

# Support Staff Employee Handbook



Bartholomew Consolidated School Corporation  
1200 Central Ave.  
Columbus, IN 47201

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*Addendum #2 10/25/10*

## **Equal Opportunity Statement**

BCSC is an equal opportunity employer and the policies and procedures outlined in this employee handbook shall be applied without regard to political activity, race, creed religion, color, national origin, age, sex, martial status, sexual orientation, disability or language proficiency.

All references to gender in this Agreement shall apply equally to either sex.

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## **Definitions**

This section contains definitions of terms used elsewhere in this handbook

- School Year Employee: Any support staff employee who employed on a calendar that is tied to the school calendar. This includes school secretaries
- 12-month Employee: Any support staff employee who is employed on a 12-month basis.
- Full-Time Employee: Any employee working thirty (30) or more hours per week or contracted as a full-time employee.

## **General Work Rules**

The following rules represent basic performance expectations of all employees. Violation of these rules will result in disciplinary action, probationary status, or discharge.

Employees shall:

1. Report to work every assigned work day unless unavoidable personal business or personal or family illness makes it impossible to report to work.
2. Contribute to sanitary conditions and promote good housekeeping.
3. Remain at work until after assigned shift is over.
4. Contribute to a positive working atmosphere by refraining from negative or offensive language, discussions, or activities in the working environment.
5. Operate corporation machines, tools or equipment only when assigned to do so by supervisor.
6. Remove corporation property from school buildings or grounds only with the proper approval.
7. Remain at work location during working hours unless authorized by the supervisor or in an emergency situation.
8. Avoid excessive use of corporation telephones or cell phones for personal business.
9. *Follow all policies, guidelines and policies established by your division/department as directed by your supervisor.*

Employees shall not:

10. Report to work under the influence or in possession of alcohol or illegal drugs. Furthermore, employees shall not be under the influence or in possession of alcohol or illegal drugs on corporation property at any time.
11. Smoke or use tobacco or tobacco-like products in any corporation building, in any corporation vehicle, or on any corporation grounds.

### **Disciplinary Action**

Violation of any of the above work rules will result in disciplinary action up to and including termination.

### **Confidential Information**

BCSC recognizes that employees will, in the normal course of their employment encounter confidential information. Any staff member who shares confidential information with another

person not authorized to receive the information may be subject to discipline up to and including termination.

Most information concerning a child in school, other than directory information described in Policy 8330, is confidential under Federal and State laws. This includes, but is not limited to, information concerning assessments, grades, behavior, family background, and alleged child abuse. This does not affect the obligation to report suspected child neglect or abuse.

Other confidential information includes, but is not limited to, health information, security or access codes, or any other information that, if divulged, could expose BCSC, its employees, and/or its students to loss or harm.

## **Waiting Period for Benefits**

All support staff eligible for benefits will have access to health, vision, dental life insurance and long-term disability insurance. There will be a 60 calendar day waiting period for new enrollees.

No employee shall be allowed to use vacation days during the first 60 scheduled work days during the first year of employment.

Two sick days may be used during the first 60 scheduled work days during the first year of employment.

No personal days may be used during the first 60 scheduled work days during the first year of employment.

## **Performance Evaluation**

### **Annual Evaluation**

All BCSC employees will be evaluated on their performance on an annual basis. This evaluation will take place during the period of April to June. Evaluation forms for each category of employee can be found in Appendix B – Support Employee Evaluation Forms.

### **New Employee Probationary Period**

All new employees will be subject to a 60 calendar day probationary period during which their performance and suitability for the position will be evaluated by the supervisor. If the employee's evaluation is satisfactory at the end of the evaluation period, then the employee will

be considered a regular employee of the corporation.

### **Performance Improvement Plan**

In the event that an employee's performance is below expectation, a supervisor may create a Performance Improvement Plan to assist the employee. The supervisor will use the Awareness Plan found in Appendix A to document to the performance plan. If the employee's performance does not meet the objectives defined in the Awareness plan, then the supervisor may proceed to the development and implementation of an Intensive Awareness Plan. In severe cases, the supervisor may make a recommendation for termination without proceeding to the Intensive Awareness Plan.

### **Disciplinary Action**

In the event that an employee violates any of the policies set forth in this agreement or established by the BCSC Board of School Trustees, the employee will be subject to disciplinary action. Depending on the situation, disciplinary action may include a verbal or written warning, a performance improvement plan, suspension with or without pay, or immediate dismissal.

The supervisor may use the Awareness Plan found in Appendix A to describe the disciplinary plan. If the employee does not meet the objectives defined in the Awareness Plan, then the supervisor may proceed to the development and implementation of an Intensive Awareness Plan. In severe cases, the supervisor may make a recommendation for termination without proceeding to the Intensive Awareness Plan.

### **Other Employment**

Employment outside of BCSC which may impair the performance of services to the school corporation may be questioned by the supervisor to the extent that the employee must present proof that the other employment does not impair work performance.

## **Compensation and Work Hours**

Basic salaries of support staff are set forth in the "Support Staff Salary Grades".

All support staff shall have their checks electronically deposited by BCSC to a bank of their choice.

## **Attendance**

Employees are expected to report to work on time every work day, unless unavoidable personal business or personal or family illness makes it impossible to report to work.

Employees shall not leave work until their assigned shift is over with the exception of regularly scheduled breaks.

Each employee shall have available a minimum of thirty (30) minutes of time daily for lunch. This available lunch break can not be used to make up for time missed from work. Other regularly scheduled breaks cannot be used to extend lunch or provide early release from work or to make up for time missed from work, including time off for snow days or early dismissals.

**Employee Breaks:** *Employees working six (6) hours or less a day are entitled to one (1) 10-minute break during the first three hours worked and (1) 10-minute break which should occur during the lesser period of the work day.*

*Employees working six (6) hours or more a day are entitled to one (1) 15-minute break which should occur during the longest period of work and one (1) 10-minute break which should occur during the lesser period of the work day. Breaks are with pay but cannot be used to extend a lunch break or to provide early release from work and breaks cannot be used to make up time missed from work such as time off for snow days or early dismissals.*

Employees who will be late or absent are expected to contact their supervisor in advance of their starting time. The supervisor of the employee group is responsible for defining how much advance notice is needed. Further information can be found in the employee group addendums. Employees are expected to explain why they are going to be late or absent and when they expect to return to work. It is the employee's responsibility to insure that proper notification is given.

An employee who regularly uses all sick and personal leave days may be subject to disciplinary actions up to and including dismissal.

In the event of a weather delay or early release, see "Cancelled Work Days" section below.

### **Years of Service Credit**

A year of experience on the salary schedule shall be credited each July 1 after the first year of employment for any year in which a school-year employee has completed 120 paid work days for school year employees or a 12-month employee has completed 175 paid work days. Previous employment is counted for up to five (5) years of BCSC employment.

Upon employment by BCSC, any employee may receive service credit for previous employment experience directly related to the job responsibilities. This experience must be documented using the Certification of Prior Experience Form found in Appendix A. Service credit of one year will be given for each two years of outside documented experience.

### **Experience Adjustment**

Experience adjustments continue on the five-year anniversary dates, paid in the fall of each year with the approval of the BCSC Board of School Trustees. Employees who are on special contracts do not receive experience adjustments.

### **Hours Worked and Overtime**

Employees are assigned a regular job with regular hours.

Overtime is assigned only when necessary and employees are expected to work overtime when asked.

Any additional hours worked above the regular scheduled day must be pre-approved by the immediate supervisor.

Overtime is calculated on hours worked each week in excess of forty (40) hours. Sick and personal leave days do not count as hours worked. Paid holidays, paid vacation days, paid funeral leave days, and paid jury duty days do count as hours worked when calculating overtime pay. Any additional provisions for overtime pay for specific employee groups can be found in that specific employee group's addendum to this handbook.

*Overtime pay is paid at time and a half of regular hourly pay.*

*Holiday pay is calculated at double time for hours worked on a holiday.*

Occasionally illness, absence, vacation or other circumstances may make it necessary to transfer an employee to another position temporarily.

### **Employee Time Reports**

All support staff employees must report time worked during the pay period using an approved form for reporting time.

By law, time reports must reflect the time worked during the pay period. The hours reported on the time report must reflect actual hours worked.

Falsification of the time sheet will result in immediate dismissal.

Verifying hours worked on the time sheet is an important performance responsibility. It is the responsibility of the individual signing/approving time sheets to ensure accuracy of reporting hours worked. Other symbols that may be used on the time report form are as follows:

I-Illness	P-Personal day
D-Death in family	J-Jury duty
S-Emergency closing	O-other

All time sheets will be signed by the supervisor or designee.

### **Cancelled Work Days**

When schools are closed due to a utility outage, inclement weather, or for other reasons, school year employees shall not report for work unless authorized by the Administration. All 12-month employees are expected to report to work unless notified by the Administration that the entire district is closed.

If authorized to work but unable to report, employees must use a sick, personal or vacation day.

Employees who are not authorized to work on a cancelled school day will have an opportunity to make up the missed work day(s) according to the work schedule established by the Administration and are not eligible to use a sick or personal leave day.

### **Days With No Pay**

A "Day with No Pay" occurs when an employee misses a work day and has no available sick or personal leave days to use on that day. Before an employee is allowed to take a "Day with No



Pay", he/she must have used all available sick and personal leave days and paid vacation leave days.

**Appeal Process**

Any employee may appeal their job title, job group, salary group, placement on salary schedule, or prior related experience through the BCSC Support Staff Appeal Process. Appeals must be submitted using the Support Staff Appeals Form. Appeals will be accepted only during the period January 15 through February 15 of each calendar year. The appeals are reviewed by a committee after February 15 each year. The employee(s) will receive a written notification within thirty (30) days of the review by the committee.

**Grievance Process**

Any person who believes that s/he has been discriminated against or denied equal opportunity or access to programs or services may file a complaint, which shall be referred to as a grievance. The procedures for filing a grievance are described in the BCSC Administrative Guideline 4122B, "Grievance Procedures for Nondiscrimination and Equal Opportunity / Access".

**Absences and Leaves**

No employee shall be allowed to use vacation days during the first 60 scheduled work days during the first year of employment.

Two sick days may be used during the first 60 scheduled work days. No personal days may be used.

**Sick and Personal Leave Days**

Sick and personal leave days are granted to eligible employees annually. Sick and personal leave days are granted on a pro-rated basis according to the number of days an employee is scheduled to work. Sick and personal leave days will be reflected as hours on the deposit advice and may be taken in one-half day increments.

Sick days may be used for personal illness and/or family illness.

Sick and personal leave days are not available to an employee on disciplinary probation.

Sick and Personal leave days are allocated on July 1 of each year as follows:

15 - 29 hours worked per week	(3 sick and 2 personal)
Less than 200 days per year and full-time.	(6 sick and 4 personal)
200 or more days per year and full-time	(10 sick and 4 personal)

Employees who are hired after July 1 will receive during their first school year of employment (July 1 to June 30) a number of sick and personal leave days pro-rated according to their month of hire. On July 1 of the second year of employment employees will receive the full allotment of sick and personal leave days.

Sick and personal leave days must be documented on time sheet.

Any employee absent more than the yearly allotment of days for that type of employment may be asked to provide verification of need with the supervisor. Verification of need should pertain to the employee, but can also extend to serious illness of a spouse, child or parent. Verification of need may include a medical release to return to work. Any extended absence of over five (5) days may require application for family medical leave as described under the Family Medical Leave Act of 1993.

An unofficial accounting of sick and personal leave hours is reported on each paycheck stub. The official accounting will be maintained in the Administration Office.

Whenever possible, arrangements to use sick and personal leave days should be made with the immediate supervisor prior to use. These days may not be used to extend school vacations, recesses, and holidays. Any employee requiring more than two consecutive personal days or requiring a personal day before or after a vacation or holiday must have prior written approval of the employee's supervisor.

Personal days not used between July 1 of the preceding year and June 30 of the current calendar year will be converted to sick days and

will be added to your total sick days which are available July 1 of the current calendar year.

Unused sick days may accumulate to a maximum of 90 days. The cutoff date to take sick and personal leave days and/or vacation days will be the last day of the last pay period ending before June 30th of each year.

**Attendance Incentive Program**

At the end of the 2007-2008 school year and thereafter, any accumulated unused sick days over ninety (90) will be bought back at the rate of thirty dollars (\$30) per day. These monies will be deposited into the employee's VEBA account by August 1.

**Paid Holidays**

12-month employees are eligible for up to eleven (11) paid holidays.

*Employees who have an unexcused absence on the scheduled workday before or after a holiday shall not receive pay for that holiday.*

*Employees may not use personal days to extend a paid holiday.*

Specific paid holidays are shown below:

Independence Day	Day before New Year's Day
Labor Day	New Year's Day
Thanksgiving Day	Martin Luther King Day
Day after Thanksgiving	Good Friday
Christmas Eve	Memorial Day
Christmas Day	

*Paid holidays are not available to school bus drivers or under new employees on probationary period.*

**Vacation Leave**

Vacation Leave is granted only to 12-month employees. The procedure for requesting vacation leave is as follows:

Vacation Leave must have the approval of your supervisor. Employees will be notified whether their request for vacation leave is approved or

denied. Under normal circumstances, vacation leave is discouraged when school is in session or during the two (2) weeks prior to the beginning of the school year. A maximum of ten (10) days vacation may be accumulated for carry-over to the subsequent school year unless immediate supervisor approves otherwise.

If an employee terminates employment with BCSC and returns to BCSC, then the employment date used for vacation days will be the most recent hire date. In the event of separation of employment, paid vacation days will be pro-rated.

All support staff personnel employed on a full time 12-month basis, hired full time *before July 1, 2005*, shall be entitled to paid vacation days as follows:

<b><u>Year of Continuous BCSC Employment</u></b>	<b><u>Vacation Days Granted</u></b>
1 <sup>st</sup> year	1.5 days for each full calendar month completed, up to 15 days.
2-8 years	15 days
9-10 years	16 days
11-12 years	17 days
13-14 years	18 days
15-16 years	19 days
17 or more	20 days

All support staff personnel employed on a full time 12-month basis, hired full time *after July 1, 2005*, shall be entitled to paid vacation days as follows:

<b><u>Year of Continuous BCSC Employment</u></b>	<b><u>Vacation Days Granted</u></b>
1 <sup>st</sup> year	.5 days for each full calendar month completed, up to 6 days.
2 <sup>nd</sup> year	6 days
3 <sup>rd</sup> year	10 days
4-5 <sup>th</sup> year	11 days
6-7 <sup>th</sup> year	12 days
8-9 <sup>th</sup> year	13 days
10-15 <sup>th</sup> year	15 days
16 <sup>th</sup> year or more	20 days

**Jury Duty Leave OR Subpoena**

Employees called to serve on jury duty or who are subpoenaed to appear as a witness in court shall receive full salary, provided the employee

remits to the Payroll Department any compensation received (less mileage reimbursed) for such duty. It is the employee's responsibility to certify the amount of compensation received to the Payroll Department.

### **Military Duty Leave**

Any support staff employee who is a member of an armed forces unit, Reserves, or the National Guard and who shall be required to attend a meeting or other activity of the unit during a school day or days shall be excused from current employment position obligations to the school corporation for the period of mandatory training, not to exceed fifteen (15) school days during any calendar year, without loss of time off. The employee's compensation for this period of time is they shall receive regular salary, provided the employee remits to the payroll department any compensation received (less mileage) reimbursed for such duty. In the event that active duty call-up is necessitated days beyond 15, the regular salary compensation will continue up to a period of one year. Applications for renewal beyond one year will be received during the 10<sup>th</sup> month of active duty.

*Established an unpaid leave of absence of up to 10 days for the spouse or parent of a person ordered to involuntary active duty in the United States armed forces or the National Guard for deployment overseas. Requires an employee to provide notice before taking the leave. Allows an employer to require verification of employee's eligibility for the leave. Requires an employee to be restored to the position that the employee held before the leave or to an equivalent position. Requires an employer to permit an employee who is taking a leave to continue the employee's health care benefits at the employee's expense. Allows the employer and the employee to negotiate to have the employer pay for the benefits. Provides legal and equitable remedies for violations.*

### **Bereavement Leave**

Bereavement leave is granted at the rate of up to five (5) work days in case of death in the immediate family. Immediate family is defined to mean husband, wife, child, grandchild, parent, step parent, grandparent, brother, sister, parent-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, and other relatives or legal dependents living in the household.

Bereavement Leave up to two (2) of these days, if unused during the above timeframe, may be utilized by the employee for bereavement, attending any funeral or memorial services or any business connected with the death, funeral, and/or estate matters within ninety (90) calendar days from the day of death.

Up to two (2) days per year leave shall be granted to an employee for time needed to travel to and attend a funeral of any other relative not listed in this section or that of a close friend. It is understood that this leave may be used to more than one time per school year.

This includes all employees working 15 or more hours a week.

### **Temporary Disability Leave**

Employees who have a temporary disability may be eligible for a limited leave of absence for up to six (6) months.

To be eligible for a temporary disability leave, an employee must:

- a. have used all accumulated sick and personal leave days and vacation leave days;
- b. have a signed statement from his/her physician stating he/she is not capable of performing regularly assigned duties and why.

Temporary Disability Leave is not available to an employee on probation.

The Superintendent may require the employee to be examined by a physician selected by the Corporation. In such case, the cost of the examination will be paid by the Corporation.

The temporary disability shall be without compensation or benefits paid by the Corporation. If an employee wishes to continue his/her current group insurance plan(s) during the leave, he/she may do so at his/her own expense. The employee must make special arrangements with the Corporation Business Office. Failure to make such arrangements may result in the employee being dropped from his/her current group insurance plan(s).

If the temporary disability is the result of an "ON THE JOB INJURY" eligible for Worker's Compensation insurance, the Corporation will continue to contribute toward the fringe benefits

of the disabled employee. The employee will still be responsible for his/her regular monthly contribution.

Before an employee will be allowed to return to work, written certification must be provided by the physician that states he/she has sufficiently recovered from the temporary disability to resume his/her regularly assigned duties.

### **Maternity Leave**

Any employee who is pregnant may continue in active employment as late into pregnancy as she desires, if she is able to fulfill the requirements of her position. Temporary disabilities caused by pregnancy shall be governed by the same provisions governing sickness and by the following:

The employee must submit an "APPLICATION FOR TEMPORARY DISABILITY LEAVE" at least thirty (30) days prior to the date on which she wishes to begin her leave. In addition to this request the employee must attach a letter from her physician certifying her pregnancy and the anticipated date of birth. In case of a medical emergency resulting from the pregnancy, the thirty (30) day prior notification may be waived. An employee may only use accumulated sick and personal leave days for the portion of the maternity leave the physician states that the employee is physically incapable of performing her regularly assigned duties. The employee is entitled to complete the remainder of her maternity leave without pay.

Before the employee will be allowed to return to work, she must provide a written statement from her physician indicating she is able to resume work.

If the employee wishes to continue in the group insurance plan(s) in which she is enrolled during any portion of her unpaid leave, she must contact the Administration Office to make special arrangements. These special arrangements must be made in advance and will allow the employee to continue her group insurance plan(s) at her own expense. Failure to make such advance arrangements may result in the employee being dropped from her current group insurance plan(s).

### **Family and Medical Leave**

Family and Medical Leave provides "eligible employees" the right to take a combined total of

12 weeks of unpaid or paid leave per 12 month period for the following reasons:

1. the birth and care of a child up to its first birthday;
2. the adoption or foster care placement and care of a child up to one year after placement;
3. the serious health condition of an employee's spouse, child, or parent; and
4. the employee's own serious health condition.

The 12 week entitlement period counts only for the period of time the employee is required to work.

Support staff employees who have been employed for the previous 12 months AND have worked at least 1250 hours during the previous 12 months is eligible for FMLA.

The Corporation may require the employee to provide medical certification to support the request for the leave. If the FMLA leave is due to the employee's own illness, the Corporation may require medical certification that the employee is able to return to work.

Upon return from a FMLA leave, the employee is entitled to return to the job held before going on leave, or to an equivalent position with equivalent pay, benefits, and terms and conditions of employment.

### **Benefits**

Benefits are regularly extended to all full-time employees.

Those employees who were working twenty hours or more per week as of December 31, 1996 will be extended the same benefits as they were at that time.

### **Insurance Benefits**

All support staff eligible for benefits will have access to Health, Vision, Dental, and Life insurances. There will be a **60 calendar day** waiting period for new enrollees.

### **Worker's Compensation Insurance**

All employees are covered by Worker's Compensation Insurance.

If an employee is injured while on duty and the injury resulted from an accident arising out of his/her job assignment, the employee is eligible for benefits from worker's compensation insurance. Benefits will be provided in accordance with applicable law.

An "INDIANA WORKER'S COMPENSATION – FIRST REPORT OF EMPLOYEE INJURY/ILLNESS" form must be completed within one working day (24 hours from time of injury) by the employee and supervisor in order to receive benefits from Worker's Compensation.

### **Employee Assistance Plan**

An Employee Assistance Plan through Solutions, Inc. is available to all full-time BCSC employees. This plan includes one to five visits available to employees and members of their immediate families. The entire cost of this service will be paid by the School Corporation.

### **Health Insurance**

Eligible employees may participate in the Corporation Group Health Insurance Program. The Health Insurance Plan will be the same as that agreed to by the teacher's contract.

The Corporation provides a monthly contribution toward the premium. The contribution will be determined annually by the Board.

Employees scheduled to work less than THIRTY (30) hours per week are not eligible for the Group Health Insurance Program.

Retirees participating in the Group Health Insurance Program at the time of Medicare retirement may continue in the Corporation program until age 65. The retired employee's portion of the health insurance premium is determined annually by the Board.

Commencing with the 2008 calendar year, the School Corporation shall pay 86% of the fully funded premium equivalent for 2008 and the employee will pay the remainder. In subsequent years, the Board will determine the portion that BCSC funds.

### **Dental Insurance**

Eligible employees may participate in the Corporation Group Dental Insurance Program. The Corporation provides a monthly

contribution toward the premium. The contribution will be determined annually by the Board.

### **Vision Insurance**

The Board shall provide a single or family vision care plan for all support staff that are eligible for group health benefits. The Board will assume the entire cost of the plan.

### **Life Insurance**

Eligible employees may participate in the Corporation Term Life Insurance Program for two dollars (\$2.00) per year. Life insurance will terminate at retirement with conversion rights. Such coverage shall be subject to the same terms and conditions as previously existed. Life insurance protection terminates with the last day of employment.

Basic Life Insurance is available as follows:

\$35,000 < 200 days worked per year

\$50,000 > 200 days worked per year or full time.

### **Supplemental Life Insurance**

The School Corporation will make available, provided an insurance company is willing to write, a group supplemental life insurance program covering the employee, employee's spouse and/or children. This benefit shall be paid in full by the employee.

### **Long Term Disability Insurance**

Eligible employees may participate in the Corporation long term disability insurance program with entire costs paid by the School Corporation.

Long term disability will become effective ninety (90) calendar days after the employee becomes disabled and may continue until age seventy (70).

### **Retirement Benefits**

Employees with at least fifteen (15) years of credited service in the Bartholomew Consolidated School Corporation and who are at least fifty-five (55) years of age at the time of retirement are eligible for **full** retirement benefits. In order to ensure timely payment of retirement benefits from PERF, employees should notify the Administration in writing at

least ninety (90) days prior to his/her retirement date.

### **Tax-Sheltered Annuity**

Subject to applicable plan documents, eligible employees may participate in the Corporation sponsored tax-sheltered annuity program, commonly referred to as the "403(b) plan" by executing an appropriate salary reduction agreement. An employee shall be 100% vested in the employee's salary reduction contributions. Only approved vendors may be used for the employees' 403(b) account. Contact the BCSC Business Office for a list of approved vendors.

All support staff shall be able to elect to participate in or make changes in tax- deferred plan(s) on a quarterly basis, i.e. January, April, July, and October. All elections or changes shall be made pursuant to the terms and conditions of said tax-deferred plan(s). Requests may be sent in at any time; however, changes will be effective on January, April, July, and October or on the last work day prior to that date if any of these dates fall on a non-work day. Requests must be received by BCSC business office at least fifteen (15) days prior to any of the above dates to be effective on that date.

### **BCSC RETIREMENT SAVINGS BENEFIT**

*A. Each employee shall have the option of investing in the 403(b) plan up to the maximum allowable under Federal law. The Board shall match such employee contributions on a dollar for dollar basis up to \$240 per year.*

*B. BCSC shall deposit the employer contributions for each employee into an individual account for the employee in a 401(a) tax-deferred annuity program selected by the employee. Such deposits will be made on an annual basis. The vendor so selected by the employer shall be the sole administrator of employer contributions to the 401(a) program.*

*C. All employees shall be able to elect to participate in or make changes in tax- deferred plan(s) on a quarterly basis, i.e. January 1, April 1, July 1 and October 1. All elections or changes shall be made pursuant to the terms and conditions of said tax-deferred plan(s). Requests may be sent in at any time; however, changes will be effective on January 1, April 1, July 1, and October 1 or on the last work day prior to that date if any of these dates fall on a*

*non-work day. Requests must be received by BCSC business office at least fifteen (15) days prior to any of the above dates to be effective on that date.*

*D. Any contributions made by the employee and all assets derived there from are the property of the employee and, in the event of death, his/her designated beneficiaries or, lacking same, estate. Any contributions made by the employer on behalf of the employee and all assets derived there from become the property of the employee after a five (5) year period from the date of hire. Should an employee leave the corporation prior to the five (5) year vesting date then all contributions made by the employer on behalf of that employee and all assets shall revert to the employer.*

### **VEBA (Voluntary Employee Benefits Account)**

A VEBA is a tax sheltered investment / annuity account designed to help defray medical expenses of retired employees. The money can only be used for medical expenses for you and your dependents, including deductibles and co-pays. You cannot access the account until you retire. If you leave BCSC before retirement, then the account is accessible at age 59 ½.

#### **Initial Buyout July 2007**

For those currently with more than 90 sick/personal days, you receive a one-time buy down of your days over 90 @ \$30 per day discounted to age 60.

For all years after 2007, days over 90 will be bought at the full \$30 per day (no discounting):

Upon retirement, \$30 will be deposited into a VEBA for each unused sick day up to the maximum of 90 days.

### **Sports Passes**

Each support staff employee shall be provided a non-transferable complimentary pass, subject to space limitations, to corporation athletic events involving student participation and held in corporation facilities, provided that this provision shall not apply to tournaments and events sponsored by the Indiana High School Athletic Association or other comparable associations. Employees are issued one pass per year with no reprints allowed.

## **Security**

Every employee has a responsibility to protect the security and confidentiality of those BCSC assets and information to which the employee has access. This include physical security and protection of buildings, vehicles, and equipment to which the employee has access or that the employee uses and information and data about BCSC's operations, employees, and students.

Employees may not compromised or attempt to defeat existing security measures.

### **Keys and Keycards**

Employees will be issued key and/or key cards as required to satisfy the requirements of the employee's job. Keys and/or keycards are issued to specific employee and may not be shared with another employee. Keys and/or key cards must be returned when employment changes or the employee is no longer employed by BCSC. Keys and/or keycards must not be duplicated without authorization from *BCSC's Director of Operations*.

Employees may not access BCSC facilities outside normal work-related activities without the approval of their supervisor or the building leader.

Employees should not keep key and/or keycards on a key ring or lanyard with other materials that might reveal the building where the keys are used. This will help reduce the possibility that lost keys could be used to access a building.

### **User IDs and Passwords**

Employees are provided user ids and passwords to access various BCSC computer systems needed to perform their jobs. Employees are expected to take reasonable care to ensure that use rids and passwords are not disclosed to other employees or to outside individuals. Employees are expected to change passwords at least as frequently as required by BCSC systems.

In the event that a user id and password are disclosed, the employee is responsible for changing the password at the earliest possible opportunity.

## **Other**

### **Technology and Internet Usage Agreement**

BCSC provides employees with access to technology, Corporation-provided email, and Internet as needed to perform the job. Each employee must sign a Technology and Internet Usage Agreement in order to access these services. Detailed information about the Technology and Internet Usage Agreement can be found in the BCSC Bylaws and Polices under policy 7540.03 – "Internet Usage Agreement." *BCSC reserves the right to examine and review any and all information that is sent or received by BCSC provided technology as part of its normal course of business including but not limited to disciplinary or other employee related conditions.*

### **Exit Processing**

BCSC provides terminating employees the opportunity to provide feedback regarding his/her employment. Information collected at employee exit may be used for research purposes, to document the reasons individuals leave employment, to identify potential problem areas, and to improve personnel practices and the overall work environment.

BCSC will extend to separated individuals all possible considerations consistent with integrity, BCSC personnel policies, and sound business practices. All terminations of employment shall be consistent with the provisions of federal/state fair employment laws and BCSC's policies prohibiting discrimination in employment because of one's race, color, disability, religion, national origin, ancestry, sex/gender, or age.

Upon receipt of a notice of termination or letter of resignation, the employee's supervisor shall schedule a meeting for out-processing activities. The supervisor is responsible for reviewing and collecting the following items:

- Keys and key cards.
- Computer access authorization codes.
- Identification cards/badges.
- Corporation owned computer equipment – computers, printers,, keyboards, etc.
- Corporation cell phones, pagers, radios, and other communication equipment
- Sports Passes
- Corporation-owned vehicles
- Corporation-owned tools and equipment

- Corporate credit cards.
- Any and all records pertaining to BCSC, its operations, and its students. – either paper or machine -readable
- Forwarding address.
- Return Employee Handbook.
- Arrange last paycheck and vacation pay.\*
- Insurance conversion and benefits continuation rights.\*

\* (Terminating employees will receive a letter from with information about benefits. Employees will be paid all salary earned through the last day of work, including any accrued vacation, **provided that all time sheets are up to date.** An appointment may be scheduled with the Staff Benefits Office in order to make benefit continuation elections and to terminate appropriate benefits.)



**Appendix A – BCSC Support Staff Forms**

**Appeals Form**

**SUPPORT STAFF APPEAL FORM**

**Date** \_\_\_\_\_

**Appeals Accepted January 15<sup>th</sup> – February 15<sup>th</sup> Only**

**Name(s)** \_\_\_\_\_  
 \_\_\_\_\_

**Basis of Appeal**

**Phone /Day** \_\_\_\_\_ **Evening** \_\_\_\_\_

**Immediate Supervisor** \_\_\_\_\_

**Individual Appeal**

**Group Appeal**

**Job Title**

**Job Group**

**Salary Group**

**Placement on Salary Schedule**

**Prior Related Experience  
 (request verification form)**

**Current**

**Proposed**

**Job Title** \_\_\_\_\_

**Salary Grade** \_\_\_\_\_

**Group** \_\_\_\_\_

**Brief Description of Issues:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Check What Applies**

**Comments**

**Function Description**

**Additional Functions** \_\_\_\_\_

**Job Evaluation**

**Complexity – people** \_\_\_\_\_

**Complexity – data** \_\_\_\_\_

**Complexity – equipment** \_\_\_\_\_

**Responsibility** \_\_\_\_\_

**Knowledge** \_\_\_\_\_

**Skills** \_\_\_\_\_

**Working Conditions** \_\_\_\_\_

**Other** \_\_\_\_\_

Information will be verified through your supervisor.

**Your Signature** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_

## **Awareness Plan**

Bartholomew Consolidated School Corporation  
Professional Assistance Program  
**AWARENESS PLAN**

Employee:

Date:

Administrator:

---

1 Identification of the problem, incident, situation, or concern:

2 List the plan of action to remedy the problem, incident, situation, or concern:

3 List the date to review the plan of action:

---

Signature of employee and administrator documents that a discussion of a problem, incident, situation, or concern has occurred. Signatures verify recommendation of the administrator: (does not denote that employee agrees).

Employee signature: \_\_\_\_\_

Administrator signature: \_\_\_\_\_

Witness signature (if applicable): \_\_\_\_\_

---

**Results of review of action plan:**

After review of implementation of the action plan the administrator recommends:

The problem, incident, situation, or concern has been resolved. The employee is removed from the Professional Assistance Program.

The problem, incident, situation, or concern has NOT been resolved. The employee is moved into the Intensive Assistance Plan.

Signatures verify recommendation of the administrator: (does not denote that teacher agrees)

Employee signature: \_\_\_\_\_

Administrator signature: \_\_\_\_\_

Witness signature (if applicable): \_\_\_\_\_

Date:

---

Copies provided to: Administrator, Employee, Superintendent/designee, and in Employee File.

## **Intensive Awareness Form**

Bartholomew Consolidated School Corporation  
Professional Assistance Program  
**INTENSIVE ASSISTANCE PLAN**

Employee:

Date:

Administrator:

- 
- 1 Review recommendation from Professional Assistance Plan; Check when completed.
- 2 The Bartholomew Consolidated School Corporation hereby offers an Intensive Assistance Plan to assist the employee in resolving the identified problem, incident, situation, or concern.
- 

- 3 I acknowledge the school corporation's offer to provide intensive assistance.
- I accept the offer of intensive assistance.       I reject the offer of intensive assistance.

Employee signature: \_\_\_\_\_

- 4 If the employee rejects the offer of intensive assistance the administrator makes the following recommendation:
- Dismissal of employee       Other (such as resignation or early retirement)

- 5 If the employee accepts the offer of intensive assistance the following plan is developed:
- a. List what must be accomplished by the employee:
- b. List the intensive assistance to be provided:
- c. List the timeline for successful improvement:
- d. List the date for review of the plan:

Signature of employee and administrator documents that a discussion of a problem, incident, situation, or concern has occurred. Signatures verify recommendation of the administrator: (does not denote that the employee agrees).

Employee signature: \_\_\_\_\_

Administrator signature: \_\_\_\_\_

Witness signature (if applicable): \_\_\_\_\_

---

**Results of review of plan:**

After review of implementation of the plan the administrator recommends:

- The problem, incident, situation, or concern has been resolved. The employee is removed from the Professional Assistance Program.
  
- The problem, incident, situation, or concern has NOT been resolved. The employee will be recommended for dismissal.

Signatures verify recommendation of the administrator: (does not denote that the employee agrees).

Employee signature: \_\_\_\_\_

Administrator signature: \_\_\_\_\_

Witness signature (if applicable): \_\_\_\_\_

Date:

---

Copies provided to: Administrator, Employee, Superintendent/designee, and Witness)

**Certification of Prior Experience Form**

**CERTIFICATION OF PRIOR WORK EXPERIENCE  
FOR NEW HIRES OR APPEALS (1/15-2/15)**

**(Returning this completed form to the Administration Building is the employee's responsibility.)**

Please send one of these forms to each of your previous employers in which you performed job responsibilities comparable or pertinent to your current position. A self-addressed, stamped envelope should be enclosed for a prompt reply. This is important and should have your immediate attention. If previous employment is found to be directly related the employee will receive one year credit for every two years experience.  
BCSCFax#812-376-4486

Employee Name - BCSC Position - Location \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list each position or relevant work experience separately.

Employer	Employers Address and <b>Phone number</b>	Position Held	Beginning and Ending Date	Full Time or Part Time If part time, number of days per year and hours per week

Past Employer's Signature (for each position held) / Title \_\_\_\_\_ Date \_\_\_\_\_

**Appendix B– Support Staff Evaluation Forms**

**Administrative Assistant – Secretary Evaluation Form**

BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION

ADMINISTRATIVE ASSISTANT/SECRETARY  
STAFFING SURVEY FORM

Each year it is necessary to initiate staffing plans for the upcoming school year. Before definite plans can be made, we must know the intent of the present staff. Please indicate your preference for future BCSC employment. Your cooperation in completing this survey will be greatly appreciated.

- 1. CHECK ONE:  
 I wish to be employed in this corporation and request that I be re-appointed.  
 I plan to resign. (Please complete notice below.)  
 I plan to retire. (Please complete notice below.)
- 2. CHECK IF APPLICABLE:  
 I request that I be considered for transfer to another school or position.

NOTE: Requests for transfer to another school must be accompanied by a personal letter to Dr. Linda DeClue stating the reason for the request. Also, the matter must be discussed with your building principal or supervisor.

\_\_\_\_\_  
Signature Position School

Resignation/Retirement Notice

To: Dr. Linda DeClue

I hereby submit my resignation/retirement as an Administrative Assistant/Secretary in the Bartholomew Consolidated School Corporation.

\_\_\_\_\_  
Signature Date

PRINCIPAL'S AND/OR SUPERVISOR'S RECOMMENDATION

The above-named employee has requested that she be re-appointed for next year. It is my recommendation that:

\_\_\_\_\_

\_\_\_\_\_  
Signature Date

**ADMINISTRATIVE ASSISTANT/SECRETARY  
EVALUATION FORM**

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Rating Code:           1. Unacceptable           3. Acceptable  
                              2. Needs Improvement       4. Good  
  5. Superior

- |   | <b>RATING</b> |
|---|---------------|
| 1. <b>Attendance/Punctuality</b><br>Begins and ends workday at proper time  | _____         |
| 2. <b>Teamwork</b><br>Able to work with others productively   | _____         |
| 3. <b>Tact</b><br>Handles difficult situations with ease and diplomacy,<br>uses confidentially.   | _____         |
| 4. <b>Quality of Work</b><br>Pride, good work attitude, efficient (speed & promptness   | _____         |
| 5. <b>Quantity of Work</b><br>Competitive with job expectations, excellent work<br>organizer, superior work production.                 | _____         |
| 6. <b>Attitude toward Supervision</b><br>Accepts criticism, cooperative, enthusiastic about<br>work and areas of employment.            | _____         |
| 7. <b>Dependability</b><br>Takes pride in work, reliable & conscientious  | _____         |
| 8. <b>Initiative</b><br>Responsible; enterprising; thrives on new ideas;<br>motivates others; willing to keep pace with new technology. | _____         |

**Additional comments by evaluator:**

**Employee's comments (optional):**

**Evaluator Signature:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

Employee's signature signifies evaluation has been discussed and employee has received a copy.

Recommended for continued employment: YES \_\_\_\_\_ NO \_\_\_\_\_



## **Driver Evaluation Form**

Bartholomew Consolidated School Corporation  
Driver/Monitor Evaluation

Name \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_

	3 - Meets Expectations	2 - Needs Improvement	1 - Unsatisfactory
<b>Performance</b>			
Dependable			
Attends required meetings			
Demonstrates safe driving habits			
Student safety (No driving with standing students)			
Follows route as directed from office			
Runs route on time			
Follows student discipline plan			
Students management			
Performs pre/post trip inspections			
Comes when bus is needed			
Field trips taken as assigned			
Updates route descriptions as necessary			
Submits paperwork on time			
Evacuations done in a timely fashion			
Radio usage			
<b>Care of Unit</b>			
Reports required maintenance needs			
Cleans bus regularly			
Condition of bus			
<b>Personal Characteristics</b>			
Is neat and clean			
Wears appropriate attire			
Shows respect to parents and students			
Cooperates with supervisors			
Shows a positive attitude			
Gets along with peers			
<b>Accidents</b>			
This year			
<b>Attendance</b>			
Sick days used			
Family days used			
Business days used			
Leave without pay			

Summary:

Driver Comments:

Recommendation for coming year:

- Contract Renewal Recommended
- Contract Renewal with Professional Development Plan
- Contract Renewal Not Recommended

\_\_\_\_\_  
Date of Conference

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Supervisor Signature

(Signature is proof of copy, and does not necessarily indicate agreement with evaluation)

Copy in personnel file

## **Food Service Evaluation Form**

### BCSC FOOD SERVICE EVALUATION FORM

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Please rate the employee using the following scale:

5. Consistently exceeds job requirement
4. Frequently exceeds job requirement
3. Consistently meets job requirement
2. Meets job requirement most of the time
1. Does not meet job requirement; improvement needed

1. <b>Attendance/Punctuality:</b> Begins & ends workday at proper time	
2. <b>Teamwork:</b> Able to work with others productively	
3. <b>Tact</b> Handles difficult situations with ease & diplomacy. Uses confidentiality	
4. <b>Quality of Work:</b> Pride, good work attitude, efficient	
5. <b>Quantity of work</b> Excellent work organizer, superior work production.	
6. <b>Attitude toward supervision:</b> Accepts criticism cooperative enthusiastic	
7. <b>Dependability:</b> Takes pride in work; reliable & conscientious	
8. <b>Initiative:</b> Responsible, enterprising thrives on new ideas	
9. <b>Appearance:</b> Always follows the dress code	

## **Technology Division Evaluation Form**

### TECHNOLOGY DIVISION EVALUATION FORM

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Rating Code:      NI = Needs Improvement  
                          G = Good  
                          S = Superior

<p><b>1. Attendance/Punctuality</b> Begins and ends work day at proper time, maintains good attendance, follows policy/procedure on use of leave days, punctual for meetings/appointments</p>	
<p><b>2. Quality of Work</b> Completes assignments in a thorough and accurate manner, is efficient (speed &amp; promptness), has good work attitude</p>	
<p><b>3. Quantity of Work</b> Excellent work organizer, superior work production</p>	
<p><b>4. Customer Service</b> Responds to customer needs in a timely, courteous, and informed manner, provides follow-up and keeps customer informed including explanation of problem cause, knows when to use face-to-face contact to be effective, handles difficult situations with diplomacy, uses confidentially</p>	

**TECHNOLOGY DIVISION  
EVALUATION FORM**

<p><b>5. Teamwork</b> Works with others on Operations team productively</p>	
<p><b>6. Dependability</b> Reliable &amp; conscientious</p>	
<p><b>7. Initiative</b> Responsible; enterprising; thrives on new ideas; willing to keep pace with new technology.</p>	
<p><b>8. Technical Skills</b> Possesses the technical skills necessary to perform the job, works to acquire new skills.</p>	

**TECHNOLOGY DIVISION  
EVALUATION FORM**

**Additional comments by evaluator:**

**Employee's comments (optional):**

**Evaluator Signature:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

Employee's signature signifies evaluation has been discussed and employee has received a copy.

**Acknowledgement/Signature Page**

ACKNOWLEDGEMENT OF RECEIPT OF SUPPORT STAFF HANDBOOK

I have received a copy of the Support Staff Handbook. I have read and understand the handbook and those addendums that apply to my work area.

BUILDING: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please sign and return to your supervisor.

Custodial Addendum

Food Service Addendum

Bus Driver Addendum