IMPORTANT NOTE

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

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

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

A Note from Human Resources

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

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

☐ Communication

☐ Development and

☐ Education

Vision

The Human Resources Department promotes quality education for students through serving, supporting, communicating, developing and educating staff and community.
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</tr>
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<td>19</td>
</tr>
<tr>
<td>Professional Concerns Committee Form</td>
<td></td>
<td>20</td>
</tr>
</tbody>
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SECTION 1: GENERAL INFORMATION

Article 9-2. - Military Leave

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

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

Article 9-3. – Jury Duty

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

Article 9-4. - Political or Legislative Leave

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

9-12. - Family and Medical Leave

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

9-13. - Leave Related to Domestic Abuse

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

9-13-2. The employee does not need to exhaust his or her annual or grandfathered leave prior to being granted leave related to domestic abuse.
ADDENDUM F – SPECIAL EDUCATIONAL SERVICES
REVIEW PROCESS FOR ADDITIONAL SUPPORT

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

Addendum F Process

1. Limited pool of funds and districtwide staff

2. Application form (located in district intranet under ESS documents) Please include data and observations

3. Submit application to appropriate coordinator

4. Coordinator observation/ESS team discussion at building site.

5. ESSLT FTE discussion/decision

6. Buildings awarded Addendum F support submit updates to ESS leadership for quarterly review.

This is a non-grievable process.
ATTACHMENT 1 – COLLABORATIVE DECISION-MAKING GUIDELINES

The Board, the Association and Administration are committed to having a collaborative decision-making process implemented at every work site in TSD. A trust building and collaborative process involving the entire staff will be used at each site to develop its protocols for a decision-making spectrum which includes collaborative decision making.

All stakeholders (parents, teachers, administrators, business people, classified staff employees, senior citizens, students, etc.) should be encouraged to participate in improving the effectiveness of the educational system through their diverse input.

All employee groups will be required to share some responsibility for decision-making and collaboration at schools and other work sites within TSD.

Any shared decision-making process in TSD should:

- Include time for continued training, implementation, and assessment
- Represent the diverse nature of its stakeholders
- Employ a method of recording decisions and keeping other records
- Include a process for revisiting decisions
- Be based on a clear understanding of the division of the responsibilities in TSD.
- Include a means for communicating essential information and coordinating decision with affected groups.

◊ Continuum of Decision-making: while not all decisions can be made with 100% collaboration, it is desired that most decisions exhibit collaboration and inclusion.
**ATTACHMENT 10 – EXTRA DUTY SALARY SCHEDULE RUBRIC**

Extra Duty Salary Schedule Rubric

4/15/01

### Academic Extra Duty Pay

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

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

### Activities Extra Duty Pay

<table>
<thead>
<tr>
<th>Criteria</th>
<th>MS</th>
<th>HS</th>
<th>MS</th>
<th>HS</th>
<th>MS</th>
<th>HS</th>
<th>MS</th>
<th>HS</th>
<th>MS</th>
<th>HS</th>
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<tbody>
<tr>
<td>Number of Students</td>
<td>&lt;40</td>
<td>&lt;20</td>
<td>40-59</td>
<td>20-39</td>
<td>60-79</td>
<td>40-59</td>
<td>80-99</td>
<td>60-79</td>
<td>&gt;100</td>
<td>80-100</td>
</tr>
<tr>
<td>Formal Performances/contests (not practices and meetings)</td>
<td>&lt;8</td>
<td>&lt;8</td>
<td>8-11</td>
<td>8-11</td>
<td>12-15</td>
<td>12-15</td>
<td>16-19</td>
<td>16-19</td>
<td>&gt;20</td>
<td>&gt;20</td>
</tr>
<tr>
<td>Number of weeks</td>
<td>-</td>
<td>&lt;12</td>
<td>-</td>
<td>12-17</td>
<td>-</td>
<td>18-23</td>
<td>-</td>
<td>24-29</td>
<td>-</td>
<td>30-36</td>
</tr>
<tr>
<td>Community expectations</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Time outside contract day (hrs. per week)</td>
<td>&lt;4</td>
<td>&lt;4</td>
<td>4-5</td>
<td>4-5</td>
<td>6-7</td>
<td>6-7</td>
<td>8-9</td>
<td>8-9</td>
<td>&gt;10</td>
<td>&gt;10</td>
</tr>
<tr>
<td>Number of Levels</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>5</td>
</tr>
</tbody>
</table>

### Coaching Extra Duty Pay

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

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

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

All middle school assistants would be two levels below the head coach in that sport (-6 points)
SECTION 2: FORMS
APPENDIX B – PROBLEM SOLVING FORM
PROBLEM SOLVING PROCESS FOR CONFLICT RESOLUTION

Name of person submitting: ___________________________________________

Date of initial discussion with administrator: _____________________________

Name of School: _______________________________________________________

Date Initiated with Principal or Supervisor: ______________________________

Description of Concern: ________________________________________________________________________________________
___________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________

Problem Solving Participants: ___________________________________________
___________________________________________________________________________________________________________________________________
Proposed Solution: ________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________

Administrator

_________ ___________
Date Teacher

Has this been resolved?  Yes ☐  No ☐

If no, refer Problem Solving Form to Director.

Send copies of completed form to: Human Resources
Thompson Education Association
APPENDIX C – INFORMAL PROBLEM SOLVING

INFORMAL PROBLEM SOLVING PROCESS FOR A WRITTEN REPRIMAND

Name of person submitting issue: ________________________________

Name of Principal or Supervisor: ________________________________

School Name: ________________________________

Key Dates of Events: ________________________________

Copies submitted to: __ HR Director (Mandatory) ______ Administrator

Description of Concern: ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Participants: ________________________________

________________________________________________________________________

Proposed Solution: ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Date of Submission ________________ Teacher

Disposition by HR: ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Name of person submitting Grievance _______________________________________

Name of School ____________________________________________________________

Submitted to (appropriate Director/Executive Director depending on level

_________________________________________

Date of Problem Solving Meeting: _____________________________________________

Article violated _____________________________________________________________

Nature of Grievance _________________________________________________________

_________________________________________

Remedy sought _____________________________________________________________

_________________________________________

Signed ___________________________ Signed ___________________________

Grievant For Association

Administrative Reply _______________________________________________________

_________________________________________

Attached problem solving statement and any prior grievance correspondence.

Dates:

Step One _______ Step Two _______ Step Three _______

Director/Executive Director:

_________________________________________

Step One _______ Step Two _______ Step Three _______
APPENDIX E-PLAN TIME

Part time/Less Than Full Time/Traveling Teacher
Teaching/Planning/Duty Form

Teacher: ____________________________ EID#: ____________________________

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

Schools: ____________________________

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Classes Taught</th>
<th>Planning Time Per Week</th>
<th>Duty Time Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Planning Time: [ ]

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

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

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

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

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

Principal 1 Signature: ____________________________

Teacher Signature: ____________________________

Principal 2 Signature: ____________________________

Teacher Signature: ____________________________

Principal 3 Signature: ____________________________

Teacher Signature: ____________________________

Cc: Human Resources, Teacher, and Principals.

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

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

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

Name: _____________________________________________

Assignment: ________________________________________

<table>
<thead>
<tr>
<th>School 1 (Name)</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takedown Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(average amount needed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Travel Time to School 2 |        |         |           |          |        |

<table>
<thead>
<tr>
<th>School 2 (Name)</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setup Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(average amount needed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School 3 (Name)</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takedown Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(average amount needed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Travel Time to School 4 |        |         |           |          |        |

<table>
<thead>
<tr>
<th>School 4 (Name)</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setup Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(average amount needed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Teacher Signature: ___________________________  Note: Each Principal must sign below

Principal School 1: ________________________  Principal School 2: ________________________

Principal School 3: ________________________  Principal School 4: ________________________
School staff members need to work in a safe and secure environment. The Board supports actions that protect employees from personal attacks by students, fellow employees or other persons while minimizing disruption to the normal working and learning environment.

**Dealing with Student Offenders**

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

1. The teacher or employee shall file a written complaint with the building principal, the Superintendent's office and the Board.
2. The principal, after receipt both of the complaint and adequate proof of the charges, shall suspend the student up to five days in accordance with established procedures.
3. The Superintendent shall initiate procedures for the further suspension or expulsion of the student when injury or property damage has occurred.
4. The Superintendent or his designee shall report the incident to the district attorney or to the appropriate law enforcement agency or officer for potential investigation and determination of the appropriateness of filing criminal charges or initiating delinquency proceedings.

**Dealing with Non-Student Offenders**

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

**Supportive Action Following Incidents**

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

Adopted prior to 1985
Revised November 18, 1987
Revised August 17, 1988
Revised January 19, 1991
Revised August 7, 1991
Revised August 20, 2008

Legal Refs.: CRS 22-32-109.1 (3)
CRS 22-32-109.1 (9)
CRS 22-32-126 (5) (a)

Contract Ref: TEA Agreement

Cross Refs.: ECAC, Vandalism
GCQF, Suspension and Dismissal of Professional Staff (And Contract Nonrenewal)
GDQD, Suspension and Dismissal of Support Staff
JK, Student Discipline
JKD/JKE, Suspension/Expulsion of Students
JKD/JKE-2, Suspension/Expulsion of Students with Disabilities
KLG, Relations with Law Enforcement
APPENDIX I
DONATE-A-DAY
LICENSED & APT STAFF

PURPOSE: Donate-A-Day is a way to help teachers, administrators, and exempt staff who need additional hours beyond their available leave time to help an ill member of their immediate family (as defined by the current Memorandum of Understanding*).

*IMMEDIATE FAMILY includes anyone who lives in the employee’s household plus persons not in the household, who are the employee’s spouse, domestic partner, children, step-children, parents, step-parents, parents-in-law, grandparents, grandparents-in-law, grandchildren, brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, and others with whom the employee has an unusually close relationship. (Per MOU, 2017-18)

A licensed or APT employee who has used all of his/her current annual, accrued and grandfathered days (in this order) may apply for Donate-A-Day. The application is available from the Benefits & Leave Specialist in Human Resources. It must specify the relationship of the person for whom the employee will be caring and be accompanied by a doctor’s statement specifying the nature of the relative’s illness, its expected duration, and the extensiveness of treatment.

Other licensed, APT, or classified staff will be requested to donate hours, up to the equivalent of two of their work days based on FTE, from their current annual leave time for the employee’s use. Those who are willing will sign the donor form.

The licensed or APT employee will return the completed application form to the Benefits & Leave Specialist in Human Resources, who will forward it to the Thompson Education Association Sick Leave Bank Committee.

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

No district employee may donate more than two of his/her work days of current annual leave per year for this purpose.

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

*Note: Donation of days is strictly voluntary. Employees are responsible for the use of their own leave. Once leave has been donated, those hours will be considered used and will not be available for future use or reinstated.
APPENDIX I
DONATE-A-DAY APPLICATION FORM
LICENSED & APT STAFF
Updated March 2018

Donate-A-Day is a way to help teachers, administrators, and exempt staff who need additional hours beyond their available leave time to help an ill member of their immediate family.

A teacher, administrator, or exempt employee who has used all of his/her individual annual, accrued, and grandfathered days may request a Donate-A-Day form from the Benefits & Leave Specialist in the Human Resources Department.

APPLICANT COMPLETES THIS SECTION:

Applicant’s Name: ____________________________   Employee ID #: _____________________
(Please PRINT legibly)

Address: ___________________________________ Phone: ____________________________

_________________________________________ School/Bldg: __________________________

Expected Absence(s) from: ________________ to: __________________________

Name and relationship of person for whom the teacher, administrator, or exempt employee will be providing care:
_________________________________________________________________________________

RELATIVE’S PHYSICIAN COMPLETES THIS SECTION:

Nature of relative’s illness:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Expected duration of care needed for illness: __________________________________________

Extensiveness of treatment:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Physician’s Name (PRINT legibly) __________________________ Type of Practice __________

Office/Clinic Address __________________________ Phone Number __________________________

Physician’s Signature __________________________ Date __________________________

Return this completed application to HR Benefits & Leave Specialist, Thompson School District. FAX: 970-613-6169

FOR TEA SICK LEAVE BANK USE:
Approval Signature __________________________ Approval Date __________________________
Donate-A-Day is a way to help licensed and APT staff who need additional hours beyond their available leave time to help an ill member of their immediate family.

Employees may donate a minimum of 2 hours, but no more than the equivalent of two of their work days based on FTE, of current annual leave per year for this purpose. Any donated hours not used will be transferred to the Sick Leave Bank.

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

<table>
<thead>
<tr>
<th>Employee’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor’s Name</td>
</tr>
<tr>
<td>(Please PRINT legibly)</td>
</tr>
<tr>
<td>Donor’s Signature</td>
</tr>
<tr>
<td>Donor’s Employee ID #</td>
</tr>
<tr>
<td>Donor’s Work Location</td>
</tr>
<tr>
<td>Classification</td>
</tr>
<tr>
<td>APT, Licensed, or Classified</td>
</tr>
</tbody>
</table>

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

Return this completed donor form to Payroll Specialist BY DEADLINE ON SECOND FRIDAY OF THE MONTH. FAX: 970-613-5085 (For TEA Sick Leave Bank)
APPENDIX L – REQUEST FOR THOMPSON INCENTIVE CREDIT FORM

REQUEST FOR CREDIT FORM

Thompson School District
(Complete a form for each class)

Name: ___________________________ School: ___________________________
Address: _________________________ Phone: ___________________________
Current Position/Grade: ____________________________
College/University: ________________________ TSD TIC: __________________________
Course Title: __________________________
Course Credits: __________________________ Course Prefix: __________________________
Starting Date: __________________________ Ending Date: __________________________
    ______ Pre-Master’s/Doc    ______ Post Master’s/Doc    ______ Bank
Course Description:

How will this course support your school professional, building, and/or TSD goals?

Rationale for taking class: (check one and explain)

    ______ Standards
    ______ Assessment
    ______ Career Retraining/Induction
    ______ Technology
    ______ Strategic Plan

Signature of Applicant ___________________________ Date ___________________________

Date Received: ____________________________
    ______ Application Approved    ______ Application Denied    ______ Resubmit

Reason for Denial

    __________________________
    __________________________
    __________________________
APPENDIX M – NOTIFICATION OF ASSIGNMENT CHANGE

Notification of Assignment Change

Educator’s Name: ____________________________________  Date: _______________

Current Assignments:  _____________________________________________________
_________________________ School  ____ FTE
_________________________ School  ____ FTE
_________________________ School  ____ FTE

Educator’s Preferences:
☐ Stay at same assignment(s)
☐ Change assignment(s) to consider the following:

____________________________________
____________________________________
____________________________________

Your teaching assignment for the __________ school year is as follows:

<table>
<thead>
<tr>
<th>Location (s)</th>
<th>Position and Percent</th>
<th>Other/Split</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following criteria were used in making this decision:
____________________________________
____________________________________
____________________________________

Principal’s Signature  (school #1)  Date
Principal’s Signature  (school #2)  Date
Principal’s Signature  (school #2)  Date

My signature indicates that my administrator(s) and I have discussed change:
____________________________________  Date
____________________________________  Date
(I understand that I may attach comments on this assignment if I wish)
APPENDIX N – SICK LEAVE BANK OPT OUT FORM

For Licensed Staff, Administrators and Exempt Personnel

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

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

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

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

Name (Print): ___________________________ Date: ___________________________

Signature: ________________________________

Home Phone: ______________________________

Home Address: ______________________________

School/District Location ________________________ Work Phone: ________________________

Street __________ City __________ Zip Code __________

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

Send Original to Human Resources

Make and retain a copy for your personal record
One of your benefits as a Thompson School District employee is the option of participation in the sponsored Sick Leave Bank.

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

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

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

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

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

Name: ___________________________ Date: ________________

School(s): ______________________________________________________________________

Position(s): _____________________________________________________________________

Supervisor/Principal(s): _____________________________________________________________________

Beginning date of Leave: ____________________________

Planned date of return: ____________________________

Please state reason for leave:

☐ Military Leave __________________________________________________________________________
                                            __________________________________________________________________________
                                            __________________________________________________________________________
                                            __________________________________________________________________________

☐ Personal Leave _________________________________________________________________________
                                            _________________________________________________________________________
                                            _________________________________________________________________________
                                            _________________________________________________________________________
                                            _________________________________________________________________________

☐ Teach Abroad _________________________________________________________________________
                                            _________________________________________________________________________
                                            _________________________________________________________________________

Employee Signature: __________________________

Human Resources Use Only

Date Received: __________________________

Approved By: __________________________ Date Approved: ______

BOE Packet Date: __________________________

Supervisor/Principal Notification Date: __________________________

Reason Request Denied: __________________________
Professional Concerns Committee

Concerned Party (name): ____________________________
School/Department: ________________________________
Completion of Form Date: __________________________

What is the issue you would like PCC to discuss?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed ____________________________ Date ____________________________

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

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

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

**INTERESTS**

I have an interest in..........

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
OPTIONS

A possible solution to this is........

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________


2+2 SOLUTION

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________


PCC REVIEW

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