

705.2 **PERSONNEL HEALTH - AIDS (REGULATION)** (Approved 12-5-88) (Revised 9-95)

In accordance with the policy of the Board of Education, the following regulation shall govern the prevention and control of infection of school district employees by the Human Immunodeficiency Virus (HIV) and the employment status of HIV infected school employees.

Infection by HIV may result in the disease known as Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complexes (ARC).

An employee who suspects infection or who has been confirmed through medical examination to be infected with HIV will inform the school nurse or the Superintendent. Failure to do so may result in the termination of employment for cause as set forth in school policy.

If an employee is infected with or is suspected of being infected with HIV, the Superintendent will conduct an interview to determine if the employee has knowledge of an infection and whether further medical examination is desired.

If an employee is confirmed as being infected with HIV, the Superintendent will compose a Health Review Committee (HRC) for the district. The HRC will be composed of the employee, the employee's physician, a member of the Oklahoma State Department of Health, the employee's supervisor, and the Superintendent.

Any decision regarding the employee's status shall be based upon the best medical evidence available. The HRC shall determine the extent to which reasonable accommodation of the employee may be necessary due to the employee's condition. Unless the medical experts are of the opinion that the employee's condition could reasonably present a hazard of infection to students or other employees, the employee will be permitted to continue his or her usual duties. If the employee's condition could reasonably present a hazard of infection to students or other employees, the Sapulpa School District will consider assigning the employee to other available duties for which the employee is qualified at no reduction in pay.

The employee is required to provide the Superintendent periodic written comprehensive reports from the employee's personal physician as to the employee's current health condition. The frequency of such reports will be determined in each case by the medical representatives of the employee and the Sapulpa School District.

Any employee may apply for and be granted a leave of absence without pay in compliance with the Sapulpa School District's Family and Medical Leave Policy or another District policy authorizing leave, when approved by the Superintendent, upon advice of the employee's personal physician, and when deemed appropriate, a district medical officer.

An employee may request and be granted return from a leave of absence without pay when approved by the Superintendent upon the advice of the employee's personal physician, and when deemed appropriate , a district medical officer.

The employee will be requested to consent in writing to the notification of only those persons who, under the circumstances of the employee's particular job duties and health condition, have a need to know. Normally, this will mean the employee's immediate supervisor, the Board of Education and its attorney, the Superintendents, the appropriate building supervisor and any health care professionals. Those persons will be instructed regarding their legal obligation to maintain the confidentiality of the information and the legal consequences of failing to do so. No entry regarding the employee's HIV, AIDS or ARC status will be made in the employee's personnel file. Under no circumstances will students or the parents of students be notified that any person infected with HIV, AIDS or ARC is employed by the Sapulpa School District.

The Superintendent is directed to establish regulations describing appropriate action to be taken when accidents involving the emission of body fluids occurs, e.g. vomiting, bleeding, diarrhea, etc. Hygiene and sanitation procedures are contained in school policy.

706.1 & 706.2 - use Certificate of Health form - page 1

706.1 & 706.2 - use Certificate of Health form - page 2

706.3 **CONTROLLING THE SPREAD OF COMMUNICABLE DISEASE BY PROPERLY HANDLING BODY FLUIDS IN SCHOOLS - GUIDELINES FOR PROVIDERS OF FIRST AID**

The body fluids of all people should be considered to contain potentially infectious agents (germs, bacteria or viruses). The term "body fluids" includes blood, semen, drainage from scrapes and cuts, feces, urine, vomit, respiratory secretions (such as nasal discharge.) Diseases such as hepatitis, shigella, salmonella and AIDS are transmitted through body fluids. The following guidelines are established for the protection of all personnel.

HANDWASHING PROCEDURE:

Handwashing is the most important single way to prevent the spread of infectious diseases. Hands should be washed frequently during the day--always before eating, after going to the restroom, after any dirty cleaning job and particularly after providing first aid or cleaning up body fluids whether you touched the fluids or not.

1. Use soap and water with vigorous washing under a stream of running water for about 10 seconds.
2. Dry hands thoroughly with a paper towel. Use the paper towel to turn off the faucet. Discard the towel in the proper container.
3. Use hand lotion as needed. Dry, cracked hands leave openings in the skin for bacteria to enter.

PROVIDING FIRST AID:

1. Wear one (1) disposable, surgical glove to clean minor wounds that produce a minimal oozing of blood or drainage. Wear gloves on both hands to clean wounds with increased amounts of blood or drainage such as larger cuts or nose bleeds.
2. Use soap to wash wounds. (This will reduce the bacteria count on the skin.) Be certain to have the child wash the soap off before applying medication and/or a dressing.
3. Do not touch the contaminated glove to any surface. Grasp the glove by the cuff and turn it inside out as you remove it from your hand. **WASH YOUR HANDS.**
4. Have custodians place a plastic bag liner in the trash can that contains refuse from first aid. It should be changed daily and sealed tightly before disposal.
5. Do not use re-usable plastic gloves for handling body fluids. It is impossible to clean them sufficiently to prevent the transmission of bacteria.
6. If you have any questions concerning the proper handling of body fluids during the administration of first aid, contact your school nurse.

FOR CLEANING UP SPILLED BODY FLUIDS AND DISINFECTING HARD SURFACES AND LAUNDRY

SEE: "HANDLING BODY FLUIDS--GUIDELINES FOR SCHOOL BUSES AND SCHOOL BUILDINGS"

CONTROLLING THE SPREAD OF COMMUNICABLE DISEASE BY PROPERLY HANDLING BODY FLUIDS IN SCHOOL BUSES AND SCHOOL BUILDINGS

The body fluids of all people should be considered to contain potentially infectious agents (germs, bacteria or virus). The term "body fluids" includes blood, semen, drainage from scrapes and cuts, feces, urine, vomit, respiratory secretions (such as nasal discharge). Diseases such as hepatitis, shigella, salmonella and AIDS are transmitted through body fluids. The following guidelines are established as policy and are for the protection of all personnel.

HANDWASHING PROCEDURE:

Handwashing is the most important single way to prevent the spread of infectious diseases. Hands should be washed frequently during the day--always before eating, after going to the restroom, after any dirty cleaning job, PARTICULARLY AFTER CLEANING UP BODY FLUIDS WHETHER YOU TOUCHED THE FLUIDS OR NOT.

1. Use soap and water with vigorous washing under a stream of running water for about 10 seconds.
2. Dry hands thoroughly with a paper towel. Use the paper towel to turn the faucet off. Discard the paper towel in the proper container.
3. Use hand lotion as needed (the hand soaps used in the dispensers contain lotion).

CLEANING SPILLED BODY FLUIDS:

1. Put on disposable, surgical gloves. These are obtained from the Transportation Office.
2. Pour sanitary absorbent on the fluid. Allow a few minutes for the liquid to be absorbed.
3. The absorbent and sweeping should then be disposed of in a plastic bag. Brooms and dustpans should then be cleaned immediately in a disinfectant.
4. Grasp each glove by the cuff and turn inside out as you remove it from your hand. Discard the gloves into the same plastic bag. Seal tightly and dispose the bag to the trash.
5. Wash hands.

DISINFECTION OF HARD SURFACES:

1. Put on disposable gloves.
2. Remove soil and apply a germicidal disinfectant to the area involved.
3. Soak mops in the disinfectant after use and rinse thoroughly.
4. Discard disposable cleaning equipment in a plastic bag. Contaminated water should be flushed down the toilet.
5. Non-disposable cleaning equipment should be thoroughly rinsed in the disinfectant.
6. Pour used disinfectant solution promptly down the drain.
7. Remove and dispose of the gloves.
8. Wash hands.

MISCELLANEOUS:

1. Line trash cans used for first-aid refuse with a plastic liner.
2. Wear plastic or rubber gloves to clean toilets and urinals.
3. Do not use re-useable plastic or rubber gloves to handle body fluids. It is impossible to clean them sufficiently to prevent the spread of bacteria.

AFTER THE JOB HAS BEEN COMPLETED AND EVERYTHING IN RELATION TO THE INCIDENT HAS BEEN COMPLETED, COMPLETE THE "REPORT OF OCCURRENCE" FORM AND FORWARD IT TO THE SCHOOL OFFICE IMMEDIATELY.

706.3 & 706.4

REPORT OF BODY FLUID CONTROL (HANDLING)

Employee

Date

School or Location

Person Treated

PRIMARY OCCURRENCE:

_____ Vomit

_____ Blood

_____ Urine

_____ Feces

HEALTH PROCEDURE EQUIPMENT

_____ Gloves

_____ Absorbent

_____ Disinfectant

_____ Towel

_____ Waste Container

FIRST AID OCCURRENCE:

_____ Bleeding Control

_____ Artificial Respiration

CLEAN UP: (DISINFECTED)

_____ Broom

_____ Dust Pan

_____ Mop Bucket

_____ Mop

The above listed incident was cared for in safe and proper manner according to school health procedures.

Signed

Date

706.9 **EMPLOYEE YEARLY CRIMINAL RECORD QUESTIONNAIRE**

HAVE YOU WITHIN THE PAST 365 DAYS:	YES	NO
Entered a plea of guilty or nolo contendere to a state (any state) or federal felony charge?	___	___
Been convicted of a state (any state) or federal felony offense?	___	___
Been charged with a state (any state) or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere?	___	___
Entered a plea of guilty or nolo contendere to, or been convicted of, a state (any state) or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity?	___	___
Entered into a deferred prosecution agreement with a state (any state) or federal prosecutor?	___	___

If any question is answered yes, give a detailed explanation on the reverse side of this form.

This form must be returned to the office of the Superintendent by September 15 of each school year.

Refusal by the employee to sign and return the required form or giving false information or misinformation on the form will constitute insubordination and willful neglect of duty and may be the basis for disciplinary action, including termination of employment.

Printed Name of Employee

Signature of Employee

Date

708. Insert evaluation form (be sure to use new one from 2001-02)

716. **EMPLOYEES CHARGED WITH CRIMES**

STATE OF OKLAHOMA
COUNTY OF _____

I, _____, being of lawful age and duly deposed, state as follows:

This affidavit is made upon personal knowledge of facts to which I am competent to testify.

1. I am the duly appointed representative of _____.
2. _____ has entered into a contract with Independent School District No. 33 of Creek County, Oklahoma (the School District) to perform services. The completion of this contract will require that employees of _____ will necessarily be present on School District property.
3. I have reviewed the necessary records of employees and affirmatively state that no employee of _____ who may be present on School District property has been convicted in this state, the United States or any other state of any felony offense in the last ten (10) calendar years.
4. I further affirmatively state that no employee of _____ who may be present on School District property is currently registered under the provision of the Oklahoma Sex Offenders Registration Act.
5. I understand the obligations of Oklahoma law placed upon _____ and state that _____ is not in violation of those obligations.

Representative of Business

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

(Seal)

My Commission Expires:

718 Procedures General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I provide consent to the District to conduct a limited query of the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. My consent will remain in effect for the duration of my employment with the District.

I understand that if the limited query conducted by the District indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the District without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the District to conduct a limited query of the Clearinghouse, the District must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

By signing below, I acknowledge that I have read, understand and agree to the foregoing.

Employee Signature

Date

Employees MUST complete one form for every previous DOT-regulated employer they have been employed at in the past THREE years.

Employee Printed or Typed Name: _____
Employee SS or ID Number: _____

Section I. To be completed by the employee:

I-A. Previous Employer Information

Previous Employer Name: _____
Address: _____
Phone #: _____ Fax #: _____
Designated Employer Representative (if known): _____

I-B. New Employer Information

New Employer Name: Sapulpa Public Schools Address: 511 E. Lee Sapulpa OK, 74066
Phone #: _____ Fax #: _____
Designated Employer Representative: _____

I-C. Consent: I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-A*, to the employer listed in *Section I-B*. This release is in accordance with federal regulations under 49 CFR Part 40.25 and Part 382.413. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** ____ **NO** ____
2. Did the employee have verified positive drug tests? **YES** ____ **NO** ____
3. Did the employee refuse to be tested? **YES** ____ **NO** ____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** ____ **NO** ____
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** ____ **NO** ____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** ____ **YES** ____ **NO** ____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record(s)).

II-B.

Name of person providing information in *Section II-A*: _____ Date: _____
Title: _____ Phone #: _____

Sapulpa Public Schools
Bus Driver Consent for Release of Information and General Consent for Limited
Queries of the FMCSA Drug and Alcohol

I, _____ hereby agree to allow any of my former Department of Transportation (“DOT”) regulated employers, who have employed me within three (3) years of the date that I applied for a position with Sapulpa Public Schools (the “District”), to release information concerning my prior drug and alcohol tests and results. This is for any position I held which required the performance of safety-sensitive duties. I understand that the District is required by law to obtain my consent in writing, and my signature below authorizes any of my former DOT-regulated employers to release the following information to the District:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations; and
5. Documentation of the successful completion of the return-to-duty requirements (if I have violated a drug or alcohol regulation).

I further agree to turn over copies of any documentation or information I have in my possession that relates to the five (5) areas described above. I understand that if I refuse to consent in writing to the release of the above information, federal law prohibits me from performing safety-sensitive duties. I also understand that I must complete a Release of Information Form related to any employer that is subject to the consent above.

I also provide consent to the District to conduct a limited query of the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. My consent will remain in effect for the duration of my employment with the District.

I understand that if the limited query conducted by the District indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the District without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the District to conduct a limited query of the Clearinghouse, the District must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

By signing below, I acknowledge that I have read, understand and agree to the foregoing. I also acknowledge and affirm that I have provided the District with a complete listing of my former employers, including my former DOT-regulated employers.

Driver

Date

List of Prior Employers

Employee must list all employers within the past three years of his/her date of application. Attach additional pages if necessary.

Previous Employer Information

Dates of Employment _____
Previous Employer Name: _____
Address: _____
Phone #: _____ Fax #: _____
Job Position: _____ CDL required? Yes ___/No ___
While in this position, were you subject to DOT Drug Testing? Yes ___/No ___
If the answer to either of these questions is YES, you must complete a Release of Information Form for this employer.

Dates of Employment _____
Previous Employer Name: _____
Address: _____
Phone #: _____ Fax #: _____
Job Position: _____ CDL required? Yes ___/No ___
While in this position, were you subject to DOT Drug Testing? Yes ___/No ___
If the answer to either of these questions is YES, you must complete a Release of Information Form for this employer.

Dates of Employment _____
Previous Employer Name: _____
Address: _____
Phone #: _____ Fax #: _____
Job Position: _____ CDL required? Yes ___/No ___
While in this position, were you subject to DOT Drug Testing? Yes ___/No ___
If the answer to either of these questions is YES, you must complete a Release of Information Form for this employer.

Dates of Employment _____
Previous Employer Name: _____
Address: _____
Phone #: _____ Fax #: _____
Job Position: _____ CDL required? Yes ___/No ___
While in this position, were you subject to DOT Drug Testing? Yes ___/No ___
If the answer to either of these questions is YES, you must complete a Release of Information Form for this employer.

For Administrative Use Only:

	<i>(date)</i>	<i>(District employee initials)</i>
<i>Consent form provided to bus driver:</i>	_____	_____
<i>Consent form returned from bus driver:</i>	_____	_____
<i>Consent declined:</i>	_____	_____

723. **SUSPENSION, DEMOTION, TERMINATION, OR NON-REEMPLOYMENT**

**NOTICE TO SUPPORT EMPLOYEE OF
SUSPENSION WITHOUT PAY, DEMOTION OR TERMINATION**

To:

On the ____ day of _____, _____, an initial hearing was held concerning your employment status. This will notify you of:

(___) A. Suspension without pay as a disciplinary measure.

You have been suspended from your employment without pay and other benefits as a disciplinary measure from _____, _____, to _____, _____.

(___) B. Demotion action.

You have been demoted from _____ to _____ with appropriate reduction in pay and other benefits, effective _____, _____.

(___) C. Termination Action.

You have been terminated, effective as of _____, _____.

The above action has been taken for the following cause or causes:

You are entitled by law to a hearing before the Board of Education on this action. If you desire to exercise this right, you must notify the Board of Education in writing within ten (10) working days of the postmark on the envelope in which this notice is sent. FAILURE TO REQUEST A HEARING WITHIN THE ABOVE TIME WILL RESULT IN THE LOSS OF YOUR RIGHT TO A HEARING. ENCLOSED FOR YOUR CONVENIENCE IS A HEARING REQUEST FORM. IF

YOU DESIRE A HEARING ON THE ABOVE ACTION, THE ENCLOSED HEARING REQUEST FORM SHOULD BE DELIVERED TO THE CLERK OF THE BOARD OF EDUCATION AT THE SAPULPA SCHOOL DISTRICT, 511 E LEE, SAPULPA, OKLAHOMA 74066-9804 OR MAILED BY CERTIFIED MAIL TO THE SAME PERSON AT THE SAME ADDRESS.

If you request a hearing, you will be notified in writing of the date, time and place of the hearing. The hearing will be conducted at the next, or next succeeding, regularly scheduled meeting of the Board of Education if the hearing request is received at least ten (10) days prior to the next, or the next succeeding, regularly scheduled Board of Education meeting. However, you have the right to request a special board meeting to conduct the hearing, which special meeting will be held no earlier than ten (10) days nor later than thirty (30) days after receipt of your hearing request.

You have the following hearing rights: The right to be present in person; the right to be represented by counsel of your choice; the right to present evidence or witnesses on your behalf; and the right to confront and cross-examine witnesses on behalf of the school administration. The Board of Education at the hearing may affirm, modify or reverse the above action. The decision of the Board of Education will be final.

Yours very truly,

Superintendent of Schools

Enclosure: Hearing Request Form

723.

**NOTICE TO SUPPORT EMPLOYEE OF INTENTION
OF NON-REEMPLOYMENT FOR THE SUBSEQUENT FISCAL YEAR**

To:

This is to advise you that the Board of Education intends not to reemploy you for the _____ - _____ fiscal year.

The cause for your non-reemployment is as follows:

You are entitled by law to a hearing before the Board of Education on this action. If you desire to exercise this right, you must notify the Board of Education in writing within ten (10) working days of the postmark on the envelope in which this notice is sent. FAILURE TO REQUEST A HEARING WITHIN THE ABOVE TIME WILL RESULT IN THE LOSS OF YOUR RIGHT TO A HEARING. ENCLOSED FOR YOUR CONVENIENCE IS A HEARING REQUEST FORM. IF YOU DESIRE A HEARING ON THE ABOVE ACTION, THE ENCLOSED HEARING REQUEST FORM SHOULD BE DELIVERED TO THE CLERK OF THE BOARD OF EDUCATION AT THE SAPULPA SCHOOL DISTRICT, 511 E LEE, SAPULPA, OKLAHOMA 74066-9804, OR MAILED BY CERTIFIED MAIL TO THE SAME PERSON AT THE SAME ADDRESS.

If you request a hearing, you will be notified in writing of the date, time and place of the hearing. The hearing will be conducted at the next, or next succeeding, regularly scheduled meeting of the Board of Education if the hearing request is received at least ten (10) days prior to the next, or the next succeeding, regularly scheduled Board of Education meeting. However, you have the right to request a special board meeting to conduct the hearing, which special meeting will be held no earlier than ten (10) days nor later than thirty (30) days after receipt of your hearing request.

You have the following hearing rights: the right to be present in person; the right to be represented by counsel of your choice; the right to confront and cross-examine witnesses on your behalf of the school administration. At the conclusion of the hearing, the Board of Education will vote to reemploy or non-reemploy you for the ensuing fiscal year. The decision of the Board of Education will be final.

Yours very truly,

Superintendent of Schools
Enclosure: Hearing Request Form

723.

HEARING REQUEST FORM

To: Clerk of the Board of Education
Sapulpa School District
511 E Lee
Sapulpa, OK 74066-9804

I hereby request a hearing before the Board of Education on the:

demotion

termination action

non-reemployment

concerning my employment. I acknowledge receipt of the notice dated _____, _____, concerning such action. I understand that the hearing will be conducted at the next, or next succeeding, regularly scheduled meeting of the Board of Education if the hearing request is received at least ten (10) days prior to the next succeeding regularly scheduled meeting of the Board, unless I check the box below requesting a special meeting of the Board of Education.

I request a special meeting of the Board of Education to be held no earlier than ten (10) days nor later than thirty (30) days after receipt of this hearing request.

Support Employee

Date

733. Insert Workers' Compensation Court Form 2

744. **WELLNESS PROGRAM**

SAPULPA PUBLIC SCHOOLS
Employee Wellness Contract
Contracts due to Wellness reps by August 31!

_____ Name of Employee _____ Building

Mark only one (1) numbered item!

_____ (1) Participate in an exercise program, aerobic in nature, consisting of a minimum of 3 workouts per week with each session at least 30 minutes in duration. The exercise program is to be maintained for 1 year.

(You must log your exercise on our logs 3 times per week)

_____ (2) Participate in a Weight Management Program for one year.

- _____ A. I will lose weight this year.
 - _____ B. I am maintaining the weight I lost last year.
 - _____ C. I am maintaining the weight I lost 2 years ago.
 - _____ D. I will gain weight, working toward my ideal weight.
- (You must log your weight on our logs weekly.)

<p>Beginning: Target: Weight _____ Weight _____ BMI _____ BMI _____ Refer to Body Mass Index (BMI) Chart!</p>
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_____ (3) Participate in a **Tobacco Cessation Program** and remain tobacco free for one year.
(You must complete a verification form upon successful completion of your contract.)

_____ (4) Complete a full year **without using a Sick Day** for my own personal illness. (Sick leave may be used for immediate family).
(You must complete a verification form upon successful completion of your contract.)

Logs for items #1 & 2/ Verification forms for items #3 & 4, MUST be turned in by **September 15th**, after your contract has been fulfilled.

I pledge to complete the item I have chosen to earn an Employee Well Day. I understand that the contract begins on September 1st and ends on August 31st of the following year.

Signed: _____
Employee

Date

Signed: _____
Wellness Building Rep.

Date

White copy: Wellness Coordinator

Yellow Copy: Employee

744. Insert Employee Well Day Request form

760. COMPENSATORY TIME OFF AGREEMENT

In accordance with the Fair Labor Standards Act, the Sapulpa School District has a policy of granting employees compensatory time off in lieu of compensation for hours worked in excess of 40 hours a week, or, at the District's discretion, providing the employee monetary overtime compensation. A copy of this policy has been provided to me. I understand that the compensatory time will be granted at time and one-half for all hours worked in excess of 40 hours per week. I further understand that the compensatory time may be limited, preserved, used or cashed out consistent with the provisions of that policy and applicable law and regulations of the U.S. Department of Labor.

I knowingly agree to this provision of time off as compensation for overtime work as a condition of my employment and consent to the use of compensatory time in accordance with the District's policy. I further understand that in the event any portion of the policy is interpreted to conflict with the FLSA or its regulations, the conflicting portion shall be struck and the remainder of the policy shall continue in full force and effect.

Employee Printed Name

Employee Signature

Date

Supervisor Signature

Date

760. EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received the following policies:

1. Classification of Employees and Rights and Responsibilities Involving Nonexempt Employees;
2. Multiple Employment Assignments; and
3. Compensatory Time for Overtime Policy

I further acknowledge that I have read these policies, any questions I may have had regarding these policies have been answered to my satisfaction, that I understand these policies and agree to comply with these policies.

Employee Printed Name

Employee Signature

Date

The supervisor's signature below verifies that the above named support employee was furnished with the District's FLSA policies.

Supervisor Signature

Date

772. **DISCRIMINATION COMPLAINT FORM** (Approved 1-14-13)

Date: _____

Name of Person Alleging Discrimination: _____

Address: _____

Telephone Numbers: (home) _____; (mobile) _____

(office) _____; (other) _____

To help us understand your concerns, please answer the following questions with as much detail as possible. Attach additional pages as necessary.

What is your complaint?

What documents and other items support your complaint? (Please attach copies of any supporting documents or items in your possession. For documents or items not in your possession, please identify where they are located.)

What action or relief are you seeking through the complaint process?

Signature of Person Alleging Discrimination

You may contact the District's Compliance Coordinators as follows:

Rob Armstrong, Chief Officer for Human Resources, TLE & Student Services

511 E. Lee, Sapulpa, OK 74066

918-224-3400 x1121

Kim Castaldi, Director of Special Services 918-224-3400 x1115

If, as a result of a disability, you need assistance in completing this form, please contact the District's Section 504/Title II Coordinator for assistance or accommodation.