



Philomath School District

Benton County School District No. 17J

1620 Applegate Street

Philomath OR 97370

(541) 929-3169

NEW EMPLOYEE HANDBOOK

*The Vision of the Philomath School District is to
Graduate EVERY Student and Transition Each of Them Into
a Job, Training, or College.*

OVERVIEW

We would like to take this opportunity to welcome you to the **Philomath School District**. We congratulate you on your decision to join the school community and look forward to working with you to continue our tradition of excellence and integrity, while also providing a rewarding and supportive environment to our faculty and staff. We value our employees' loyalty and honesty and we encourage open communication. If we all work together, we can create a rewarding employment environment and a successful school district!

Year after year, families entrust us with the education of their children. We take this trust very seriously and strive to live up to, and exceed, our community's high expectations. Our success depends on the daily activities of our employees. No matter what job you hold, your employment is very important to us and to the students of the school.

After reading the following material, we urge you to discuss any questions and comments you may have with your immediate supervisor. We strongly believe in an "open-door, open-communication" philosophy and expect every employee to give us their input to achieve our mutual goals.

This handbook is intended as a means of communicating certain policies and procedures to you in order for you to better understand how we, your employer, operate. It is presented as a matter of information only and its contents should not be interpreted, and are not intended, as a written employment contract between the school and any of its employees or a guarantee of continued employment. The information contained in this handbook does not supersede any policies or procedures otherwise provided by any negotiated bargaining agreement. The school reserves the right to suspend, modify, or amend any policy or procedure enclosed herein at any time. Additional employment information can be found on the Staff Resources page of our district website: www.philomathsd.net

HISTORY

The Philomath School District (the District), a public school system for students in grades K-12, was established in 1922, with its roots going back to the late 1800's. The District is comprised of seven schools:

- Clemens Primary School (Grades K-1)
- Blodgett Elementary School (Grades K-4)
- Philomath Elementary School (Grades 2-5)
- Philomath Middle School (Grades 6-8)
- Philomath High School (Grades 9-12)
- Kings Valley Charter School (Grades K-12)
- Philomath Academy (Grades 6-12)

Philomath, located five miles west of Corvallis, derives its name from the Greek "love of learning" and has a long history in the timber industry. The District looks to honor this long history, as well as its relationship with The Confederated Tribes of Siletz Indians of Oregon, through its award winning forestry, arts and athletic programs.

BOARD MEMBERS & DISTRICT ADMINISTRATION

The School Board is comprised of five (5) elected members of the community. Those members (along with the expiration of their term) are:

Erin Gudge - Board Chair	Term Expires June 2029
Tom Klipfel - Vice-Chair	Term Expires June 2029
Sandi Hering	Term Expires June 2027
Ryan Cheeke	Term Expires June 2027
Erin McMullen	Term Expires June 2029

The District's Administrative/Leadership Team is comprised of the following individuals:

Susan Halliday	Superintendent
Jennifer Griffith	Business Manager
Kelsey Greydanus	Student Services Director
Mark Neville	Technology Director
Joey DiGiovannangelo	Facilities Director
Michele McRae	Executive Assistant
Abby Couture	Principal – Clemens Primary School
Eric Beasley	Principal – Philomath Elementary School & Blodgett Elementary School
Mike McDonough	Asst. Principal - Philomath Elementary School
Steve Bell	Principal – Philomath Middle School
Jamon Ellingson	Asst. Principal - Philomath Middle School
Mark Henderson	Principal – Philomath High School
Mike Hood	Asst. Principal/ Athletic Director - Philomath High School
DeeDee Collins	Asst. Principal – Philomath High School
Garth Gerot	Principal - Philomath Academy

Rachel Baker	PSD Library/ Media
Laura Bryant and Tina Hoch	Nurses
Eugenia Moone	Director - Clemens Community Pool
Nicole Byerley	Nutrition Program Director

DISTRICT OFFICE STAFF

The District Office staff serves each of the schools and is a valuable resource for employees. Listed here are the District Office Staff and their various roles:

Susan Halliday	Superintendent
Jennifer Griffith	Business Manager
Michele McRae	Executive Assistant to the Superintendent and School Board.
Mary Ackermann	Accounts Payable, P-Cards, Grant Accounting, Fixed Assets, Student Body Funds, Facilities
Megan Caputo	Payroll, Benefits Administration, Human Resources/TalentEd, RedRover, Leave management
Dawnelle Davis	SafeSchools, Volunteers, Online payments, District Website & Social Media, Deposits, Keys, Transportation Coordinator, Academic Advancement
Rachel Baker	Library/ Media Services
Laura Bryant	Nursing Services
Tina Hoch	Nursing Services
Eugenia Moone	Clemens Community Pool

SPECIAL PROGRAMS

We appreciate the strong staff members supporting our special programs. Those members (along with their responsibilities/locations) are:

Kelsey Greydanus	Student Services Director
Heather Stueve	Student Services Support Specialist
Christine Jensen	Administrative Assistant for Special Programs

FACILITIES

We are fortunate to have strong facilities staff to serve the District. Those members (along with their responsibilities/locations) are:

Joey DiGiovannangelo Jr.	Facilities Director
Ryan Vaughan	Maintenance Department Lead/Foreman
Richard Garcia Bazan	Custodian - Clemens Primary
Christine Boggs	Campus Steward- Clemens Primary
Kenneth Whelchel	Grounds/Maintenance
Nick Richey	Grounds/Maintenance
Ryan Nakata	Grounds/Maintenance
Alex Cervantes	Custodian - Blodgett & Philomath Elementary
Bobby Baier	Campus Steward- Philomath Elementary
Rolando Bazan-Alvarado	Custodian - Philomath Elementary
Eric Goodman	Custodian - Philomath Middle
Rich Ruiz	Campus Steward- Philomath Middle
Martha Arredondo Tejeda	Custodian - Philomath High
Lauren Orozco	Campus Steward- Philomath High
Marisol Garcia-Morris	Custodian - Philomath High

TECHNOLOGY

We are fortunate to have a dedicated technology staff to serve the District. Those members (along with their responsibilities/locations) are:

Mark Neville	Technology Director
Josh Martin	Systems Administrator
Quinn Aschoff	Technology Specialist II
Trevor Johnson	Technology Specialist I

These folks, along with the personnel at your respective school(s) are here to assist in making your job easier, so feel free to reach out as necessary!

Business Services:

If you have questions about any of these items after conversing with your school office or administrator, please contact the following:

- o Mary Ackermann 7461
- o Megan Caputo 5470
- o Michele McRae 4667
- o Dawnelle Davis 2867

Question Area	Contact
Accident Reports	Megan Caputo
Accounts Payable	Mary Ackermann
Annual Inspections	Mary Ackermann
ASB Accounts	Mary Ackermann
Benefits Administrator	Megan Caputo
CPR/ First Aid Training	Dawnelle Davis
Deposits/ Petty Cash	Dawnelle Davis

District Calendar	Michele McRae
Emergency Call-Out	Dawnelle Davis
FMLA/ Paid Leave Oregon	Megan Caputo
Facility Rental	Mary Ackermann
Fingerprint/ Background Check	Megan Caputo
Grants (Large & Ongoing)	Jennifer Griffith
Grants (Small)	Mary Ackermann
HR Administration	Megan Caputo
InTouch Accounting	Dawnelle Davis
Inventory/ Fixed Assets	Mary Ackermann
Invoicing	Dawnelle Davis
Key/ Key Cards	Dawnelle Davis
New Employee Onboarding	Megan Caputo
P-Card	Mary Ackermann
Payroll	Megan Caputo
Policy	Michele McRae
Professional Learning Leave Requests	Megan Caputo
Purchasing (District, Facilities)	Mary Ackermann
Red Rover	Megan Caputo
Reimbursement Requests	Mary Ackermann
SAIF/Workers' Compensation	Megan Caputo
Safe Schools	Dawnelle Davis

School Board	Michele McRae
Short-Term & Long-Term Disability	Megan Caputo
Staff Directory	Megan Caputo
State Reporting	Michele McRae
Student Data (Transfer Requests)	Michele McRae
Student Teaching Administration	Dawnelle Davis
Student Transportation Requests	Dawnelle Davis
Substitute Lists	Megan Caputo
Synergy	Michele McRae
TalentEd (Job Posting and Hiring)	Megan Caputo
Teacher Licensure	Michele McRae
Travel (Large Group)	Michele McRae
Tuition Reimbursement Request	Dawnelle Davis
Type 10/20 Driver Training	Dawnelle Davis
University Credit/ Seat Hours/ Salary Advancement	Dawnelle Davis
Volunteers	Dawnelle Davis
Vehicle Use (District vehicles)	Mary Ackermann
Website/Social media	Dawnelle Davis

[Business Office Staff Responsibilities](#)

Payroll Information

Licensed employees' annual salary is divided into 12 equal monthly paychecks.

Classified employees working 20 hours or more each week will have their total annual wage divided into 12 equal monthly paychecks. Classified employees contracted to work less than 20 hours per week, will be paid for actual hours worked each pay period.

Licensed employees and classified employees with less than 12 month contracts receive July and/or August paycheck in June along with their regular June paycheck.

Pay Periods are the 16th of the month through the 15th of the next month.
Payday is the last business day of each month.

All Classified employees will complete timesheets in the RedRover program. Timesheets need to be submitted by the 18th of each month.

Licensed staff should complete an Extra Duty timesheet for hours worked outside of their regular contract.

New employees to the district for the 2025/2026 School year will receive their first paycheck on September 30th.

New employees may receive a paper check for the first payroll, while Direct Deposit account information is tested through the bank. Direct Deposit will begin with the next payroll.

Direct Deposit receipts are sent by email on payday.

Paycheck information, Leave balances and annual tax statements are also available on the Employee Access site. Find the link to Employee Access on the "Staff Resources - Logins" page on the School District webpage. Username and password for Employee Access is the same as the network login, using your full email address.

Red Rover

Continuing partnership with Red Rover K-12 Substitute and Absence Management platform. All district staff and substitutes will use the Red Rover program for leave requests and filling vacancies with substitutes. You will receive an invitation to the RedRover program upon hire to your District email. More information can be found on the district website.

Insurance Benefits

Employees working .50 FTE or more are eligible for benefits. For eligible employees, benefits begin on the first (1st) day of the month following your hire date. For example: if your hire date is August 26, benefits begin September 1.

Benefits offered through the Oregon Educators Benefit Board (OEBB) for Philomath School District Employees:

- Medical Insurance: Moda Health or Kaiser Permanente
 - Wide variety of plans available, Low to high deductibles
- Dental Insurance: Delta Dental (Moda), Kaiser Permanente, or Willamette Dental
 - Orthodontia available on certain plans
 - Must have Kaiser Medical plan to select Kaiser Dental plan
- Vision Insurance: Moda Health, Kaiser Permanente, or VSP
- District provided Long-term Disability
- District provided Life and Accidental Death/Dismemberment insurance
 - Licensed and Unrepresented staff: Life Insurance - \$25,000, AD&D - \$7,500
 - Classified staff: Life Insurance - \$15,000, AD&D - \$7,500
- Optional Short-term disability, Life and Long-term Care Insurance for employee, spouse and children
 - Premiums paid by employee, cannot be covered by insurance cap
- More specific plan information can be found at: www.OEBBplandocs.com
- Links to insurance information can also be found on the Benefits tab of the Staff Resources page on our district website here: <https://www.philomathsd.net/district-home/general/staff-resources-updates>

New benefit enrollment must be completed using the New Member Enrollment form, included in your new hire packet materials. Employees must complete and submit their enrollment forms within 31 days of the hire date in order to enroll in Medical, Dental and Vision insurance. If an employee does not complete the initial new hire benefit enrollment, the district will enroll the employee in the district provided Life and Disability coverages only. The employee cannot enroll in insurance coverage again until the next open enrollment period, and may be subject to a waiting period for certain benefits. Insurance enrollment changes can only be made with a mid-year qualifying change of status or during the annual open enrollment period.

The district Benefits Administrator enrolls new hire employees in the OEBB system for the initial new hire enrollment.

Each year, between August 15 and September 15, all benefits eligible employees will complete their own Open Enrollment online to select insurance plans for the next plan year.

All eligible employees receive a monthly contribution (Insurance Cap contribution) to apply toward Medical, Dental and Vision plans. The district contribution is reduced for employees hired at less than 1.0 FTE. If the total monthly premiums for Medical, Dental and Vision are more than the district contribution, the remaining premium amounts will be deducted from the employee's paycheck each month with pre-tax deductions. Premium rate sheets for Medical, Dental and Vision monthly premium costs were included in new hire materials, and are located on the "Staff Resources - Benefits" page on the district website.

2025/2026 School Year Insurance Cap Contributions per month (1.0 FTE)

Licensed	\$1,300
Classified	\$1,300
Unrepresented/Confidential	\$1,600

An Opt-out incentive is available if an employee chooses to Opt-out of district insurance coverage. In order to receive this incentive, the employee is required to provide proof of other group coverage.

2025/2026 School Year Opt-Out Incentives per month (1.0 FTE)

Licensed	\$350
Classified	\$300
Unrepresented/Confidential	\$400

Additional Health Related Benefits available include:

- Optional Section 125 Plans – Flexible Spending Account (FSA), Health Savings Accounts (HSA), Dependent Day Care Accounts (DCA)
- Additional Optional Insurances provided through American Fidelity
 - Life, Accident and Cancer insurance policies
- Employee Assistance Program through Canopy.
 - Counseling – Mental Health Hotline 24/7/365, Counseling and Coaching Services
 - Life-Balance – Adult & Childcare Resources, Legal Service Consultation, Financial Coaching
 - [EAP Summary of Services](#)

Retirement Benefits

School district employees participate in the Oregon Public Employees Retirement System (PERS). Eligibility and benefit information about the PERS program can be found here: www.oregon.gov/PERS. The district pays the 6% IAP employee contribution. New employees that have not worked for a PERS participating employer before, become active PERS members after a 6 month waiting period. PERS enrollment is automatic with new employment, employees do not need to apply for enrollment. Employees that are active PERS members from previous employment, will continue as active members on the date of hire with the district.

Optional Retirement Savings Opportunities

The district also offers the opportunity for employees to contribute to the following optional retirement savings programs:

- 403(b) Tax Sheltered Annuity Plans
 - Variety of vendors available
 - Traditional or Roth contributions
- 457(b) Deferred Compensation Plan
 - Oregon Savings Growth Plan
 - Traditional or Roth contributions

[2025 - 403b and 457b Annual Announcement](#)

The district uses a Third-party group to administer the optional retirement plans. More information about the plans available and enrollment procedures can be found under Staff Resources on our website.

Leave Information

District employees earn paid sick leave according to their respective negotiated agreements. Please refer to the negotiated agreements for specifics about sick leave usage.

Employees may use sick leave for up to 5 days per year for personal reasons, as outlined in the negotiated agreements.

New classified employees on a 12 month calendar accrue paid vacation, starting with 10 vacation days per year. New eligible employees are able to use vacation after 6 months of employment.

All leave requests should be submitted in RedRover for approval by administration. Submit leave requests in advance, giving the RedRover system time to find substitutes if necessary. Check with your school Office Manager for details. Requests in advance for unpaid leave need to be approved by the Superintendent.

Professional Activity requests for attending conferences or other professional activities during the work day, require an additional form for approval. These forms are submitted to Office Managers to begin the approval process. Out of state activity requests need to be approved by the School Board. These requests need to be submitted with enough advanced time to be presented at a monthly School Board meeting.

All forms are on the Staff Resources page of the school district website under "FORMS".

Where do I find _____?

RedRover	Employee Access	TalentEd Records	District Website
<ul style="list-style-type: none"> ● Leave requests ● Timesheets ● Substitute management 	<ul style="list-style-type: none"> ● Employee pay receipts and paycheck calculator ● Annual Tax Statements ● Leave balances 	<ul style="list-style-type: none"> ● New Hire Checklists ● Contracts ● Work Calendars ● Bargaining Agreements ● Update employee information using “Blank Docs” (address, tax withholding, direct deposit) ● Insurance enrollment forms 	<ul style="list-style-type: none"> ● Staff Resources <ul style="list-style-type: none"> ○ Help Desk ○ Quick Links ○ Tech Help ○ Benefit information ○ Forms <ul style="list-style-type: none"> ■ Reimbursement ■ Field Trip ■ Leave requests ■ College Credit/Seat Hour Requests ● Board Policies ● School Information ● Staff Directory
https://www.redrove rk12.com/	Employee Access Web Portal Login	https://philomath.tedk12.com/sso/Account/Login?pid=9	https://www.philomathsd.net/

Synergy	District Helpdesk		
<ul style="list-style-type: none"> ● Student Information System 	<ul style="list-style-type: none"> ● Technology needs ● Facility needs (non-emergency) 		
Synergy Login	Helpdesk		

Licensed Staff

College Credit/Tuition Reimbursement/Salary Advancement

College Credit/District Credit (Seat Hours)

1. Fill out the [College Credit/Seat Hour/Tuition Reimbursement request form](#) and submit to your building principal. This allows the district office to track your credits earned so that it can be used for potential salary advancement requests submitted by the employee.
2. Licensed staff can earn college credit/district credit by submitting either college credits from an accredited institution or seat hours (20 seat hours = 1 district credit).
 - i. If district credit is obtained with seat hours, it must fulfill university- level requirements and require additional coursework to equate to 20 hours.
 - ii. Credit will be earned in courses that do not grant normal college credits by completing twenty clock hours of workshop or continuing education participation for each quarter hour of credit. Workshops or courses in a variety of subjects relevant to the teacher's assignment and of less than twenty hours each, may be accumulated to meet the twenty-hour requirements
3. Vouchers for Oregon State University may be available to use for reduction of tuition cost. Contact the district office for more information.

Tuition Reimbursement

1. Courses taken for reimbursement must be pre-approved by the building principal and the superintendent. Fill out the [College Credit/Seat Hour/Tuition Reimbursement request form](#) and submit to your building principal. They will then send it to the district office.
2. Reimbursement must be requested within six months of course completion. Reimbursement request is to include proof of payment and copy of transcript showing successful completion of course ("C" grade or better or Pass).
3. College Credits
 - a. Full-time employees may be reimbursed for up to six credit hours during each three-year period. There is no waiting period upon hire. Reimbursable credits do not carry over every three-year block. Full-time employees in steps 0 to 5 may be reimbursed for up to an additional three credits during each year.
4. Seat Hours
 - a. Seat hours are not reimbursable expenses, unless the principal directs teacher attendance.
 - b. Must be pre-approved and requests must include workshop description and number of seat hours to be earned.

Salary Schedule Advancement

1. An employee may advance on the salary schedule by obtaining College Credits, District Credit (seat hours), or a combination of both.
 - a. College courses which are not pre-approved, may not count toward the advancement on the salary schedule if it does not meet the criteria found in Article 19, B6 of the PEA agreement.
2. Approved credit may be earned by taking courses in a regular college curriculum, serving on District or School Site Councils, workshops, or continuing education courses and others as approved by the Superintendent.
3. When the necessary credits for advancement on the salary schedule have been achieved, you must submit the [Salary Advancement Request Form](#) and an official transcript to the district office to request your advancement.
 - a. This must be completed by the end of September for the salary adjustment to be made for the subsequent school year.

The district office will maintain a tracking spreadsheet with your earned credits and can be requested at any time for review.

(Additional information on this page can be found in your PEA contract, Article 19.)

Sample Request to Attend Professional Activity

[Fillable form available on website](#)



Request to Attend Professional Activity

1. Complete this request form and send it to your office manager for Preliminary Administrator review approximately two weeks before the date of the requested activity or a minimum of one month for out-of-state trips. (Board approval required for out of state).
2. Coordinate with your administrator for registration and payment of fees. (Use of school credit card is encouraged).
3. The office manager will send the form to the district office for review by the Superintendent. After review, form will be emailed to the office manager and employee.
4. **After attending**, complete a Reimbursement Request Form, Mileage Reimbursement Request Form and submit proof of attendance to your office manager for Administrator's final approval.
5. Forms will then be submitted to the district office for processing.

Name: _____ Date of Activity: _____

Meeting/Activity Name: _____

Location: _____ Out of State? Yes No

Comments/Rationale: _____

Account # (registration, fees, etc.): _____

Sub Required? Yes No Requested in Red Rover? Yes No

Substitute Account #: _____

Mileage _____ @ current IRS rate	Total Estimate: _____
Meals _____ @ U.S. per diem rate	Total Estimate: _____
Lodging _____ nights @ \$ _____	Total Estimate: _____
Registration Fee _____	Total Estimate: _____

After attending, complete a *Reimbursement Request Form*, *Mileage Reimbursement* request form and submit proof of attendance to your office manager for Administrator's final approval.

These forms can be found on the Staff Resources page on our website.


Employee Signature: _____ Date: _____

Preliminary Review by Administrator: _____ Date: _____

Superintendent Review: _____ Date: _____

Sample of Mileage Form for Reimbursement

[Fillable form available on website](#)



Philomath School District 17J

Request for Mileage Reimbursement Form

Employee Name		Rate Per Mile	\$0.70	NOTE: The IRS periodically changes the per mile reimbursement rate. Current rate for 2025.
Account Number:		Total Mileage		
		Total Reimbursement		

Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Expense
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00

**No google map is required for trips to KVCS, LBL ESD, LBCC or between PSD campuses.
 Round trip from Philomath to KVCS (28 mi) LBL ESD (48 mi) LBCC (42 mi).**

Requester (signature): _____ Date: _____

Authorized Approver (signature): _____ Date: _____

Example of Red Rover Home Page & Time Tracking

Good Morning, [Name]

[Bulletin Board](#)
[Time Off Balances](#)
[Sub Preferences](#)
[My Profile](#)

Create Absence

[Add additional details](#)
[Don't create](#)

Scheduled absences

Date	Substitute	Duration	Employee ID	Action
Aug 20-21	No substitute assigned	2 Full Days 7:30 AM - 3:00 PM	#1545597	Cancel
Aug 20-21	No substitute assigned	2 Full Days 7:30 AM - 3:00 PM	#1545597	Cancel

Aug 17 - 23 SCHEDULED 35h 0m | TOTAL 7h 0m

Day	Position	Hours	Break	Total
SUN Aug 17	No scheduled shifts			
MON Aug 18	Business Of...	7:30 AM - 3:00 PM	30m	7h 0m
TUE Aug 19	Autofill from schedule	7:30 AM - 3:00 PM	30m	7h 0m
WED Aug 20	Autofill from schedule	7:30 AM - 3:00 PM	30m	7h 0m
THU Aug 21	Autofill from schedule	7:30 AM - 3:00 PM	30m	7h 0m
FRI Aug 22	Autofill from schedule	7:30 AM - 3:00 PM	30m	7h 0m
SAT Aug 23	No scheduled shifts			

Comments dialog: No comments yet. POST

Sample of PenServ Salary Deferral & Investment Election Agreement



Philomath School District 17J 403(b) Plan Salary Deferral and Investment Election Agreement

Participant Name		Social Security No.	
Address			
City		State	Zip
Date of Birth	Date of Employment	Email Address	
Evening Phone		Day Phone	
Position/Title			

PARTICIPATION ELECTIONS

Salary Deferral Elections I hereby apply for Participation in the above-named 403(b) Plan and direct my employer to withhold through payroll reduction the following amounts from each pay. I understand this election will be applied to future contributions only and will remain in effect until I direct new elections. *NOTE: I understand that if I am 50 years of age or will reach the age of 50 during this calendar year any contribution deferrals in excess of the traditional salary will be applied to the Age 50 Catch-up option.*

Election to Defer Participation I do not want to participate in the Plan at this time. I understand that I may change this election by completing a new Enrollment Form prior to the next Plan Entry Date.

Election to Revoke Participation Please discontinue my Salary Deferral Contributions to the Plan. I understand that I will be able to resume participation by completing a new Enrollment Form prior to the next payroll cutoff.

I direct my new money to be invested in the funds selected below. I understand these investment directions will remain in effect until I direct new elections. **I understand these elections may take one to two payrolls to take effect.**

Investment Elections

Investment Providers	Account Number (Required)	Amount to Traditional 403(b) (Per Pay Period)	Amount Roth 403(b) (Per Pay Period)
American Fidelity Assurance Co. Plan ID: 56391			N/A
Ameriprise Plan ID: 9795			N/A
Fidelity Investments Plan ID: 54389, Roth Available			
Invesco Investment Services, Inc. Plan ID: 76872, Roth Available			
MG Trust- Penselect Plan ID: A250023, Roth Available			
Prudential Plan ID: N/A			N/A
Security Benefit Plan ID: N/AB10742, Roth Available			
<i>Continued on next page</i>			

PenServ Plan ID: CCC264403CC

Version 8/20/2025

**ACCIDENT REPORT
PHILOMATH SCHOOL DISTRICT 17J**

DATE: _____
 BUILDING: _____
 AGE: (Students Only) _____
 SEX: _____

Check this box if a concussion is possible or suspected
 1. Injured party should be removed from activity and assessed by a health care professional.
 2. Completed Concussion Clearance form is required, with a health care provider's signature and appropriate administrator's signature, before the student may resume sports or other physical activities, including P.E.

NAME OF INJURED _____
 HOME ADDRESS: _____ PHONE: _____
 DESCRIBE INJURY, AND HOW IT OCCURRED: _____

TIME OF ACCIDENT: _____ WHERE _____
 WHAT FIRST AID WAS ADMINISTERED, IF ANY? _____

AFTER TREATMENT WHAT PROCEDURE WAS TAKEN? PARENT CONTACTED _____
 PICKED UP BY AMBULANCE _____ KEPT AT SCHOOL _____
 PICKED UP BY PARENT _____ CALLED DR'S OFFICE _____
 PICKED UP BY ALTERNATE _____ DELIVERED DR'S OFFICE BY STAFF MEM _____

WHO AUTHORIZED THE ABOVE? _____
 IF TAKEN TO HOSPITAL, WHICH ONE? _____
 NAME OF PHYSICIAN (if applicable): _____
 ADDRESS OF PHYSICIAN (if applicable): _____
 PHONE # OF PHYSICIAN (if applicable): _____

DID SUPERVISOR-EMPLOYEE WITNESS THE ACCIDENT? _____ IF NOT, WHERE WAS EMPLOYEE OR SUPERVISOR WHEN ACCIDENT OCCURRED? _____

NAME AND ADDRESS OF TWO WITNESSES:
 Name _____ Address _____
 Name _____ Address _____

GIVE YOUR OPINION AS TO THE CAUSE OF THE ACCIDENT: CARELESSNESS? _____

(Use back side for additional remarks and information)

Signature & Title of Supervisor -or- Employee Completing the Form *Principal's Signature*

- Supervisor/Employee:** Keep one copy for your records, send original to the Building Principal.
- Building Admin Assistant will send the original to the Superintendent's office, with the Principal's signature.
 - If a head injury, Building Admin Assistant will also send a copy to the School Nurse.
- Athletic Injuries:** Turn form in to Athletics Admin Assistant.
- Athletics Admin Assistant will send original to Superintendent's office, with the Principal's signature.
 - If a head injury, Athletics Admin Assistant will also send a copy to the School Nurse.

forms/accident report 0218

saifcorporation
400 High St. SE, Salem, OR 97312

For SAIF Customer Use
Area _____
Dept. _____
Shift _____ CC _____

CLAIM NO _____
SUBJECT DATE _____
CLASS _____
DEFAULT DATE _____
EMPLOYER'S ACCOUNT NO _____

Email: saif801@saif.com
Toll-free phone: 1.800.285.8525
Toll-free FAX: 1.800.475.7785

Report of Job Injury or Illness
Workers' compensation claim

Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give to your employer. If you do not intend to file a workers' compensation claim with SAIF Corporation, do not sign the signature line. Your employer will give you a copy.

1. Date of injury or illness	2. Date you left work	3. Time you began work on day of injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. Regularly scheduled days off M T W T F S S	DEPT USE: Emp _____ Ins _____ Occ _____ Nat _____ Part _____ Ev _____ Src _____ 2src _____
5. Time of injury or illness: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	6. Time you left work: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7. Shift on day of injury: (from <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.)		
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) <input type="checkbox"/> Left <input type="checkbox"/> Right			9. Check here if you have more than one job: <input type="checkbox"/>	
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials)				
Information ABOVE this line: date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.				

11. Your legal name	12. Worker's language preference other than English: <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify)	13. Birthdate	14. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
15. Your mailing address, city, state and zip		16. Home phone	
17. Social Security no. (see back*)	18. Occupation	19. Work phone	
20. Names of witnesses			
21. Name and phone number of health insurance company:		22. Name and address of health care provider who treated you for the injury or illness you are now reporting:	
23. Have you previously injured this body part? <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Were you hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26. By my signature, I am making a claim for worker's compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(i)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.			
27. Worker signature:	28. Completed by (please print):	29. Date	

Employer

Complete the rest of this form and give a copy of the form to the worker. Notify SAIF Corporation within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

30. Employer legal business name: Philomath School District 17J	31. Phone: (541) 929-3169	32. FEIN: 936000208
33. If worker leasing company, list client business name:	34. Client FEIN:	
35. Address of principal place of business (not P.O. Box): 1620 Applegate Street; Philomath OR 97370	36. Insurance policy no.: 32945	
37. Street address from which worker is/was supervised: _____ ZIP: _____	38. Nature of business in which worker is/was supervised: Schools-Education	
39. Address where event occurred:	41. Class code:	
40. Was injury caused by failure of a machine or product, or by a person other than the injured worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	42. Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
43. Did injury occur during course and scope of job? <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No	44. OSHA 300 log case no.:	
45. Date employer knew of claim:	46. Worker's weekly wage: \$ _____	47. Date worker hired:
48. If fatal, date of death:	49. Return-to-work status: Not returned <input type="checkbox"/> Regular Date: _____ Modified Date: _____	
50. If returned to modified work, is it at regular hours and wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	51. Employer signature:	
52. Name and title (please print):	53. Date:	

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OSHA requirements: On the job fatalities and catastrophes must be reported to Oregon OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to Oregon OSHA. Call 800.922.2689, 503.378.3272, or Oregon Emergency Response 800.452.0311, on nights and weekends

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