



Educational Services That Transform Lives

EMPLOYEE

HANDBOOK

2026-2027

September 2026

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The Code of Conduct, Board Policies, and Administrative Regulations can be accessed through the following links. They are also available on the ESBOCES website in eDocs. All employees are responsible for adhering to all ESBOCES Board Policies and Regulations. If applicable, employees are responsible for reviewing the Code of Conduct.

H. Board Policies/Regulations/Procedures

Administering Medication	<u>Regulation 6511R.1</u>
Artificial Intelligence.....	<u>Policy 4810</u>
Cash in ESBOCES Facilities	<u>Policy 4450</u>
Child Abuse and Maltreatment.....	<u>Policy 6550</u>
Code of Conduct.....	<u>Policy 2410</u>
Code of Conduct.....	<u>Regulation 2410R.1</u>
Code of Ethics for All ESBOCES Officers and Employees	<u>Policy 5110</u>
Communicable Diseases	<u>Policy 6513</u>
Complaints and Grievances by Employees.....	<u>Policy 5180</u>
Conferences, Meetings, and Workshops – Employees.....	<u>Regulation 5210R.1</u>
Confidentiality of Student Records – Access and Challenge	<u>Policy 6420</u>
Dignity for All Students Act	<u>Policy 6100</u>
Drug-Free Workplace	<u>Policy 5160</u>
ESBOCES Communications and Disseminated Materials	<u>Policy 2130</u>
ESBOCES Personal Property Accountability	<u>Policy 4470</u>
Eastern Suffolk BOCES Logo.....	<u>Regulation 2130R.1</u>
Educational Outings/Field Trips	<u>Policy 7320</u>
Educational Outings/Field Trips	<u>Regulation 7320R.1</u>
Employee Attendance at Conferences	<u>Policy 5210</u>
Employee Injury/Incident Report	<u>Regulation 5320R.1</u>
Employee Personal Identifying Information	<u>Policy 5221</u>
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Employee/Board Member Use of ESBOCES Communication Systems	<u>Policy 5112</u>
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Employee Vacation – Policy 5361	<u>Policy 5361</u>
Equal Employment Opportunity – Policy 5120	<u>Policy 5120</u>
Equity, Inclusivity, and Diversity in Education – Policy 2431	<u>Policy 2431</u>

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Exposure Control Program	Policy 4532
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Family and Medical Leave Act	Policy 5352
Family and Medical Leave Act.....	Regulation 5352R.1
Family and Medical Leave Act.....	Procedure 5352P.1
Human Immunodeficiency Virus (HIV)-Related Illnesses	Policy 5141
Human Immunodeficiency Virus (HIV)-Related Illnesses (Students)	Policy 6530
Idling School Buses and ESBOCES Vehicles on ESBOCES Grounds	Policy 4552
Idling School Buses and ESBOCES Vehicles on ESBOCES Grounds.....	Regulation 4552R.1
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Medicaid Compliance Program.....	Policy 4490
Medication and Personal Care Items.....	Policy 6511
Non-Discrimination and Anti-Harassment	Policy 5121
Posting Requirements.....	Regulation 5400R.1
Purchasing	Policy 4310
Recruitment, Selection, and Appointment of Employees	Policy 5150
Smoking/Tobacco Use	Policy 4550
Social Networking Sites	Regulation 5112R.1
Student Attendance	Policy 6110
Student Use of Electronic Communications and Telecommunications Equipment	Policy 6216
Threats of Violence in ESBOCES Facilities	Policy 2430
Title IX and Sex Discrimination	Policy 5123
Use of ESBOCES Facilities	Policy 2230

Use of Surveillance Cameras on ESBOCES Property	Policy 4535
Use of Surveillance Cameras on ESBOCES Property	Regulation 4535R.1
Workplace Violence Prevention Policy Statement	Policy 5125

INTRODUCTION

The Eastern Suffolk BOCES (hereinafter *ESBOCES* or *the Agency*) Employee Handbook is designed to provide employees with easy reference to Agency information, policies, regulations, procedures, and forms. All ESBOCES employees are responsible for knowing and adhering to the material set forth in this Handbook, which is designed to be a quick reference **only** and does not encompass all Agency policies and regulations for which employees are responsible. For more detailed information about Agency policies, regulations, procedures, and forms, refer to the ESBOCES website <https://www.esboces.org> and to the internal ESBOCES document management system DocuShare <http://docushare.esboces.org>.

I. WHAT IS A BOCES?

The core mission of Boards of Cooperative Educational Services (BOCES), in partnership with local school districts and their communities, Board of Regents, and the Commissioner of Education, are to be leaders in providing quality, cost-effective programs and services that support school districts and their communities to achieve higher standards through enhanced educational opportunities.

There are 37 District Superintendents responsible for the supervisory districts throughout New York State, except for the “Big Five” school districts.

Eastern Suffolk BOCES utilizes a two-person leadership team, a District Superintendent and a Chief Operating Officer. The individuals in these roles work together to be vigorous agents for reform, effectively advocating for educational excellence and equity on behalf of all learners in the region. Doing this requires collaboration and leadership at both the regional and State levels, in partnership with the Commissioner of Education, the Board of Regents, and local school districts.

The District Superintendent reports to both the Commissioner of Education and the Eastern Suffolk BOCES Board. The Chief Operating Officer reports directly to the Eastern Suffolk BOCES Board. The expectations of the leadership of BOCES is to provide leadership to assist the region with:

- implementing State standards;
- leading local improvements in closing student performance gaps;
- creating capacity to recruit and prepare school leaders;
- engaging the community to support a system that yields the best educated people in the world;
- detecting, reporting, and resolving problems in the region; and
- being effective leaders of the BOCES by:
 - using BOCES resources effectively to support local reform efforts and
 - improving its cost effectiveness.

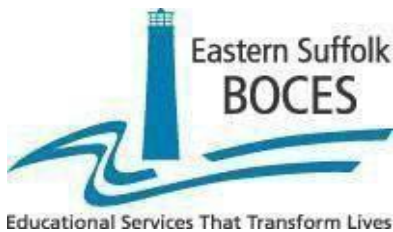
ESBOCES is the second largest pre-collegiate public educational institution in New York State outside of the “Big Five” city school districts. ESBOCES provides educational and support services to 51 component school districts within the First Supervisory District of Suffolk County. Its geographic region includes central and eastern Suffolk County from Hauppauge in the west to Montauk in the east. The Agency promotes shared services between school districts and provides occupational and special education services to students enrolled in component school districts. ESBOCES was established in 1994 as the result of the merger of Suffolk County BOCES 1 and BOCES 2. The adopted 2026-2027 budget is \$549,486,759.00, with approximately half that amount supporting the extensive Special Education Program. ESBOCES staff, numbering approximately 2,571 teaching and support personnel, serves over

4,600 children and 4,000 adults. The Agency is supported through revenues received from school districts that purchase services, as well as through grants and tuition. The Agency meets annually with its stakeholders to review the successes in meeting the goals within the Strategic Plan and to brainstorm goals for the future.

2026-27 ESBOCES Sites with Acronyms

Barton Avenue Armory (BAA)
Bayshore Adult Education Center (BSAEC)
Brookhaven Learning Center (BLC)
Brookhaven Learning Center (BLC) @ Samoset Middle School
Gary D. Bixhorn Technical Center (BTC)
Edward J. Milliken Technical Center (MTC)
Educational Programs for Incarcerated Persons (Jail Ed)
Employee Assistance Program (EAP)
Family Education Outreach Program (FEOP)
Harry B. Ward Technical Center (WTC)
Islip Career Center (ICC)
Islip Office Center (IOC)
James Hines Administration Center (HAC)
Jefferson Middle School (JMS)
Jefferson Middle School (JMS) @ Oregon Middle School
Jefferson Middle School (JMS) @ Stony Brook Hospital
Locust Ave High School (LAHS)
Masera Middle School (MMS)
Outreach House Academic Center (Outreach)
Pal-O-Mine (Alternative Education)
Premm Learning Center (PLC)
Premm Learning Center (PLC) @ Merrimac Elementary School
Premm Learning Center (PLC) @ Stony Brook Hospital
Premm Learning Center (PLC) @ Timber Point Elementary School
Raymond A. DeFeo Administration Building (DAB)
Riverhead Correctional Facility
Sayville Adult Education Center (SAEC)
Sayville Elementary School (SES)
Sayville Elementary School (SES) @ Edna Louise Spear Elementary School
Sayville Elementary School (SES) @ Sayville Adult Education Center
School Library System (SLS)

Sequoia High School (SHS)
South Bay High School (SBHS)
Student Assistance Service (SAS)
Tecumseh Elementary School (TES)
Tecumseh Elementary School (TES) @ Sherwood Elementary School
Transition Services Program @ BLC (TSP)
Westhampton Beach Learning Center (WHBLC)
Westhampton Beach Learning Center (WHBLC) @ East Moriches Elementary Learning Center
Westhampton Beach Learning Center (WHBLC) @ East Moriches Middle School Learning Center
Yaphank Correctional Facility



Agency Mission

Eastern Suffolk Board of Cooperative Educational Services (ESBOCES), an inclusive educational agency of 51 Long Island school districts, provides leadership, advocacy, direct instruction, management, and support - locally, regionally, and across New York State. Our diverse community consists of learners of all ages and abilities supported by dedicated educators, support staff, families, and community partners. We are committed to building bridges and unique pathways by reimagining educational services to ensure success for all through accessibility, dignity, and equitable outcomes.

Agency Beliefs

We believe that...

- Everyone has the right to a safe, healthy, caring, and culturally responsive environment that fosters equity, dignity, and belonging.
- Our organization must prioritize each individual's right to an inclusive, nurturing environment that supports all individuals connected to them, fostering respect, honesty, trust, and integrity in all interactions.
- Our diverse community of children and adults are our greatest strength and are entitled to high-quality, cost effective, and equitable services.
- A diverse, motivated, and valued workforce, who embrace the agency's mission and beliefs, is essential for achieving high-quality, equitable outcomes.
- Effective methods and practices empower a diverse workforce to be accountable for the programs and services they deliver, utilizing their expertise and resources to meet the expectations of those they serve.
- The foundation of our organizational success lies in continuous evaluation, innovation, and effective communication, providing space for all individuals to be seen, heard, and valued.
- The integrity, equity, and high standards inherent in our educational programs equip students with the personalized skills needed to become active and engaged members of their communities.

Agency Goals 2025-2032

In order to continue providing innovative and needs-based services that support the success of all learners while being cost effective and efficient, Eastern Suffolk BOCES has established the following goals for the 2025-2032 period:

I. HIGH STANDARDS FOR STUDENT ACHIEVEMENT

Eastern Suffolk BOCES will ensure every learner who is educated in an Eastern Suffolk BOCES program meets or exceeds expectations set by the New York State Board of

Regents.

II. PROFESSIONAL DEVELOPMENT

Eastern Suffolk BOCES will support the continued professional growth of current and future educators, leaders, and support staff by providing coordinated programs of needs-based, effective, and affordable professional development delivered through a culturally responsive lens.

III. PROGRAM AND SERVICES

Eastern Suffolk BOCES will promote and offer a wide array of innovative, needs-based services to school districts locally, regionally, and across New York State, facilitating partnerships between school districts, business and industry, municipalities, and institutions of higher education.

IV. COST EFFECTIVENESS, QUALITY MANAGEMENT, AND OPERATIONAL EFFICIENCY

Eastern Suffolk BOCES will operate with optimum efficiency consistent with the delivery of high-quality, cost-effective services, will utilize best management practices, and will actively seek new funding sources to aid in accomplishing its goals.

V. TECHNOLOGY

Eastern Suffolk BOCES will implement and continuously improve integrated technology systems to enhance operational and instructional effectiveness and efficiency, ensure data privacy and support improved outcomes for all members of the educational community.

VI. STRATEGIC PLANNING

Eastern Suffolk BOCES will continuously obtain stakeholder input reflective of the communities that we serve to identify, assess, prioritize, and communicate its goals and objectives using a flexible strategic planning and budgetary process to support this endeavor. These goals will be used to develop objectives within our programs to create measurable targets anchored in data.

VII. HEALTH, SAFETY, SECURITY, AND SPACE

Eastern Suffolk BOCES will ensure that all students and staff have a safe, secure, and accessible environment that supports both physical and mental well-being in which to work, learn, and succeed.

VIII. INTERNAL AND EXTERNAL COMMUNICATIONS

Eastern Suffolk BOCES will ensure that all stakeholders and their communities are fully informed about the full range and benefits of Eastern Suffolk BOCES services.

IX. HUMAN RESOURCES

Eastern Suffolk BOCES will recruit and retain, and empower a highly-qualified and diverse staff from varied backgrounds and experiences, while serving as a regional resource and model for human resource administration.

X. RESEARCH, PROGRAM IMPROVEMENT, AND REGIONAL ADVOCACY

Eastern Suffolk BOCES will serve as leaders to meet the present and future needs of its diverse community of stakeholders through outreach, research, program evolution, and regional advocacy.

Special Education Program Completer

Students who complete a program of study in the Eastern Suffolk BOCES Department of Special Education programs will demonstrate a range of competencies in areas of academic, social/behavioral, transition/living skills, and employability skills, based on individual strengths and abilities. These include:

- *Successful completion of New York State requirements to obtain a Local Diploma, Regents Diploma, or Regents Diploma with Advanced Designation, a Skills Commencement Credential, or a Career Development and Occupational Studies (CDOS) Commencement Credential.*
- *Competencies in academic foundation skill areas of reading, writing, mathematics, speaking, and listening skills that reflect New York State Standards and a culturally responsive sustaining Education, or as outlined in the student's Individualized Education Plan.*
- *Competencies in transition skill areas leading to a range of post-graduate outcomes including post-secondary training (higher education, vocational education, supported employment), Adult Career and Continuing Education Services (ACCES), assisted living placements, or acceptance into the military services.*
- *Competencies in the utilization of technology to research and evaluate information, as well as to communicate effectively through correspondence through presentations, or by use of augmentative or assistive communication devices.*
- *Competencies in social and behavioral skills as reflected in effective functioning in post-secondary training/higher education, employment, military services, assisted living, and small and large group environments.*
- *Knowledge of, and competency in, interacting with people of diverse backgrounds.*

Special Career Education (SCE) Program Completer

The purpose of Special Career Education is to provide quality career education programs that will transition each student from secondary education to competitive employment. Students who complete a program of study in any of the Eastern Suffolk BOCES SCE programs will be able to demonstrate:

- *Competency in specific technical skills and knowledge through participation in the special career education program of his/her choosing. Achievement will be reflected in each student's Employability Profile Report and quarterly grade.*
- *Successful completion in a paid or unpaid work-based learning experience leading to well-developed employability skills/work ethics and permanent employment.*
- *Increased confidence, awareness of self-worth and maturity, as well as knowledge of, and competency in, interacting with people of diverse backgrounds.*
- *Participation in appropriate transition planning.*

This plan may lead to the following outcomes:

- *Obtaining an entry level position in the workforce as the first step in his/her career path.*
- *Articulation into our Academy Program, Eastern Suffolk BOCES Adult and Health Sciences Program, a college or a trade school as a result of his/her course of study with our program.*
- *Acceptance into other career training programs such as Supported Employment and other community-based agency programs.*
- *Referrals to various state agencies for continued support, such as ACCES/Vocational Rehabilitation and the Office for People With Developmental Disabilities/Office of Mental Health.*

- Successful completion of New York State requirements to be eligible to receive a Skills and Achievement Commencement Credential or a Career Development and Occupational Studies (CDOS) Credential.

Adult Education Program Completer

A student who completes a career training program through rigorous coursework, articulations, and real-world experiences in the Eastern Suffolk BOCES Adult Education programs will demonstrate a range of competencies that will prepare them for both college and the workplace.

Adult CTE Students:

- Possess knowledge and can apply purposeful and specific technical skills, problem-solving, critical thinking, and are proficient in the use of innovative tools, resources, and systems.
- Demonstrate achievement of specific technical skills as reflected in course completion, certification, licensure, and/or employment.
- May have participated in internships, clinical experiences, pre-apprenticeships, and work-based learning opportunities.
- Earn industry-recognized certifications and stackable credentials preparing them for entry-level positions in the workforce.
- Have knowledge of, and competency in, interacting with people of diverse backgrounds.
- Are proficient in the use of technology aligned with industry standards.



Career and Technical Education (CTE) Program Completer

When a student completes a program of study in any of the Eastern Long Island Academy of Applied Technology programs, recommendations are made to the home school district to grant an endorsement on the student's high school diploma. The district then awards endorsements based on that recommendation. Through rigorous coursework, articulations, and real-world experiences, students completing a program at the Eastern Long Island Academy of Applied Technology have the advantage of graduating from high school prepared for both college and the workplace.

CTE Students:

- Possess knowledge and can apply purposeful and specific technical skills, problem-solving, critical thinking, and are proficient in the use of innovative tools, resources, and systems.
- Demonstrate achievement of specific technical skills as reflected in his/her Employability Profile Report.
- Have earned college credits, giving them an extra advantage when entering higher education.
- Experienced internships, pre-apprenticeships, and work-based learning opportunities.
- Engaged in local and national clubs, industry-specific organizations.
- Developed interpersonal and leadership skills that enhance academic, personal, and career development.
- Earned industry-recognized certifications and stackable credentials preparing them for entry-level positions in the workforce.
- Have knowledge of, and competency in, interacting with people of diverse backgrounds.
- Have competency in the use of technology that is aligned with industry standards.

II. APPOINTMENTS

All employees must be Board approved prior to being compensated. Under emergency circumstances, the following classroom positions may be able to work prior to Board appointment: teacher, teaching assistant, and special education aide. Please be advised that there is the possibility that the Board may not approve an employee's appointment. The candidate must sign Form 5150F.30 (*Employee Waiver to Work Prior to Board Appointment*). Under NO circumstance shall a candidate begin work prior to Board approval or the signing of the waiver.

III. ATTENDANCE

Employee absence directly affects the quality and continuity of programs for students. Employees are asked to help in maintaining our program quality by setting a high personal standard of attendance.

Employees who find it necessary to be absent due to illness should be aware that a note from a healthcare provider may be required indicating the illness and the need for home confinement. Review your Collective Bargaining Agreement for specific information. This does not apply to hourly employees. Non-Represented employees can review their contracts.

To help keep track of your attendance throughout the year, please use the Attendance Records Calendar located on ESBOCES website, For Staff tab, select Human Resources and scroll down to Calendars.

- A. Use of Substitutes** – Daily absences of instructional personnel and custodial staff should be called in to the Substitute Service Office automated system (Absence Management/AESOP) at 1-800-942-3767 using individual ID and PIN numbers or created through the website at <http://www.frontlinek12.com/aesop>, using individual user name and password created by the staff member. The Substitute Service Office is available at 631-218-5353 for instructional staff and 631-218-5384 for custodial staff between the hours of 5:30 a.m. and 1:30 p.m. to answer related questions.
- B. Requests to Use Vacation, Personal, and Floating Holiday Time** – Are to be entered into WincapWeb. An email notification will be sent to the employee AFTER the request is reviewed.
- C. Time to Attend Interviews** – Employees who are scheduled as candidates for interviews are required to use their accrued time. This includes interviews for positions within ESBOCES
- D. Jury Duty** – Upon being called for jury duty, an employee should inform their program administrator of the dates. An authorized statement attesting to the days served must be obtained by the employee and submitted to the Department of Human Resources. Grand Jury notices should be forwarded to the Department of Human Resources

immediately, with notification to the supervising administrator, since appearance is mandatory.

E. ESBOCES Calendars – The ESBOCES school closings AND office closings calendars can be accessed through the ESBOCES website at <https://www.esboces.org> under the For Staff tab. To access the calendars, navigate to the For Staff tab, select Human Resources and scroll down to Calendars.

IV. PROFESSIONAL DEVELOPMENT/ENVIRONMENT – It is expected that all ESBOCES employees take part in professional development that pertains to their jobs and enhances their ability to perform their job duties.

All employees are expected to represent ESBOCES in a professional and positive manner, ensuring that both attire and behavior align with the work setting and assigned duties.

V. RESPONSIBILITY TO KNOW AND ADHERE TO ALL AGENCY POLICIES, REGULATIONS, AND PROCEDURES – It is expected that all ESBOCES employees will familiarize themselves with the Policies, Regulations, and Procedures contained in this Handbook.

VI. EMPLOYEE EMAIL – It is the responsibility of every employee to check their ESBOCES email on a regular basis as email is the Agency's means of communication for pertinent information, including, but not limited to, announcements, policies, regulations, procedures, meetings, postings, location of policies, etc. Employees who do not access their emails for greater than 180 days will have their accounts disabled, and will require a request from their department administrator to reactivate.

VII. PAYDAY – ESBOCES runs on a fiscal year of July 1 to June 30. Paydays are bi-weekly on alternate Fridays. If a holiday falls on a payday, checks will be ready the preceding business day. Overtime, additional pay, and any other timesheet pay is delayed for processing in accordance with the published annual payroll calendar (See Appendix). There is a lag in payment for timesheet pay (overtime, adult education, substitutes, etc.). Please see Appendix for the published schedule of payments.

A. Paychecks

1. New employees with less than two weeks lead time will miss the current pay date.
2. All members of the BEES, BEES Para Educators, and UPSEU Health personnel will receive their final salary checks on the last working day in June.
3. Due to confidentiality concerns, the Payroll Department is only authorized to discuss payroll matters with the employee.

B. WinCapWeb

1. All timecard data is entered in WinCapWeb in accordance with the published Timesheet Submission Schedule. Time should be entered after the completion of the work shift. Choose the proper building name when selecting your job/duty. If you are unsure of the building acronym indicated in the job/duty, please see the building office staff. If you select an incorrect job/duty code, your payment may be delayed. ALL OVERTIME REQUIRES PRE-APPROVAL FROM YOUR SUPERVISOR. For overtime preapproval, please utilize Form 4411F.14 in accordance with Policy 4411. To access these forms, type <http://docushare.esboces.org> in the internet browser address bar; click on forms, Business Services and then Payroll. ALL EMPLOYEES WORKING OVERTIME ARE REQUIRED TO ENTER A DESCRIPTION OF THE OVERTIME IN THE TIMECARD NOTE FIELD. All timecard approvers are required to confirm that

notes are entered in the timecard note field PRIOR to approval. Substitutes must enter the person for whom subbing each day in the timecard note field when entering time in WinCapWeb. By entering time in WinCapWeb, employees certify that the time worked is accurate and true.

2. Direct deposit pay advices are available through WinCapWeb Employee Self-Service.
3. You may opt to print your W-2 quickly and conveniently through WinCapWeb Employee Self-Service (My W-2s/My W-2 Consent Elections).
4. You may change your payroll tax status and exemption through WinCapWeb Employee Self-Service.
5. Salary notices are available in WinCapWeb Employee Self-Service.
6. WinCapWeb training/instructional documents may be found at <http://docushare.esboces.org> in the WinCap folder.

C. Ten-Month Details – Ten-month salaried employees have an option of choosing either 21 or 26 paychecks per year. There may be partial checks at the beginning and end of the year depending upon the calendar. Those choosing the 26-pay option will receive a lump sum payment on the last pay date in June or on the last pay of the leave of absence or termination. Employees will be committed to whichever option has been selected for that year; however, it may be changed for the following year with notification to the Department of Human Resources by August 31. However, if an employee comes off payroll during the year, salaries will be pro-rated based on time worked. To access Form 4411F.12 (*Election of Number of Paychecks*), type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Human Resources*. Certain Collective Bargaining Agreements contain provisions for a three-day lag payroll system. Please refer to your Collective Bargaining Agreement to determine if you are subject to a three-day lag payroll system. All new ten-month employees hired after 9/1 will be placed on the 21-paycheck schedule, and will have the option to change their election of number of paychecks for the following school year.

D. Twelve-Month Details – Twelve-month salaried employees will receive 26 paychecks per year. There may be partial checks at the beginning and end of the year depending upon the calendar. All other checks are regular bi-weekly pays.

E. Deductions – Applicable paycheck deductions are as follows:

1. **Health** – The monthly health insurance deductions for the employee share of premium are split and taken in two payrolls per month. For 10-month and 11-month employees, July and August deductions will occur January through June.
2. **Life, Dental, and Vision** will be deducted once a month. For 10-month and 11-month employees, July and August deductions will occur during the months of **May** and **June**.

Any questions concerning these deductions should be directed to the [Benefits](#) Accounting Department at Benefits-Accounting@esboces.org. Benefit rates are determined by coverage type, amounts of insurance, and based on the applicable contract/ collective bargaining agreement. Certain benefit deductions (i.e., life insurance and domestic partner medical) have a taxable value as determined by the Internal Revenue Service. These taxes will be deducted on a quarterly basis, and the pay date will be identified with a “T” on the published payroll calendar.

3. **Union Dues** – Employees who have elected to join one of the bargaining unions at ESBOCES will be required to pay union dues. The dues schedules are issued by the respective unions and taken as a payroll deduction. Questions concerning union dues may be directed to the Payroll Department using payroll@esboces.org; however, you may also contact your union representative.

The position in which you serve may be represented by a union, however, union membership is not required as a condition of your employment. The terms and conditions outlined in your bargaining unit's contract apply to you regardless of your membership choice. It is illegal for anyone to coerce or interfere with your right to not join or to join a union. It is illegal for anyone to discriminate against you based on your union member status.

4. **Retirement – NYSLRS/TRS** – Most full-time employees are required to join either NYSLRS or TRS. Provisional Civil Service employees may elect, but are not required, to join until they become permanent. Aides, 10-month Civil Service, part-time, or per diem employees have the option of joining the system. If you are a member of either the New York State & Local Retirement System or Teachers' Retirement System and a Tier 3, 4, 5, or 6 member, you are required to make an employee contribution. The contribution amount differs between Tiers and is a percentage of your gross salary. These contributions are designated as 414h contributions under the Internal Revenue Service.

Employees with name changes must file the change with their respective Retirement System.

5. **Flexible Spending Accounts** – These accounts allow you to participate in benefits offered on a "pre-tax" basis. The two types of accounts are Health Care Reimbursement and Dependent Care Reimbursement. The enrollment period is during the month of November and becomes effective on January 1 of the following year. Minimum and maximum amounts are established by the Internal Revenue Service annually. You will be reimbursed from the Third-Party Administrator upon submission of appropriate documentation for qualifying out-of-pocket expenses. For further information, you may email the Department of Human Resources Benefits Office at HRbenefits@esboces.org.
6. **Credit Union and Direct Deposit** – This is a payroll process which allows automatic deposit to your personal bank accounts. Credit Union deduction is a set amount deposited to your account in the Teachers Federal Credit Union. Direct Deposit allows for your whole net paycheck to be deposited to your designated bank account. Forms for these authorizations may be obtained from the Payroll Office using payroll@esboces.org. Direct deposit is mandatory for all members of the Administrative/Supervisory, Adult Nursing Instructors, BEES Teachers, CSEA 8768-01, Para Educators, UPSEU, and Staff Developers units; all non-represented employees; and all hourly and daily employees.

7. **Tax-Deferred/ROTH Plans** – ESBOCES offers its employees two different retirement plans.

The first is a 403(b) plan. ESBOCES has engaged OMNI as a third-party administrator to assist ESBOCES and its employees in this plan. OMNI may be contacted by calling 1-877-544-OMNI or via the website at <http://www.omni403b.com>. For a listing of participating 403(b) companies, please go to the OMNI website at <http://www.omni403b.com>. Go to “Employees” at the top of the page, and select “Your Plan Page” from the drop down. On the next page, Select Employer State (NY), and type in Employer Name: *Eastern Suffolk BOCES* and follow the prompts. It will bring you to the next page with 403(b) information and also 457 Deferred Compensation Plan information or copy and paste the following hyperlink: [https://www.omni403b.com/plandetail/170#:~:text=Below%20is%20a,OMNI%20\(6664\)](https://www.omni403b.com/plandetail/170#:~:text=Below%20is%20a,OMNI%20(6664)).

You must select a 403(b) plan from one of the participating service providers applicable to ESBOCES.

Ten-month instructional employees who participate in the 26 pay option and choose a 12-month 403(b) plan will have the deduction occur five times the normal amount on the “Big Payment.”

The second tax-deferred plan is the New York State Deferred Compensation Plan (457) and ROTH 457 Plan. ESBOCES has engaged OMNI as a third-party administrator to assist ESBOCES and its employees in this plan as well. When contacting the New York State Deferred Compensation Plan, you will be required to have the ESBOCES ID number, which is 211251. Information on the plan may be obtained by calling 1-800-422-8463 or via the website at <http://www.nysdcp.com>. Once you have opened the account (or desire to make changes to an existing account), you must contact OMNI at 1-877-544-OMNI or <http://www.omni403b.com> and complete the OMNI 457 Salary Reduction Agreement.

You should consult with your financial advisor before investing in any annuities. ESBOCES does not make recommendations or endorsements of any plans. Also refer to the OMNI flyer in the Appendices of this Handbook for additional information.

VIII. SALARY INCREMENTS

- A. **Salary Step** – To advance a salary step, the employee must work for a minimum of one semester in the prior school year.
- B. **Professional Advancement – BEES (Teachers)** – Upon approval from your Director, Professional Advancement gives teachers an opportunity to increase salary by taking additional graduate and in-service courses, thereby moving across the salary schedule. Coursework, including degree programs, must be in the educational field. Prior approval for all graduate coursework or in-service credit must be obtained from your Director by completing Form 5380F.1 (*Course Approval for Professional Advancement*) for all salary advancements. To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Human Resources*.

It is your responsibility to keep track of these credits and to request an increase in your salary when you have completed the appropriate number of credits for the next increment. The request to increase your salary after course completion must be forwarded to the

Department of Human Resources by using Form 5380F.2(*Professional Advancement Request*). To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Human Resources*.

All coursework used to bring about the advancement must be listed. If you have carry-over credits from a previous increment, you should also note on the form that they are already on record.

Salary adjustments for Professional Advancement are effective September 1 and February 1 to coincide with the end of college semesters. Request for advancement must be received by the Department of Human Resources by one month after these dates (October 1 and March 1, respectively). All coursework must be completed prior to the increment date, and official documentation must be on file prior to the increase being granted. The timeframe for providing official transcripts is more lenient since you have limited control over the colleges forwarding transcripts.

Once all information is received and verified, your salary will be adjusted (retroactively, if needed).

- SCOPE and MESTRACT courses are acceptable for advancement without approval. Other in-service coursework requires prior approval of your Director and is evaluated based on its individual application to your role within ESBOCES. To request acceptance for credit for an external in-service course, Form 5380F.1 (*Course Approval for Professional Advancement*) must be completed and forwarded to your Director. To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Human Resources*. To ascertain whether the course will be accepted, you should request approval prior to the start of the course. Approval can still be requested after the course, but its acceptability is not guaranteed.
- In-service credits are given at a rate of one credit per 15 hours of instruction, assuming the in-service course fulfills all other requirements. Any courses with less than 15 hours are not considered.
- Each increment must include at least nine graduate credits.
- Teachers who earn a Master's Degree, required for certification during employment, may submit proof of educational attainment at the completion of their program. If you have not attained prior approval or salary increment increases during this process, you may move horizontally on the salary scale to the MA column. This in no way will be considered retroactive.
- FOR CTE TEACHERS ONLY: CTE Teachers who are required to take undergraduate courses for the purpose of obtaining certification or to obtain a Bachelor's Degree do not require prior approval. Once you have obtained a degree, additional coursework must be on the graduate level and requires prior approval.

For additional information regarding Professional Advancement, email the Department of Human Resources at humanresources2@esboces.org and refer to your Collective Bargaining Agreement.

LICENSES – BEES – Licensed and registered speech teachers, social workers, and psychologists shall receive an annual stipend of \$800. This stipend will generally be paid

in the first June payroll. Copies of renewed registration certificates must be received by the Department of Human Resources no later than April 1 of the year of renewal.

C. Educational Incentive – Educational Incentive is available in varying forms for different bargaining units. Please refer to your Collective Bargaining Agreement for further details.

1. **Para Educators/Sign Language Interpreters** – Upon completion of approved coursework, please complete Form 8004F.7 (*Para Educator/Sign Language Interpreter Educational Incentive Request*). To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Human Resources*. This form, along with official transcripts, should be forwarded to the Department of Human Resources.
2. **UPSEU** – Upon completion of approved coursework, please complete Form 8004F.6 (*UPSEU/CSEA ANI Educational Incentive Request*). To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Human Resources*. This form, along with official transcripts, should be forwarded to the Department of Human Resources.
3. **CSEA #8768-01** – Members have a tuition reimbursement program for all management pre- approved relevant coursework completed with a minimum grade of B. The employee should send a memorandum to the appropriate Director requesting course approval and forward the approval to the Department of Human Resources for the employee's file. Official transcripts and paid tuition receipts should be forwarded to the Department of Human Resources as coursework is completed. Once the Department of Human Resources has approved your completed coursework, notification will be sent to the Director for initiation of a purchase requisition.
4. **DP Middle Management** – Members have a tuition reimbursement program for all management pre-approved relevant coursework completed with a minimum grade of B. The employee should send a memorandum to the appropriate Director requesting course approval and forward the approval to the Department of Human Resources for the employee's file. Official transcripts and paid tuition receipts should be forwarded to the Department of Human Resources as coursework is completed. Once the Department of Human Resources has approved your completed coursework, notification will be sent to the Director for initiation of a purchase requisition.
5. **Adult Nursing Instructors** – Upon completion of approved coursework, please complete Form 8004F.6 (UPSEU/CSEA ANI Educational Incentive Request). To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Human Resources*. This form, along with official transcripts, should be forwarded to the Department of Human Resources.

If there are additional questions on professional advancement or educational incentive, contact the Department of Human Resources at humanresources2@esboces.org.

IX. BENEFITS – Unless otherwise prohibited by Federal or State law, the following guidance describes ESBOCES benefits. Health insurance is offered to all full-time employees in accordance with the Affordable Care Act.

Life, Dental, and Disability insurance are available for full-time contract employees. Appointments must be for a minimum of three months. Health insurance is also available

to some part-time contract employees. Optical coverage is available to members of some bargaining units (refer to your respective Collective Bargaining Agreement to determine eligibility).

Change of Status – If you have a change of status for yourself or any of your dependents (i.e., marriage, divorce, birth or adoption, death of a dependent, or a change in a dependent's student status), email HRBenefits@esboces.org with your request.

Change of Personal Information – It is your responsibility to ensure that the Department of Human Resources always has your most current personal information. If you have a change of name, address, or telephone number, it is important that you complete Form 8004F.8 (*Employee Change of Personal Data*). To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Human Resources*.

A. Health Insurance

1. **Beginning Dates** – Eligible employees begin their health insurance coverage the first of the month following their start date.
2. **Eligibility for Health Insurance Coverage** – Individual bargaining agreements define your eligibility for Health Insurance.
3. **End Dates** – Upon resignation, with at least two weeks' notice, health insurance coverage ends the last day of the month following your termination date. If you terminate employment without notice, health insurance will end the last day of the month in which you give notice.
4. **Lost or Stolen Cards** – For lost or stolen Empire or East End Health Plan insurance cards, email HRBenefits@esboces.org with your request. For all other insurances, please contact the carrier directly.
5. **Open Enrollment** – You may request to change your health insurance plan once a year, during the month of November. Requests received during November become effective the following January. Contact the Department of Human Resources Benefits Office in writing in November of your desire to change your choice of plan. Off-cycle changes are possible only if there is a qualifying event.
6. **Eligible Dependents** – Dependents are defined as follows: spouses, children to age 26, and/or disabled children of any age. Documentation must be forwarded to the Department of Human Resources when you add a new dependent.
7. **COBRA** – If you and/or your dependents are no longer covered by insurance (termination, dependent reaches maximum age, etc.), you can purchase this insurance, for a limited time, by emailing HRBenefits@esboces.org.
8. **Survivor Coverage** – Survivor coverage is provided for spouses and eligible dependents of deceased employees through the end of the third month following the date of occurrence for medical and dental insurances.

B. Life Insurance

1. **Beginning and End Dates** – If elected, life Insurance coverage begins on the first of the month following your date of hire. Life Insurance coverage ends the last day of the month in which your employment ends.
2. **Supplemental Insurance** – Supplemental life insurance may be available to you through payroll deduction. Please refer to your Collective Bargaining Agreement for more information. Additional procedures are necessary if you apply for supplemental life insurance after your initial coverage period. Email HRBenefits@esboces.org with your request.

C. AFLAC New York – ESBOCES offers voluntary Cancer, Accident, Hospitalization, and Short-Term Disability plans with AFLAC. These plans are available as a payroll deduction option for all eligible employees. For enrollment and additional information, please contact Jill Rappaport at: Jill_rappaport@us.aflac.com or (646) 694-9398.

D. Dental Insurance

1. **Beginning and End Dates** – Dental insurance coverage begins on the first of the month following your date of hire. Dental Insurance coverage ends the last day of the month in which employment ends.
2. **Eligible Dependents** – Spouses, children, and stepchildren are covered under family insurance plans, which, in most cases, involves an additional cost through payroll deduction. Children and stepchildren under the age of 19, disabled children of any age, or full-time students under the age of 25 are covered. Full-time students ages 19 through 24 must verify, directly with the carrier, full-time student status each semester. Contact HRBenefits@esboces.org to add or remove a dependent. Coverage may be reinstated if a child returns to full-time student status prior to their 25th birthday.
3. **Late Enrollee** – There are rules that apply if you choose to subscribe to a family dental insurance plan after your original eligibility period. Please contact HRBenefits@esboces.org for more information.
4. **Survivor Coverage** – Survivor coverage is provided for spouses and eligible dependents of deceased employees through the end of the third month following the date of death.
5. **COBRA** – If you and/or your dependents are no longer covered by insurance (termination, dependent reaches maximum age, etc.), you may purchase this insurance, for a limited time. You will be notified by the dental insurance carrier.

E. Long Term Disability Insurance

1. **Beginning and End Dates** – Full-Time, benefit-eligible employees are enrolled in ESBOCES Long Term Disability policy on the first of the month following the date of hire. Employees may qualify for Long Term Disability if they are out of work due to an illness or injury and off payroll. They must be out a minimum of 90 days consecutive from the date the illness/injury occurred. The full disability plan document can be found on the ESBOCES website at <https://resources.finalsite>.

[net/images/v1685721316/esbocesorg/sqgladlatxwdwbu2votr/LTDPolicyUHcUnimerica.pdf](https://www.esboces.org/sqgladlatxwdwbu2votr/LTDPolicyUHcUnimerica.pdf). ESBOCES does not carry short-term disability insurance.

2. **Filing Requirements** – If your healthcare provider determines you need to be out of work beyond 90 days consecutive, please contact HRBenefits@esboces.org for the procedures for filing for long term disability.

F. Workers' Compensation – On-the-Job Injuries – If you are injured in the performance of your duties at ESBOCES, the following steps must be taken:

1. Immediately notify your supervisor of the injury.
2. Complete Form 5320F.1 (*Employee Injury/Incident Report*) immediately and forward to your administrator for signature. To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Administrative Services OR* access the form on the ESBOCES website at <http://www.esboces.org> under the For Staff tab and select Workers' Compensation Forms to ensure you are using the most current version.
3. Obtain medical attention, if necessary. You must advise your healthcare provider that you were injured on the job, making sure he/she will accept Workers' Compensation cases. Most healthcare providers and hospitals will accept direct payment from the carrier. Provide the following information regarding our Workers' Compensation Insurance carrier to your medical provider:

The Travelers Insurance Companies
PO Box 4614
Buffalo, NY 14240
Telephone: 1-800-987-4735
Policy #UB 0N878392-26 51 K

If you are absent as a result of the injury, you will be charged ½ sick time and ½ workers' compensation time, provided your absence immediately follows your injury. If you are absent at a later date as a result of the job injury, you will need to provide medical documentation that the absence is a direct result of your injury. Medical documentation should be provided to HRMedicalnotes@esboces.org and workerscomp@esboces.org. ALL MEDICAL DOCUMENTATION MUST REFERENCE YOUR DATE OF INJURY.

If you are an employee who is awarded vacation days and you exhaust sick and personal time, you may request to use vacation days at ½ Vacation and ½ Workers' Compensation. The requirements for providing medical documentation remain the same.

Upon exhaustion of all available time, you must apply for disability coverage as explained in the benefit section of this booklet.

When you return to full duty and follow up appointments with your healthcare provider related to the injury need to be made, you shall make every effort to schedule these appointments after hours. Requests to utilize Workers' Compensation time for appointments occurring after your return to full duty will require supporting medical documentation that verifies the appointment was a result of your injury, and will be reviewed on a case-by-case basis for approval.

Workers' Compensation hearings can occur several years after you are injured. When you are requested to attend a hearing regarding your injury, you will be charged ½ Sick time and ½ Workers' Compensation time, upon receipt of a copy of your notice of hearing. Please forward this copy to the Department of Human Resources, Attention: Attendance.

If, as a result of the hearing, ESBOCES is compensated for wages paid to you during your absence, you may be reimbursed for lost sick, personal, or vacation time (pro-rated according to the monetary compensation received). You will be notified in writing if any time reimbursement is due.

Several bargaining units within ESBOCES have a "No-Charge Workers' Compensation" clause in their Collective Bargaining Agreements. This clause generally covers lost time when an injury is the direct result of actions by students or parents/persons in parental relation. Adherence to the very specific guidelines outlined in this provision is imperative. Refer to your Collective Bargaining Agreement to determine if this clause is applicable. If so, familiarize yourself with the appendix hereto titled *No-Charge Workers' Compensation Guidelines*. All forms may be accessed via the ESBOCES website at <http://www.esboces.org> under the For Staff tab and select Workers' Compensation Forms to ensure that you are using the most current version. Contact the Department of Human Resources if you have any questions or need assistance.

- X. RETIREMENT** – Review your Collective Bargaining Agreement for specific notification requirements. If your Collective Bargaining Agreement does not contain specific notification requirements, you must notify ESBOCES as soon as possible so the Agency may address its staffing requirements.

When you have made the decision to retire, you must notify your supervisor and submit to the Department of Human Resources Form 8004F.15 (*Retirement Notification*). As your retirement date approaches, you will receive an electronic package from the Department of Human Resources detailing your benefits into retirement, which includes an informative video.

- A. TRS** – The retirement system recommends that within five years prior to your anticipated retirement date, contact the NYS Teachers' Retirement System (TRS) directly to determine your eligibility to retire and your retirement benefits, to discuss options, and to calculate the compensation you may expect to receive as a retiree. You must be vested in TRS to be eligible to retire. In addition, proof of eligibility to retire (e.g., letter from TRS accepting the retirement) must be submitted to the Department of Human Resources. TRS Retirement counseling is available. To make an appointment, call 1-800-348-7298, extension 6100.

You must complete and forward a retirement application at least 30, but not more than 90, days prior to the effective date of your retirement to TRS. Applications are available via the TRS website at <https://www.nystrs.org>.

Members of TRS can log onto <https://www.nystrs.org/Retirement-Planning> to obtain further retirement information. You can also create an online account under Active Members; My NYSTRS Login, which will enable you to view your personal information.

- B. NYSLRS** – The retirement system recommends that within five years prior to your anticipated retirement date, contact the NYS and Local Retirement System (NYSLRS) directly to determine your eligibility to retire and your retirement benefits, to discuss options, and to calculate the compensation you may expect to receive as a retiree. You must be vested in NYSLRS to be eligible to retire. Consultations are by appointment only and must be scheduled by calling 1-866-805-0990.

You must complete and forward a retirement application at least 15, but not more than 90, days prior to the effective date of your retirement to NYSLRS. These applications are available in the Department of Human Resources or via the NYSLRS website at <https://www.osc.state.ny.us/retirement>.

If you are eligible to retire and are not a member of the Retirement System, you must provide documentation from Social Security that you have been approved for retirement benefits.

Members of NYSLRS can log onto <https://www.osc.state.ny.us/retirement> to obtain further retirement information, which can be found in the Planning for Retirement section. You can also create a Retirement Online account, which will enable you to view your personal information.

- XI. LEAVES OF ABSENCE** – In the following section of this Handbook, you will find important information about leave eligibility, benefits during your leave, seniority issues, salary placement, and other items affected by your leave that may be of concern to you. This Handbook is formulated in conjunction with Board policies, regulations, and Collective Bargaining Agreements. The contractual agreements with your bargaining unit include specific information regarding benefits and other issues. This Handbook is created in an effort to simplify some of this information and to inform you of your rights and benefits as an ESBOCES employee. If there is a conflict between the descriptions of benefits herein and in your Collective Bargaining Agreement, the contractual language governs. You are required to keep your immediate supervisor, as well as the Department of Human Resources, fully informed of your needs and plans so that a smooth transition can be attained and Agency program requirements can be addressed.

To request an unpaid leave of absence, you are required to complete Form 8004F.29 Unpaid Leave of Absence Request. Submit completed form and supporting documentation to HRAttendance@esboces.org.

Each Collective Bargaining Agreement specifies the types of leaves available to each member. All leaves of absence require formal Board approval. Therefore, it is necessary for you to put your request for leave in writing, stating the reason for the requested leave. In all cases, you are required to provide documentation indicating the necessity for the leave. You will be notified in writing when the Board has approved your leave.

- A. End of Leave** – Please notify the Department of Human Resources at least one month prior to the end of your scheduled leave whether you will be returning to your position, extending your leave, or resigning. Upon returning from a leave of absence, you must notify the Payroll Department to reactivate your direct deposit if all information remains the same. **Submit new direct deposit forms if direct deposit information has changed.**

B. Benefits Common to All Leaves

1. **Seniority** – While you are on payroll, your seniority is not affected. Once you are on an unpaid leave of absence, you may not continue to accrue time; therefore, it may cause a change in your seniority status.

For all instructional employees (including all paraprofessionals), your seniority date is adjusted based on the length of your unpaid absence, except for Military Leave. For specific details, please review your Collective Bargaining Agreement or contact the Department of Human Resources.

The Civil Service Laws applicable to those holding competitive Civil Service titles require that the original appointment/retention date be maintained during approved unpaid leaves of absence. For more information, contact the Suffolk County Department of Human Resources, Personnel & Civil Service directly. In certain Collective Bargaining Agreements, this provision also applies to all non-competitive employees.

2. **Salary Placement** – While on a leave of absence, you retain your salary level. However, in job categories with salary steps, you will not advance unless you have worked for a minimum of one semester in the school year of the leave and in the year prior to your leave. Upon returning to work, your salary will be adjusted to the current school year contractual rate.
3. **Benefits** – You may be covered for certain benefits under the Family Medical Leave Act (FMLA), if eligible. If ineligible for FMLA, you can pay (full premiums) to continue your benefits while on approved leave of absence.
4. **Returns from Leaves of Absence (BEES/BEES Paras)** – Employees scheduled to return from approved leaves of absence must notify the Department of Human Resources, in writing, confirming their intention to return at the conclusion of their current leave, or requesting an extension of said leave, on or before August 1 of each school year, or 30 days prior to their scheduled date of return, if they are scheduled for a return at a time other than the beginning of a school year.

Employees who do not respond as indicated will be subject to departmental review of staffing needs upon their request to return. The leaves for such employees will be continued until student enrollment supports their return or until commencement of the next school semester.

- C. **Types of Leaves** – This section is designed to explain leaves common to most bargaining units. Some bargaining units have other types of leaves that are not specified in this handbook and which may be approved by the Board. Please refer to your Collective Bargaining Agreement for further leave eligibility.

Information concerning employee insurance benefits may be obtained by emailing the Department of Human Resources Benefits Office at HRBenefits@esboces.org.

Information regarding sick leave, leaves of absence, or any other concern may be obtained by contacting the Department of Human Resources at 631-687-3005.

1. **Child Rearing Leave of Absence** – Child rearing leave is available to any parent immediately following the birth or adoption of a child. Many parents choose to remain at home and care for their children during their early years, and all ESBOCES contracts provide for unpaid leaves of absence for use by male and female parents. During the period of medical disability due to pregnancy, an employee may remain on payroll utilizing any available sick and personal time accumulated. Under normal circumstances, and with medical verification, an employee is generally treated as disabled for up to six weeks following a normal delivery or up to eight weeks following a Cesarean delivery. After the birth of your child, please provide to the Department of Human Resources a note from a healthcare provider indicating the date and type of delivery and the anticipated length of your medical disability so that we can determine your eligibility to remain on payroll. Vacation time, if applicable, may be requested to extend this time on payroll.

Per certain Collective Bargaining Agreements, 60-days' advance notice is requested for child rearing leaves. Although you are eligible for two years of leave, we suggest you make application for six months at a time. In some cases, such as with classroom personnel (Teachers, Aides, and Teaching Assistants), the scheduled return from a leave of absence must be at the beginning of a semester break or school year. In other cases, the scheduled return date can be planned in concert with your immediate supervisor.

The provisions of the Family Medical Leave Act (FMLA) may also affect your health-related benefits (health, dental, and optical insurance) if applicable, during the leave. Life and disability insurance will stop at the end of the month in which you come off payroll.

2. **Disability/Medical Leave of Absence** – All salaried employees may be eligible for a Disability/Medical Leave of Absence for up to two years. During your period of disability, you may remain on payroll using all accumulated sick, personal, and vacation time. After three months, or upon exhaustion of all accumulated time, you are eligible to apply for Long Term Disability (LTD). If your LTD claim is approved by the insurance carrier, you may receive a benefit of $66\frac{2}{3}\%$ of your contract salary, up to \$7,000 per month (inclusive of any other benefits). At the expiration of the Disability/Medical Leave of Absence, salaried employees may be eligible for additional leave and/or other possible accommodations in accordance with applicable laws.

In addition to applying for disability insurance, you must submit a letter requesting a medical leave and substantiate the necessity with medical documentation.

The provisions of the Family Medical Leave Act (FMLA) may also affect your health-related benefits (health, dental, and optical insurance) if applicable, during the leave. Life insurance will end at the end of the month in which you come off payroll, and disability insurance will end on the last day of active service.

Those eligible for LTD must apply for Social Security benefits, and any benefit you may receive from Social Security or other qualified sources will be used to offset the disability award. Certain exceptions may apply if you are over age 60 when you become disabled. Please refer to your employee LTD booklet for further information.

If you are covered under the Empire Plan or the East End Health Plan, you may be eligible for a waiver of premium if you are on a Board-approved unpaid leave for at least three months. This enables you to be covered for health insurance while you are not actively on payroll. Waivers may be granted for a maximum of one year. If you are still unable to return to work at the end of the approved waiver period, you are eligible to continue your health insurance at your own expense for the duration of your leave. If you are covered under any other health insurance plan not specified above, you may continue your health benefits at your expense during your leave.

You may be eligible for a waiver on your life insurance premium if you become disabled before age 60 and if you have met the required elimination period of six months. Please refer to your life insurance booklet or email HRBenefits@esboces.org for more information.

All other benefits will cease the end of the month in which you come off payroll. You may continue optical and dental insurance at your own expense. All benefits will be reactivated upon your return from leave.

Before returning to work from a medical leave of absence, the employee must submit medical documentation to HR Attendance at HRMedicalNotes@esboces.org. The medical documentation must state that the employee can return to work without any restrictions.

3. **Educational Leave of Absence** – Certain Collective Bargaining Agreements provide for educational leaves for up to one year. We recommend that you submit a request in writing 60 days prior to your leave. Your health insurance benefits will remain in effect until the last day of the month following your last day on payroll. All other benefits cease at the end of the month in which you come off payroll. You may continue certain benefits during your unpaid leave of absence at your own expense. All benefits will be reactivated upon your return from leave.
4. **Personal Leave of Absence** – An unpaid personal leave of up to one year is usually granted to care for an ill family member, or for extenuating circumstances, which may be approved by the Chief Operating Officer or designee. We recommend that you submit a request in writing 60 days prior to your leave.

Your health insurance benefits will remain in effect until the last day of the month following your last day on payroll. All other benefits cease at the end of the month in which you come off payroll. You may continue certain benefits during your unpaid leave of absence at your own expense. Certain types of personal leave, which may be approved by the Chief Operating Officer or designee, may be FMLA eligible. All benefits will be reactivated upon your return from leave.

5. **Military Leave of Absence** – Military leave of absence is available to all ESBOCES employees. Such leave will be for the duration of ordered military duty.

Absence for military duty is not considered an interruption of employment; therefore, salary and seniority will be reinstated upon an employee's return from military leave as if the employee had been actively at work.

6. **Cancer Screenings** – Full-time employees who undergo screening for cancer will be eligible for a one-time leave occurrence of up to four hours per fiscal year

(September 1- June 30 for 10-month employees; July 1-June 30 for 12-month employees).

Full-time employees will be charged sick/personal time until properly completed Form 8004F.26 (*Cancer Screening Appointment Verification*) is received in the Department of Human Resources (Attention: Attendance). This form is located at <https://docushare.esboces.org> (click on *Forms* and then *Human Resources*). All information requested on the form must be provided.

7. **Blood Donation** – ESBOCES shall allow its employees, without use of accumulated leave time, to donate blood during work hours, at an ESBOCES onsite location, at least two times per year at a convenient time and place set by the District Superintendent, Chief Operating Officer, or designee.

ESBOCES shall not retaliate against an employee for requesting or obtaining a leave of absence under this section. Additional leaves for the purpose of blood donation under any other provision of law shall not be prevented.

8. **Bone Marrow Donation** – Employees seeking to undergo a medical procedure to donate bone marrow shall be granted leaves to do so, the combined length of the leaves to be determined by the healthcare provider, but may not exceed 24 work hours unless agreed to by the District Superintendent, Chief Operating Officer, or designee. ESBOCES shall require verification for the purpose and length of each leave requested by the employee for this purpose. Leave taken under this policy will be unpaid, but employees may use their accumulated leave time. ESBOCES will not tolerate retaliation against an employee for requesting or taking bone marrow donation leave.
9. **Nursing Mothers** – ESBOCES shall provide a thirty-minute paid break when the employee has a need to express breast milk. Employees may take shorter breaks, if they choose. This paid time is in addition to any regularly scheduled break or lunch time. Employees may use their regularly scheduled break times or meal time for milk expression should they need additional time in excess of thirty minutes.

ESBOCES shall make reasonable efforts to provide a room or other location in close proximity to the work area where the nursing mother can express milk in privacy. ESBOCES shall not discriminate against an employee who chooses to express breast milk in the workplace.

Employees who want to express breastmilk at work must provide written notice to ESBOCES Human Resources department in advance. It is preferable that the notice is received prior to the employee returning to work from a maternity leave of absence. The following information should be included in the written notification: anticipated return date, details regarding how many breaks they anticipate needing during the work day, and potential preferred times to express breast milk. Upon receiving the request in the Human Resources department, employees will receive a written response within five business days.

ESBOCES will provide this break time for up to three years following the birth of a child. ESBOCES will inform all employees about the right to take paid leave for the purpose of expressing breast milk. Employees will be informed when they are hired and once a year thereafter. In addition, employees will be reminded when they are on a maternity leave of absence. For more detailed information, refer to the NYS

Department of Labor website at <https://dol.ny.gov/expressing-breast-milk-workplace>.

10. **Victims of Domestic Abuse** – ESBOCES will provide employees with an unpaid leave to appear as a witness, consult with the District Attorney, or exercise the employee's statutory rights as the victim of, or witness to, a crime of domestic violence. In addition, a victim of domestic violence may need one or more of these types of leave.

To use this leave, the employee shall provide notice of the need for leave at any time prior to the actual day of leave. Employers are permitted to ask the employee who sought the attendance or testimony of the employee to provide verification of the employee's service. Penalizing or discharging an employee for absences by reason of a required appearance as a witness in a criminal proceeding, consultation with the District Attorney, or exercising their rights as provided under the law constitutes a Class B misdemeanor by the employer.

11. **Military Spouse Leave** – An employee who works an average of 20 or more hours per week, who is the spouse of a member of the United States armed forces, national guard, or reserves who has been deployed during a period of military conflict (to a combat zone of operations or a combat theater) may be allowed up to 10 days of unpaid leave to use when their spouse is on leave. An employee who qualifies for this provision may request approval to use vacation or personal time for leave. An employee who seeks leave under this policy may be required to provide documentation to support their request.

For purposes of this policy, “period of military conflict” means a period of war declared by the United States Congress, or in which a member of a reserve component of the armed forces is ordered to active duty.

ESBOCES will not retaliate or tolerate retaliation or harassment against employees for requesting or taking military spouse leave.

12. **Volunteer Emergency Responder Leave** – Eligible employees will be allowed time off from work to perform duties as a volunteer firefighter or member of a volunteer ambulance service during a declared state of emergency, unless providing the leave would impose an undue hardship on ESBOCES business operations.

To be eligible for leave under this policy, employees must have previously provided ESBOCES with written documentation from the volunteer fire department or ambulance service notifying ESBOCES of the employee's status as a volunteer firefighter or volunteer ambulance service member, and the employee's volunteer duties must be related to the declared emergency.

Leave under this policy will be unpaid except that, employees who qualify for this leave may request approval to use accrued vacation or personal time.

ESBOCES may request certification of the need for leave in the form of a notarized statement from the head of the fire department or ambulance service certifying the time period that the employee's volunteer services were required.

13. **Adoptive Parents Leave** – Employees who are adoptive parents will be permitted to take leave under the same terms as leave provided to biological parents, for the adoption of a child upon the start of the parent-child relationship. Leave will only be granted to employees who adopt children of preschool age or younger, or who adopt children under the age of 18 who are considered “hard to place” or handicapped under New York law.

For further information or to request leave under this policy, contact the Department of Human Resources.

XII. SAFE WORKPLACE

The ESBOCES Health and Safety Office administers comprehensive school safety and health programs for ESBOCES buildings and Suffolk County School Districts. Our office staff assists administrators, faculty, and staff with reducing employee and student accidents and injuries, exceeding government environmental and occupational health and safety standards, and “optimizing each child’s and employee’s right to an environmentally safe and healthy learning environment which is clean and in good repair.”

In order to keep ESBOCES in compliance with all applicable OSHA regulations, it is imperative that no chemical-containing items be brought in from home. This would include, but not be limited to: dish soap, hand soap, glues, white out, window cleaners, polishers, computer cleaners, pesticides, etc. The only items that are permitted in class, bathrooms, and faculty rooms are those issued through ESBOCES, and storage of these materials should be in such a manner as to not allow for unauthorized and/or unsupervised use.

The Health and Safety Office also coordinates the ESBOCES Safety Committee. The mission of the Safety Committee is to have all employees of ESBOCES recognize, understand, and promote safety and health in order to reduce accidents and improve safety. On ESBOCES grounds and roadways entering and exiting ESBOCES locations, please always obey the posted speed limit and traffic control signs. The Safety Committee meets on a regular basis to support the Agency’s health and safety needs. Committee members appreciate your input. For further information, refer to contact the Health and Safety Office at 631-472-8785.

A. ESBOCES Identification System

1. **ID Cards** – A photo identification card system is utilized for all full-time, permanent ESBOCES employees and Board Members.

All ESBOCES employees must utilize their identification cards for entry into all buildings and must display their identification cards at all times during working hours.

2. **Visitor Management System** – A visitor management system has also been initiated throughout ESBOCES locations. All visitors must follow Federal, State, and local laws and regulations and ESBOCES policies, regulations, and procedures regarding health and safety protocols. Some basic procedures involved are as follows:

- A temporary visitor pass is issued to all visitors (which may include parents/persons in parental relation, outside contractors, sales/repair people, or union representatives).

- The visitor will be asked to produce a driver's license to verify their identity. In the absence of a driver's license, another form of identification will be accepted.
- The visitor should display the Temporary Visitor Pass at all times while in the building.
- A pass is to be used only for the date indicated on the pass.
- The main office/receptionist will notify the employee/office/classroom to be visited and announce the visitor.
- At the discretion of the building administrator, the visitor will wait for an escort before leaving the main office/reception area, or the visitor will be given directions to the employee/office/classroom to be visited.
- When leaving the building, the visitor should return the pass.

- B. Obtaining Information and Assistance on Health and Safety Issues –** ESBOCES safety and security policies are located on the ESBOCES website (<https://docushare.esboces.org> – click on *Policies*) or may be obtained by contacting your building administrator.

Additional safety and health information and procedures are available in the following written programs located at your building and/or available through your program office:

Right-to-Know/Hazard Communication Program; Exposure Control/Bloodborne Pathogen Program; Project SAVE/School Emergency/Disaster Preparedness Plan; Lockout/Tagout Program; Asbestos Management Plan; Personal Protective Equipment Program; Pesticide Notification (409H Ed. Law).

The Health and Safety Office and its qualified staff are available to support each ESBOCES building and program as needed, either through technical assistance or site visit. This office can be reached at 631-472-8785. These support services are available to all ESBOCES employees upon request of the building administrator.

XIII. ANNUAL INFORMATION POSTINGS AND PUBLIC NOTIFICATIONS

A. Fifth Disease Exposure

1. When a case of Fifth Disease is detected in any of our buildings, a general announcement will be made to all employees in the affected building.
2. The action to be taken by a pregnant employee will be determined by the employee in consultation with the employee's healthcare provider.

B. Hepatitis B

1. In the event that potential transmission of Hepatitis B has occurred to an employee, ESBOCES will authorize an immune globulin inoculation of the affected person: (a) following consultation with the Suffolk County Department of Health Services and employee's healthcare provider, and (b) at the request of the affected employee.
2. Administration of the immune globulin is to be done as rapidly as possible following the potential transmission (and certainly within 48 hours).
3. Form 4532F.4 (*Hepatitis B Vaccination Authorization*) is available by typing <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Human Resources*.

- C. Pesticide Notification –** New York State Education Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to

provide written notification to all persons in parental relation, faculty, and employees regarding the potential use of pesticides periodically throughout the school year.

ESBOCES is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48-hour prior written notification of certain pesticide applications. The following pesticide applications are not subject to prior notification requirements:

- a building remaining unoccupied for a continuous 72 hours following an application;
- antimicrobial products;
- nonvolatile rodenticides in tamper-resistant bait stations in areas inaccessible to children;
- nonvolatile insecticidal baits in tamper-resistant bait stations in areas inaccessible to children;
- silica gels and other nonvolatile ready-to-use pastes, foams, or gels in areas inaccessible to children;
- boric acid and disodium octaborate tetrahydrate;
- the application of EPA-designated biopesticides;
- the application of EPA-designated exempt materials under 40 CFR 152.25; and
- the use of aerosol products with a directed spray in containers of 18 fluid ounces or less, when used to protect individuals from an imminent threat from stinging and biting insects, including venomous spiders, bees, wasps, and hornets.

In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48- hour prior notification list.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your building, please complete the Pesticide Notification form, which can be obtained from the Operations and Maintenance Office at 100 Barton Avenue, Patchogue, NY 11772.

Please feel free to contact the Director of Facilities, the ESBOCES pesticide representative, at 631-472-8771 for further information on these requirements. You may also fax your request for further information to the Director of Facilities at 631-472-8795.

D. AHERA Notification Compliance – ESBOCES is required annually to notify the public of AHERA inspection information as follows:

Information about asbestos-containing building materials, pursuant to AHERA, Section 40, CFR 763.84(c), 763.93(d), and

763.93(g)(4) is on file in the district management plan and is available for review with the compliance officer, in the operations and maintenance office at 100 Barton Avenue, Patchogue, NY 11772.

Buildings in ESBOCES undergo a rigorous inspection process to ensure that all of our buildings provide a safe and healthy environment for our students and staff.

XIV. OPERATIONAL PROCEDURES

- A. Emergency Closings** – The Chief Operating Officer (or designated alternate) will initiate the *Automated Notification* system to notify designated ESBOCES employees in the event of emergency closings.

When classes are scheduled to be in session, all staff is advised of any closings via the *Automated Notification* system. Employees should report to their workplace unless notified to the contrary.

You may also check the ESBOCES bulletin board (631-244-4002), TV Channel 12 News website (<http://www.longislandnews12.com> – click on the *School Closings* link), ESBOCES website (<http://www.esboces.org>), and ESBOCES Facebook, Twitter, and Instagram.

Specific procedures are determined by each program and/or department. Refer to documentation from your supervisor regarding procedures to follow during school closing and/or delayed opening and/or early dismissal.

During inclement weather, please drive carefully. Roads and parking lots can be slippery due to snow and ice. Also, please remember to wear appropriate footwear for the winter inclement weather. Some surfaces may be icy or uneven, so please use caution when walking.

B. Inclement Weather and Emergency Closing Procedures

1. School Closings

ESBOCES Programs – In the event that ESBOCES is closed, students and staff do not report to school. Parents/persons in parental relation and all staff will receive a telephone notification regarding school closing through the *Automated Notification* System. Parents/persons in parental relation and staff are also advised to check with television networks, the ESBOCES website, Facebook, and Instagram.

Included District Programs – In the event that ESBOCES is open and the Included District is closed, students do not report to school. If staff members who are assigned to included sites are informed of the district closing prior to 8:00 p.m. the night before, they are to report to the home site of the program. If they are informed of the district closing after 8:00 p.m. the night before the closing, they do not need to report.

Itinerant Related Service and Special Subject Teachers – Staff with split assignments (ESBOCES and District locations) are to follow the procedures in the opening day packets they received from their Program Administrator. Staff assigned to local districts full-time should follow the established procedures.

2. Delayed Openings

ESBOCES Programs

- In the event that ESBOCES has a delayed opening, both ESBOCES students and full-time staff will report in accordance with their department's procedures. The closing hours of each site will remain consistent with the standard closing time for that individual site.

- Parents/persons in parental relation and all staff will receive a telephone notification regarding school closing through the *Automated Notification System*. Parents/persons in parental relation and staff are also advised to check with television networks, the ESBOCES website, Facebook, and Instagram.
- For buses not arriving at your site, please confirm with individual bus companies whether they are transporting students.
- During inclement weather, please drive carefully. Roads and parking lots can be slippery due to snow and ice. Also, please remember to wear appropriate footwear for inclement weather. Some surfaces may be icy or uneven, so please use caution when walking.

Included District Programs

- In the event of a delayed opening in an included district site when ESBOCES is open, both ESBOCES students and full-time staff will report in accordance with their department's procedures. The closing hours of each site will remain consistent with the standard closing time for that individual site.
- Staff assigned part-time to multiple sites are to report to the site experiencing the delayed opening in accordance with their department's procedures, or to their next scheduled assignment, whichever occurs first.
- It is imperative that Principals review these procedures and advise parents/persons in parental relation, in writing, how a delayed opening will affect their child's school. Principals will use the emergency telephone chain to advise staff of the delayed opening. Parents/persons in parental relation should be advised, in writing, to check television networks for specific district emergency closing information.

3. Early Dismissals

ESBOCES Programs and District Included Sites

- If ESBOCES closes school before 10:30 a.m., morning buses will return to pick up students and bring them to their home/home district. Full-day students are returned home. CTE am students are returned to their home district. SCE am students are returned home.
- If ESBOCES closes after 12:00 p.m., afternoon buses will report to the facilities and transport students to their homes/home districts. Full-day students are returned home. CTE pm students are returned to their home district. SCE pm students are returned home.
- For dismissals after 12:00 p.m., students located at large campuses must be in the building where they are normally in when picked up to go home. Central Administration will release staff to go home after ALL campus students have been dismissed, when approved by the Chief Operating Officer.
- Campuses that house multiple buildings/programs will all be closed together.
- Itinerant teachers assigned to school district locations are required to follow the calendar and emergency cancellation procedures of the districts to which they are assigned.
- For specific start and end times, ESBOCES staff are to refer to their department's procedures.

- C. Travel Pay** – When official travel with a personal vehicle has been authorized, mileage reimbursement shall be made at the IRS mileage rate in effect on the date(s) of travel and in compliance with Policy 5211 and Regulation 5211R.1 (both entitled *Expense*

Reimbursement – Employees). An Expense Voucher Form 5211F.2 (*Expense Voucher*) (located on *DocuShare*; type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms*, then *Business Services*, and then *Purchasing, Contracts, Accounts Payable*) must be filled out with destination and mileage and signed by the appropriate supervisor, then forwarded to the Business Services Office. Employees should submit their expense vouchers **monthly**. Employee expense reimbursements can be directly deposited into your bank account. Please complete Form 5211F.3 (*Direct Deposit Authorization for Employee Expense Reimbursement*) (located on *DocuShare*; type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms*, then *Business Services*) and submit to the Department of Business Services to initiate direct deposit of your expenses.

D. Legal Documents – To ensure adherence to the proper procedure for acceptance of and response to legal documents (including, but not limited to, subpoenas, FOIL requests, and Orders of Protection), all individuals attempting to deliver legal documents should be directed to the Hines Administration Center. The following employees are authorized to receive service of legal documents:

1. Associate Superintendent for Management Services;
2. Director of Administrative Services;
3. Secretarial Assistant and Senior Office Assistant in the Department of Administrative Services;
4. Executive Assistant in the Office of the District Superintendent/Chief Operating Officer; and
5. Any Administrative Council member housed in the Hines Administration Center.

E. Petty Cash (Policy 4450)

Purpose – Petty cash is to be used **only** for the acquisition of those unanticipated items that require an immediate cash payment and can be purchased locally. *IT SHOULD NOT BE USED AS A MEANS TO CIRCUMVENT THE PROPER PURCHASING PROCEDURES FOR VARIOUS ITEMS*. In all cases, petty cash purchases must be pre-approved and individual purchases should not exceed **\$25**.

Establishment – Petty cash accounts are established by Board resolution in July. The initial check to establish an account and all reimbursement checks will be made payable to the custodian of the account (i.e., *John Doe, Custodian of Petty Cash*).

Security – Cash must be kept in a locked metal box at all times and stored in a locked cabinet or desk drawer or ideally in a safe if available. The keys to the box and cabinet or desk should be available **only** to the custodian or designee and access to the contents of the petty cash fund limited **only** to these individuals.

Disbursement – The petty cash custodian or their designee is responsible for the maintenance and disbursement of petty cash funds on a daily basis.

An individual requesting a reimbursement from a petty cash account must submit a paid receipt for the **pre-approved** expenditure made. A **pre-numbered** petty cash receipt must be completed, approved by the fund's custodian or designee and signed, using a full signature by the person receiving the reimbursement. Petty cash receipt books are available through the Business Office.

It is recognized that in certain circumstances, although not sound business practice, it may be necessary to disburse an amount from petty cash to make a purchase. In such case, a detailed notation/record of the amount, date and to whom the cash was given must be made with an immediate follow-up for any unresolved transaction.

Replenishment and Close Out of Petty Cash – The petty cash custodian should complete Form 4450F.1 (*Request for Petty Cash Reimbursement*) located on DocuShare (type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms*, then *Business Services*, and then *Purchasing, Contracts, Accounts Payable*). Send completed form to Accounts Payable. In June, a memo directing the petty cash custodian to forward the petty cash close is sent out. Use the same form to close out the petty cash fund along with any unspent funds to equal the original disbursement amount. The memo will direct where the close out documents should be sent.

Sales Tax – It is the practice of the Agency, in compliance with New York State Law, **NOT** to reimburse for sales tax. In instances where sales tax could be charged, the employee should obtain a tax-exemption letter and provide it to the vendor when making the purchase. This letter should be obtained from the fund's custodian or designee at the time that a pre-approval is given.

- F. Reimbursement for Expenses** – Employees must follow Policy 5211 and Regulation 5211R.1 (both entitled *Expense Reimbursement – Employees* and included in the Appendices of this Handbook) concerning reimbursement for expenses. Form 5211F.2 (*Expense Voucher*) is located on DocuShare (type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms*, then *Business Services*, and then *Purchasing Contracts and Accounts Payable*).
- G. Inquiries From the Press** – Per Policy 2121 - News Media Relations, no employee may speak for, or in the name of, ESBOCES unless by explicit direction of the Board President or Chief Operating Officer. This is to ensure that all statements to the press comply with Agency policies, and are accurate and consistent.
- H. Press On/Near ESBOCES Grounds** – Members of the press are not permitted on ESBOCES grounds without permission from the Chief Operating Officer and knowledge of the visit by the Communications Office. Should the press be present at ESBOCES grounds entrances, employees should not stop to answer questions or make comments.
- I. When a Call is Received From the Press**
- All staff are to take a message regarding the nature of the inquiry, the name of the reporter, their employer, and their contact information. Staff are not to answer any questions or offer any information to a reporter except to indicate that “a representative from the Agency will be back in touch with you shortly.”
 - The reporter's information should immediately be shared with the supervisor.
 - The supervisor will then share the information with the Communications Office at 631- 687-3110 or PR@esboces.org.
 - A public relations specialist will contact the reporter, vet the inquiry, and provide full information to the Chief Operating Officer.
 - The Chief Operating Officer will determine the response to the inquiry and advise the Communications Office of that determination.

J. When Press Coverage is Desired

- All newsworthy items are to be directed to the Communications Office at 631-687-3110 or PR@esboces.org.
- The Communications Office will work directly with the program to develop timely and meaningful messages.
- The Communications Office will determine the method by which ESBOCES news will be shared with the public and/or the press in alignment with the Agency's overall public information program.

K. Public Figures and Public Relations

- Advance notification shall be made to the Chief Operating Officer prior to public figures, such as elected officials, being invited to participate in an ESBOCES event.
- The Communications Office should be advised of the prospective attendance of a public figure at an ESBOCES event for potential internal coverage of the event, as well as to coordinate with the public figure's public relations staff.

XV. MISCELLANEOUS

- A. Certification** – A Regional Certification Office is located at the Hines Administration Center. This office acts as a liaison between an individual seeking certification and the New York State Education Department, Office of Teaching Initiatives.

Inquiries regarding teaching, administrative, pupil personnel, teaching assistant, and coaching certificates should be addressed to this office. You may contact the Regional Certification Office at 631-687-3020 or teachercert@esboces.org

All applications for certificates must be submitted via your TEACH account at <http://www.highered.nysed.gov/tcert>. Information regarding testing can be found online at <http://www.nystce.nesinc.com>. Evaluations for most certificate titles may be processed through this office. Other information related to certification is also available.

All Teaching Assistants employed by ESBOCES must be certified. Individuals being hired as Teaching Assistants should contact the Regional Certification Office for information on how to apply for their certificate, as well as what testing is needed to become certified. Requirements for Teaching Assistant certification can be found online at [Teaching Assistant Certificate Instructions](#). Please refer to the Teaching Assistant Certification flyer in the Appendices of this Handbook. You may also contact the Regional Certification Office at 631-687-3020.

- B. Employee Assistance Program** – ESBOCES offers an Employee Assistance Program to help employees and their families who are facing problems in their lives. This office offers referral services for marital problems, alcoholism, drug abuse, and many problems that could confront a person.

Please utilize the program if necessary. For further information on the Employee Assistance Program, please call 631-289-0480 or access information on the services offered via the ESBOCES website at <https://www.esboces.org>. All calls remain confidential.

- C. The Employee Resource Foundation** - The Employee Resource Foundation was created by ESBOCES employees to provide financial assistance to full-time employees who are facing a catastrophic event in their lives. All full-time employees are eligible to

apply by completing an intake form, all applications are kept confidential and are submitted to the Executive Director, who is an ESBOCES retiree. Intake forms can be found on the ESBOCES website at www.esboces.org/ERF.

XVI. INSTRUCTIONAL STAFF

A. Staff Meetings – Periodically, administrators will arrange for staff meetings. It is expected that employees will adjust their schedules accordingly and attend. It is the professional responsibility of all employees to attend evening meetings outside of the school day called by ESBOCES in which the instruction of students is discussed.

B. Staff Hours – When it is found necessary to use employees for non-instructional duties to protect student health and safety, supervise the lunchroom, playground, and bus arrival and departure, these duties will be equally distributed. It is expected that all employees will adjust beyond their hours should the occasion demand it.

All employees will sign in upon arriving and sign out upon leaving their respective facilities.

An employee may leave the facility only during their lunch break. The employee must sign in and out in the main office.

C. Itinerant Staff

Staff members in the following titles are considered Itinerant and, therefore, can be assigned at the discretion of ESBOCES as needed:

- Curriculum Teachers/CTE Academic Teachers
- ESL Teachers (excludes Adult Education Staff)
- Guidance Counselor
- LOTE Teachers
- Instructional Technology Teacher
- School Counselor
- School Psychologist
- School Social Worker
- Teacher of Art
- Teacher of Health
- Teacher of Home Economics/Technology
- Teacher of Music
- Teacher of Physical Education
- Teacher of the Blind & Visually Impaired/Mobility
- Teacher of the Deaf & Hearing Impaired
- Teacher of the Speech & Hearing Handicapped
- Work Experience Coordinator

Itinerant Staff assignments may change from year to year and/or during a given school year. Staff in these titles may submit requests for specific assignments which will be considered during the annual process of scheduling the assignments of itinerant staff. An Assignment Preference Form will be distributed to Related Service and Special Subject staff in May so that, should an assignment change be necessary, location preference will be considered. Completion of this form does not ensure placement in the preferred location, nor does it indicate that an assignment change will occur.

September assignments are reviewed based upon student and program needs and aligned with staff preferences as requested. The following are considered in staff placement and subsequent movement if needed during the school year:

- student need,
- specialized staff skills (DASA, CPI, PECS/PROMPT training, health certification);
- Medicaid aidable eligibility (licensed Psychologist, LCSW, or SLP) based upon size of program and percentage of Medicaid eligible identified students;
- staff preference;
- support specialized to new staff.

Letters are mailed to staff indicating placement one week prior to the start of the school year. If employees are moved outside of their chosen preferences, they are contacted by an administrator to discuss the placement. If changes are needed after initial placement, one week's notice is observed prior to the start of the new placement. The Association Vice President for Itinerants will be notified simultaneously.

D. Telephone Calls – Telephone calls to all employees during the school day will be taken in the office, and a message will be emailed to the employee, placed in the employee's mailbox, or hand delivered to the employee. Only in cases of emergency will the employee be called from the classroom to take a phone call. In such cases, arrangements will be made for someone to cover the employee's assignment so that no students are left unsupervised.

E. Professional Development – All certificated instructional staff is expected to complete professional development hours according to their contractual and/or NYSED certification requirements. It is the responsibility of each employee to choose professional development appropriate to their assignment. Please refer to the *Help* icon or *My File Library* in *Frontline* (formerly known as *MyLearningPlan (MLP)*) for assistance with tracking your professional development, as well as your Collective Bargaining Agreement for additional information (excludes Adult Education Staff).

For professional visitations or meetings not included in *Frontline*, you should complete Form 5150F.8 (*Professional Day Request*) and forward to your immediate supervisor at least two weeks prior to the day requested. To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Educational Services*.

Salary adjustments for Professional Advancement are effective September 1 and February 1 to coincide with the end of college semesters. Request for advancement must be received by the Department of Human Resources by one month after these dates (October 1 and March 1, respectively). All coursework must be completed prior to the increment date, and official documentation must be on file prior to the increase being granted. The timeframe for providing official transcripts is more lenient since you have limited control over the colleges forwarding transcripts.

Once all information is received and verified, your salary will be adjusted (retroactively, if needed).

F. Instructional Staff Responsibility Regarding Use of Substitutes – When a teacher is aware of the fact that he/she will be absent (personal days, workshops, etc.), the teacher should leave detailed instructions specifically outlining the agenda and

student/staff needs for the school day. Program procedures should be followed when developing substitute lesson plans.

- G. Lesson Plans** – Planned lessons are essential for effective instruction. Lesson plans should include consideration of student ability and the difficulty of subject matter. Lesson plans should be completed in detail for one week in advance. They should be as comprehensive as possible in order to build a better curriculum for students and should:
- be NYS standards based;
 - provide structure to the daily routine;
 - demonstrate a well-organized, integrated, and sequenced curriculum for each student;
 - support meeting long-term goals and short-term objectives for each student;
 - indicate interesting and dynamic lessons;
 - assist substitutes by providing them with current instructional plans for students; and
 - assist all involved employees by providing them with specific activities for when they are assigned to that class.

Please note that employees should follow any existing age/grade appropriate curricula for the program.

- H. Substitute Evaluations** – The instructional staff is encouraged to complete an evaluation for all substitutes (Form 5152F.2 (Substitute Feedback)). To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on Forms and then Human Resources.
- I. Student Attendance (Policy 6110)** – The Board recognizes that regular attendance is a critical factor in students' academic, social, and vocational success leading to the achievement of their life goals and has adopted Policy 6110 (Student Attendance) aimed at encouraging full attendance by all students. Please refer to Policy 6110 in the Appendices of this Handbook.

J. Employee/Student Accidents/Emergency Procedures

Student Accidents and Emergencies – In the event of a serious accident or other student emergency, the classroom teacher should notify the nurse, the center coordinator, and the program administrator. If there is no nurse, coordinator, Assistant Principal, or Principal in the facility, dial 911, then the appropriate administrative personnel.

1. Supervision should be provided for the remaining students in the group.
2. The nurse shall call the parent(s)/person(s) in parental relation and notify them of the problem and what actions are occurring.
3. A log indicating the time of injury, the time phone calls are made, the times that services were rendered to the injured, etc., should be made by the teacher.
4. Teachers and/or nurses who are employed by ESBOCES should not transport an injured or ill student due to the problem regarding liability in case of an accident. In all instances of injury or illness, the procedures have been worked out whereby a student can be returned to their home or to the hospital in case of an emergency. The building administrator must arrange student transportation. Following this, the nurse should telephone the parent(s)/person(s) in parental relation to convey any information necessary regarding the accident.
5. The building administrator should immediately notify the appropriate program administrator.
6. Form 6540F.1 (Student Accident Report) should be completed and signed by the appropriate instructional staff and the building nurse on the date of the occurrence.

To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on Forms and then Administrative Services. Once the form is fully completed and then signed by the building administrator, it should be forwarded as soon as possible to the Department of Administrative Services.

7. Notify student's school district through the program administrator.

Reports on Accidents Involving Employees – Employees must report all injuries sustained while discharging their official duties. Form 5320F.1 (*Employee Injury/Incident Report*) should be completed within 24 hours. This form contains the information required by the insurance carrier in the event a claim is made for workers' compensation. To access this form, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms* and then *Administrative Services* OR access the form on the ESBOCES website at <http://www.esboces.org> under the For Staff tab and select Workers' Compensation Forms. Refer to Article VII. F. (*Workers' Compensation*) for additional information applicable to ESBOCES staff.

K. Guidelines for Handling of Bodily Fluids – Bodily fluids of all persons present a potential risk for disease transmission. Generally speaking, the risk is low, depending on the type of bodily fluid involved and also on the type and manner of exposure.

1. Always, where possible, avoid direct contact with any person's bodily fluids. Gloves should be used on any anticipated exposure and also to clean up spills. Disposal of gloves and soiled materials is accomplished in plastic bags.
2. Proper hand washing and washing of contaminated areas of the body with soap and water after exposure has occurred is essential. All contaminated articles should be handled with disposable gloves.
3. Spilled bodily fluids may be cleaned up using sanitary absorbent agents (Z goop) or using towels, etc. Disposal is via plastic bags. Non-disposable items (broom, dust pan, etc.) are to be rinsed in disinfectant. Adequate disinfection may be accomplished using 70% Isopropyl Alcohol, 1% Lysol Solution, or 1 cup household bleach to one gallon water. Large spills should be cleaned up by trained personnel utilizing a sanitary absorbent agent and an EPA-approved disinfectant accordingly.
4. Hard surfaces, toys, equipment, etc. should be soaked in disinfectant and then washed in hot water.
5. Contaminated clothing is washed in soap and water, with the addition of household bleach when possible.
6. Should you have an exposure incident, please report it immediately to the building nurse and administrator and fill out all appropriate paperwork.
7. Bus Drills/Fire Drills

L. Bus Drills/Fire Drills

Bus Drills – A minimum of three emergency bus drills shall be held during the school year to ensure student awareness of emergency procedures to be taken when riding the school bus.

1. The first bus drill is to be conducted during the first seven days of school in September.
2. The second bus drill is to be conducted between November 1 and December 31.
3. The third bus drill is to be conducted between March 1 and April 30.

Drills include practice and instruction in the location, use, and operation of the emergency door, fire extinguishers, first aid equipment, and windows as a means of escape as well as other safety procedures. Please assist the drivers as requested during these drills.

Fire Drills – New York State requires 12 fire drills a year. At least eight fire drills must be given by December 1. All fire drills are to be completed by May 15. The following are important to remember:

1. Students should not be permitted to talk during the fire drill.
2. Students should walk during the fire drill.
3. Students out of their regular classrooms should use the exit designated for the room they are occupying at the time of the fire drill; if in doubt, use the most convenient exit.
4. Students should walk at least 50 feet from the building, if possible, and stay off the roads. Where possible, classroom windows and all corridor and outside doors should be closed.
5. Lights should be turned off where possible.
6. The employee is to be the last one to leave the room.
7. Employees should keep attendance cards and grade books (if applicable) with them and take attendance once the class is outside the building.
8. Employees are not to bring their classes back into a building until they have been instructed to do so by the designated person.

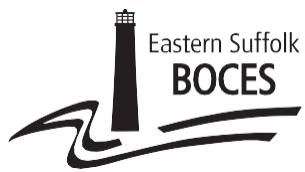
Employees who are at lunch or at a preparation period should immediately rejoin their classes.

M. Educational Outings/Field Trips Procedure – Refer to Policy 7320 and Regulation 7320R.1 (both entitled *Educational Outings/Field Trips*) for procedures, guidelines, and approvals.

N. Medication on Educational Outings/Field Trips – Refer to Policy 6511 (*Medication and Personal Care Items*) and Regulation 6511R.1 (*Administering Medication*).

O. Transportation Requests for Educational Outings/Field Trips – Transportation for ESBOCES educational outings/field trips not utilizing ESBOCES campus buses will be arranged through the Department of Regional Transportation Services. All ESBOCES school buses are equipped with radios with GPS capability. Transport in vehicles owned or operated by ESBOCES faculty or parents/persons in parental relation is prohibited. Upon approval by the District Superintendent, Chief Operating Officer, or designee, ESBOCES owned vehicles may be used for educational outings/field trips. If an ESBOCES vehicle is used, the driver must be an approved ESBOCES driver and must meet the criteria to be classified as an occasional driver as defined in Regulation 7320R.1 – (*Educational Outings/Field Trips*). Complete Form 7320F.2 (*Transportation Request*) or Form 7320F.3 (*Transportation Request for Coach Trip*) and forward to the appropriate administrators. To access these forms, type <https://docushare.esboces.org> in the internet browser address bar; click on *Forms*, then *Administrative Services*, and then *Transportation*.

APPENDICES



OFFICE CLOSINGS CALENDAR

2026-2027

JULY 2026				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

July 3 Independence Day (observed)
6 First day of summer school

AUGUST 2026				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

August 14 Last day of summer school

SEPTEMBER 2026				
M	T	W	T	F
	1	{2}	{3}	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

September 2 First day for teachers
7 Labor Day
8 First day for students
21 Yom Kippur
12-13 Rosh Hashanah

OCTOBER 2026				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

October 12 Columbus/Indigenous Peoples' Day

NOVEMBER 2026				
M	T	W	T	F
2	{3}	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

November 3 Election Day
8 Diwall
11 Veterans Day
25-28 Thanksgiving Recess

DECEMBER 2026				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

December 24-31 Winter Recess
25 Christmas

JANUARY 2027				
	T	W	T	F
				1
	5	6	7	8
	12	13	14	15
	19	20	21	22
	26	27	28	29

January 1 New Year's Day/Winter Recess
18 Martin Luther King Jr. Day

FEBRUARY 2027			
M	T	W	
1	2	3	
8	9	10	
15	16	17	
22	23	24	

February 6 Lunar New Year
15 Presidents' Day
15-19 Mid-Winter Recess

MARCH 2027				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

March 9 Eid al-Fitr
26-29 Easter Recess
28 Easter Sunday

APRIL 2027				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

April 19-23 Spring Recess
21 First day of Passover

MAY 2027				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

May 17 Eid al-Adha
31 Memorial Day

JUNE 2027				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

June TBD Regents tests
25 Last day of school

Eastern Suffolk BOCES 2026-2027 School Calendar

July 2026				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

3 Independence Day Observed
6 First day of Summer School

August 2026				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

14 Last day of Summer School

September 2026				
M	T	W	T	F
	1	{2}	{3}	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

16 + 2
2 - First day for teachers
4-7 - Labor Day Recess
8 - First day for students
12-13 - Rosh Hashanah
21 - Yom Kippur

October 2026				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

21
12 - Columbus Day/
Indigenous Peoples' Day

November 2026				
M	T	W	T	F
2	{3}	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

16 + 1
3 - Election Day
8 - Diwali
11 - Veterans Day
25-27 Thanksgiving Recess

December 2026				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

17
24-31 Winter Recess
25 - Christmas

January 2027				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

19
1 - New Year's Day/Winter Recess
18 - Martin Luther King Jr. Day

February 2027				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

15
6 - Lunar New Year
15 - Presidents' Day
15-19 Mid Winter Recess

March 2027				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

20
9 - Eid al-Fitr
26-29 Easter Recess
28 - Easter Sunday

April 2027				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

17
19-23 Spring Recess
21 - First Day of Passover

May 2027				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

19
17 - Eid al-Adha
31 - Memorial Day

June 2027				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25L
28	29	30		

19
15 - 25 Regents Tests
19 - Juneteenth
25 - Last Day School

Key: = School Closing (Instructional Staff)
{ } = Conference Day

$$\begin{array}{r} 179.0 \\ + 3.0 \\ \hline 182.0 \end{array}$$

The Board of Cooperative Educational Services reserves the right to revise this calendar if emergency school closings during the school year require additional teaching days. (Adopted by Eastern Suffolk BOCES Board on December 10, 2025)

NO-CHARGE WORKERS' COMPENSATION GUIDELINES Revised 1-22-2024

When an employee is injured by an ESBOCES student/parent, the following must be adhered to:

Form	Submit to	Timeline: From Date of Injury	Comments
5320F.1 – <i>Employee Injury/Incident Report</i> – Page 1	Risk and Asset Management Office	1 Business Day	Submit page 1, completed and signed by employee, to Risk and Asset Management Office. Page 2, signed by Principal, can be submitted separately if necessary (see next line).
5320F.1 – <i>Employee Injury/Incident Report</i> – Page 2	Risk and Asset Management Office	5 Business Days	Submit form to Principal <u>immediately</u> for signature, then Principal will submit Page 2 to Risk and Asset Management Office within 5 business days.
<i>Notice of Right to Select a Workers' Compensation Board Authorized Health Care Provider</i>	Principal	1 Business Day	Submit with Form 5320F.1 to Building Principal or Administrator
Medical documentation as requested by Travelers Insurance Co.	Travelers Insurance Company	10 Business Days	Keep Copy

All forms referenced above can be accessed via the ESBOCES website (esboces.org) under the **FOR STAFF** tab.

It is the employee's responsibility to ensure that documentation is received by the Risk and Asset Management Office within the required timelines. It is strongly suggested that the forms are submitted using a method that provides proof of submission (scan and e-mail, fax, or hand deliver for date stamp) and that you keep copies of these documents for your own records.

- If the injury warrants medical attention, the employee must be seen by a healthcare professional under a physician's supervision. It is the employee's responsibility to obtain and submit the medical documentation required by Travelers Insurance company. The medical documentation must be received by Travelers Insurance Company from the employee within 10 business days from the date of injury.
- The Department of Human Resources may request further medical documentation as needed.
- The employee must continue to enter absences into AESOP as alleged Workers' Compensation. All time will be charged as SICK until adequate medical documentation is received.
- The employee will be provided with a maximum of 180 school days (1 year), for qualifying absences related to a qualifying injury, starting from the date of injury. As an example, if an employee is injured on 12/1/2010, the opportunity to draw upon those 180 days concludes 11/30/2011. Any treatment/recovery time needed after that is charged at ½ Sick and ½ Workers' Compensation.
- No-charge time and compensation will end when the Workers' Compensation Board closes the employee's case, an independent medical examination determines that the employee is fit to return to work, after 180 school days, or on the date one year after the qualifying injury, whichever occurs first.

- After medical documentation is received by Travelers Insurance Company clearing an employee to return to work without restrictions, further no-charge time for any medical concern arising from the original injury will not be considered in the absence of re-documentation from a healthcare professional under a physician's supervision. If therapy services are required, appointments must be made either before or after the school day. Therapy sessions scheduled during the school day shall not be eligible for no-charge time.
- All no-charge cases may be reviewed by a committee and/or by the Agency's Workers' Compensation insurance carrier. The No-Charge Workers' Compensation Committee consists of equal administration and labor representation, including the unit President and/or designee. If the Committee cannot jointly reach a decision, the case will be brought to the Assistant Superintendent for Human Resources for review.
- At the determination of the Agency's Workers' Compensation insurance carrier, an additional signed statement from the injured employee may be required and taken by a representative of the insurance carrier. The Agency's Worker's Compensation insurance carrier may require an independent medical examination (IME), the expense of which is borne by the Agency. In the event that the IME determines that the employee is fit to return to work, the employee will be notified by the Department of Human Resources that his or her no-charge compensation and no-charge time will end. In the event the employee provides medical documentation that disputes the findings of the IME ordered by the insurance carrier, and except if otherwise precluded by law, the Agency will require that the employee undergo an IME by an Agency physician.
- The findings from the Agency IME will be evaluated and reviewed by the No-Charge Workers' Compensation Committee. If the Committee cannot jointly reach a decision to determine if payment and use of time for no-charge compensation will continue or terminate, the case will be brought to the Assistant Superintendent for Human Resources for review.
- In the event your claim is denied, you are entitled to appeal the decision. Submit your request for appeal to the Department of Human Resources along with any additional supporting documentation that you want considered during the appeal review. Appeals must be initiated by the employee and received by the Department of Human Resources within 30 days from the date of the Agency's communication of decision.



EASTERN SUFFOLK BOCES
201 Sunrise Highway
Patchogue, NY 11772
2026-2027 Payroll Dates

• Timesheet Schedule •			
Timesheet Work Period (Non-Salary)	WinCapWeb Electronic Supervisor Approval Due Date	Payroll Date	Note
N/A	N/A	07/02/26	A, G, H
06/17 to 07/08	**7/8/2026**	07/17/26	B, SS
N/A	VACATION SELLBACK	07/22/26	G, I
07/09 to 07/16	07/20/26	07/31/26	
07/17 to 07/30	08/03/26	08/14/26	
07/31 to 08/13	08/17/26	08/28/26	
08/14 to 08/26	08/28/26	09/11/26	C
08/27 to 09/09	09/11/26	09/25/26	T
09/10 to 09/24	09/28/26	10/09/26	
09/25 to 10/07	10/09/26	10/23/26	
10/08 to 10/22	10/26/26	11/06/26	
10/23 to 11/04	11/06/26	11/20/26	
11/05 to 11/16	11/18/26	12/04/26	T
11/17 to 12/03	12/07/26	12/18/26	
12/04 to 12/14	12/16/26	12/30/26	G, H
12/15 to 12/29	01/04/27	01/15/27	
12/30 to 01/13	01/15/27	01/29/27	
01/14 to 01/28	02/01/27	02/12/27	
01/29 to 02/10	02/12/27	02/26/27	
02/11 to 02/25	03/01/27	03/12/27	
02/26 to 03/10	03/12/27	03/25/27	H, T, V
03/11 to 03/23	03/25/27	04/09/27	
03/24 to 04/08	04/12/27	04/23/27	
04/09 to 04/22	04/26/27	05/07/27	
04/23 to 05/06	05/10/27	05/21/27	
05/07 to 05/19	05/21/27	06/04/27	
05/20 to 06/03	06/07/27	06/18/27	T
N/A	N/A	06/25/27	D, G
06/04 to 06/15	06/17/27	06/30/27	E, G
The timesheet work period is for substitutes, overtime, adult education hourly instructors, per-diem staff, etc.			

A First payroll for 12 M staff (3 DAY PAY)

B First regular biweekly for 12 month staff

C First payroll for 10 M instructional staff

D Final payroll for 10 M instructional staff

E Final payroll 12 M staff (8 DAY PAY)

G Deductions for 403b and 457 plans will **not** occur

H Pay date due to school/office closing schedule

I Vacation Sell Back

SS First Summer School Payment - **timesheets MUST be approved BY 4:00PM**

T Taxable Fringe Benefits

V Votecopec Deduction

****Timesheets should be entered by the employee in WinCapWeb at the completion of their work shift in accordance with this schedule. Additional information and guides can be found at www.esboces.org/payroll***

Contractual salary is paid in accordance with the various collective bargaining agreements and contracts.

Eastern Suffolk BOCES

ARE YOU AWARE OF YOUR 403(b) BENEFIT?

New accounts may be opened with the following approved service providers.

THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministries. We recommend that all employees visit our education page which can be found here:

www.omni403b.com/Employees/Education

WHY SAVE WITH 403(b)?

1. You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
2. Pre-tax investment gains in the plan are not taxed until distribution and eligible ROTH investment gains are tax free.
3. Generally, retirement assets can be carried from one employer to another.

Future retirement savings value assuming 6% growth

Monthly Contributions	5 Year	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider authorized in the Plan, a list of which is available on the right. You may then complete a Salary Reduction Agreement (SRA) online at: www.omni403b.com/SRA

If you are already contributing to your Employer's Plan and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. Once we are in receipt of the newly completed SRA, we will notify your employer to begin contributions.

HOW MUCH CAN I CONTRIBUTE ANNUALLY?

In 2024, you may contribute up to \$23,000 if you are 49 years of age or below and up to \$30,500 if you are 50 years of age and over. You may also be entitled to additional catch-up provisions like the 15 Year Service Catch-up. Please contact OMNI's Customer Care Center at **877.544.6664** for further details.

Contribution Limits		15 Yr. Service Catch-up (if eligible)	Maximum Employer Contributions	Combined Limit	
Age 49 & below	Age 50 & above			Age 49 & below	Age 50 & above
\$23,000	\$30,500	\$3,000	\$69,000	\$69,000	\$76,500

LOOKING FOR HELP?

Click the link below for an investment professional to reach out to you.

[Eastern Suffolk BOCES Plan Detail Page](#)

- Aspire - IPX
- Aspire Financial Services
- Equitable (formerly AXA)
- GWN/Employee Deposit Acct
- Lincoln Investment Planning
- MetLife
- Mutual Inc/PlanMember Services
- NY Life Ins. & Annuity Corp.
- Oldham Resource Group, Inc.
- ROTH - Aspire
- ROTH - Aspire - IPX
- ROTH - Equitable (formerly AXA)
- ROTH - GWN/Employee Deposit Acct
- ROTH - Lincoln Investment
- ROTH - MetLife
- ROTH - Mutual/PlanMember
- ROTH - The Legend Group, A Lincoln Investment Company
- ROTH - Vanguard Fiduciary Trust Co.
- ROTH - Voya Financial (Nat'l NY)
- The Legend Group, A Lincoln Investment Company
- Vanguard Fiduciary Trust Co.
- Voya Financial (Nat'l NY)



**Approval for Article 7
Staff Development
Completion**

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

Pursuant to Article 7, Section I of the BOCES Educators of Eastern Suffolk BOCES Agreement, I hereby request approval for the following Staff Development:

Name: _____ Emp ID: _____ Year: _____
Position: _____ Building: _____

Upon completion, please attach your Frontline Portfolio and submit to Human Resources prior to July 1st.

I have completed the **required**:

- 15 hours of BEES Article 7 Staff Development

**See important information on reverse side*

I am requesting: ☐ One (1) Credit
☐ Stipend (See criteria on reverse side)

I am aware that backup documentation may be requested.

Employee Signature

Date

FOR DEPARTMENT OF HUMAN RESOURCES USE ONLY

☐ All documentation received and approved

Signature

/ /20

Date

Each BEES member (excluding paraprofessionals) must participate in a total of fifteen (15) hours of staff development during the instructional year pursuant to Article 7: Section I Staff Development. The fifteen (15) hours must consist of fifteen (15) hours of staff development pertinent to content area

Pursuant to the above, each participating unit member shall receive one (1) in-service credit. Unit members who have already achieved the MA75 column on the academic schedule, BA+75 on the academic schedule for CTE teachers, or the Perm+15 or VB30 column on the vocational schedule shall receive a stipend per completion of the required hours.

Unit members who will be eligible to retire during the life of this agreement may choose either the in-service credit or the stipend.

NOTES:

- Agency offerings for staff development activities can be found on Frontline.
- Unit member shall be compensated after meeting the requirement and submitting this completed form to Human Resources.
- Activities must be completed outside of the workday, during duty free time, or by using a Personal Day **Without** Reason. Prep time may **not** be used for Article 7 hours.
- These fifteen (15) hours shall be in addition to faculty meetings; therefore, faculty meetings cannot be approved for Article 7 hours.
- Conferences/workshops paid for by Eastern Suffolk BOCES may not be used toward Article 7 hours requirement.
- External coursework is acceptable for Article 7 hours provided the topic is relevant to your building/program assignment. Before registering for external coursework or workshops not listed on Frontline, you must obtain prior approval from your Director by completing the Request for Approval for Workshops Conducted by an Outside Organization form. This form is posted on Frontline.
- Minimum staff development session is in thirty (30) minute blocks. Two thirty (30)-minute blocks on the same topic within a seven (7) day work period will equal one (1) hour.
- Staff development activities are to be completed between July 1 and June 30 of each instructional year. Staff development activities completed after the last day of class and before July 1 may be applied to the current instructional year or the following instructional year.
- Building approved staff development activities will continue to be logged on Frontline.
- For additional details please refer to the BEES contract.



**Compensatory Time
Bi-Weekly Timesheet**

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

Reason for OT/Compensatory Time
Please check one:

☐ UPSEU

☐ CSEA

☐ Non-Rep Clerical

Approved in Advance By _____

Budget Code _____

Date _____ / _____ / 20____

Name of Employee _____

Dept./Bldg. Location _____

Regular Working Hours _____

Employee ID No. _____

Social Security No. XXX-XX-_____

Day	Date	Time In	Lunch Time	Time Out	Total Hours Minus Lunch	Reason (Be Specific)	OT Approved in Advance By
Sat.							
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							

Total Hours Week One _____

Day	Date	Time In	Lunch Time	Time Out	Total Hours Minus Lunch	Reason (Be Specific)	OT Approved in Advance By
Sat.							
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							

Total Hours Week Two _____

Grand Total Weeks One and Two _____

Signature of Employee

Signature of Supervising Administrator

Date

Date

IMPORTANT

Please sign and forward immediately to your administrator.

PLEASE NOTE:

1. This form must be submitted to your supervisor according to the payroll schedule work period ending date, which is available at each center.

2. The completed form must be signed by the appropriate ESBOCES administrator.
3. Meal breaks are required if you work more than six (6) hours. Please check with your administrator regarding meal times. Minimum unpaid break is thirty (30) minutes

**Coach Trip Only
Request**

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

**The Regional Transportation Office must receive this request at least two (2) months prior to trip.
All coach trips beyond New York City or out of State MUST be Board approved.**

☐ Career/Technical Education ☐ Special Career Education ☐ Special Education Other _____

* Trip Type Code _____

*** Trip Type Codes**

C = Student Competition

F = Field Trip

V = Skills USA

BUDGET CODE	Fund	Co-Ser	Activity	Object	Location	PPB

ESBOCES Program/Facility _____

Requested by _____

Date _____

Telephone No. _____

Fax No. _____

TRIP INFORMATION

Date(s) of Trip _____

Teacher(s) on Trip _____

Telephone No. _____

No. of Participants Adults _____ Students _____ No. of Coaches Needed _____

Special Requirements _____

Departure

Pick-Up Point _____

Address _____

Date _____ Time _____ ☐ AM ☐ PM

Destination

Transport to _____

Address _____

Return

Date _____ Departure Time from Destination _____ ☐ AM ☐ PM

Arrival at ESBOCES Facility _____ ☐ AM ☐ PM

COMPLETE FOR OVERNIGHT TRIPS ONLY

Are buses to remain on site? ☐ Yes ☐ No

If "yes" must provide accommodations for driver(s)

Name of Hotel _____ Telephone No. _____

Address _____

Trip itinerary and hotel information must be sent to the Regional Transportation Office two (2) weeks prior to trip.

☐ Parental and/or Home School Consent Obtained ☐ Coordination with Another Facility Required

Signature of Principal/Coordinator

Date

Signature of Director

Date

Completed by _____

Regional Transportation Office Employee

Date

Coach Transportation Contractor _____

All coach trip requests must be submitted on ESBOCES Form 7320F.3 - Coach Trip Only Request.

1. Motor coaches should be requested/scheduled as early as possible. The Regional Transportation Office **cannot guarantee** the availability of coaches for every trip. However, we will attempt to accommodate each request.
2. A complete budget code must be on each coach request form. Please also fill in the Trip Type Code at the top of the form.
3. Trips will be booked with an approved coach contractor in the order in which they are received. A confirmation will be sent to the facility/person requesting the trip. (If you do not receive a confirmation for a trip or trip changes, please call the Regional Transportation Office to confirm that your information has been received.)
4. For **overnight coach trips**, please indicate if the drivers are expected to remain. Arrangements for **lodging for the drivers** must be made (and paid for) by the program/person requesting the trip. An **itinerary, along with the hotel information for the drivers, must be faxed to the Regional Transportation Office at least two (2) weeks prior to the departure date.** (Please include the name, address, and telephone number of the hotel, along with confirmation that rooms have been reserved for the drivers.)
5. All additions or deletions must be sent **as soon as possible. Changes in numbers of students and adults may change the number of vehicles required.**
6. Trips will be reconfirmed approximately two (2) weeks prior to the departure date to avoid a cancellation fee from the coach contractor.
7. If a rest stop is required for breakfast, lunch, or snack, prior approval is needed from the coach company. Drivers cannot make any unauthorized stops, and eating is prohibited while the vehicle is in motion.
8. Trips beyond New York City must be Board approved.

SAMPLE ONLY - DO NOT COPY



Confidential Report of Alleged Child Abuse in an Educational Setting

6550F.1
Page 1 of 1

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

SUBJECT CHILD		PARENT/GUARDIAN OF SUBJECT CHILD	
Name	_____	Name	_____
Address	_____	Address	_____
	_____	(if different)	_____
Facility	_____		
Grade	_____ Sex ☐ M ☐ F ☐ Unknown		
Age or Birthday (mo/day/yr)	_____		

SOURCE OF ALLEGATION (check as appropriate)

☐ Child ☐ Parent ☐ Other - Name _____ Relationship to child (if any) _____

ALLEGED PERPETRATOR (EMPLOYEE OR VOLUNTEER)	
Name _____	School District _____
Facility _____	School Position _____

SPECIFIC ALLEGATION	
Use this space to provide information to describe or explain the circumstances surrounding the allegation. (Attach additional sheets if necessary.)	

REPORTER INFORMATION	
Name _____	Facility _____
Facility Address _____	Position _____
Relationship to Child (if any)	
☐ Teacher	☐ School Guidance Counselor
☐ Administrator	☐ Board Member
☐ ESBOCES Personnel Required to Hold Teaching or Administrator License or Certification	☐ School Nurse ☐ School Social Worker ☐ School Psychologist
_____/_____/20____ Date Submitted to Administrator	_____ Signature

FOR ADMINISTRATOR USE ONLY	
Reasonable Suspicion	☐ Yes ☐ No
Date Submitted to Superintendent ____ / ____ /20__	
_____ Name	_____ Signature
Date Submitted to Law Enforcement ____ / ____ /20__	
_____ Name	_____ Signature

FOR SUPERINTENDENT USE ONLY	
Reasonable Suspicion	☐ Yes ☐ No
Date Submitted to Law Enforcement	____ / ____ /20____
_____ Name	_____ Signature
Date Submitted to Commissioner	____ / ____ /20____
_____ Name	_____ Signature



**Course Approval
for Professional
Advancement**

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

Name of Employee	Building	Employee ID No.
Teaching Assignment	Certification Area(s)	

I. Course Categories

Please specify your request regarding courses listed below.

☐ Undergraduate courses (list reason for eligibility - see following page, numbers 2 or 3) _____

☐ Credit for external in-service courses (other than MESTRACT or SCOPE)

☐ Graduate Courses Description _____

☐ Degree Program Description _____

II. Course Information

Important: Attach information regarding description of course, institution providing the course, and the qualifications of the instructor.

Course Number	Title of Course	Institution	Number of Credits	Total Hours	Date(s) of Course
1.					
2.					
3.					
4.					

I hereby acknowledge that I have not previously taken any of the above courses or, to the best of my knowledge, any courses closely related to the above courses.

	/ /20
Signature of Employee	Date

FOR OFFICE USE ONLY

III. Courses Approved for Professional Advancement

1. _____	3. _____
2. _____	4. _____

/ /20

Signature of Director

Date

This form is for **pre-approval** of hours only. You must formally apply for professional advancement using **Form 5380F.2 (Professional Advancement Request.)**

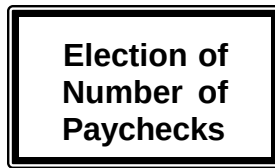
NOTE: Please check the Employee Handbook under "Salary Increments" for a full explanation of "professional advancement."

The following guidelines are used to award professional advancement.

1. All graduate courses and/or degree programs must be obtained from an accredited institution and require prior approval from your Director. All graduate courses and/or degree programs are evaluated based on their individual usefulness to your role with ESBOCES.
2. **CTE Teachers Only:** CTE Teachers who are required to take undergraduate courses for the purpose of obtaining certification or to obtain a Bachelor's Degree do not require prior approval. Once you have obtained a degree, additional coursework must be on the graduate level and requires prior approval.
3. **All Educators (BEES Educators Contract):** Undergraduate coursework taken outside of your current area of certification may be approved if it will enhance your skills in your current assignment, or if it leads to certification in another area (math, science, etc.) that would be valuable to ESBOCES. Prior approval for such coursework is required.
 - In-service credits are given at the rate of one (1) credit per fifteen (15) hours of instruction, assuming the in-service course fulfills all other requirements. Any course with less than fifteen (15) hours is not considered.
 - College credits taken prior to employment with ESBOCES, but not totaling fifteen (15) credits, will be part of the cumulative credits toward the next fifteen (15) credit advancement using the rationale stated above.
 - Increments are awarded in fifteen (15)-credit blocks, except when reaching a degree.
 - Presently, ESBOCES-sponsored coursework is given through MESTRACT. There is no limit on the number of ESBOCES in-service credits applicable per increment. SCOPE courses are acceptable for advancement without approval. However, each increment must include nine (9) graduate credits.
 - Coursework taken during working hours or paid for by ESBOCES is not acceptable for professional advancement.
 - Other in-service coursework requires prior approval from your Director and is evaluated based on its individual usefulness to your role with ESBOCES. To request acceptance for credit for an external in-service course, include a copy of the course description with this form. You should also include information regarding the institution providing the course, the qualifications of the instructor, and the course relevancy to your position at ESBOCES. **In order for you to know whether or not the course will be accepted, your Director should receive your request no later than four (4) weeks prior to the start of the course. The Director will respond with a decision no later than two (2) weeks prior to the beginning of class.**

For additional information regarding professional advancement, call the Department of Human Resources at 687-3002.

10 MONTH STAFF ONLY



4411F.12
Page 1 of 1

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

A ten (10)-month employee may elect to receive their salary in twenty-six (26) paychecks instead of twenty-one (21) paychecks by completing and submitting this election form prior to the beginning of the school year to which it applies.

Name of Employee _____
Please Print

Employee ID Number _____

☐ New Employee
☐ Existing Employee

☐ I request that my pay be divided into 21 payments. *

OR

☐ I request that my pay be divided into 26 payments (last check in June will include the lump-sum payment). *

I understand that if my start date is after 9/1 that I will be automatically placed on the 21 pay option, and my election on this form will go into effect the following school year. I further understand that my election will remain in place until I elect to change it by completing and submitting a new Form 4411F.12 - Election of Number of Paychecks - prior to the beginning of the school year to which the change applies.

Signature

Date

**THIS FORM MUST BE RETURNED TO THE DEPARTMENT OF HUMAN
RESOURCES PRIOR TO SEPTEMBER 1.**

* Number of paychecks divisor may change from year to year.



**Employee
Complaint Form**

5121F.1
Page 1 of 3

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL

If you wish to file a complaint, please provide the requested information so that the Agency may investigate and resolve your complaint. You are not limited to the space provided and may attach additional pages. Once you have completed this form, please submit it to Eastern Suffolk BOCES, Assistant Superintendent for Human Resources. You will not be retaliated against for filing a complaint. Questions regarding the completion or submission of this form may be directed to the Assistant Superintendent for Human Resources or a trusted staff member with whom you feel comfortable.

If you are more comfortable reporting verbally or in another manner, the person to whom you report the complaint should complete this form, provide you with a copy, and follow the ESBOCES Non-Discrimination and Anti-Harassment Policy 5121 by investigating the claims accordingly.

For additional resources, visit ny.gov/programs/combating-sexual-harassment-workplace.

COMPLAINANT INFORMATION	
Name _____	Job Title _____
Work Location _____	Work Phone 631- _____
Email _____	
Preferred Communication Method ☐ Email ☐ Phone ☐ In Person	

SUPERVISOR INFORMATION	
Name of Immediate Supervisor _____	
Job Title _____	
Work Location _____	Work Phone 631- _____

(Continued)

COMPLAINT INFORMATION

1. Your complaint is made about

Name _____ Job Title _____

Work Location _____ Work Phone 631- _____

Relationship ☐ Supervisor ☐ Subordinate ☐ Co-Worker ☐ Other

2. Please describe your complaint(s), including the name of the person(s) about whom you are complaining. If your complaint involves specific comments, please include a description of the comments.

3. Date(s) the events, comments, or actions occurred

_____/_____/20 ____/_____/20

_____/_____/20 ____/_____/20

Is the situation continuing? ☐ Yes ☐ No

4. Related Material - Please list, and if possible, provide copies of, any emails, text messages, letters, notes, memos, diary entries, calendars, reports, or other items that relate to your complaint(s).

Name

Contact Information

5. Persons With Information – Please list any individuals who you believe may have information about your complaint(s).

Name

Contact Information

(Continued)

COMPLAINT INFORMATION (Continued)

6. **Prior Report(s) - Have you reported your concerns to anyone else at the Agency? If so, please provide the name(s) and position(s) of the person or persons to whom you reported the concerns, and the date(s) of the report(s).**

Date

Reported to

____ / ____ /20____

____ / ____ /20____

____ / ____ /20____

I understand that if I become aware of additional information that relates to my complaint, I must promptly provide such information to the Agency. I also am aware that the Agency prohibits retaliation against me for filing this complaint, and I agree that I will immediately report any incident I believe is retaliatory using the Agency's procedures for reporting retaliation. If you have retained legal counsel and would like ESBOCES to work with him/her, please provide his/her contact information.

Employee's Signature

____ / ____ /20____
Date completed by Employee

Assistant Superintendent for Human Resources Signature

____ / ____ /20____
Date received from Employee

SAMPLE ONLY - DO NOT COPY



Employee Injury/ Incident Report

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

PAGE 1 MUST BE COMPLETED, SIGNED BY EMPLOYEE AND SUPERVISOR, AND FORWARDED TO RISK AND ASSET MANAGEMENT OFFICE WITHIN 24 HOURS OF INCIDENT. PAGE 2 MUST THEN BE FORWARDED TO EMPLOYEE'S SUPERVISOR FOR COMPLETION.

SECTION 1																						
INJURED EMPLOYEE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 30%; border-bottom: 1px solid black;">First Name</td> <td style="width: 20%; border-bottom: 1px solid black;">Home Telephone No.</td> <td style="width: 20%; border-bottom: 1px solid black;">Cell Telephone No.</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Home Street Address</td> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">Zip</td> </tr> <tr> <td style="padding: 2px;">☐ Male</td> <td style="padding: 2px;">☐ Female</td> <td style="border-bottom: 1px solid black; text-align: center;">/ / Date of Birth</td> <td style="border-bottom: 1px solid black; text-align: center;">/ / Date of Hire</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Job Title</td> <td colspan="2" style="border-bottom: 1px solid black;">Division</td> </tr> </table>	Last Name	First Name	Home Telephone No.	Cell Telephone No.	Home Street Address		City	Zip	☐ Male	☐ Female	/ / Date of Birth	/ / Date of Hire	Job Title		Division						
Last Name	First Name	Home Telephone No.	Cell Telephone No.																			
Home Street Address		City	Zip																			
☐ Male	☐ Female	/ / Date of Birth	/ / Date of Hire																			
Job Title		Division																				
* SECTION 2 *																						
<div style="background-color: yellow; display: inline-block; padding: 2px 5px;">Student Related</div> ☐ Yes ☐ No	Do you believe the injury was a result of workplace violence? ☐ Yes ☐ No																					
SECTION 3	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">/ /20 Date of Incident</td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">Day of Week</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;"> ☐ AM ☐ PM Time of Incident </td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; text-align: center;">Location of Incident (Name of Building, Address, Room No., Etc. - BE SPECIFIC)</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> Description of Incident (State what you were doing at the time of the incident and what occurred.) EXAMPLE: I was walking down the hallway and slipped on the floor. </td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Witnesses and other employees directly involved</td> </tr> </table>	/ /20 Date of Incident	Day of Week	☐ AM ☐ PM Time of Incident	Location of Incident (Name of Building, Address, Room No., Etc. - BE SPECIFIC)			Description of Incident (State what you were doing at the time of the incident and what occurred.) EXAMPLE: I was walking down the hallway and slipped on the floor.												Witnesses and other employees directly involved		
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Description of Incident (State what you were doing at the time of the incident and what occurred.) EXAMPLE: I was walking down the hallway and slipped on the floor.																						
Witnesses and other employees directly involved																						
SECTION 4	<p style="margin: 0;">State the nature of the incident, what part(s) of the body were affected, and indicate right or left side (such as injury to the right ear, left elbow, thumb on right hand, resulting in bruises, swelling, etc.)</p> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> <p style="margin: 5px 0 0 0;">Was immediate medical care provided? ☐ Yes ☐ No If "Yes" _____</p> <p style="margin: 0 0 0 0;">when? _____</p> <div style="border-bottom: 1px solid black; height: 20px;"></div> <p style="margin: 0 0 0 0;">Immediate Medical Provider (Doctor, Ambulance No., Police Badge No., or Vehicle No., Etc.) (Optional)</p> <div style="border-bottom: 1px solid black; height: 20px;"></div> <p style="margin: 0 0 0 0;">Name and Address of Hospital (If Applicable)</p> <div style="border-bottom: 1px solid black; height: 20px;"></div> <p style="margin: 0 0 0 0;">Was work time lost beyond day of incident? ☐ Yes ☐ No</p> <p style="margin: 0 0 0 0;">The Insurance Law of the State of New York provides that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.</p>																					
NY FRAUD STATUTE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Signature of Employee</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">ESBOCES Telephone No.</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Title of Employee</td> <td style="border-bottom: 1px solid black; text-align: center;">/ /20 Date of Report</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Signature of Supervisor (Acknowledges Receipt of Form)</td> <td style="border-bottom: 1px solid black; text-align: center;">/ /20 Date Supervisor was Advised of Injury</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Signature of Building Administrator</td> <td style="border-bottom: 1px solid black; text-align: center;">Building Administrator's Telephone No.</td> </tr> </table>	Signature of Employee	ESBOCES Telephone No.	Title of Employee	/ /20 Date of Report	Signature of Supervisor (Acknowledges Receipt of Form)	/ /20 Date Supervisor was Advised of Injury	Signature of Building Administrator	Building Administrator's Telephone No.													
Signature of Employee	ESBOCES Telephone No.																					
Title of Employee	/ /20 Date of Report																					
Signature of Supervisor (Acknowledges Receipt of Form)	/ /20 Date Supervisor was Advised of Injury																					
Signature of Building Administrator	Building Administrator's Telephone No.																					

Name of Employee _____

Date of Incident ____/____/____

THE FOLLOWING SECTION IS TO BE COMPLETED BY SUPERVISOR WITHIN FIVE (5) BUSINESS DAYS OF RECEIPT OF *EMPLOYEE INJURY/INCIDENT REPORT* AND FORWARDED TO RISK AND ASSET MANAGEMENT OFFICE – HINES ADMINISTRATION CENTER. DESCRIBE IN DETAIL THE TASK THE EMPLOYEE WAS COMPLETING AT THE TIME OF INJURY (INCLUDE VEHICLE, EQUIPMENT, OR TOOLS USED).

SECTION 5 – EMPLOYEE INJURY/INCIDENT REPORT ACCIDENT ANALYSIS

Interview witnesses or co-workers for additional insights, if necessary.

☐ Additional sheet attached for supplementary information/commentsWas this the employee's regular work assignment? ☐ Yes ☐ No***** Any O checked in this section requires a comment. *******Environment****Contributing Factors**

1.1 Did the work area design contribute to the injury?

☐☐☐**Comments****Corrective Action**

1.2 Was the area cluttered?

☐☐☐

1.3 Did the employee have to be in this area to complete the job?

☐☐☐

1.4 Were other conditions (e.g., set floor, extreme temperatures, etc.) a contributing factor?

☐☐☐

1.4 Were there other environmental issues affecting safety? If so, what?

☐☐☐**Equipment/Tools**

2.1 Was the correct equipment being used?

☐☐☐

2.2 Was the correct equipment readily available?

☐☐☐

2.3 Did any defects or change in equipment/material contribute to hazardous conditions? If so, what?

☐☐☐

2.4 Is regular maintenance done on affected machinery/equipment?

☐☐☐

2.5 Was the employee using proper PPE (shoes, apron, goggles)?

☐☐☐**Method**

3.1 Was employee performing according to accepted work method?

☐☐☐

3.2 Was there a better method to perform the task? If so, what?

☐☐☐

3.3 Did employee comply with directives in student's IEP?

☐☐☐

3.4 Were CPI methods necessary?

☐☐☐

3.5 Were proper CPI methods used?

☐☐☐**Employee**

4.1 Was employee using all required safety equipment for task?

☐☐☐

4.2 Was employee trained on necessary equipment for the task?

☐☐☐

4.3 Was employee authorized to operate the equipment?

☐☐☐

4.4 Were required safety procedures being followed? If not, why?

☐☐☐**Management**

5.1 Were the behaviors that caused the injury witnessed before?

☐☐☐

5.2 If so, what was done?

☐☐☐

5.3 Does management require specific safe work practices related to this task? If so, explain what was expected.

☐☐☐

5.4 Have safety related changes been made/suggested for this task?

☐☐☐**Workplace Violence**

6.1 If employee checked YES to Workplace Violence on Page 1 and student was involved then please provide students ID#

To correct unsafe acts:☐ Review/change procedures☐ Train/retrain injured employee☐ Instruct all employees☐ Other (Explain) _____**To correct unsafe conditions:**☐ Eliminate the hazard☐ Request repairs☐ Initiate ergonomic review☐ Conduct periodic inspections**Specific Corrective Actions****Assigned To****Date**

1. _____
2. _____
3. _____
4. _____

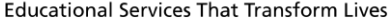
_____/_____/20____

Signature of Supervisor

Date

SOME POSSIBLE REMEDIAL ACTIONS FOR CLASSROOM-RELATED INJURIES

Cause of Injury	Possible Remedial Actions
Student Aggression	<ul style="list-style-type: none"> Establish administrative protocol to ensure that all employees know their individual student plans before interaction; review periodically and obtain sign-off Define and train employees in, and reinforce use of, basic best practices, such as maintaining adequate distance, keeping hair short or restrained, watching for distress clues, and requesting assistance before crisis develops
Slips/Falls – Wet Floors	<ul style="list-style-type: none"> Establish guidelines for janitorial staff to provide sop mats at all entrances prior to facility opening during inclement weather Establish guidelines for janitorial staff to patrol and clean entranceways more often during inclement weather Establish a “Spill” code for the public announcement system to easily alert janitorial staff to spills and puddles Establish a protocol for all employees to post a watch and/or place cones at any spill/puddle to guide others around until it can be cleaned
Slips/Trips/Falls – Housekeeping	<ul style="list-style-type: none"> Train employees in, and reinforce use of, a plan to ensure a clear path before assisting to move/guide a student Train/require employees to pick up after themselves and students to keep walkways clear
Strains/Sprains from Assisting Students	<ul style="list-style-type: none"> Define and train employees in, and reinforce use of, proper techniques for assisting students when standing, sitting, toileting, walking, etc. Provide adequate lifts; train employees in, and reinforce, proper use of lifts and mechanical aids as may be needed for students requiring high levels of assistance Train/require employees to assess needs and obtain assistance from other employees when situation exceeds reasonable physical capabilities for one person
General Strains/Sprains	<ul style="list-style-type: none"> Define and train employees in, and reinforce, use of proper techniques for lifting, pushing, and pulling Train employees in, and reinforce, proper use of machinery utilized by custodial staff Train/require employees to assess needs and obtain assistance from other employees when situation exceeds reasonable physical capabilities for one person
Workplace Violence	<p>Defined as any physical assault or acts of aggressive behavior occurring where a public employee performs any work-related duty in the course of their employment including but not limited to:</p> <ul style="list-style-type: none"> An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee; Any intentional display of force which would give an employee reason to fear or expect bodily harm; Intentional and wrongful physical contact with a person without their consent that entails some injury; Stalking an employee with the intent of causing fear of material harm to the physical safety and health of such employee when such stalking has arisen through and in the course of employment.



Hepatitis B Vaccination Authorization

4532F.4

Page 1 of 1

Board of Cooperative Educational Services

First Supervisory District of Suffolk County

201 Sunrise Highway

Patchogue, NY 11772

Party Responsible for Payment EASTERN SUFFOLK BOCES

Name of Employee _____ Date _____ / _____ /20____

Signature of Supervising Administrator _____ Date _____/_____/20____

Option A	Health Service Provided by ESBoces Approved Physician
----------	---

Peconic Bay Medical Group
496 County Road 111
Building B
Manorville, NY 11949
(631) 405-3200

Option B * Health Service Provided by Employee Primary Care Provider

Name of Primary Care Provider _____

Address _____

Telephone () -

* Reimbursement limited to employee co-pay amount, not to exceed \$80 per dose (receipts required)

Hepatitis B Vaccination Dates ☐ Dose 1 ☐ Dose 2 ☐ Dose 3

____ / ____ /20 ____ / ____ /20 ____ / ____ /20

FOR USE BY DEPARTMENT OF HUMAN RESOURCES ONLY

Final Authorization for Reimbursement

Signature of Department of Human Resources Administrator

_____/_____/20
Date

**Notice of Voluntary
Resignation**

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

EMPLOYEE INFORMATION

Name _____ Employee ID No. _____
Position _____ Department/Location _____
Bargaining Unit _____ OR ☐ Non-Represented

RESIGNATION DETAILS

Last Day of Employment ____ / ____ /20 ____

Reason for Leaving

- ☐ Personal ☐ Career Change
☐ New Job Opportunity ☐ Education
☐ Relocation
☐ Other (please specify) ____

UPDATED CONTACT INFORMATION

Home Address _____ Phone _____
Mailing Address _____ Email _____

ADDITIONAL COMMENTS

SAMPLE ONLY - DO NOT COPY

Signature of Employee _____ / ____ /20
Date

Employee: Please email this document to the Department of Human Resources at hrresignations@esboces.org and retain a copy for your records.

HR DEPARTMENT USE ONLY

Received by _____ Date ____ / ____ /20 ____
Date Removed from Payroll ____ / ____ /20 ____
Date Routed for Board ____ / ____ /20 ____
Date Routed to Benefits ____ / ____ /20 ____



**Paraeducator/Sign
Language Interpreter
Educational
Incentive Request**

**8004F.7
Page 1 of 2**

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

INSTRUCTIONS ON FOLLOWING PAGE

Name _____

Building Location _____

COURSEWORK TO BE USED

Course Number	Title of Course	Institution	Semester Hours

Matriculation ☐ Yes ☐ No

If yes, course of study _____

Signature of Employee

Date

☐ Approved

☐ Disapproved

Signature of Director

PARAEDUCATOR/SIGN LANGUAGE INTERPRETER EDUCATIONAL INCENTIVE PAYMENT REQUEST

Name _____ Building Location _____

Courses Completed _____

Documentation ☐ Transcript (student copy acceptable)
☐ In-service certificate
☐ Para Workshop(s) on file with Department of Human Resources

Signature of Employee

Date

GUIDELINES FOR EDUCATIONAL INCENTIVE CREDIT

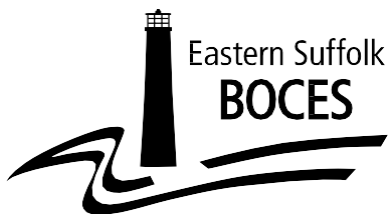
1. Obtain prior approval from Director. (If you take any courses before approval, you run the risk of the credit being denied.
2. If you are matriculated in a related field of study at a college or university, any course that is part of the required curriculum will be approved. Proof of matriculation is required, as well as a student copy of your transcript. Also, you must provide documentation that the courses requested are a requirement for your field of study. Approval of elective courses beyond the degree requirement will be at the discretion of the Director.
3. If you are in a non-matriculated course of study or are taking in-service credits, the course must be related to your present position (at the sole discretion of the Director). There is a minimum of fifteen (15) hours for one (1) credit.
4. Send to the Director for review, who will then forward it to the Department of Human Resources and return a copy to you for your records.

GUIDELINES FOR OBTAINING PAYMENT

1. Within thirty (30) days of completion of three (3) credits, send your copy of approved Form 8004F.7 (Paraeducator/ Sign Language Interpreter Educational Incentive Request), with the required documentation, to the Department of Human Resources (i.e., student copy of transcript, District copy of in-service certificate).
2. The Department of Human Resources will be notified directly of successful completion of ESBOCES-sponsored workshops.

PLEASE NOTE: Course credit cannot be used again for future professional advancement in any other bargaining unit.

SAMPLE ONLY - DO NOT COPY



Educational Services That Transform Lives

Professional Day Request

5150F.8
Page 1 of 1

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

INSTRUCTIONS

Complete this form and submit it to your immediate supervisor at least two (2) weeks prior to the day requested. Final approval must be obtained prior to visit. Requests will not be honored retroactively. If your position requires a substitute, please remember to logon to AESOP and report your anticipated absence.

Date Submitted __ / __ /20__

Name _____

Job Title _____

Division _____

Program/Building _____

I hereby request permission for a professional day(s) as follows:

Professional Visitation/Activity _____

Location _____

Date(s) _____ Percentage of Day ☐ .25 ☐ .50 ☐ .75 ☐ 1.00

Reason (please check one)

☐ ESBOCES-Supported Committee/Task Force/SDM

☐ Other (describe) _____

SAMPLE ONLY - DO NOT COPY

Signature of Employee

____ / ____ /20__

Date

☐ Approved ☐ Disapproved

Signature of Immediate Supervisor

____ / ____ /20__

Date

☐ Approved ☐ Disapproved

Signature of Central Office Supervisor
(where applicable)

____ / ____ /20__

Date

For Administrative Office Use Only

After supervisor's approval, distribute as follows:

- Copy to Employee
- Copy to Immediate Supervisor

Department of Educational Services
10/21/2011
Effective Date 11/4/2011

Substitute Feedback

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

Substitute's Full Name _____ Date _____

Position _____ Location _____

Has above-named substitute been previously assigned to this class? ☐ Yes ☐ No

PLEASE CHECK WHERE APPLICABLE	ABOVE AVERAGE	SATISFACTORY	UNSATISFACTORY*
Punctuality	☐	☐	☐
Reliability/dependability (able to assist when/where needed)	☐	☐	☐
Relationship with student(s) (willing to ask questions with regard to needs of student(s))	☐	☐	☐
Relationship with staff (works well with others)	☐	☐	☐
Safety awareness	☐	☐	☐
Quality of work (able to follow plans/schedule, take direction from staff)	☐	☐	☐
Knowledge of duties (asks necessary/appropriate questions)	☐	☐	☐

* It is requested that an administrator discuss unsatisfactory reviews with the substitute. Did this occur? ☐ Yes ☐ No

Additional Comments

Signature of ESBOCES Employee Completing Form

Date

Signature of Center Administrator

Date

Instructions

1. An ESBOCES employee may complete this form to give input on a substitute employee.
2. The substitute's full name, as well as date, position, and location, must be included.
3. The ESBOCES employee signs and gives the completed form to a building administrator for signature.
4. Negative feedback should be discussed by the administrator with the substitute, if at all possible.
5. The completed form should be forwarded to the ESBOCES Substitute Service Office, to 379 Locust Avenue, Oakdale.



Educational Services That Transform Lives

Transportation Request

7320F.2
Page 1 of 2

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

☐ Career/Technical Education ☐ Special Career Education ☐ Special Education Other _____

* Trip Type Code _____

* Trip Type Codes	A = Arts in Education	C = Student Competition	CO = Community Education
	D = Driver Education	E = Emergency Trip	F = Field Trip
	G = Gym Shuttle	I = Student Internship	M = Medical/Clinical
	N = Nurse Affiliate	V = Skills USA	W = Workstudy

BUDGET CODE	Fund	Co-Ser	Activity	Object	Location	PPB

ESBOCES Program/Facility _____

Requested by _____

Date _____

Telephone No. _____

Fax No. _____

TRIP INFORMATION

Date(s) of Trip _____ Destination _____

Destination Address _____

Departure Times

From ESBOCES Facility _____ ☐ AM ☐ PM
From Field Trip Site _____ ☐ AM ☐ PM

Return Time

To ESBOCES Facility _____ ☐ AM ☐ PM

No. of Participants Adults _____ Students _____

Special Requirements (specify) _____

Are vehicles to remain? ☐ Yes ☐ No

NUMBER/TYPES OF VEHICLES

Bus _____ Van _____ No. of Wheelchair Hook-Ups _____
(approx. 40 adults or 60 children) (approx. 8 adults or 12 children)

☐ Parental and/or Home School Consent Obtained ☐ Coordination with Another Facility Required

Signature of Principal/Coordinator

Date

Signature of Director

Date

Completed by _____
Regional Transportation Office Employee

Date

Transportation Contractor _____

Regional Transportation Office
9/8/2008
Effective Date 9/22/2008

Please note the following information concerning the processing of special trip requests and Regional Transportation services.

1. Please **submit** trip transportation **requests as early as possible**. The more advance notice we are given, the better the chance of vehicles being available for your trip. However, **we cannot guarantee that we can accommodate all requests**.
2. Due to a critical driver shortage, vehicles are more readily available between the hours of 9:30 a.m. and 1:30 p.m.
3. A **complete budget code** must be on **each** trip request form. Please also be sure to **fill in the Trip Type Code** at the top of the form.
4. **Raindates will not be honored**. If a trip is cancelled due to inclement weather, a new request must be submitted and every effort will be made to reschedule the trip.
5. Indicate the **complete destination**, including street and town.
6. Departure time - time buses and/or vans **will depart from the ESBOCES facility**. Return time - time buses and/or vans **will arrive back at the ESBOCES facility**. (Please be sure your staff understands this portion.) **Vehicles cannot be kept longer than the time requested unless prior approval has been received from the bus contractor.**
7. The number and type of vehicles needed per trip is based on the number of students and adults attending. If wheelchair vans are needed, please state the number of wheelchair students who will be transported.
8. If a **park permit** or "destination site" permit is needed, please be sure to obtain one. A copy of your permit request should be attached to your trip request form or a notation should be made stating that you have applied for the permit.
9. **All costs incurred during the trip (i.e., tolls, parking fees, etc.) are the financial responsibility of the teacher or administrator requesting the trip.**
10. If you require the **vehicle(s) to remain at the site during the trip**, please designate this on Form 7320F.2 - Transportation Request.
11. **All transportation requests must be in writing**. No changes can be made unless authorized by the Director of the program and are not official until they are received in writing in the Regional Transportation Office. Any additional destinations/stops (e.g., lunch at McDonald's) must be requested in advance as drivers cannot make any unauthorized stops.
12. If a trip is to be rescheduled, written notice must be submitted to the Regional Transportation Office with the new date.

If vehicles booked for a trip are not needed, please notify the Regional Transportation Office **immediately, by telephone**, followed by written (fax) confirmation so that the vehicle can be cancelled. **A cancellation fee will be charged if the trip is not cancelled at least two (2) hours before the scheduled pick-up time.**



UPSEU/CSEA ANI
Educational
Incentive Request

8004F.6
Page 1 of 1

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

Name

Building Location

Job Title

Requested Increment

Area of Matriculation

Course Number	Title of Course	Institution	Semester Hours

Signature of Employee

Date

Please have official transcripts sent to the Department of Human Resources.

Proof of matriculation must be on file.

Retain one copy of this form for your records.

Incentives will be retroactive to September 1st, February 1st, or July 1st, depending upon the date the work was completed. Requests for incentive must be received by the Department of Human Resources no later than October 1st, March 1st, or August 1st.



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www.esboces.org

Eastern Suffolk BOCES does not discriminate against any employee, student, applicant for employment, or candidate for enrollment on the basis of sex, gender, gender identity or expression, transgender status, race, color, religion or creed, age, weight, national origin, marital status, disability, sexual orientation, military or veteran status, domestic violence victim status, genetic predisposition or carrier status, or any other classification protected by Federal, State, or local law. This policy of nondiscrimination includes: access by students to educational programs, student activities, recruitment, appointment and promotion of employees, salaries, pay, and other benefits. Eastern Suffolk BOCES also provides equal access to the Scouts BSA and other designated youth groups. Eastern Suffolk BOCES fully complies with all applicable rules and regulations pertaining to civil rights for students and employees (e.g., Title IX of the Education Amendments of 1972, §504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, Dignity for All Students Act, §303 of Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the Scouts BSA of America Equal Access Act of 2001). Inquiries regarding the implementation of the above laws should be directed to either of the Eastern Suffolk BOCES Civil Rights Compliance Officers: the Assistant Superintendent for Human Resources, 201 Sunrise Highway, Patchogue, NY 11772, 631-687-3029, ComplianceOfficers@esboces.org; or the Associate Superintendent for Educational Services, 201 Sunrise Highway, Patchogue, NY 11772, 631-687-3056, ComplianceOfficers@esboces.org. Inquiries may also be addressed to the Office for Civil Rights at the US Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005, 646-428-3800, OCR.NewYork@ed.gov.