

**ANDALUSIA CITY SCHOOLS
NEW EMPLOYEE INFORMATION**

(PLEASE PRINT)

Full legal name _____

Social Security Number _____

Address _____

Current email address _____

Phone # _____ (home) _____ (cell) Marital Status _____

In what type of position are you being employed with Andalusia City Schools?

_____ Teaching _____ Administration _____ Support _____ Supplement Only

School _____ Grade(s) _____

If being employed as a school nurse, list nursing license number _____

Total number of years of public school experience _____

On the back of this page, please list all former public school employers and addresses.

Degree(s) held _____

Are you transferring from another Alabama public school system? _____ Yes _____ No

If yes, which system _____

If transferring from another Alabama public school system, list your former school email address _____

Would you like for Andalusia City Schools to request a transfer of your STIPD professional development training history? _____ Yes _____ No

Have you ever formally **retired** from the Retirement Systems of Alabama? _____ Yes _____ No

I understand there are Andalusia City Schools' policies that could affect my employment. As evidenced by my signature below, I acknowledge that I received a listing of Andalusia City Schools' policy references. I agree to abide by Andalusia City Schools policies. All employees are responsible for reviewing the Andalusia City Schools Policy Manual, including but not limited to Policy 5.90 *Internet Acceptable Use*. The complete policy manual is located on the Andalusia City Schools website at andalusiacityschools.net. (All Andalusia City Schools accounts and access are disabled on the last day of active employment or when on leave for more than six (6) months).

Signature of employee

Date

Please return this completed form via email to Mrs. Katie Odom odomk@andalusia.k12.al.us or via mail to Mrs. Katie Odom, Andalusia City Schools, 1201 C C Baker Avenue, Andalusia, AL 36421.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

THIS FORM MAY BE REPRODUCED.

Employee: Complete Form A-4 and file it with your employer. Otherwise, tax will be withheld without exemption.

Employer: Keep this certificate on file. If an employee is believed to have claimed more exemptions than that which they are legally entitled to claim, the Department should be notified. Any correspondence concerning this form should be sent to the AL Dept of Revenue, Withholding Tax Section, PO Box 327480, Montgomery, AL 36132-7480 or by fax to 334-242-0112. Please include contact information with your correspondence.

Penalties: Section 40-18-73, Code of Alabama 1975. Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A-4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Exempt Status: Military Spouses Residency Relief Act. This exemption applies to a spouse of a US Armed Service member who is present in Alabama in compliance with military orders and who maintains domicile in another state. Employee should provide their employer with valid military identification and a copy of a current leave and earnings statement or Form DD-2058. Complete line 6 on front of Form A-4 if you qualify for this exemption.

Exempt Status: No tax liability. An exemption from withholding may be claimed if you filed an Alabama income tax return in the prior year, had a zero tax liability on that return, and you anticipate a zero tax liability on your current year return. If you had any tax withheld in the prior year and did not receive a full refund of that amount, you will not qualify and should complete the front of Form A-4.

CHANGES IN EXEMPTIONS: You may file a new certificate at any time if the number of your exemptions INCREASE. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.
- (b) You no longer provide more than half of the support for someone you previously claimed a dependent exemption for.

DECREASES in exemption, such as the death of a spouse or dependent, will not require the filing of a new exemption certificate until the following year.

DEPENDENTS: To qualify as your dependent (Line 4 on other side), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

PLEASE CUT HERE

FORM
A-4 REV. 11/10

ALABAMA DEPARTMENT OF REVENUE
Employee's Withholding Exemption Certificate

EMPLOYEE'S FULL NAME		SOCIAL SECURITY NO.	
HOME ADDRESS	CITY	STATE	ZIP CODE
SIGNED			DATE

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. See reverse side for penalty details.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A-4 and file it with your employer.
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption.
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption.
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See instructions for dependent qualifications. \$
5. Additional amount, if any, you want deducted each pay period.
6. **Exempt Status:** If you meet the conditions set forth under the Military Spouses Residency Relief Act and will have no Alabama income tax liability, skip lines 1-5, write "EXEMPT" on line 6, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 for the documentation you must provide to your employer in order to qualify.
7. **Exempt Status:** If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim an exemption from Alabama withholding tax. Skip lines 1-6, write "EXEMPT" on line 7, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 to be sure you qualify.

LINE 8 BELOW TO BE COMPLETED BY YOUR EMPLOYER

8. TOTAL EXEMPTIONS (Example: Employee claims "M" on line 3 and 2 on line 4. Employer should use column headed M-2 in the Withholding Tax Tables and Instructions for Employers.)

EMPLOYER NAME	EMPLOYER FEIN	EMPLOYER STATE ID
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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP
STOP
Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

COMPANY **COMPANY**
NAME Andalusia City Schools **ID**
NUMBER N/A

I (we) hereby authorize **Andalusia City Schools** Hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) ___Checking ___ Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository
Name _____
Branch _____
City, State,
ZIP _____
Transit/ABA
No. _____ **Account No.** _____

It is the procedure of the ACSBOE to prenote all requests for direct deposit. This helps to ensure that your banking information has been entered correctly. PLEASE be advised that it may take up to two (2) paychecks to become effective. PLEASE review your paystub immediately upon receipt. If direct deposit has not become effective after two (2) paychecks, please contact the payroll department for assistance.

Name(s) _____
Please Print

ID Number _____ **Date** _____
(SS#)

Signed _____

Date
Received by _____
Payroll

Date
Entered by _____
Payroll

**PLEASE ATTACH A DEPOSIT SLIP OR VOIDED CHECK FOR ACCOUNT NUMBER
VERIFICATION**

**ANDALUSIA CITY SCHOOLS SICK LEAVE BANK
MEMBERSHIP FORM**

PLEASE PRINT

Employee's Name

Employee Number

School

Social Security Number

Position

SECTION I REQUEST FOR PARTICIPATION IN SICK LEAVE BANK

This request may be submitted during the first 30 calendar days of the school year for current employees or upon employment for transferring employees.

I hereby request participation in the Andalusia City Schools Sick Leave Bank and request that the five (5) days needed for deposit in the SLB be donated from my personal sick leave account.

Signature

Date

SECTION II NOTICE OF RESIGNATION FROM SICK LEAVE BANK

This notice may be submitted by current members during the last 30 calendar days of the school year or upon a member's termination of employment.

I hereby terminate my participation in the Andalusia City Schools Sick Leave Bank and request that my days on deposit in the SLB be (check one below):

_____ 1. Donated to the Sick Leave Bank.

_____ 2. Returned to my personal sick leave account.

Signature

Date

ANDALUSIA CITY SCHOOLS CERTIFICATED/SUPPORT PERSONNEL SICK LEAVE BANK RULES AND REGULATIONS

I. Membership:

- a. Any certificated/support employee of the Andalusia City School System shall be eligible to become a member of the Andalusia City Schools Certificated/Support Personnel Sick Leave Bank, hereafter designated as SLB, provided that such employee has accrued a minimum of five (5) unused sick leave days.
- b. To enroll, an employee shall make a deposit of five (5) earned days of sick leave to the SLB from their personal sick leave account.
- c. An employee must be a member of the SLB to borrow or donate any sick leave days.
- d. Enrollment for current employees shall be during the thirty (30) calendar days following the first institute day of each school year.
- e. **New employees will receive an advancement of sick leave days for their participation in the SLB.**
- f. An employee transferring into the Andalusia City School System during the year after the enrollment period may join the SLB if they were already a member of the SLB at their previous job location and have five (5) sick leave days available to deposit in this SLB for enrollment.
- g. Any member may withdraw from the SLB during the final thirty (30) calendar days of the school term. Any outstanding loan days beyond the deposited days shall be due at this withdrawal and shall be recovered at full pay rate. Any deposited days not borrowed shall be returned to the employee's personal sick leave account upon withdrawing from the SLB.
- h. Members of the SLB shall be permitted to accumulate an unlimited number of sick leave days.
- i. Any member retiring or transferring to another system may withdraw their five (5) deposited days or contribute them to the SLB.
- j. Should, at any time, membership in the SLB drop below ten percent of the certificated/support employees in the Andalusia City School System, said bank shall be abolished with all days on deposit being returned to the respective remaining participants.

ANDALUSIA CITY SCHOOLS CERTIFICATED/SUPPORT PERSONNEL SICK LEAVE BANK RULES AND REGULATIONS

II. Loan Days:

- a. Only members of the SLB are eligible to request sick leave loans.
- b. Members requesting sick leave loans shall have exhausted all of their whole personal sick leave days.
- c. Requests for sick leave loans from the SLB must be made on the SLB form supplied to each school.
- d. Applications for sick leave loans by a member from their five (5) days deposited may be approved by the School Board's representative on the SLB Committee. Any days to be borrowed above this deposit number must be approved by a majority vote of the SLB Committee as a whole.
- e. Any application for a loan of more than five (5) days will require the SLB Committee to review the application before approval. This application must be supported by a statement from a licensed physician that these sick leave days are required.
- f. All requests to borrow from the SLB should be turned in to your school payroll clerk at least two (2) days before payroll is due at the Central Office. If a member is absent on the day before or the day of the payroll due date, the request should be received by the first working day after payroll in order to be considered. It is each member's responsibility to make all requests in a timely manner.
- g. The School Board's representative on the SLB Committee shall notify the SLB Committee Chairperson within two (2) working days of an application for more than five (5) loan days or any loan days beyond the member's deposited days. The SLB Committee Chairperson will then set up a meeting within five (5) working days to review the application.
- h. The maximum number of days a member may borrow from the SLB on a single application or accumulated total will be fifteen (15) days including their five (5) deposited days. After these days have been depleted, an application may be made to extend this to a maximum of ten (10) additional days. This application must have the approval of over 50 percent of the participating members of the SLB. Consideration shall be given to transferring this application to catastrophic illness leave.

ANDALUSIA CITY SCHOOLS CERTIFICATED/SUPPORT PERSONNEL SICK LEAVE BANK RULES AND REGULATIONS

- i. Approval of the application can only be retroactive to the payroll cutoff date of the current payroll period.

III. Catastrophic:

- a. Catastrophic illness is defined as any illness, injury, pregnancy or medical condition related to childbirth that is certified by a licensed physician which causes the employee to be absent from work for an extended period of time.
- b. You must be a member of the SLB to donate or borrow catastrophic illness days.
- c. The catastrophic option may be exercised after the members have used all their personal and sick leave days including their five (5) deposited days available from the SLB.
- d. The SLB Committee will meet to review all catastrophic illness applications on a case by case basis. A majority of the committee members must approve all catastrophic illness applications.
- e. The School Board's representative on the SLB Committee shall notify the SLB Committee Chairman within two (2) working days of an application for catastrophic illness leave. The SLB Committee Chairperson will then set up a committee meeting within (5) five working days to review the application.
- f. When an catastrophic application is approved by the committee, the Committee Chairperson will send out a notice to all the local SLB Committee members who will in turn post this notice at the local District bulletin board or other appropriate places. This notice will notify members of the need for additional donated days to support this catastrophic illness application.
- g. Approved catastrophic illness days shall be granted only if there are sufficient days donated to the bank by other members and designated for this catastrophic illness application.

ANDALUSIA CITY SCHOOLS CERTIFICATED/SUPPORT PERSONNEL SICK LEAVE BANK RULES AND REGULATIONS

- h. These donated days to be used for catastrophic illness days shall be donated from each individual's personal sick leave days, not from SLB days. Donated days shall become available for use by the beneficiary who shall not be required to repay the days.
- i. Days for catastrophic illness that were granted and not used by the beneficiary shall revert to the members who donated the days.

The days will be returned on a proportional basis when the beneficiary member returns to work. A period of thirty (30) working days must pass before the unused days are returned to the donors.

An employee must borrow and utilize days from the sick leave bank (up to a maximum of 15 days) before being eligible to use catastrophic sick leave days.

- j. Donated catastrophic sick leave may be used to repay days owed to the sick leave bank.
- k. Sick and personal leave days earned while the employee is utilizing catastrophic sick leave days must be exhausted before continuing the use of catastrophic sick leave days.
- l. An employee may use catastrophic sick leave days for a catastrophic illness for himself or herself or for the following covered persons: *parent, spouse, child, sibling, or an individual with a close personal tie.*
- m. A sick leave bank member may donate a specific number of days (**not to exceed 30 sick leave days**) to a sick leave bank for a specific employee to use against a catastrophic illness.

IV. Accounting:

- a. For members who have loaned sick leave days, all accruing days of sick leave shall be deposited to the SLB until all loaned sick leave days have been repaid. This will include the initial five (5) days deposits. After that, accruing sick leave days shall be deposited to the members personal sick leave account.

ANDALUSIA CITY SCHOOLS CERTIFICATED/SUPPORT PERSONNEL SICK LEAVE BANK RULES AND REGULATIONS

- b. All SLB sick leave day transactions shall appear on member's monthly pay check stubs. A negative balance will indicate an outstanding loan of sick leave days beyond the original deposit of five (5) sick days.
- c. The SLB shall lend only full days of sick leave with the exception of when an individual has one-half day regular sick leave or one-half day personal leave that they must use before applying for a loan.
- d. The Local SLB Committee shall keep and maintain a log of all local SLB members' transactions.

V. SLB Committee

- a. The SLB Committee shall be comprised of one (1) member to be recommended by the Superintendent and appointed by the Board, and four (4) members who are employees of Andalusia City Schools to be selected by the membership-at-large. The term of office shall be one year. No representative on the committee shall serve for a term longer than five (5) years.
- b. The Sick Leave Bank Committee may recommend changes in their rules and regulations only when approved by a majority vote of the SLB Committee with approval of the Board of Education.
- c. The SLB Committee will elect, by a majority vote, a chairperson from among its members at the beginning of each year.
- d. Meetings of the SLB Committee shall be scheduled as determined by the Committee. Decisions may be made by telephone polls.
- e. Any alleged abuse of the use of the sick leave bank shall be investigated by the committee and, on a finding of wrongdoing, the employee shall repay all of the sick leave credits drawn from the SLB and be subject to other appropriate disciplinary action as determined by the Board of Education.
- f. Appeal of any of the decisions of the SLB Committee shall be submitted in writing to the SLB Chairperson specifying the reasons for the appeal. The SLB Chairperson shall then call a meeting of the SLB

***ANDALUSIA CITY SCHOOLS CERTIFICATED/SUPPORT
PERSONNEL SICK LEAVE BANK RULES AND
REGULATIONS***

Committee within five (5) working days to consider the appeal. The member will be given the opportunity to meet with the SLB Committee. Within five (5) more working days, the member will be notified of the SLB Committee's decision.

- g. Further appeal of this decision shall be in compliance with the grievance policy of the Andalusia City Board of Education.