

EMPLOYEE HANDBOOK



Mansfield City Schools

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INTRODUCTION

This handbook is an attempt to provide all district employees with the knowledge of policies, procedures, forms and other common practices in the Mansfield City School District. It is not a replacement for the union contracts or the policy manual but is designed to be a quick reference for employees. This manual will not contain answers to all questions that may arise. For those answers, please contact either your building Principal/Administrator or the central office.

This handbook will be revised on an annual basis to keep information current. If there is an issue not covered by this book that employees feel should be, please contact Robert Kuehnle, Treasurer.

CENTRAL OFFICE EMPLOYEES

419-525-6400

Brian Garverick, Superintendent	ext. 56432
Cathy Troyer, Executive Assistant	ext. 56432
Annette Smith, EMIS Coordinator	ext. 56443
Larry Gibbs, Public Relations	ext. 56406
Mark Manley, Director of Personnel	ext. 56420
Cynthia Gilbert, Personnel Executive Assistant	ext. 56455
Teresa James, Personnel Executive Assistant	ext. 56445
Stephen Rizzo, Director of Curriculum	ext. 56450
Robert Kuehnle, Treasurer	ext. 56422
Sheri Gombosch, Treasurer Executive Assistant	ext. 56428
Char Bottomley, Executive Assistant Account Clerk	ext. 56436
Lori Wilburn, Executive Assistant Account Clerk	ext. 56421
Leslie Watts, Executive Assistant Payroll Clerk	ext. 56442
Rhonda Berry, Executive Assistant Payroll Clerk	ext. 56456
Betsy Alexander, State & Federal Programs	ext. 56429
Linda Neal, State & Federal Executive Assistant	ext. 56440
Lauren Ellsworth, Food Service Manager	ext. 56417
Erin Mudra, Assistant Food Service Manager	ext. 56416
Jonathan Burras, Pupil Services Director	ext. 56471
Nancy Gallaway, Pupil Services Executive Assistant	ext. 56448
Bridgette Vavra, Secretary	ext. 56471
Deb Morich, Pupil Services Executive Assistant	ext. 56479
Deb Rickert, Transportation Supervisor	ext. 56654
Deb Owens, Transportation Technical Clerk	ext. 56651

2016-2017 PAY DATES

PAY DATE

September 2, 2016
September 16, 2016
September 30, 2016
October 14, 2016
October 28, 2016
November 11, 2016
November 25, 2016
December 9, 2016
December 23, 2016
January 6, 2017
January 20, 2017
February 3, 2017
February 17, 2017
March 3, 2017
March 17, 2017
March 31, 2017
April 14, 2017
April 28, 2017
May 1, 2017
May 26, 2017
June 9, 2017
June 23, 2017
July 7, 2017
July 21, 2017
August 4, 2017
August 18, 2017

PERIOD COVERED

August 7 - August 20
August 21- September 3
September 4- September 17
September 18 - October 1
October 2 - October 15
October 16 - October 29
October 30- November 12
November 13- November 26
November 27 - December 10
December 11- December 24
December 25- January 7
January 8- January 21
January 22- February 4
February 5 - February 18
February 19- March 4
March 5- March 18
March 19- April 1
April 2 - April 15
April 16 - April 29
April 30 - May 13
May 14 - May 27
May 28 - June 10
June 11 - June 24
June 25 - July 8
July 9 - July 22
July 23- August 5

EMPLOYEE ACCIDENT REPORTS

When an employee suffers an accident, with or without injury, the Injury Illness Investigation Report must be completed in its entirety and with as much detail as possible. This three-page form must be completed and submitted to the Building Principal/Administrator as soon as possible. The Principal/Administrator must complete the appropriate section on page two and if necessary, a Nurse will complete the bottom portion of page two and forward the form to the Personnel Office at Central Office. A copy of this form follows on the next page for reference and/or use as needed.

In addition to the Injury Illness Investigation Report, the Standard School Incident Report must be completed in its entirety and submitted to the Operations Office at Central Office. A copy of this form is included in this handbook for reference.

Mansfield City Schools

P.O. Box 1448

Mansfield, Oh 44901

419-525-6484

Injury/Illness Investigation

To be completed by employee *(Complete within 24 hours or as soon as medically possible following incident and submit to Supervisor):*

Name (first, middle, and last): _____

Home address (incl. city, state, zip): _____

Social Security #: _____ Sex: Male Female Age: _____

Date and time of injury/illness: _____ Date and time reported: _____

Building: _____ Department: _____ Title: _____

Description of injury/illness (who, what, when, where): _____

Nature of injury (ex: scratch): _____

Part of body (ex: right index finger): _____

Was medical treatment sought? Yes No If so, where: _____

Recommended corrective action: _____

Names and departments of any witnesses: _____

Employee's signature: _____ Date: _____

To be completed by Building Principal (Complete immediately following accident and return to Safety & Health Coordinator within 24 hours of accident)

Supervisor name: _____ Department: _____ Title: _____

Injury Illness Property damage Near Miss First Aid Death

Date and time of injury/illness: _____ Date and time reported: _____

Description of injury/illness (who, what, when, where): _____

Nature of injury (ex: scratch): _____

Was medical treatment sought? Yes No If so, where: _____

Part of body (ex: right index finger): _____

Recommended corrective action: _____

Supervisor's signature: _____ Date: _____

To be completed by School Nurse (if applicable):

First Aid provided: _____

By whom? _____ Date: _____

Comments: _____

School Nurse signature: _____ Date: _____

To be completed by Safety and Health Coordinator:

Medical treatment sought: _____

Was drug screen administered? [] Yes [] No Is incident recordable? [] Yes [] No

Was FROI filed? [] Yes [] No If so, date and time: _____

Corrective action taken: _____

Corrective action taken by whom? _____ Date taken: _____

Comments: _____

Safety and Health Coordinator signature: _____ Date: _____



Standard School Incident Report

Name of School		School District	
Name of Injured Party		Date of Accident	Time of Accident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Address		Age	Sex
Grade or Position			
Status: <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Trespasser <input type="checkbox"/> Other, describe			
Description of Accident (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the accident?)			
Witness Name – 1		Address	Telephone Number
Witness Name – 2		Address	Telephone Number
Witness Name – 3		Address	Telephone Number
Location		Type of Injury	
<input type="checkbox"/> Athletic Field <input type="checkbox"/> Office <input type="checkbox"/> Bus <input type="checkbox"/> Playground <input type="checkbox"/> Bus Stop <input type="checkbox"/> Restroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Sidewalk <input type="checkbox"/> Classroom <input type="checkbox"/> Swimming Pool(Area) <input type="checkbox"/> Gymnasium <input type="checkbox"/> Stairs (Inside) <input type="checkbox"/> Hallway <input type="checkbox"/> Stairs (Outside) <input type="checkbox"/> Laboratory <input type="checkbox"/> Theater or Stage <input type="checkbox"/> Locker Room <input type="checkbox"/> Vocational Shops <input type="checkbox"/> Maintenance Area <input type="checkbox"/> Off-premises <input type="checkbox"/> Other		<input type="checkbox"/> Abrasion <input type="checkbox"/> Dislocation <input type="checkbox"/> Amputation <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Laceration <input type="checkbox"/> Bite (animal or insect) <input type="checkbox"/> Fracture <input type="checkbox"/> Bite (human) <input type="checkbox"/> Poisoning <input type="checkbox"/> Burn (Chemical) <input type="checkbox"/> Puncture <input type="checkbox"/> Burn (Heat) <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Concussion <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Other (describe)	
		Body Part(s) Affected	
		<input type="checkbox"/> Abdomen <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Back <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Leg <input type="checkbox"/> Ear <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Tooth <input type="checkbox"/> Face <input type="checkbox"/> Wrist <input type="checkbox"/> Other (describe)	
Immediate Action Taken			
<input type="checkbox"/> None <input type="checkbox"/> First Aid Provided Given by: _____ <input type="checkbox"/> Medical Ambulance Called Time of Call By _____ <input type="checkbox"/> School Nurse Notified Time of Call By _____ <input type="checkbox"/> Parent/Guardian Notified Time of Call By _____ <input type="checkbox"/> Name of Parent/Guardian Notified _____ <input type="checkbox"/> Parents/Guardian Telephone Number (Home) _____ (Work) _____ <input type="checkbox"/> Injured person released to <input type="checkbox"/> Self <input type="checkbox"/> Home <input type="checkbox"/> Class <input type="checkbox"/> Physician <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/> Time released			

Report Completed By: _____ **Time:** _____

Date: _____ **Telephone Number:** _____

Note: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.

GRANTS

Grants, and in the work involved, are certainly appreciated. All grants are issued to the school district, not to the individual requesting and/or administering the grant. The Principal/Administrator must approve the grant along with central office administration prior to requesting the grant. Copies of any grant requested must be filed with the Treasurer. Money may not be spent or encumbered prior to the receipt of the grant. All purchases must be in accordance with the Ohio Revised Code and district policies and procedures.

PERSONAL LEAVE

Personal Leave is granted to all regular employees. Certificated and classified employees are granted three (3) days per year per the negotiated agreements. Form F-216 is used to request these days. Duplicate copies of this form must be filed with the building Principal/Administrator three (3) days prior to the use of the leave. If three (3) days' notice is not possible, the staff member shall notify the substitute system and the building principal, or administrator, as soon as possible. In such situations, the personal leave form shall be submitted during the first workday after the conclusion of the leave.

Please refer to the union contracts, www.msea-oea.com or district policies for the details of the personal leave policy. A copy of this form is included in this handbook for reference.

SICK LEAVE

Sick Leave is accrued at 1.25 days per month for all certificated and classified employees. Sick leave usage is documented by using Form F-169 and is to be completed by the employee. The form is then given to the building Principal/Administrator for approval. The form is then submitted to the Treasurer's Office for processing.

Please remember that falsification of sick leave is grounds for termination of employment under Ohio Revised Code, Section 3319.61 or 3319.081.

Please refer to union contracts, www.msea-oea.com or district policy for the details of the sick leave policy. A copy of this form is included in this handbook for reference.

VACATION LEAVE

Vacation Leave is granted to all 12-month classified employees and administrative staff. Form F-379 is used to request these day. Duplicate copies of this form must be filed with the Superintendent for approval. A copy of this form will be retained at the central office.

Please refer to union contracts, www.msea-oea.com or district policies for the details of the vacation leave policy. A copy of this form is included in this handbook for reference.

OTHER LEAVE

Assault Leave, Court Leave (subpoena or jury duty assignment), Leave without Pay, and Military Leave forms must be completed by the employee and submitted to the building Principal/ Administrator for approval. Duplicate copies of this form must be filed with the Superintendent for approval. A copy of this form will be retained at the central office.

Please refer to union contracts, www.msea-oea.com or district policies for additional detail. A copy of this form is included in this handbook for reference.

PROFESSIONAL MEETING REQUEST

Application for Attendance at Professional Meetings is requested by completing Form F-174. This form provides an expense estimate for the length of the meeting. The expense information must be stated on the form for reimbursement to be issued following the meeting.

The form must be completed in its entirety including any and all signatures. Requisitions encumbering funds for expenses must be attached. All paperwork should be sent to the attention of the State & Federal office at the central office building for approval at least seven (7) working days prior to the meeting. After approval, the pink copy will be returned to the employee.

Subsequent to the meeting, using the pink copy, the final expenses portion of the form is then completed and returned to the central office with itemized receipts for reimbursement. Please note that receipts must be itemized.

Please refer to union contracts, www.msea-oea.com of district policies for additional details. A copy of the Application for Attendance at Professional Meetings form follows on the next page for reference.

PURCHASING GUIDELINES

Please review the purchasing guidelines for the Mansfield City School District.

1. Money has to be set aside (encumbered) **before** the district is obligated for any purchase.
2. The receiving warehouse receives the supplies or equipment and delivers them to the appropriate building. Please process your requisitions accordingly.
3. New vendor requests need to be in writing either by email or pony. The vendor W-9 must be on file before a check will be released.
4. We currently will not utilize several of the large local chain stores as vendors. There are other alternatives in town at similar prices. Please call the Treasurer's Office if you are not sure.
5. Invoices must reach this office by noon on Tuesday in order to be paid on Friday.
6. Vendor checks will be run **once** a week. There will be no extra checks issued. Please plan accordingly.
7. This office does not register your staff for conferences.
8. Any emergency item bought by a staff member without a purchase order should be reimbursed through your building's petty cash fund rather than a purchase order to the employee. (Max of \$50.00)

In the interest of abiding by the Ohio Revised Code 5705.41 and the laws of the State of Ohio, a purchase order, or any contract, is not valid unless a certificate (requisition) signed by the Treasurer, C.F.O., Superintendent, and authorized administrator is attached. Therefore, any purchase made, or contract entered into, is invalid without **FIRST** having this certificate/requisition. This certificate/requisition is a required part of each purchase order.

Failure to comply with this procedure could cause the individual to be held personally liable for unauthorized purchases.

There will be no exceptions to this Ohio Revised Code procedure. A purchase order has to be processed (encumbered) **BEFORE** the district is obligated for any purchase.

The Treasurer has decided to implement this procedure after results from the 2010-2011 audit report showed that a very high percentage of our employees did not abide by this law.

Mansfield School Employees Association Leave of Absence Without Pay

Article VII – Leaves 702

Illness or other disability

Maximum of two (2) years

Upon request the Board shall grant up to two (2) additional years

Written application on negotiated form Appendix C must be turned in (30) days prior to effective date (waived in emergencies)

Shall be eligible to continue in Board provided insurance plans by paying the entire regular premiums to the COBRA administrator

Exception: A staff member who is on leave for illness or other disability has exhausted all accumulated sick leave shall receive Board provided insurance at Board expense for the first twelve (12) months of leave for illness or other disability following approval of leave

Exception: An employee who is approved by STRS for disability retirement and who has exhausted sick leave shall not receive paid insurance

At the expiration of approved leave the returning staff member shall be granted the position prior to the leave if it is vacant. If position is filled the returning member shall be appointed to a certified position with equivalent contract status

Please refer to union contracts, www.msea-oea.com or district policy for the details of the leave of absence policy. A copy of this form is included in this handbook for reference.

Mansfield School Employees Association School Support Personnel Leave of Absence Without Pay

Article 16 – Leaves 16.6

Adoption, Illness or other disability
Maximum of twelve (12) months

Upon written request the Board shall grant up to one (1) additional year

Note: Failure to request an extension in writing in a timely manner shall be deemed a resignation

Written application on negotiated form Appendix C must be turned in (30) days prior to effective date (waived in emergencies)

Shall be eligible to continue in Board provided insurance plans by paying the entire regular premiums to the COBRA administrator

Exception: A staff member who is on leave for illness or other disability has exhausted all accumulated sick leave shall receive Board provided insurance at Board expense for the seven (7) months of leave for illness or other disability following approval of leave

Exception: An employee who is approved by SERS and eligible to receive SERS provided insurance benefits are not eligible for the Board provided medical insurance program

At the expiration of approved leave the returning staff member will be placed in the same or similar position in their classification which they occupies prior to the leave, providing there is a less senior employee to displace. Employees displaced due to such return from leave of absence or employees returning from a leave of absence that have no less senior employee within their classification to displace shall be deemed to be laid off, and shall be placed on the recall list pursuant to Section 13.5 of the Agreement.

Please refer to union contracts, www.msea-oea.com or district policy for the details of the leave of absence policy. A copy of this form is included in this handbook for reference.

Teamsters Medical Leave Without Pay

Accident, Illness or other disability

Note: Excluding Workers' Compensation and assault leave

Maximum of two (2) consecutive years

Written application on negotiated form Appendix C must be turned in

Note: The employee must provide to the District a written statement signed by the attending physician indicating the date on which it is expected that the employee will be physically able to perform regular duties and that the employee can work after that date without undue risk of injury

Employees may use accumulated and unused sick leave for the period of disability

Exception: Any employee on medical leave for illness or other disability and has exhausted all accumulated sick leave shall receive Board provided insurance at Board expense for one (1) year of leave for illness or other disability following approval of leave

When an employee returns from an approved medical leave they are eligible to bump based on seniority.

Please refer to union contracts, teamsters40.org or district policy for the details of the leave of absence policy. A copy of this form is included in this handbook for reference.

**GRIEVANCE REPORT FORM
(To Be Filed in Triplicate)**

Grievance # _____ Date Filed _____

Name of Aggrieved _____

Building _____ Assignment _____

**LEVEL TWO
(Submitted to Immediate Supervisor)**

A. Date Cause of Grievance Occurred _____

B. 1. Statement of Grievance

2. Relief Sought

Signature of Aggrieved

Date

C. Disposition by Supervisor

Signature of Supervisor

Date

**LEVEL THREE (Submitted to
Superintendent)**

A. Position of Aggrieved/or Association

Signature of Aggrieved

Date

B. Disposition by Superintendent or Designee

Signature of Superintendent or Designee

Date

**LEVEL FOUR (Submitted
to Arbitrator)**

A. Position of Aggrieved or Association

B. Date Submitted to Arbitration _____

C. Disposition and Award of Arbitrator

Signature of Arbitrator

Date

MANSFIELD CITY SCHOOLS
Mansfield, Ohio

**APPLICATION FOR SABBATICAL LEAVE
APPLICATION FOR PAID EDUCATIONAL LEAVE**

NAME: _____ DATE: _____

SCHOOL OR DEPARTMENT: _____

BACKGROUND:

- A. Number of consecutive years in Mansfield City Schools _____
- B. College degree or degrees held _____
- C. Length of requested leave _____
(one or two semesters)
- D. Date requested leave starts _____
Month Day Year
- E. Date requested leave ends _____
Month Day Year

PLANS:

- A. Educational _____ Professional _____ Other _____
- B. Please attach detailed outline of plans for leave.

Staff Member Signature

____ Approved ____ Disapproved

Superintendent or Designee Date

____ Approved ____ Disapproved

Treasurer for the Board Date

Copies: Treasurer – white
Principal/Administrator – yellow
Staff Member – pink
Executive Director of Personnel – gold

APPENDIX B 1

Article VII
Section 707

MANSFIELD CITY SCHOOLS
Mansfield, Ohio

Office of the Board of Education

**SABBATICAL LEAVE SALARY
NOTIFICATION
CERTIFICATED PERSONNEL**

TO _____ 20 __

In accordance with Article VII, you are hereby notified that your part salary for the school year 20 __ will be \$ _____. The salary computation found below is based on provisions of the Negotiated Agreement presently in effect in the Mansfield City Schools.

ANTICIPATED SALARY

Training	Here	Experience Other	Base	Base
		____ Teaching ____ Military		

SUBSTITUTE COSTS

5 Days X Daily Substitute Rate = _____ 55 Days X Daily Substitute Advanced Rate = _____ Remaining Days X B.A. (zero years) per diem = _____ Total Substitute Cost = _____
--

Please contact the Treasurer if you desire to continue your insurance coverage. Sign and return one copy within ten (10) days.

Staff Member Signature

Date

Executive Director of Personnel

Date

Treasurer

Date

APPENDIX C

Article VII
Section 702

MANSFIELD CITY SCHOOLS
Mansfield, Ohio

APPLICATION FOR LEAVE OF ABSENCE

NAME: _____ DATE: _____

SCHOOL OR DEPARTMENT: _____

I hereby request a leave of absence beginning _____
Month Day Year

and ending _____ for the reason checked below.
Month Day Year

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Military |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Parental | <input type="checkbox"/> Other Purposes (specify) |

_____ I have exhausted all of my accumulated sick leave and request that Board provided insurance(s) be continued in accordance with Section 702 at no cost to myself. (Applies to leave for illness or disability only.)

_____ I desire to continue the Board provided insurance(s) by paying the actual monthly cost to the Treasurer of the Board in accordance with guidelines established by the Treasurer.

Please attach a detailed outline of plan for leave.

Staff Member Signature Date

Principal/Administrator Date

Ex. Dir. Of Personnel Date

___ Approved ___ Disapproved _____
Superintendent Date

___ Approved ___ Disapproved _____
Treasurer for the Board Date

- Copies: Treasurer – white
Principal/Administrator – yellow
Staff Member – pink
Executive Director of Personnel – gold

(Revised 1/88)

MANSFIELD CITY SCHOOLS
Mansfield, Ohio

NOTIFICATION FOR USE OF SICK LEAVE

NAME _____

DATE _____

SCHOOL OR DEPARTMENT _____

Number of Sick Leave _____
Days Requested _____

I hereby certify that sick leave requested for the period beginning
A.M. _____ A.M.
P.M. _____ and ending P.M. _____ is justified
Month Day Year Month Day Year

For the following reason(s):

Check the reason(s) requested for use of sick leave:

- _____ 1. Personal illness (includes emergency dental and medical appointments)
- _____ 2. Injury
- _____ 3. Exposure to contagious disease which could be communicated to others
- _____ 4. Reason concerned with immediate family
A. Illness _____ B. Injury _____ C. Death _____
- _____ 5. *Funeral of relative or friend NOT covered by #4 above
Name of individual concerned _____
and relationship _____
- _____ 6. Disability due to maternity reasons

I hereby verify that sick leave was taken for reason(s) checked.

Signature of Staff Member

Signature of Principal/Administrator

To be submitted during the first workday after the conclusion of the use of sick leave.

To be completed when medical attention is required.

Name of Attending Physician

Date(s) Consulted

Address of Physician

SPECIAL ACTION BY SUPERINTENDENT OF SCHOOLS:

*5 above: Approved by Superintendent for more than one day: _____

NUMBER OF DAYS APPROVED: _____

Superintendent

APPROVED _____ DISAPPROVED _____ FOR PAYROLL: _____

Superintendent's Designee

Date

Distribution of Copies to:

- Treasurer – white
- Building Principal/Administrator – yellow
- Staff Member – pink

(Revised 1/88)

APPENDIX E
Article VII
Section 703

MANSFIELD CITY SCHOOLS
Mansfield, Ohio
APPLICATION AND/OR NOTIFICATION FOR USE OF PERSONAL LEAVE

NAME: _____ DATE: _____

SCHOOL OR DEPARTMENT: _____ Number of Days Personal
Leave Requested _____
A.M.

I hereby request personal leave beginning _____ P.M.
_____ and ending _____ A.M.
Month Day Year P.M.

_____ A.M.
Month Day Year

I hereby verify the use of personal leave for the reason checked below:

1. Personal business
2. Emergency personal business
3. Special circumstances: a) prior to, or following school vacation (requires Superintendent's approval), b) additional days, c) other reason. A written statement must be attached.

Written requests for personal leave shall be submitted at least three (3) days in advance of the date for which leave is requested. If three (3) days' notice is not possible, the staff member shall notify the substitute system and the building principal or immediate supervisor as soon as possible. In such situations, the personal leave form shall be submitted during the first workday after the conclusion of the leave.

Personal leave shall not be used for shopping, recreation, engaging in other employment for, creating a holiday, or for creating or extending a vacation period. Staff members found abusing personal leave shall be subject to discipline determined by the Board.

Signature of Staff Member

___ Approved ___ Disapproved

Principal or Administrator Date

___ Approved ___ Disapproved

Executive Director of Personnel Date

___ Approved ___ Disapproved

Superintendent (if needed) Date

Copies: Treasurer – white
Principal/Administrator – yellow
Staff Member – pink

Executive Director of Personnel – gold

(Revised 8/08)

F-216

MANSFIELD CITY SCHOOLS
Mansfield, Ohio

NOTIFICATION FOR COURT APPEARANCE
EMERGENCY LEAVE

NAME _____ DATE _____

SCHOOL OR DEPARTMENT _____

I hereby request leave for court appearance beginning _____
Month Day Year

and ending _____ for _____
Month Day Year ½ Day - Full Day

Note: A copy of the jury duty summons or subpoena must be attached. 706

Staff Member

Principal/Administrator Date

Superintendent's Designee Date

To be submitted to the immediate supervisor at least 24 hours preceding the start of the leave.

- Copies: Treasurer - white
Principal/Administrator - yellow
Staff Member - pink
Executive Director of Personnel - gold

MANSFIELD CITY SCHOOLS
 Mansfield, Ohio

**SALARY NOTIFICATION
 CERTIFICATED PERSONNEL
 OFFICE OF THE BOARD OF EDUCATION**

To _____ Date _____

In accordance with Section 3319.12 ORC, you are hereby notified that your salary for the school year 20 ____ will be \$_____. The salary computation found below is based on provisions of the salary schedule presently established by the Mansfield Board of Education.

SIGN AND RETURN ONE COPY WITHIN TEN DAYS

BASIS OF COMPUTATION

Training	Here	Experience Other	Step	Base
		Teaching Military		

Other Stated Conditions: _____

THE BOARD OF EDUCATION
 MANSFIELD CITY SCHOOLS

 Staff Member's Signature

 President

 Date

 Treasurer

MANSFIELD CITY SCHOOLS
Mansfield, Ohio
APPLICATION FOR ATTENDANCE AT PROFESSIONAL MEETINGS

Date Request Submitted _____

Application is made to attend the following professional meeting: (Check one)

Area _____ State _____ National _____ Other _____

Name of Staff Member: _____

Name of Meeting/Conference: _____

(Documentation Must Be Attached)

To Be Held At: _____

Date(s) to Be Held: _____

(List days; include travel time to and from)

Sponsoring Organization: _____

(PLEASE CHECK REASON (S) FOR ATTENDANCE)

1. District Program Needs 4. I am a participant in the program
 2. Building Program Needs 5. I am a delegate to the meeting representing _____
 3. I am a member of the organization. 6. Other (Explain) _____

MEETING EXPENSES:

1. Registration
 2. Lodging
 3. Meals
 4. Travel-not method used: ___POV ___mile x ___/Mi
 5. Parking Fee
 6. Miscellaneous Expenses
Total Expenses

ESTIMATED	FINAL
\$	\$
\$	\$

* Must be accompanied with valid receipts

Signature of Staff Member Date

Is Substitute Required? Yes ___ No ___ Check one: () Title I () Special Education () Other

I have evaluated this request in terms of the needs of the building/office and recommend that it be:

_____ Approved _____ Disapproved

Signature of Principal/Administrator Date

Account # for Expenses _____ Account # for Substitute _____

Signature of Administrator Responsible Date

REIMBURSEMENT FOR FINAL EXPENSES APPROVED

Date Approved

Signature of O.U. Administrator

NOTE: Submit all copies to administrator responsible who will submit to the Treasurer's Office with appropriate requisition number:
 Return distribution: White – Treasurer's Office Yellow – Superintendent's Office Pink – Return to applicant Gold – Return to Supervisor

NOTE: Pink copy should be submitted to O.U. Administrator for approval and reimbursement
 F – 174

Revised 5/06

MANSFIELD CITY SCHOOLS
Mansfield, Ohio

ASSAULT LEAVE

NAME: _____ DATE: _____

SCHOOL OR DEPARTMENT: _____

Assault leave has been taken in accordance with ORC 3319.143 and Article VII, Section 705, of the Agreement between the Mansfield Board of Education and the Mansfield School Employees Association.

_____ day(s) of assault leave was/were taken beginning at _____ a.m./p.m. on
_____, 20 ____ and ending at _____ a.m./p.m.
Month Day

on _____, 20 ____ Medical attention _____ required.
Month Day was/was not

Nature of disability _____

Staff member is unable to perform duties? [yes/no]

Expected duration of disability _____

If medical attention was obtained or if your leave was for more than five (5) days, the following information must be stated:

Name of Physician _____

Office Address _____

Staff Member Signature

Principal/Administrator

Date

Superintendent or Designee

Date

APPENDIX J

Article VI
Section 604 A

MANSFIELD CITY SCHOOLS
Mansfield, Ohio

REQUEST FOR SEVERANCE PAYMENT

NAME: _____ DATE: _____

BUILDING OR DEPARTMENT: _____

I hereby certify that my employment with the Mansfield City Schools was terminated effective
·
 Month Day Year

Not desiring to have my accumulated sick leave transferred to another public agency in Ohio, I hereby request severance pay payment under Article VI, Section 604, of the Board MSEA Negotiated Agreement.

Severance pay will be granted for all of the instructional staff member's accumulated but unused sick leave at 26%. Severance pay will be at the per diem rate of the eligible instructional staff member and shall be payable upon the staff member having fulfilled the requirements of this section or at the option of the staff member, January of the succeeding calendar year.

I request payment immediately _____.

I request payment in January of the succeeding calendar year _____.

Signature of Staff Member

Request Approved _____

Signature of Treasurer for the Board

Date

APPENDIX K

Article VIII
Section 803
A 7

MANSFIELD CITY SCHOOLS
Mansfield, Ohio

NOTIFICATION FOR USE OF MSEA BUSINESS DAYS

Name _____ Date _____
Number of MSEA days
School or Department _____ Requested _____

In accordance with the Board-MSEA Negotiated Agreement, I hereby request MSEA leave
beginning _____ A.M. _____ P.M. _____ Month _____ Day _____ Year _____
and ending _____ A.M. _____ P.M. _____ Month _____ Day _____ Year _____.

Signature of Staff Member _____

Signature of Principal/Administrator _____

Approved ___ Disapproved ___ _____
MSEA President Date

Approved ___ Disapproved ___ _____
Executive Director of Personnel Date

Distribution of copies:

- Treasurer – white
- MSEA President – green
- Principal/Administrator – yellow
- Staff Member – pink
- Executive Director of Personnel - gold

TO: All Certificated Staff Members
FROM: Human Resources
RE: Letter of Intent
DATE: February _____, 20 ____

To assist the district administration and building principals in determining staff assignments for the 20 ____ - 20 ____ school year, I am requesting each certificated person to read through this survey, mark applicable statements and provide any necessary information relative to the marked statement.

Should you wish any of your expressions of intent to remain confidential, please make note of that preference and it will be respected.

Return to the building principal by **March 15th**, 20 ____.

Thank you for your cooperation in the completion of this form.

PLEASE CHECK ONE OF THE FOLLOWING:

- ____ I wish to continue teaching in my current assignment.
- ____ I do not wish to be employed for the next school year.
- ____ I plan to retire under the provisions of the State Teachers Retirement Act.
- ____ I plan to ask for a leave of absence (reason) _____.
- ____ I am requesting a voluntary transfer in my teaching assignment. I request a reassignment to the following grade level or area: _____.
- ____ My plans are indefinite at this time, but I will notify the Personnel Office not later than March 15. If no reply is received by this date, it will be assumed that I will return to my current assignment.
- ____ Please notify me by mail of openings in the following areas:

Grade level(s) K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, SP. Ed., Voc.

Curricular Area(s) _____

My summer address will be: _____

Telephone No. _____

Staff Member's Signature

Current Assignment/Building

-

MANSFIELD CITY SCHOOLS
Mansfield, Ohio

REQUEST FOR ONE ADDITIONAL EVALUATION

NAME: _____ DATE: _____

SCHOOL OR DEPARTMENT: _____

I hereby request a maximum of one additional evaluation by administrative personnel other than my original evaluator. This one additional evaluation shall be held within ten (10) school days of the request. The Executive Director of Personnel shall assign the evaluator. If approval of the request is not granted, written reasons shall be provided by the Executive Director to the staff member within five (5) school days of the request.

ORIGINAL EVALUATOR(S): _____

REASON FOR REQUEST: _____

EVALUATOR ASSIGNED: _____

SCHEDULE OF EVALUATION: _____

Applicant Signature

Executive Director of Personnel Date

Copies: Staff Member
Principal/Immediate Supervisor
Executive Director of Personnel
Evaluator Assigned

Application for Donation to Sick Leave Bank

Employees Name: _____

Date: _____

School/ Department:

I hereby request to donate one day of my sick leave to the Sick Leave Bank.

____ I am a Certified staff member

____ I am an Education Support Professional (Support staff)

____ Yes, I do want to participate in the sick leave bank.

____ No, I do not want to participate in the sick leave bank.

By checking yes, I authorize the Treasures office to deduct one day of sick leave from my accrued sick leave.

Signature of Staff Member

*Form must be turned into the MSEA President or designee before October 1st.

Application to withdraw from Sick Leave Bank

Employees Name _____
School/ Department _____

I am a member of Sick Leave Bank _____ Yes _____ No
I am requesting sick leave for _____ Myself _____ Spouse/Child
I have used all of my accrued sick leave, personal leave, vacation time, or
compensation time. *

_____ Yes _____ *No
* If no you are not eligible for days to withdraw days from the Bank
The reason for this request is:

- _____ Catastrophic illness
- _____ Long-term chronic illness
- _____ Required Surgical procedure
- _____ Serious Accident or injury requiring extended rehabilitation
- _____ Chronic personal illness

Signature of attending physician, medical specialist, or appropriate medical personnel and date.

Signature	Date	Printed name & phone number
-----------	------	-----------------------------

I am requesting that as a member of the Sick Leave Bank I withdraw days starting _____ and ending _____ (if known, may be filled in at a Month Day Year Month Day Year later date) to be no later than 30 days for a Spouse/Child or 90 days if employee is the reason for the request.

Signature of Staff Member

Signature of MSEA President/Designee

Signature of Treasurer/Designee

White copy- Treasurers office
Yellow copy- MSEA copy
Pink copy- Members copy

Waiver for STRS Retiree

In consideration of the decision of the Mansfield City School District to employ me following my service retirement, and in consideration of the benefits which will otherwise accrue to me as a result of such retirement, I understand and agree that the terms of my employment and compensation will differ from that of other bargaining unit members and acknowledge that I have been provided information describing the terms of my employment and compensation as an STRS retiree at Mansfield City School District.

I understand that the terms of my employment and compensation as an STRS retiree at Mansfield City School District may involve the relinquishment of rights and benefits to which I might otherwise be entitled pursuant to Sections 124.39, 3317.12, 3317.14, 3319.07, 3319.08, 3319.081, 3319.083, 3319.084, 3319.11, 3319.111, 3319.12, 3319.13, 3319.131, 3319.141, 3319.16, 3319.17 of the Ohio Revised Code and other applicable provisions of law.

I hereby voluntarily WAIVE AND RELEASE any claims concerning the above-described rights and benefits which I might have against the Mansfield City School District, the Mansfield School Employees Association (MSEA), or the officers` employees, or agent of either, past or present, including but not limited to any claims for age discrimination arising under the Ohio age discrimination laws, the federal age discrimination law (the Age Discrimination in Employment Act or "ASWA"), or a municipal ordinance.

I understand that the Mansfield City School District recommends that I consult with an attorney before signing this Addendum. I understand that I may revoke this Addendum within seven (7) calendar days after signing it, and that in order for this revocation to be effective, written notice must be received by the Board no later than the close of business on the seventh day after I have signed this Addendum.

I also understand that by law, I am allowed twenty-one (21) calendar days to review this Addendum before signing it. However, I am hereby voluntarily RELEASING AND WAIVING my right to this 21-day review period. I am NOT, however, waiving my right to revoke this Addendum 7 days after signing it, as described above.

Signature

Date

Memorandum of Understanding Between
Mansfield City School Board of Education
And
Mansfield School Employees Education Association
Retirement Incentive program

1. A retirement incentive payment will be made to each qualified bargaining unit member who retires from active service with the provision of this Memorandum. A qualified bargaining unit member is someone who:
 - a. Has completed the 2006-2007 district school year.
 - b. Is eligible to retire under the State Teachers Retirement System (STRS) guidelines prior to the start of the 2007-2008 school year and,
 - c. Has not retired as of the effective date of this agreement and.
 - d. Has notified the District Treasurer by February 1, 2007 of his/her intent to voluntarily retire prior to the start of the 2007-08 school year.
 - e. Has provided official documentation from the STRS reflecting an official retirement date prior to the start of the 2007-2008 school year.
2. If thirty (30) qualified bargaining unit members submit their letters of intent to retire before February 1, 2007, the member will be paid, in addition to the severance payments described in Article 604, retirement payments in the amount of 24% of the bargaining units members accumulated but unused sick leave at the members per diem rate. This payment will be deposited in a 403 (B) annuity account with one of the companies the district offers for these services.
3. Payment for severance shall be paid in accordance with Article 604. The incentive shall be paid in July 2008. No direct deposits will occur.
4. If the appropriate number (30) of unit members submit he required documentation listed in section 1 of this document to the Executive Director of Human Resources by February 1, 2007 the incentive payment shall be approved for all qualified members. If fewer than thirty (30) members submit their letters of retirement to the Human Resource Department prior to February 1, 2007, the Board may elect not to offer the incentive payment. If the incentive³ payment is not offered, members who have submitted their letters of retirement will be given the opportunity to rescind their intent to retire and continue their active employment with the district, or elect to retire without regard to the conditions of the incentive.
5. Any retirement incentive payments due to a bargaining unit member, who dies after the commencement of STRS retirement but before receiving all retirement all retirement incentive payments payable under this Memorandum, will be paid to the member's beneficiary or estate.

Mansfield Board of Education Date

MSEA Date

Appendix T
HS Course selection

Memorandum of Understanding between the Mansfield School Employees Association and the Mansfield City School District

This Memorandum is executed on April of 2009, by and between the Mansfield School Employees Association (hereinafter the "Association") and the Mansfield City School District (hereinafter the "Board").

WHEREAS, the Association and the Board have agreed that academic stakeholders shall have their concerns and recommendations regarding scheduling of classes at the high school heard and valued, and:

NOW, THEREFORE, BE IT RESOLVED that the Board and the Association agree as follows:

1. In collaboration with the administration, the high school counselors will provide each department with the number of sections required as determined by student registration as of April 15th.
2. The department chairs shall schedule a meeting of all involved staff members to discuss class assignments. The selection process shall be as follows:
 - a. Each department shall meet to work out what sections each individual in the department shall teach. If everyone in the department cannot agree upon selection of sections by April 20th, the process outlined in letter 2 (b), of this document, shall be followed.
 - b. Beginning with the most senior staff member, each teacher shall select two (2) sections, for which he/she is properly certified/ licensed, followed by the next senior teacher until all have chosen two (2) sections, for which he/she is properly certified/licensed. Another round of selections shall follow, using the same procedure (select 2 sections). The final selection shall then take place, with each teacher selecting his/her final section, for which he/she is properly certified/ licensed.
 - c. Once all selections have been determined, individual members may, if both parties are in agreement, trade a section or sections, before the finalized list is provided to administration.
 - d. The final selection of sections shall be provided to the building administrator no later than April 25th.
3. If student enrollment in a section goes below 12 students, the administration reserves the right to modify staff section(s). If the administration has to modify a teacher's section(s), (based on student enrollment falling below 12 students) that section(s) shall be closed for that year.

No part of this Memorandum of Understanding shall supersede or modify Section 302 or Section 402 of the Negotiated Agreement.

It is agreed to suspend this MOU until June 1, 2014, when it will be reinstated. While this MOU is suspended the above process will be followed, but the building principal/superintendent will have the final say in course selection(s)

Guidelines for Submitting Professional Leave (Back of form)

The following guidelines must be followed for all professional leaves:

- All expenses must be estimated on the Professional Leave form before submitting the form to your principal/supervisor for approval or they will not be reimbursed.
- Professional leave must be submitted at least 5 days in advance to one of the offices listed below. Many conferences have registration deadlines and fill up very quickly. For this reason, you should submit your professional leave as far in advance as possible.

Special Education professional leaves go to Executive Director of Pupil Services at Raemelton; Title 1 forms go to Title 1 Supervisor, Central Office; Drug Free forms go to DASF Supervisor at Central Office; Career Technology/Adult Education forms go to District Director of Career Technical Programs; athletic leaves and secretary leaves go to Executive Director of Human Resources at Central Office; and regular conference /workshop leaves go to the district Chief Academic Officer.

- **Meeting documentation must be attached to all professional leave forms.** The name of the meeting/conference must be written on the form.
- Write or print the name of the applicant on the form (name/signature must be legible).
- Do not register for the conference in advance of sending professional leave to the appropriate office. The designated office will register you.
- If you are requesting mileage at the district rate per mile, it must be listed on the form. We will only pay for mileage if the mileage distance is listed on the form when the application is made. Mileage should be from your school to the conference/workshop.
- \$25 a day for meals will only be paid when the conference/workshop involves an over-night stay and proper receipts are submitted with the pink copy of the Professional Leave Form upon your return. We do not provide lunch money for one-day conferences. Amounts must be listed on the form when submitted for approval.
- Check if sub is needed in the appropriate place on the form. After approval, the building secretary must call the Personnel Office to request a substitute. The building must be prepared to cover classrooms, especially on Mondays and Fridays if substitutes cannot be obtained. Sick leave and personal leave will be covered by the sub service first.

All Professional Leave Forms must be signed by the building principal/department supervisor before sending to the appropriate office specified above.

MANSFIELD CITY SCHOOLS
Mansfield, Ohio

VACATION LEAVE REQUEST FORM FOR TWELVE MONTH EMPLOYEES
Transportation, Food Service, Custodial and Maintenance Staff ONLY

I am requesting _____ day(s) of vacation from my accrued vacation time. The vacation time will begin on (day) _____, (date) _____ and end on (day) _____, (date) _____.

I have reviewed this vacation request with my immediate supervisor who is

Employee's Signature _____

Position or Job _____

Date Request Made _____

Approved

Disapproved

Executive Director
of Business Affairs _____

Date _____

Approved

Disapproved

Executive Director
of Human Resources _____

Date _____

SUBMIT ALL COPIES TO HUMAN RESOURCES

After approval, copies will be distributed by Human Resources as follows:
Original (white)- Treasurer; Copy 1 (yellow)- Human Resources; Copy 2 (pink)- Applicant