – GRIEVANCE FORM

Person(s) submitting: _____

Building Assignment: _____

Submitted to (appropriate Director/Executive Director depending on level)

_____

Date of problem solving meeting: _____

Relevant MOU article: _____

Nature of grievance: _____

_____

_____

_____

Remedy sought: _____

_____

_____

Signed: _____ Signed: _____

Grievant For Association

Administrative reply: _____

_____

_____

_____

Signed: _____

Administrator

Attach problem solving statement and any prior grievance correspondence.

Dates: _____ _____ _____

Step One Step Two Step Three

Director/Executive Director:

_____ _____ _____

Step One Step Two Step Three

Note: This completed form is to be submitted to both HR and TEA.

APPENDIX E-PLAN TIME

Part time/Less Than Full Time/Traveling Teacher

Teaching/Planning/Duty Form

Teacher:_____EID#:_____

Assignment and Percentage: (E.g.: Art 75%): _____

Schools: _____

The principals and the teacher must work together to complete and submit this form. Provide a copy to the teacher, all involved Principals, and Human Resources. Those copies are due two weeks after teacher's schedule is finalized, but as soon as a problem is identified to minimize student disruption.

Location	**Number of Classes Taught**	**Planning Time Per Week**	**Duty Time Per Week**

Total Planning Time: ☐

Elementary School: At least 300 minutes per week in a five-day week is scheduled for this teacher. (Or the correct % of FTE) (16-4-1)

Middle School: At least 390 minutes per week in a five day week is scheduled for this teacher. (Or the correct % of FTE) (16-4-1)

High School: At least 440 minutes per week in a five day week is scheduled for this teacher. (Or the correct % of FTE) (16-4-1)

Traveling teachers divide their amount of time for conferences and professional days at their respective buildings proportionally to student needs.

This schedule has been reviewed and the appropriate amount of planning time is scheduled.

Principal 1 Signature: _____

Teacher Signature: _____

Principal 2 Signature: _____

Teacher Signature: _____

Principal 3 Signature: _____

Teacher Signature: _____

Cc: Human Resources, Teacher, and Principals.

All traveling teachers will complete this form upon a change of schedule, and submit forms to Human Resources, Teacher, and Principals.

Situations where planning time MOU agreements are not being met, immediate resolution will be appealed by commencing at Step 2 of the grievance process.

APPENDIX E-TRAVELING TEACHER

Do you travel mid-day to two or more schools during the week? If yes, please give specifics of travel. (Example: Tuesday – class ends at Sarah Milner 11:30 travel to Cottonwood where class begins at 12:30)

Name:_____

Assignment: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
School 1 (Name)					
Stop Time					
Takedown Time (average amount needed)					
Travel Time to School 2					
School 2 (Name)					
Start Time					
Setup Time (average amount needed)					

	Monday	Tuesday	Wednesday	Thursday	Friday
School 3 (Name)					
Stop Time					
Takedown Time (average amount needed)					
Travel Time to School 4					
School 4 (Name)					
Start Time					
Setup Time (average amount needed)					

Teacher Signature:_____ Note: Each Principal must sign below

Principal School 1:_____Principal School 2:_____

Principal School 3:_____Principal School 4:_____

APPENDIX G
STAFF PERSONAL SECURITY AND SAFETY (Board Policy GBGB)

School staff members need to work in a safe and secure environment. The Board of Education supports actions that protect employees from personal attacks by students, fellow employees or other persons while minimizing disruption to the normal working and learning environment.

Offenses Against School Employees by Students

The following procedures shall be followed in instances of assault, disorderly conduct, harassment, knowingly making a false allegation of child abuse, or any alleged offense under the "Colorado Criminal Code" by a student directed towards an employee. These same procedures apply if students damage the personal property of an employee while on school district premises.

1. The employee shall file a written complaint with the building principal, the Superintendent's office and the Board of Education.
2. The principal, after receipt both of the complaint and adequate proof of the charges, shall suspend the student up to three days in accordance with established procedures.
3. The Superintendent shall initiate procedures for the further suspension or expulsion of the student when injury or property damage has occurred.
4. The Superintendent or designee shall report the incident to the district attorney or to the appropriate law enforcement agency or officer who shall then investigate to determine the appropriateness of filing criminal charges or initiating delinquency proceedings.
5. A copy of this policy shall be distributed to each student and posted in each school building.

Offenses Against School Employees by Non-Students

Instances of assault, disorderly conduct, harassment or alleged criminal offense by an employee or by any other person directed against an employee shall be reported to the principal or supervisor who in turn shall report the incident to the Superintendent or designee for investigation and action in accordance with applicable procedures.

Supportive Action Following Incidents

1. The principal or supervisor shall inform other employees who are impacted or affected by the incident as necessary and report the incident and its status or resolution to his immediate supervisor.
2. The affected employee may be offered assistance including but not limited to mandating medical, legal, physical or mental examination and temporary leave from his position.
3. The principal or supervisor shall monitor the progress of actions taken in accordance with this policy and recommend any further steps necessary to the Superintendent's office.
4. The principal or supervisor shall plan with the affected employee and other impacted employees for his return to normal duties.

Communication of Disciplinary Information to Teachers/Counselors

The principal or designee shall communicate discipline information concerning any student enrolled in the district to all teachers and counselors who have direct contact with that student. Any teacher or counselor who is assigned a student with known serious behavior problems will be informed of the student's behavior record. Any school employee who is provided this information shall maintain its confidentiality and shall not communicate it to any other person.

Adopted prior to 1985
Revised November 18, 1987
Revised August 17, 1988
Revised January 19, 1991
Revised August 7, 1991
Revised August 20, 2008
Revised May 16, 2012
Legal Refs.: CRS 22-32-109.1 (3)
CRS 22-32-109.1 (9)
CRS 22-32-126 (5) (a)
Contract Ref: TEA Agreement
Cross Refs.: ECAC, Vandalism
GCQF, Suspension and Dismissal of Professional Staff (And Contract Nonrenewal)
GDQD, Suspension and Dismissal of Support Staff
JK, Student Discipline
JKD/JKE, Suspension/Expulsion of Students
JKD/JKE-2, Suspension/Expulsion of Students with Disabilities
KLG, Relations with Law Enforcement

THOMPSON SCHOOL DISTRICT

APPENDIX I
DONATE-A-DAY
LICENSED & APT STAFF

PURPOSE: Donate-A-Day is a way to help licensed or APT employees who need additional hours beyond their available leave time for personal needs (up to 16 hours per school year) or to help an ill member of their immediate family (as defined in 2-18 of the Memorandum of Understanding).

A licensed or APT employee who has used all of their current annual, accrued, grandfathered days, and other applicable paid district leave (in this order) may apply for Donate–A-Day. Staff participating in the 110-transition program are not eligible to receive hours; however, they may donate if they have hours available. The application for both employee groups is located in Appendix I of the Licensed Handbook. For more than 16 hours of Donate-A-Day in a school year, the applicant must specify the relationship of the person for whom the employee will be caring and must submit a doctor's statement specifying the nature of the relative's illness, its expected duration, and the extent of treatment.

Other licensed, APT, or classified staff may be requested to donate hours, up to 16 hours from their **current** annual leave time for the employee's use. Those who are willing will sign the donor form.

The licensed or APT employee will return the completed application form to the HR who will share relevant information with the Sick Leave Bank Committee.

The employee (or designee) will return the signed donor forms to Payroll by the monthly deadline, which is the second Friday of each month. Any donated hours not used will be transferred to the Sick Leave Bank.

No district employee may donate more than 16 hours of current annual leave per year for this purpose.

Business Services will report days used to the Sick Leave Bank Committee.

***Note:** Donation of days is strictly **voluntary.** Employees are responsible for the use of their own leave. Once leave has been donated, those hours will be considered used and will not be available for future use or reinstated.

THOMPSON SCHOOL DISTRICT

APPENDIX I
DONATE-A-DAY APPLICATION FORM
LICENSED & APT STAFF
Updated May 2025

Donate-A-Day is a way to help licensed or APT employees who need additional hours beyond their available leave time for personal needs (up to 16 hours per school year) or to help an ill member of their immediate family.

A teacher, administrator, or exempt employee must use all of their annual, accrued, grandfathered, and other applicable paid district leave days before requesting Donate-A-Day hours. The applicant must complete the form below and return it to HR. Then the employee or designee must complete the Donate-A-Day Donor Form in the Handbook and return it to Payroll.

APPLICANT COMPLETES THIS SECTION:

Applicant's Name: _____ Employee ID#: _____
(Please PRINT legibly)

Address: _____ Phone: _____

_____ School/Building: _____

Expected Absence(s) from:_____to: _____

If requesting 16 hours or less, return this form to HR without completing the section below.

Name and relationship of person for whom the employee will be providing care:

_____

RELATIVE'S PHYSICIAN COMPLETES THIS SECTION:
Attach supporting documentation as needed

Nature of relative's illness: _____

_____

_____

Expected duration of care needed for illness: _____

Extent of treatment: _____

_____

Physician's Name **(PRINT legibly)**_____Type of Practice_____

_____ _____

_____ Phone Number

Office/Clinic Address

_____ _____

Physician's Signature Date

Return this completed application to HR, FAX: 970-613-6169

FOR TEA SICK LEAVE BANK USE:

Approval Signature _____ *Approval Date* _____

THOMPSON SCHOOL DISTRICT

APPENDIX I

DONATE-A-DAY DONOR FORM

LICENSED & APT STAFF

Updated May 2025

Donate-A-Day is a way to help licensed and APT staff who need additional hours beyond their available leave time for personal needs (up to 16 hours per school year) or to help an ill member of their immediate family.

Employees may donate a minimum of 2 hours of current annual leave per year for this purpose. Any donated hours not used will be transferred to the Sick Leave Bank.

The following district employees would like to DONATE leave hours to benefit:

_____

Employee's Name

Total number of hours requested: _____

# of Hours	Donor's Name (Please PRINT legibly)	Donor's Signature	Donor's Employee ID #	Donor's Work Location	**Classification** APT, Licensed, or Classified

***NOTE:** Donation of days is strictly **voluntary.** Employees are responsible for the use of their own leave. Once leave has been donated, those hours will be considered used and will not be available for future use or reinstated.

Return this completed donor form to Payroll Specialist in Business Services BY DEADLINE ON SECOND FRIDAY OF THE MONTH.

(For Sick Leave Bank)

APPENDIX N – SICK LEAVE BANK OPT OUT FORM

For Licensed Staff, Administrators and Exempt Personnel

Do not sign unless you have reviewed the *Important Benefit Information Fact Sheet* and are electing to NOT PARTICIPATE in the Sick Leave Bank.

I understand that my OPT OUT decision will remain in effect for the duration of my current employment unless I elect, in writing, to become a member of the Sick Leave Bank during the open enrollment period (annually in September). I further understand that if I have been a member of the Sick Leave Bank and am exercising my OPT OUT Option that I will not receive any of my hours that I had previously contributed to the bank; nor will additional contributions be made to the Sick Leave Bank in my name.

I agree that it is my responsibility to complete the form and return it to Human Resources by October 1 (if I'm a new employee or OPTING OUT during open enrollment) or within 10 days of my hire date (if hired after September 20).

By my signature, I acknowledge that I have read the *Important Benefit Information Fact Sheet*, I understand the benefits of the Sick Leave Bank and when and how to become a member in the future (if I should choose to do so) and I have voluntarily decided to OPT OUT of participation in the Sick Leave Bank.

Name (Print):_____ Date:_____

Signature:_____

Home Phone: _____

Home Address: _____
Street City Zip Code

School/District Location_____ Work Phone: _____

Send to the Human Resources by October 1 or ten (10) days after hire date

Send Original to Human Resources
Make and retain a copy for your personal record

APPENDIX N – SICK LEAVE BANK OPT OUT FORM

For Licensed Staff, Administrators and Exempt Personnel

One of your benefits as a Thompson School District employee is the option of participation in the sponsored Sick Leave Bank.

Benefits:

- Provides financial protection to the member who has experienced a loss of salary due to a serious medical condition as defined by the FMLA and specified by a physician, which prevents the member from performing their job.
- Up to 45 Sick Leave Bank days may be available to a member who has exhausted their individual leave.
- Additional information about the Sick Leave Bank program is available in the Memorandum of Understanding (MOU).

Becoming a Member:

- You are automatically enrolled in the Sick Leave Bank.
- One day, up to 8 hours, of your annual leave will be donated to the Bank based on your full time equivalency (FTE).

Membership is on-going:

- Membership remains in effect unless you submit a completed Opt Out form during the open enrollment period (annually in September).
  In subsequent years, an additional contribution of up to one annual leave day per year may be required.

Opting Out of Membership:

- Request an Opt Out form from Human Resources.
- Return the completed Opt Out form by October 1 or within 10 days of your hire date to the Human Resource Department.
- Opt Out decisions will remain in effect for the duration of your employment unless you elect, in writing, to become a member of the Sick Leave Bank during the open enrollment period (annually in September).

THOMPSON SCHOOL DISTRICT

APPENDIX O – PERSONAL LEAVE REQUEST FORM

Directions: Non-probationary teachers requesting a Leave of Absence (LOA) must complete and submit this form to Human Resources at least 30 days prior to the intended beginning date of the leave.

Name:_____Date:_____

School(s):_____

Position(s): _____

Supervisor/Principal(s):_____

Beginning date of Leave: _____

Planned date of return: _____

Please state reason for leave:

- □ Military Leave _____
  _____
  _____
- □ Personal Leave _____
  _____
  _____
- □ Teach Abroad _____
  _____
  _____

Employee Signature: _____

Human Resources Use Only

Date Received: _____

Approved By: _____ Date Approved: _____

BOE Packet Date: _____

Supervisor/Principal Notification Date: _____

Reason Request Denied: _____

_____

Professional Concerns Committee

Concerned Party (name): _____

School/Department: _____

Completion of Form Date: _____

What is the issue you would like PCC to discuss?

_____

_____

_____

Who, in the district, is being affected by this? Should be multi-building/global and not building specific.

_____

_____

_____

What steps have already been taken with regards to this issue?

_____

_____

_____

Do you have any suggestions on how to best resolve this concern?

_____

_____

_____

Who should be involved in telling the story to the Professional Concerns Committee?

_____

_____

Signed_____ Date _____

Please send completed form to jennifer.ewert@tsd.org You will be contacted by a PCC rep after your form has been discussed by the 2+2 committee. This item may be referred either to PCC or the appropriate staff member.

THOMPSON SCHOOL DISTRICT

This section to be filled out by PCC

THOMPSON EDUCATION ASSOCIATION C.E.A. N.E.A.

STORY

What is the issue? Who, in the district, is being affected by this? What is the history behind this?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

INTERESTS:

I have an interest in …..

_____

_____

_____

_____

_____

_____

_____

_____

_____

THOMPSON SCHOOL DISTRICT

THOMPSON EDUCATION ASSOCIATION C.E.A. N.E.A.

OPTIONS

A possible solution to this is…….

_____

_____

_____

_____

_____

_____

_____

_____

2+2 SOLUTION

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PCC REVIEW

PCC will review the Effects of this decision at the meeting in _____
to ensure that we have properly addressed the concern.