

## **PROVISO AREA FOR EXCEPTIONAL CHILDREN**

We are pleased to have you as one of our staff members at Proviso Area for Exceptional Children (PAEC). We view our employees as being valuable assets in providing special education services to those children in need. We hope you enjoy the challenge of being part of a team that keeps PAEC functioning smoothly and effectively.

You may have many questions about your job and your role at PAEC. Your principal/supervisor can explain most of the specifics about your job and exactly what is expected of you. We have prepared this handbook for you to answer some of the more common questions of concern to most employees.

This handbook will answer your questions about what we do, how we do it, and what we expect from all of our employees. We suggest you take time now to read through this handbook. If you have any specific questions that you do not find the answers to here, please ask your principal/supervisor. We also suggest you keep this handbook at your desk, so you can refer to it any time you have a question or problem.

The information contained in this handbook does not comprise all of the policies of the PAEC Governing Board. Employees should also consult the PAEC Policy Manual for additional PAEC Governing Board policies.

We spend a great deal of time and effort finding and hiring people who have the skills and abilities to adequately perform a specific job. We do our best to make sure there is a match between your capabilities and the work you need to accomplish for us.

***However, it should be noted that the information in this employee handbook is not to be considered in any way a contract of employment. Only written agreements expressly approved and authorized for signature by the Governing Board may be construed as creating contractual rights. Employees shall have no expectations of contractual rights other than those set forth in their respective contracts.***

Again, we are pleased to have you on the staff at PAEC. It is only through quality personnel that we have been able to continue our excellent programs for exceptional children since 1957.

## PROVISO AREA FOR EXCEPTIONAL CHILDREN

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## **HISTORY OF PAEC**

The Proviso Area for Exceptional Children was formed in July of 1957. (The PAEC Center Building, consisting of A, B, and C Pods, was built in 1971, with D Pod being added in 1973/74. The PAEC Education Center Building, located next door to PAEC Center, was built in 1998.) Recognizing at that time a need to supply more comprehensive services for exceptional children than any single district could realistically provide, Proviso Township's six (6) elementary school districts and one (1) high school district united to form a special education cooperative, now technically known as "Illinois Special Education Joint Agreement #803". There are currently four (4) elementary school districts and one (1) high school district in the PAEC Cooperative.

The first PAEC classrooms were opened in 1958 and served 82 students at that time. Since then the program has grown to provide a continuum of services which assures each special child an educational program that is appropriate and meets the child's individual needs. The continuum reflects the principle of providing service for each child in that child's least restrictive environment-- that which presents the optimal potential for success.

The continuum features consultative services, itinerant/resource services, self-contained classrooms in the regular education public school, self-contained classrooms in a public special education building, and private placement. The placement of students, determined through screening and evaluation as eligible for special education services, is done in accordance with Illinois State Board of Education requirements and PAEC policy. Each child's program is reviewed annually to assure its appropriateness.

PAEC's relationship to its member, or cooperating, school districts is to assist in the identification and servicing of special education students. Although some of the PAEC operations are handled "independently", PAEC is most properly viewed as a branch of the total educational services provided by the school districts that comprise its structure. PAEC cannot exist or function apart from its cooperating districts.

## **ORGANIZATION OF PAEC**

At the top of the PAEC organizational chart are the residents of the cooperating school districts who elect their respective school board members. The PAEC Governing Board is made up of one elected school board member from each of these five (5) districts.

PAEC is managed by an Executive Director, who is employed by the Governing Board. The Executive Director's primary function is to implement Board policies and facilitate appropriate educational programs. The Governing Board and Executive Director have an Executive Board consisting of the five (5) school district Superintendents.

## EDUCATIONAL MISSION STATEMENT

The mission of PAEC is to provide quality evidence-based programs and services to general and special education students ages 3 to 22 and their families across the PAEC Cooperative. The ultimate goal is to facilitate growth and development for students to achieve priority long-term outcomes and to insure the welfare and human dignity of all students.

The following are PAEC Organization goals that support the PAEC Mission Statement:

- To expand and enhance quality social-emotional and behavior interventions within the PAEC Cooperative.
- To expand and enhance data management systems in order to support evidence-based practices.
- To expand and enhance quality academic interventions within the PAEC Cooperative.
- To expand and enhance effective transition planning and post-secondary outcomes.
- To improve effective delivery of instruction and services across all educational disciplines.
- To improve the health, life safety, and security of all within the designated PAEC facilities.
- Continue quality extracurricular programs/activities to positively engage students outside regular school session including: the HOTSTUFF After-School and Summer Programs, Special Olympics, Veteran's Park/PAEC Center After-School Program and CAAEL Athletic League.
- Enhance business operations to facilitate cost savings and support programs and services.

## **ABSENCE NOTIFICATION**

### **A. PAEC Central Office Staff**

Contact the Central Office receptionist or leave a message on the voice mail (450-2100), and inform your designated work location. You must clearly state your name, your position and reason for your absence. If you have scheduled work appointments, make whatever arrangements are necessary as a result of your absence.

### **All PAEC Programs:**

#### **A. Classroom Teachers and Program Assistants**

Contact the PAEC Absence Coordinator (**use email or phone number listed below**) no later than 6:00 a.m. the day of, or before the day of the absence. You must clearly state your first and last name, your position, building location, and reason for your absence. Please state if you are a 1:1 Program Assistant and include the name of the student. **(Texting your absence is encouraged. Please refrain from contacting the PAEC Absence Coordinator directly.)**

Email: [paecsub@paec803.org](mailto:paecsub@paec803.org)

Text/Call: 708-203-5688

#### **B. Principals, Assistant Principals, Supervisors, Social Workers, Psychologists, Speech/Language Therapists, Occupational Therapists, Physical Therapists, Vocational Coordinators**

Contact the Central Office receptionist or leave a message on the voice mail (708-450-2100) and inform your designated work location. You must clearly state your name, your position and reason for your absence.

Staff may be required to also leave a text/voice mail or e-mail message for their immediate supervisor as per their instructions.

#### **C. School Secretaries**

Contact the Central Office receptionist or leave a message on the voice mail (450-2100), and contact your principal/assistant principal to inform them of your absence. You must clearly state your name, your position and reason for your absence. If you have scheduled work appointments, make whatever arrangements are necessary as a result of your absence.

NOTES: (1) When staff call in to say they are not coming to work, they ***MUST*** state the reason for their absence (i.e., sick; bereavement; or personal/vacation days which have been pre- approved). Call-ins which do not offer an explanation from staff for their absence will be considered unapproved days off and result in disciplinary action.

(2) If you need to leave work for personal reasons at any time during the day, contact your principal/supervisor to explain the reason. If your supervisor is not available, contact the school secretary (Central Office staff should contact the Central Office receptionist). If you are a teacher or program assistant, please contact the school secretary and the PAEC Absence Coordinator.

**ABUSED AND NEGLECTED CHILD REPORTING**

A PAEC employee who has reasonable cause to suspect that a student may be an abused or neglected child shall, as required by law, immediately report such a case to the Illinois Department of Children and Family Services (DCFS). Traditional considerations of confidentiality shall not constitute grounds for failure to report such cases.

The employee shall notify the building principal/immediate supervisor that a report has been made to DCFS. The principal/supervisor will then notify the Assistant Director and/or Executive Director. The Executive Director or any other PAEC administrator may not, in any instance, change any report of child abuse or neglect made by an employee to DCFS or make any attempt to interfere in the making of a report to DCFS.



**ALCOHOL AND DRUG-FREE WORKPLACE; E-CIGARETTE, TOBACCO, and CANNABIS PROHIBITION (PAEC Policy 5:50)**

All Cooperative workplaces are drug- and alcohol-free workplaces.

All employees are prohibited from engaging in any of the following activities while on Cooperative premises or while performing work or being *on call* for the Cooperative:

1. Unlawful manufacture, dispensing, distribution, possession, or use of an illegal or controlled substance.
2. Distribution, consumption, use, possession, or being impaired by or under the influence of an alcoholic beverage; being present on Cooperative premises or while performing work for the Cooperative when alcohol consumption is detectable, regardless of when and/or where the use occurred.
3. Distribution, consumption, possession, use, or being impaired by or under the influence of cannabis; being present on Cooperative premises or while performing work for the Cooperative when impaired by or under the influence of cannabis, regardless of when and/or where the use occurred, unless distribution, possession, and/or use is by a school nurse or school administrator pursuant to *Ashley's Law*, 105 ILCS 5/22-33. The Cooperative considers employees impaired by or under the influence of cannabis as determined by a confirmed positive test or when there is a good faith belief that an employee manifests specific articulable symptoms while working that decrease or lessen the employee's performance of the duties or tasks of the employee's job position.

Upon the Executive Director or designee's reasonable suspicion of an employee's violation of any of the prohibited activities stated above, the Executive Director or designee may direct the employee to undergo a drug and/or alcohol test.

For purposes of this policy a controlled substance means a substance that is:

1. Not legally obtainable,
2. Being used in a manner different than prescribed,
3. Legally obtainable, but has not been legally obtained, or
4. Referenced in federal or State controlled substance acts.

For purposes of this policy, *Cooperative premises* means workplace as defined in the Cannabis Regulation and Tax Act (CRTA) in addition to Cooperative and school buildings, grounds, and parking areas; vehicles used for school purposes; and any location used for a Governing Board meeting, school athletic event, or other school-sponsored or school-sanctioned events or activities. *School grounds* means the real property comprising any school, any conveyance used to transport students to school or a school-related activity, and any public way within 1,000 feet of any school ground, designated school bus stops where students are waiting for the school bus, and school-sponsored or school-

**ALCOHOL AND DRUG-FREE WORKPLACE; E-CIGARETTE, TOBACCO, and CANNABIS PROHIBITION (PAEC Policy 5:50) continued**

sanctioned events or activities. “Vehicles used for school purposes” means school buses or other school vehicles.

As a condition of employment, each employee shall:

1. Abide by the terms of this Board policy respecting a drug-and alcohol-free workplace; and
2. Notify his or her supervisor of his or her conviction under any criminal drug statute for a violation occurring on the Cooperative premises or while performing work for the Cooperative, no later than five calendar days after such a conviction.

Unless otherwise prohibited by this policy, prescription and over-the-counter medications are not prohibited when taken in standard dosages and/or according to prescriptions from the employee's licensed health care provider, provided that an employee's work performance is not impaired.

To make employees aware of the dangers of drug and alcohol abuse, the Executive Director or designee shall perform each of the following:

1. Provide each employee with a copy of this policy.
2. Post notice of this policy in a place where other information for employees is posted.
3. Make available materials from local, State, and national anti-drug and alcohol-abuse organizations.
4. Enlist the aid of community and State agencies with drug and alcohol informational and rehabilitation programs to provide information to Cooperative employees.
5. Establish a drug-free awareness program to inform employees about:
  - a. The dangers of drug abuse in the workplace,
  - b. Available drug and alcohol counseling, rehabilitation, re-entry, and any employee assistance programs, and
  - c. The penalties that the Cooperative may impose upon employees for violations of this policy.
6. Remind employees that policy 6:60, *Curriculum Content*, requires the Cooperative to educate students, depending upon their grade, about drug and substance abuse prevention and relationships between drugs, alcohol, and violence.

**E-Cigarette, Tobacco, and Cannabis Prohibition**

All employees are covered by the conduct prohibitions contained in policy 8:30, *Visitors to and Conduct on School Property*. The prohibition on the use of e-cigarettes, tobacco, and cannabis

**ALCOHOL and DRUG FREE WORKPLACE; E-CIGARETTE, TOBACCO, and CANNABIS PROHIBITION (PAEC Policy 5:50) continued**

products applies both (1) when an employee is on school property, and (2) while an employee is performing work for the Cooperative at a school event regardless of the event's location.

***Tobacco*** has the meaning provided in 105 ILCS 5/10-20.5b.

***Cannabis*** has the meaning provided in the CRTA, 410 ILCS 705/1-10.

***E-Cigarette*** is short for electronic cigarette and includes, but is not limited to, any electronic nicotine delivery system (ENDS), electronic cigar, electronic cigarillo, electronic pipe, electronic hookah, vape pen, or similar product or device, and any components or parts that can be used to build the product or device.

### **Cooperative Action upon Violation of Policy**

An employee who violates this policy may be subject to disciplinary action, including termination. In addition or alternatively, the Board may require an employee to successfully complete an appropriate drug- or alcohol-abuse rehabilitation program.

The Board shall take disciplinary action with respect to an employee convicted of a drug offense in the workplace within 30 days after receiving notice of the conviction.

Should Cooperative employees be engaged in the performance of work under a federal contract or grant, or under a State contract or grant of \$5,000 or more, the Superintendent shall notify the appropriate State or federal agency from which the Cooperative receives contract or grant monies of the employee's conviction within 10 days after receiving notice of the conviction.

### **Disclaimer**

The Board reserves the right to interpret, revise or discontinue any provision of this policy pursuant to the **Suspension of Policies** subhead in policy 2:240, *Board Policy Development*.

### **LEGAL REF.:**

42 U.S.C. §12114, Americans with Disabilities Act.

21 U.S.C. §812; 21 C.F.R. §1308.11-1308.15, Controlled Substances Act.

41 U.S.C. §8101 et seq., Drug-Free Workplace Act of 1988.

20 U.S.C. §7101 et seq., Safe and Drug-Free School and Communities Act of 1994.

30 ILCS 580/, Drug-Free Workplace Act.

105 ILCS 5/10-20.5b.

410 ILCS 82/, Smoke Free Illinois Act.

410 ILCS 130/, Compassionate Use of Medical Cannabis Program Act.

410 ILCS 705/1-1 et seq., Cannabis Regulation and Tax Act.

### **DRUG-and ALCOHOL-FREE WORKPLACE; E-CIGARETTE, TOBACCO, and CANNABIS PROHIBITION (PAEC Policy 5:50) continued**

720 ILCS 675, Prevention of Tobacco Use by Persons under 21 Years of Age and Sale and Distribution of Tobacco Products Act.

820 ILCS 55/, Right to Privacy in the Workplace Act.

21 C.F.R. Parts 1100, 1140, and 1143.

23 Ill.Admin.Code §22.20.

CROSS REF.: 5:10 (Equal Employment Opportunity and Minority Recruitment), 5:120 (Employee Ethics; Code of Professional Conduct; and Conflict of Interest), 8:30 (Visitors to and Conduct on School Property)

Adopted: February 16, 2022

## **ATTENDANCE RECOGNITION**

PAEC staff are recognized annually, at the beginning of each school year, for their achievements, longevity service at PAEC, and attendance recognition for the previous fiscal year.

Employees who have completed five (5), ten (10), fifteen (15), twenty (20), twenty-five (25), thirty (30), thirty-five (35), forty (40), forty-five (45), and fifty (50) years of service at PAEC are awarded a gift in recognition of their long and loyal service.

An employee shall be awarded one of the following attendance incentives per semester, for a total of no more than \$500.00 per school year, to be paid to the employee on January 15 and June 30. However, no employee shall be paid more than a six percent (6%) increase in all earnings during any school year.

### **Number of Sick Days Used**

0	days of sick leave used	\$250.00
1-2	days of sick leave used	\$125.00
3-4	days of sick leave used	\$75.00

NOTE: To be eligible, staff members must be employed within the first five (5) working days of their respective work year. Donations to the sick and bereavement leave pool shall not be considered used sick leave for the purpose of the attendance incentive.

**BARGAINING UNIT CONTRACT**

Employees covered by the PAEC Bargaining Unit Contract (Teachers and Program Assistants) shall be provided with a copy of the current contract upon employment. Other employees may request a copy of the contract from the Human Resources Generalist.

## **CELL PHONE, TECHNOLOGY and SOCIAL MEDIA USAGE and CONDUCT (PERSONAL)**

### **Definition**

**Includes** - Means "includes without limitation" or "includes, but is not limited to."

**Social media** - Media for social interaction, using highly accessible communication techniques through the use of web-based and mobile technologies to turn communication into interactive dialogue. This includes, but is not limited to, services such as *Facebook, LinkedIn, Twitter, Instagram, Snapchat, and YouTube*.

**Personal technology** - Any device that is not owned or leased by the Cooperative or otherwise authorized for Cooperative use and: (1) transmits sounds, images, text, messages, videos, or electronic information, (2) electronically records, plays, or stores information, or (3) accesses the Internet, or private communication or information networks. This includes laptop computers (e.g., laptops, ultrabooks, and chromebooks), tablets (e.g., iPads®, Kindle®, Microsoft Surface®, and other Android® platform or Windows® devices), smartphones (e.g., iPhone®, BlackBerry®, Android® platform phones, and Windows Phone®), and other devices (e.g., iPod®).

### **Usage and Conduct**

All Cooperative employees who use personal technology and/or social media shall:

1. Adhere to the high standards for **Professional and Appropriate Conduct** required by policy 5:120, *Employee Ethics; Conduct; and Conflict of Interest* at all times, regardless of the everchanging social media and personal technology platforms available. This includes Cooperative employees posting images or private information about themselves or others in a manner readily accessible to students and other employees that is inappropriate as defined by policy 5:20, *Workplace Harassment Prohibited*; 5:100, *Staff Development Program*; 5:120, *Employee Ethics; Conduct; and Conflict of Interest*; 6:235, *Access to Electronic Networks*; 7:20, *Harassment of Students Prohibited*; and the Ill. Code of Educator Ethics, 23 Ill.Admin.Code §22.20.
2. Choose a Cooperative-provided or supported method whenever possible to communicate with students and their parents/guardians.
3. Not interfere with or disrupt the educational or working environment, or the delivery of education or educational support services.
4. Inform their immediate supervisor if a student initiates inappropriate contact with them via any form of personal technology or social media.
5. Report instances of suspected abuse or neglect discovered through the use of social media or personal technology pursuant to a school employee's obligations under policy 5:90, *Abused and Neglected Child Reporting Child Reporting*.
6. Not disclose student record information, including student work, photographs of students, names of students, or any other personally identifiable information about students, in compliance with policy 5:130, *Responsibilities Concerning Internal Information*. For Cooperative employees, proper approval may include implied consent under the circumstances.
7. Refrain from using the Cooperative's logos without permission and follow Board policy 5:170, *Copyright*, and all Cooperative copyright compliance procedures.
8. Use personal technology and social media for personal purposes only during non-work times or hours. Any duty-free use must occur during times and places that the use will not interfere with job duties or otherwise be disruptive to the school environment or its operation.

**CELL PHONE, TECHNOLOGY and SOCIAL MEDIA USAGE and CONDUCT (PERSONAL)**  
**(continued)**

9. Assume all risks associated with the use of personal technology and social media at school or school-sponsored activities, including students' viewing of inappropriate Internet materials

through the Cooperative employee's personal technology or social media. The Board expressly disclaims any responsibility for imposing content filters, blocking lists, or monitoring of its employees' personal technology and social media.

10. Be subject to remedial and any other appropriate disciplinary action for violations of this policy ranging from prohibiting the employee from possessing or using any personal technology or social media at school to dismissal and/or indemnification of the Cooperative for any losses, costs, or damages, including reasonable attorney fees, incurred by the Cooperative relating to, or arising out of, any violation of this policy.

The Executive Director shall:

1. Inform Cooperative employees about this policy during the in-service on educator ethics, teacher-student conduct, and school employee-student conduct required by Board policy 5:120, *Employee Ethics; Conduct; and Conflict of Interest*.
2. Direct Building Principals to annually:
  - a. Provide their building staff with a copy of this policy.
  - b. Inform their building staff about the importance of maintaining high standards in their school relationships.
  - c. Remind their building staff that those who violate this policy will be subject to remedial and any other appropriate disciplinary action up to and including dismissal.
3. Build awareness of this policy with students, parents, and the community.
4. Ensure that neither the Cooperative, nor anyone on its behalf, commits an act prohibited by the Right to Privacy in the Workplace Act, 820 ILCS 55/10; i.e., the *Facebook Password Law*.
5. Periodically review this policy and any procedures with Cooperative employee representatives and electronic network system administrator(s) and present proposed changes to the Board.

LEGAL REF.:

105 ILCS 5/ 21B-75 and 5/ 21B-80.

775 ILCS 5/5A-102, Ill. Human Rights Act.

820 ILCS 55/10, Right to Privacy in the Workplace Act.

23 Ill.Admin.Code §22.20, Code of Ethics for Ill. Educators.

Garcetti v. Ceballos, 547 U.S. 410 (2006).

Pickering v. High School Dist. 205, 391 U.S. 563 (1968).

Mayer v. Monroe County Community School Corp., 474 F.3d 477 (7th Cir. 2007).



**CELL PHONE, TECHNOLOGY and SOCIAL MEDIA and USAGE and CONDUCT (continued)**

CROSS REF.: 4:165 (Awareness and Prevention of Child Sexual Abuse and Grooming Behaviors), 5:20 (Workplace Harassment Prohibited), 5:30 (Hiring Process and Criteria), 5:100 (Staff Development Program), 5:120 (Employee Ethics; Conduct; and Conflict of Interest), 5:130 (Responsibilities Concerning Internal Information), 5:150 (Personnel Records), 5:170 (Copyright), 5:200 (Terms and Conditions of Employment and Dismissal), 6:235 (Access to Electronic Networks), 7:20 (Harassment of Students Prohibited), 7:340 (Student Records)

ADOPTED:February 12, 2013

REVISED:September 18, 2014; March 16, 2017; February 16, 2022

**CERTIFICATE/LICENSURE/REGISTRATION RENEWAL**

It is the employees' financial responsibility to renew their certificates, licensures and/or registrations, as required and submit written documentation to PAEC (copy from ISBE website).

PAEC may notify the employees when this process needs to be done.

**COMPENSATORY TIME FOR NON-CERTIFIED EMPLOYEES**

If compensatory time is granted by your immediate supervisor, it must be used by the year it was granted.

## **CONFERENCES**

If you wish to attend a conference, seminar or professional meeting, your request should be submitted to your principal/immediate supervisor on PAEC Form 313 (Request to Attend a Conference or Professional Meeting). Complete the top portion of the form, and be as accurate as possible in estimating the conference expenses.

If approved, the original copy of the form will be returned to you. After the conference or meeting, complete the bottom portion of the form and attach the necessary receipts and bills to it. Submit the form to your principal/immediate supervisor for approval of the actual expenses incurred. The form should then be forwarded to the Accounts Payable Office for payment to you.

Out-of-state conference requests must be approved by your principal/immediate supervisor, by the PAEC Executive Director and then by the PAEC Governing Board prior to the conference attendance date(s). The Governing Board normally meets on the third Thursday of every month, so the conference request should be submitted for consideration to your principal/immediate supervisor at least a month prior to that Board meeting.

## **DRESS CODE**

All employees shall maintain professional appearance in a manner that is not disruptive, distracting, unsafe, unhealthy to other staff, to students, or others present on the school grounds during the employee's work day. "Disruptive" or "distracting" includes clothing that reveals or tightly outlines male or female body parts.

PAEC staff must follow the Dress Code of the District where they are assigned on a daily basis (i.e., the District Dress Code where the employee is assigned supersedes the PAEC Dress Code).<sup>1</sup>

### **CLOTHING: Appropriate clothing and footwear must be neat, clean, and without holes**

- Men must wear shirts with collars.
- Pants must be worn at the waist.
- Shorts must be worn at knee length or longer.
- Leggings may be worn; however, a covering must be worn to mid-thigh or longer.
- Dresses and skirts must be worn at knee length or longer.
- Shoes must be fully closed with heels two inches or less. Athletic footwear is permitted.
- **The following items are NOT PERMITTED:**
  - Sweatpants (*Physical Education Teachers are allowed to wear sweatpants*).
  - Wind pants (*Physical Education Teachers are allowed to wear wind pants*).
  - Denim (of any color) pants, shorts, capris, or skirts.
  - T-Shirts.
  - Sports jerseys.
  - Bare midriffs.
  - Uncovered tank style tops.
  - Sleeveless shirts/blouses (*short or cap sleeves are permissible*).
  - Text or photos on any clothing items.
  - Outdoor coats, jackets and other outerwear.
  - Hats, sweatbands, sunglasses, and/or other headgear (*except for established religious purposes or documented medical reasons*).
  - Hooded shirts, sweatshirts and sweaters.
  - Visible body piercings (*other than the ears*).
  - Other items of clothing, jewelry, hairstyles, and/or footwear that are disruptive, distracting, unsafe, or unhealthy.

### **ELECTRONIC DEVICES: Personal electronic devices cannot be worn or used during work hours**

- **Exception:** These items may be used during breaks outside of the classroom setting in designated areas.

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<sup>1</sup> If an employee normally assigned to a District site is re-assigned to PAEC during the workday, the employee's adherence to the District's dress code will suffice for the remainder of the day. However, employees are encouraged to consider removing or changing clothing which may present a safety risk, such as dangling earrings or open-toed shoes. The PAEC Executive Director may agree with a District Superintendent or Principal to modifications of the District dress code for PAEC employees that are necessary for the instruction or supervision of PAEC program students.

Administrative Staff has discretion to permit periodic deviations from the Dress Code Policy for field trips, themed school days, and/or other school activities. Such deviations shall be provided in writing.

## **EMERGENCY SCHOOL CLOSINGS**

### **PAEC BUILDINGS**

In the event of an emergency school closing, "phone trees" have been developed in every PAEC operated building. You will be called at home by a staff member and you, in turn, will be responsible for calling another staff member.

Emergency Closings will be posted on the PAEC Website ([www.paec803.org](http://www.paec803.org)) located on the Home Page, listed on the banner at the top of the screen.

The following radio and television stations have been designated to provide emergency PAEC closing information to the general public:

#### **AM Radio Stations**

WBBM-780

WGN- 720

#### **Television Stations**

CBS- Channel 2

NBC- Channel 5

ABC-Channel 7

WGN- Channel 9

FOX- Channel 32

CLTV- (Cable station)

You may also obtain information from the Emergency Closing website:  
[www.emergencyclosings.com](http://www.emergencyclosings.com)

### **NON PAEC BUILDINGS**

You will follow the emergency school closing procedures for the school building and district in which you are working.

**EQUAL EMPLOYMENT OPPORTUNITY AND MINORITY RECRUITMENT**

P.A.E.C. shall provide equal employment opportunities to all persons regardless of their race, color, religion, national origin, sex, sexual orientation, age, ancestry, marital status, arrest record, military status, order of protection status, unfavorable military discharge, citizenship status provided the individual is authorized to work in the United States, work authorization status; use of lawful products while not at work; being a victim of domestic violence, sexual violence, gender violence, or any other crime of violence; genetic information; physical or mental handicap or disability, if otherwise able to perform the essential functions of the job with reasonable accommodation; pregnancy, childbirth, or related medical conditions; credit history, unless a satisfactory credit history is an established bona fide occupational requirement of a particular position; conviction record, unless authorized by law; or other legally protected categories. No one will be penalized solely for his or her status as a registered qualifying patient or a registered designated caregiver for purposes of the Compassionate Use of Medical Cannabis Program Act, 410 ILCS 130/.

**EVALUATION**

Your job performance will be evaluated by your immediate supervisor according to the approved evaluation procedure.



## **FAMILY AND MEDICAL LEAVE ACT OF 1993 (FMLA)**

FMLA requires covered employers to provide up to twelve (12) weeks of unpaid, job-protected leave, in a one year period, to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous twelve

(12) months, and if there are at least 50 employees within 75 miles. The method used by PAEC in determining the "twelve (12) month" period in which employees are entitled to their twelve (12) weeks of leave, is measured backwards from the date the leave is used. Any leave taken in the prior twelve (12) months is considered part of the twelve (12) week FMLA leave. Any period of incapacity requiring absence from work of more than three (3) calendar days that involve continuing treatment by a health provider may also be considered part of the FMLA leave. For additional information, contact the PAEC Human Resource Generalist or your immediate supervisor.

Unpaid leave must be granted for any of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son or daughter, or parent (not a parent "in law," who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

"Serious health condition" means an illness, injury, impairment, or physical or mental condition that involves either:

- Any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical-care facility, and any period of incapacity or subsequent treatment in connection with such inpatient care; **or**
- Continuing treatment by a health care provider which includes any period of incapacity (i.e., inability to work, attend school or perform other regular daily activities) due to:
  - a) A health condition (including treatment therefore, or recovery therefrom) lasting more than three (3) consecutive days, and any subsequent treatment or period of incapacity relating to the same condition, that **also** includes:
    - Treatment two or more times by or under the supervision of a health care provider; **or**
    - One treatment by a health care provider with a continuing regimen of treatment; **or**
  - b) Pregnancy or prenatal care. A visit to the health care provider is not necessary for each absence; **or**
  - c) A chronic serious health condition which continues over an extended period of time, requires periodic visits to a health care provider, and may involve occasional episodes of incapacity (e.g., asthma, diabetes). A visit to a health care provider is not necessary for each absence; **or**
  - d) A permanent or long-term condition for which treatment may not be effective (e.g., Alzheimer's, a severe stroke, terminal cancer). Only supervision by a health care provider is required, rather than active treatment; **or**
  - e) Any absences to receive multiple treatment for restorative surgery or for a condition which would likely result in a period of incapacity of more than three (3) days if not treated (e.g., chemotherapy or radiation treatments for cancer).

**"Health care provider"** means:

## **FAMILY AND MEDICAL LEAVE ACT OF 1993 (FMLA) continued**

- Doctors of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctors practice; **or**
- Podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice, and performing within the scope of their practice, under state law; **or**
- Nurse practitioners, nurse-midwives and clinical social workers authorized to practice, and performing within the scope of their practice, as defined under state law, **or**
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; **or**
- Any health care provider recognized by the employer or the employer's group health plan benefits manager.

At the employee's or employer's option, certain kinds of paid leave such as sick, personal or vacation days, may be substituted for unpaid leave to cover some or all of the leave. The employer is responsible for designating if an employee's use of paid leave counts as FMLA leave based on information from the employee.

Leave may be taken all at once or on an intermittent or reduced schedule basis, but employers are not required to grant intermittent leave or reduced schedules in cases involving the birth or adoption of a child. The employee is required to provide a 30-day advance leave notice (unless an emergency) and medical certification from health care provider. Taking of leave may be denied or delayed if these requirements are not met.

- The employee ordinarily must provide thirty (30) days notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work. Periodic reports during FMLA leave regarding the employee's status and intent to return to work may also be required.

The following are some job benefits and protection features of the Act:

For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan".

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan".
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

The following are some additional features of the Act:

- The employer can recover the cost of the insurance premiums it paid during the leave if the employee does not return, as long as the failure to return was not because of a serious health condition, or some other circumstance beyond the employee's control.

## **FAMILY AND MEDICAL LEAVE ACT OF 1993 (FMLA) continued**

- Employees are not entitled to accrual of seniority or any other employment benefit during the leave period.
- An employer can require employees to use any accrued (earned) paid vacation leave, personal leave, and medical or sick leave as part of the twelve (12) week period of leave provided for under the Act. If there are not enough accrued days to cover the length of the leave, payroll deductions for insufficient days will be withheld from your salary.
- When intermittent leave is needed to care for an immediate family member or the employee's own illness, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the employer's operation.

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA;
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

The following are special provisions for certificated employees employed principally in an instructional capacity:

- If a leave is for a foreseeable planned medical treatment, and the leave would cause the employee to be on leave for greater than 20% of the total number of working days in the period during which the leave would extend, the school may require that the employee elect either:
  - a) to take leave for periods of a particular duration, not to exceed the duration of the planned medical treatment; or
  - b) to transfer the employee temporarily to an equivalent alternative position which better accommodates the recurring periods of leave.
- If leave is more than five (5) weeks before the end of the term, at least three (3) weeks long, and the return to work would occur during the three (3) weeks prior to the end of the term, the Board can require the employee to continue the leave until the end of the term.
- If the leave is less than five (5) weeks before the end of the term, more than two (2) weeks long, and the return would occur during the last two (2) weeks of the term, the Board can require the teacher to continue taking leave until the end of the term.
- If the leave is less than three (3) weeks before the end of the term, and is longer than five (5) working days, the Board can require the leave to extend to the end of the term.
- The Board will determine what constitutes restoration to an equivalent position based on established Board policies and practices and collective bargaining agreements with respect to all school employees.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

An individual is not eligible for unemployment or other government compensation while on FMLA leave.

## **FAMILY AND MEDICAL LEAVE ACT OF 1993 (FMLA) continued**

### **PAEC Procedures Regarding FMLA**

If you plan on using the FMLA, and the reason for the leave is foreseeable, you must give PAEC at least thirty (30) days notice before the leave is to begin. Your immediate supervisor should be notified immediately. If 30 days notice is not practicable, the notice must be given within two (2) business days of when the need becomes known to you. Failure to give the required notice may result in a delay in granting the requested leave until at least thirty (30) days after the date you provide notice. Sample letters that can be used are included in this handbook. The letter must go to the PAEC Executive Director. The PAEC Executive Director may then recommend your FMLA leave as long as you are eligible, to the PAEC Governing Board for the Board's approval.

Also included within the following pages is a "Certification of Health Care Provider" form. If you plan on using the FMLA leave due to illness or serious condition to yourself or a relative (spouse, parent, or child), this form must be completed and returned to the PAEC Human Resources Coordinator. You are allowed 15 days to obtain the medical certification. Until PAEC receives this form, your leave request will either be denied or you will not be restored to your position at the end of the leave until you have met this requirement. Please be aware that any period of incapacity requiring absence from work of more than three (3) calendar days and involves continuing treatment by a health provider, may be considered part of the FMLA leave.

Upon the approval of the PAEC Governing Board of your FMLA leave, a completed copy of the form

"Employer Response to Employee Request for FMLA" will be returned to you with applicable information regarding your leave contained in it. Information regarding your salary payments and applicable benefits will be attached. You will need to contact the PAEC Human Resources Coordinator if you have questions, concerns, or need more information regarding your leave.

Before you begin your leave, you must make contact with the PAEC Human Resources Coordinator to arrange or confirm the accounting for any available sick, personal or vacation days (if applicable) that you will apply to your FMLA leave days. In the event you do not have sufficient paid days to use for your leave, arrangements need to be made for your paychecks to include pay deducts for these insufficient days.

Upon returning to work after the leave, medical certification must be given by your healthcare provider approving your fitness to return to work.

You must contact your immediate supervisor and the PAEC Human Resources Coordinator in the event the circumstances and/or timeframe of your leave changes from the original FMLA approved.

Any vacation and/or personal leave that you have accrued will be applied against your FMLA leave if it is taken for birth, adoption or foster care; or to care for an ill spouse, son/daughter or parent, or because of a serious health condition to yourself. In addition, accrued sick leave will be applied when FMLA is used to care for an ill spouse, son/daughter, or parent, or because of a serious condition to yourself.

An employee who is disabled due to pregnancy (a doctor's certificate is necessary) may elect not to exhaust sick leave during their disability period [most physicians allow six (6) weeks after birth as a "disability" period, or eight (8) weeks if it is a Caesarean section birth].

If you make a contribution towards your medical insurance coverage through payroll deduction, this contribution will continue during your leave. If you continue to receive payroll checks during your FMLA leave, the medical insurance payroll deductions will continue. If you do not receive payroll checks during your

**FAMILY AND MEDICAL LEAVE ACT OF 1993 (FMLA) continued**

leave, you must pay your monthly portion of the insurance cost by the first of every month. If you are delinquent after thirty (30) days, you will have your insurance benefits terminated.

If you do not return to PAEC after your FMLA leave, you are required to reimburse PAEC for the actual cost of the insurance premiums that PAEC paid on your behalf.



Proviso Area for Exceptional Children  
SEJA #803

1000 Van Buren Street  
Maywood, Illinois 60153-1989  
708.450.2100 Office  
708.450.1116 Fax

**SAMPLE**

TO: *Executive Director*

FROM:

RE: *Family and Medical Leave Act*

**MEMORANDUM**

I would like to request a leave under the Family and Medical Leave Act for the purpose of \_\_\_\_\_. I am requesting the leave begin on \_\_\_\_\_ and end on \_\_\_\_\_. I will/will not be using accrued sick leave/personal days during this duration.

Thank you for your consideration regarding this request.

DT/mt  
Debbie-ins/PML.Asample

cc: PAEC Governing Board  
PAEC Human Resources Generalist



**SAMPLE**

TO: *Executive Director*

FROM:

RE: *Family and Medical Leave Act*

MEMORANDUM

I am expecting a child during the 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup> (select one) week of \_\_\_\_\_  
(month/year)  
FROM

\_\_\_\_\_  
(approximate date of birth or the date specified by your doctor: select one)

UNTIL

\_\_\_\_\_  
(approximate date of return based on total FMLA eligible days\* or based on the number of weeks you plan on returning after delivery: select one)

I am requesting this leave \_\_\_\_\_ use of my sick days/personal days,  
with/without (select one)

but knowing that my insurance benefits will be kept intact.

Thank you for your consideration regarding this request.

\*May be up to 60 work days.

cc: PAEC Governing Board  
PAEC Human Resources Generalist

**Certification of Health Care Provider for  
Employee's Serious Health Condition  
under the Family and Medical Leave Act**

**U.S. Department of Labor  
Wage and Hour Division**



**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.  
RETURN TO THE PATIENT.**

OMB Control Number: 1235-0003  
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found on the WHD website at [www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

**SECTION I – EMPLOYER**

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

- (1) Employee name: \_\_\_\_\_  
First Middle Last
- (2) Employer name: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)  
(List date certification requested)
- (3) The medical certification must be returned by \_\_\_\_\_ (mm/dd/yyyy)  
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)
- (4) Employee's job title: \_\_\_\_\_ Job description (☐ is / ☐ is not) attached.  
Employee's regular work schedule: \_\_\_\_\_  
Statement of the employee's essential job functions: \_\_\_\_\_  
(The essential functions of the employee's position are determined with reference to the position the employee held at the time the employee notified the employer of the need for leave or the leave started, whichever is earlier.)

**SECTION II - HEALTH CARE PROVIDER**

Please provide your contact information, complete all relevant parts of this Section, and sign the form. Your patient has requested leave under the FMLA. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of the employee. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves *inpatient care or continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart on page 4.

You may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.



Employee Name: \_\_\_\_\_  
Health Care Provider's name: (Print) \_\_\_\_\_  
Health Care Provider's business address: \_\_\_\_\_  
Type of practice / Medical specialty: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PART A: Medical Information**

Limit your response to the medical condition(s) for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

- (1) State the approximate date the condition started or will start: \_\_\_\_\_ (mm/dd/yyyy)  
(2) Provide your **best estimate** of how long the condition lasted or will last: \_\_\_\_\_  
(3) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

☐ **Inpatient Care:** The patient (☐ has been / ☐ is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): \_\_\_\_\_

☐ **Incapacity plus Treatment:** (e.g. outpatient surgery, strep throat)

Due to the condition, the patient (☐ has been / ☐ is expected to be) incapacitated for *more than* three consecutive, full calendar days from \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy).

The patient (☐ was / ☐ will be) seen on the following date(s): \_\_\_\_\_

The condition (☐ has / ☐ has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)

☐ **Pregnancy:** The condition is pregnancy. List the expected delivery date: \_\_\_\_\_ (mm/dd/yyyy).

☐ **Chronic Conditions:** (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.

☐ **Permanent or Long Term Conditions:** (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).

☐ **Conditions requiring Multiple Treatments:** (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

☐ **None of the above:** If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

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

- (4) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) \_\_\_\_\_  
\_\_\_\_\_

#### **PART B: Amount of Leave Needed**

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage.

- (5) Due to the condition, the patient (☐ had / ☐ will have) **planned medical treatment(s)** (scheduled medical visits) (e.g., psychotherapy, prenatal appointments) on the following date(s): \_\_\_\_\_  
\_\_\_\_\_

- (6) Due to the condition, the patient (☐ was / ☐ will be) **referred to other health care provider(s)** for evaluation or treatment(s).

State the nature of such treatments: (e.g., cardiologist, physical therapy) \_\_\_\_\_

Provide your **best estimate** of the beginning date \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the treatment(s).

Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery (e.g., 3 days/week) \_\_\_\_\_

- (7) Due to the condition, it is medically necessary for the employee to work a **reduced schedule**.

Provide your **best estimate** of the reduced schedule the employee is able to work. From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy) the employee is able to work: (e.g., 5 hours/day, up to 25 hours a week) \_\_\_\_\_

- (8) Due to the condition, the patient (☐ was / ☐ will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the period of incapacity.

- (9) Due to the condition, it (☐ was / ☐ is / ☐ will be) medically necessary for the employee to be absent from work on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur \_\_\_\_\_ times per (☐ day / ☐ week / ☐ month) and are likely to last approximately \_\_\_\_\_ (☐ hours / ☐ days) per episode.

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

**PART C: Essential Job Functions**

If provided, the information in Section I question #4 may be used to answer this question. If the employer fails to provide a statement of the employee's essential functions or a job description, answer these questions based upon the employee's own description of the essential job functions. An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be *not able* to perform the essential job functions of the position during the absence for treatment(s).

- (10) Due to the condition, the employee (☐ was not able / ☐ is not able / ☐ will not be able) to perform *one or more* of the essential job function(s). Identify at least one essential job function the employee is not able to perform:

\_\_\_\_\_  
\_\_\_\_\_

Signature of  
Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)
<b>Inpatient Care</b>
<ul style="list-style-type: none"><li>• An overnight stay in a hospital, hospice, or residential medical care facility.</li><li>• Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.</li></ul>
<b>Continuing Treatment by a Health Care Provider (any one or more of the following)</b>
<b><u>Incapacity Plus Treatment:</u></b> A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either: <ul style="list-style-type: none"><li>○ Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,</li><li>○ At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.</li></ul>
<b><u>Pregnancy:</u></b> Any period of incapacity due to pregnancy or for prenatal care.
<b><u>Chronic Conditions:</u></b> Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.
<b><u>Permanent or Long-term Conditions:</u></b> A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.
<b><u>Conditions Requiring Multiple Treatments:</u></b> Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.**



**Certification of Health Care Provider for  
Family Member's Serious Health Condition  
under the Family and Medical Leave Act**

U.S. Department of Labor  
Wage Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.  
RETURN TO THE PATIENT.

OMB Control Number: 1235-0003  
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave to care for a family member with a serious health condition to submit a medical certification issued by the family member's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

**SECTION I - EMPLOYER**

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

- (1) Employee name: \_\_\_\_\_  
First Middle Last
- (2) Employer name: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)  
(List date certification requested)
- (3) The medical certification must be returned by \_\_\_\_\_ (mm/dd/yyyy)  
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

**SECTION II - EMPLOYEE**

Please complete and sign Section II before providing this form to your family member or your family member's health care provider. The FMLA allows an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of your family member. If requested by your employer, your response is required to obtain or retain the benefit of the FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). **You are responsible for making sure the medical certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. §§ 825.305-825.306. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA leave request. 29 C.F.R. § 825.313.

- (1) Name of the family member for whom you will provide care: \_\_\_\_\_
- (2) Select the relationship of the family member to you. The family member is your:
- ☐ Spouse ☐ Parent ☐ Child, under age 18  
☐ Child, age 18 or older and incapable of self-care because of a mental or physical disability

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

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

(3) Briefly describe the care you will provide to your family member: *(Check all that apply)*

☐ Assistance with basic medical, hygienic, nutritional, or safety needs

☐ Transportation

☐ Physical Care

☐ Psychological Comfort

☐ Other: \_\_\_\_\_

(4) Give your **best estimate** of the amount of leave needed to provide the care described: \_\_\_\_\_

(5) If a **reduced work schedule** is necessary to provide the care described, give your **best estimate** of the reduced schedule you are able to work. From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy), I am able to work \_\_\_\_\_ (hours per day) \_\_\_\_\_ (days per week).

Employee

Signature \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

### SECTION III - HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form below. A family member of your patient has requested leave under the FMLA to care for your patient. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a family member with a serious health condition. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider. For more information about the definitions of a serious health condition under the FMLA, see the chart at the end of the form.

You also may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.

Health Care Provider's name: *(Print)* \_\_\_\_\_

Health Care Provider's business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **PART A: Medical Information**

Limit your response to the medical condition for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

(1) Patient's Name: \_\_\_\_\_

(2) State the approximate date the condition started or will start: \_\_\_\_\_ (mm/dd/yyyy)

(3) Provide your **best estimate** of how long the condition lasted or will last: \_\_\_\_\_

(4) For FMLA to apply, care of the patient must be medically necessary. Briefly describe the type of care needed by the patient (e.g., assistance with basic medical, hygienic, nutritional, safety, transportation needs, physical care, or psychological comfort).

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

- (5) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

- ☐ **Inpatient Care:** The patient (☐ has been / ☐ is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): \_\_\_\_\_
- ☐ **Incapacity plus Treatment:** (e.g. outpatient surgery, strep throat)  
Due to the condition, the patient (☐ has been / ☐ is expected to be) incapacitated for *more than* three consecutive, full calendar days from \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy).  
The patient (☐ was / ☐ will be) seen on the following date(s): \_\_\_\_\_
- The condition (☐ has / ☐ has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)
- ☐ **Pregnancy:** The condition is pregnancy. List the expected delivery date: \_\_\_\_\_ (mm/dd/yyyy).
- ☐ **Chronic Conditions:** (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.
- ☐ **Permanent or Long Term Conditions:** (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).
- ☐ **Conditions requiring Multiple Treatments:** (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.
- ☐ **None of the above:** If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

- (6) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) \_\_\_\_\_

#### **PART B: Amount of Leave Needed**

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine if the benefits and protections of the FMLA apply.

- (7) Due to the condition, the patient (☐ had / ☐ will have) **planned medical treatment(s)** (scheduled medical visits) (e.g. psychotherapy, prenatal appointments) on the following date(s): \_\_\_\_\_
- (8) Due to the condition, the patient (☐ was / ☐ will be) **referred to other health care provider(s)** for evaluation or treatment(s).  
State the nature of such treatments: (e.g. cardiologist, physical therapy) \_\_\_\_\_  
Provide your **best estimate** of the beginning date \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the treatment(s).  
Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery \_\_\_\_\_ (e.g. 3 days/week)



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

- (9) Due to the condition, the patient (☐ was / ☐ will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date: \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the period of incapacity.

- (10) Due to the condition it, (☐ was / ☐ is / ☐ will be) medically necessary for the employee to be absent from work to provide care for the patient on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur \_\_\_\_\_ times per (☐ day / ☐ week / ☐ month) and are likely to last approximately \_\_\_\_\_ (☐ hours / ☐ days) per episode.

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

**Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)**

**Inpatient Care**

- An overnight stay in a hospital, hospice, or residential medical care facility.
- Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.

**Continuing Treatment by a Health Care Provider (any one or more of the following)**

**Incapacity Plus Treatment:** A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:

- Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,
- At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.

**Pregnancy:** Any period of incapacity due to pregnancy or for prenatal care.

**Chronic Conditions:** Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.

**Permanent or Long-term Conditions:** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.

**Conditions Requiring Multiple Treatments:** Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.**

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

**\*Special hours of service eligibility requirements apply to airline flight crew employees.**

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.**





**FIRE AND TORNADO EMERGENCY PLANS****(FIRE EMERGENCY PLANS)**

1. If you discover smoke or fire in your building, pull the fire alarm immediately. Do not go looking for the custodians or principal.
2. When the fire alarm sounds, all staff and students should proceed out of their rooms according to their pre-assigned fire routes. Do not stop to obtain outer clothing after the alarm sounds. Staff should close classroom doors after everyone is out, and windows should be closed if it does not cause a serious delay. Teachers should carry their attendance folders and/or grade books so that roll may be checked later.
3. Students should form a line and all staff and students should walk to the nearest unobstructed exit and leave the building in an orderly fashion. No one should run. Non-ambulatory people should have a helper(s) assigned to assist them out of the building. Staff and students are to remain silent in case of the need for instruction from emergency personnel.
4. Each class should proceed to a predetermined area inside the assigned building.
5. Each teacher, or person in charge, should make an accurate check of all students under his/her responsibility. Teachers must immediately port missing children to the principal. Teachers should keep a record of all children picked up by parents.
6. In the event that the fire department does not allow the students to re-enter their school, the principal will instruct the teachers to move to their designated emergency shelter area. PAEC Center staff and students would go to the PAEC Education Center (PEC) (1636 S. 10th Avenue) and PEC staff and students would go to PAEC Center (1000 Van Buren Street). If no PAEC location is available, students and staff will utilize Garfield School, 1514 S. 9th Ave., Maywood.

**(TORNADO EMERGENCY PLAN)**

1. In the event of a tornado warning (a tornado sighting within 25 miles), an announcement will be made informing all staff and students to report to their pre-designated tornado station.
2. IF TIME PERMITS: (a) all inside doors that lead to corridors should be opened; (b) window blinds should be drawn to help protect against broken glass; and (c) the lights should be turned off and all electrical appliances disconnected.
3. Teachers should take attendance folders and/or grade books to account for all students at their stations.
4. School buses should not leave school premises during this emergency.

NOTE: Each school should have its own specific fire and tornado emergency plan. If you have not received a copy of that plan, please contact your principal/supervisor.

**FORMS**

There are a variety of forms used at PAEC. Forms are available in the PAEC Center Building copy room in A-Pod. Contact your principal/immediate supervisor or building secretary for a listing of these forms and how to use them. If you need to request a form that is not available at your work location, call the PAEC Central Office (450- 2100) or check the PAEC website under information – employee resources as some forms are available there to download and print.

**HOLIDAYS**

The following holidays are observed at PAEC and a day off will be allowed unless they fall on a Saturday or Sunday:

1. Independence Day
2. Labor Day
3. Columbus Day
4. Veteran's Day
5. Election Day
6. Thanksgiving Day
7. Christmas Day
8. New Year's Day
9. Martin Luther King's Birthday
10. Presidents' Day
11. Casimir Pulaski Day
12. Memorial Day
13. Juneteenth National Freedom Day

For holidays that fall on a Saturday or Sunday, a day off will be allowed either before or after the actual holiday.

**HOURS**

Your hours of work depend on your position and building or district assignment. Specific information will be provided by your principal/immediate supervisor. All staff are expected to report to work on time and to continue to work until the end of their work day. Any deviation from the assigned hours needs to be approved in advance by the principal/immediate supervisor.

## **INSURANCE: MEDICAL, DENTAL AND LIFE**

### **Health Insurance**

#### **1. Individual Coverage**

Full-time employees shall be eligible to participate in a hospitalization and major medical program.

- a. HMO Plan. For HMO individual coverage, the Board shall pay one hundred percent (100%) of the premium for each school year of this agreement.
- b. PPO Plan. For each school year of this Agreement, Certificated and Non-Certificated staff pay the following amounts towards PPO individual coverage and the Board shall pay the remainder of the individual premium.

Certified Staff	Non-Certified Staff
\$500.00	\$270.00

#### **2. Dependent Coverage**

##### **a. Full-Time Teachers.**

PAEC shall pay the following percentages of the dependent premium for full-time Certified staff who elect coverage under the Blue Cross Blue Shield HMO-Illinois insurance plan ("BC/BS HMO-IL") or the Blue Cross Blue Shield PPO insurance plan ("BC/BS PPO"):

BC/BS HMO-IL	Bc/BS PPO
90%	77%

Full-time certified employees shall pay the remaining dependent premium under his/her choice of plan.

##### **b. Full-time Non-Certified Employees**

PAEC shall pay the following percentages of the dependent premium and the full-time non-certified employees shall pay the remaining dependent premium under his/her choice of plan.

School Year	Board Contribution
2022-2023	40%
2023-2024	40%
2024-2025	50%

- c. Employee contributions towards health insurance shall be tax sheltered following the Board's establishment of a Section 125 Plan.

### **Dental Insurance**

Full-time employees will receive a dental program with full premium payments being made for individual coverage.

## **INSURANCE: MEDICAL, DENTAL AND LIFE (continued)**

### **Life Insurance**

The BOARD shall provide each full-time employee with life insurance in the amount of equal to their salary rounded to the next highest thousand.

The medical, dental and life insurance benefits will begin on the first of the month following the employee's employment date; however, if an employee starts on the actual 1st day of the month, benefits will begin on that date.

All regular full-time employees who work through the last day of their normal work year will be entitled to insurance benefits through August 31st. For those regular full-time employees who are not returning the following work year, insurance benefits will discontinue effective September 1st, unless they contact the PAEC Business Office and request continuance of the insurance program at their own cost (COBRA). Generally, this benefit can continue up to eighteen (18) months following an employee's termination, but must usually be discontinued if the employee enrolls in another health plan.

Employees who terminate their service prior to the completion of their normal work year will have their insurance benefits terminated at the end of the month that reflects their last actual work date. If an employee works all the work days of a month, their coverage will end at the end of the month (last day of month).

Part-time employees are not eligible for medical, dental and life insurance benefits.

### **Fitness Program**

The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 8,000 participating gyms on hand, you can work out at any place or at any time.

Choose a gym close to home and/or one near your office. To search for a gym, please connect to [www.bcbsil.com](http://www.bcbsil.com), click "Log In" to create an account, go to "Quick Links" and click on the Fitness Center tab or call 888-762-2583.

Other program perks are:

- ★ No long-term contract required. Membership is month to month. A monthly fee is required.
- ★ Automatic withdrawal of monthly fee.
- ★ Online tools for locating gyms.

**INSURANCE: MEDICAL DEPENDENT COVERAGE**

The following information summarizes the procedures under the current Board policy. However, these procedures are subject to change by the plan administrator without further notice. Employees should check with the PAEC Human Resources Office to inquire with respect to any changes.

Dependents can be covered on the same date a new PAEC employee's medical insurance coverage begins. If an employee does not have a dependent at the time of employment and acquires one at a later date, the employee may enroll the dependent(s) for coverage if it is done within thirty-one days of acquiring the dependent(s). Coverage will be effective on the enrollment date. However, if the first eligible dependent is a newborn or adopted child, coverage will be retroactive to the date of acquisition.

If an employee has one or more dependents at the time his/her medical insurance takes effect, and the employee does not enroll the dependent(s) for coverage at that time, those dependents are not automatically eligible for later insurance coverage except in situations where spouses lose their jobs and consequently lose their medical insurance coverage (see paragraph below). However, a newborn child can be added under dependent coverage if enrolled within 31 days after birth.

Employees who do not include their spouses as dependents on their medical insurance coverage may do so at any time during the year IF their spouses lose their job and consequently lose the medical insurance coverage they had. Verification of the above conditions are required.

After dependent coverage becomes effective, the PAEC Human Resources Office must be informed of any newly acquired dependents as well as any dependents who are no longer eligible due to a change in their status (e.g., change in dependent child's student or work status; or change in employee's marital status).

In May of each year PAEC has an Open Enrollment week, at which time employees can decide to switch from their current medical insurance plan to the alternative medical insurance. During the open enrollment week (one week only in May), dependent coverage can also be added if it had not been included during the employee's initial employment. The effective date of the change(s) will be September 1<sup>st</sup> of the current year.

## INSURANCE FORMS

The following information summarizes the procedures under the current Board policy. However, these procedures are subject to change by the plan administrator without further notice. Employees should check with the PAEC Human Resources Office to inquire with respect to any changes.

Employees who are enrolled in the E.B.C. self-insured medical and/or dental programs administered by Blue Cross/Blue Shield (BC/BS) and MetLife Dental will find that most hospitals, doctors, dentists, and pharmacists will file a claim directly (electronically) with Blue Cross/Blue Shield (BC/BS) and MetLife Dental, thus eliminating the need for you to file any insurance claim forms. If this does **NOT** occur, you need to complete a medical or dental form and send it to Blue Cross/Blue Shield (BC/BS) and MetLife Dental. The forms are located at your Building School Secretary's Office and in the PAEC Human Resources Office.

No medical insurance forms are required for employees enrolled in the Health Maintenance Organization (HMO) program.

The PAEC dental plan is a PPO plan with dental claims being administered by MetLife. PAEC does not offer dependent coverage for dental.

Home delivery service of prescription drugs is used to obtain three months (90 days) of prescription medications at one time by mail at specified co-payment rates noted in the health care benefit book.

Prescription Home Delivery: Employees who are eligible to have home delivery of their prescription(s) must complete the required forms for PPO or HMO which are located at the PAEC Human Resources Office. Generally, employees must call an "800" number to see if their prescription is on the "Home Delivery" menu. If it is, an original prescription must accompany the first prescription request; thereafter, refills may be obtained by simply calling another "800" number. When refills are no longer available, another original prescription must be submitted with another request form.

## INSURANCE: PLAN BOOKLET

Newly employed full-time staff members receive a copy of the plan booklets for the medical, dental and life plan offered by PAEC. Copies of the plan booklets are available in the PAEC Human Resources Office.



**JOB RESPONSIBILITIES**

Employees are expected to fulfill their responsibilities as specified within their Contract or Letter of Agreement, and as itemized under their job description.

All employees shall be provided with a copy of their job description upon employment, when revised, or upon request.

**JURY DUTY**

Full-time regular employees who are required to serve on jury duty during the school year shall receive full salary during the period of such service and will retain the jury duty pay.

Employees must notify the principal/immediate supervisor at least five (5) days prior to serving jury duty and must follow the appropriate absence procedure each day they are on continued jury duty service. Upon returning from jury duty, the employee must submit to the principal/immediate supervisor copies of the daily "certificates" received from the court which verify the jury duty dates of attendance. These "certificates" are forwarded to the PAEC Payroll Coordinator.

If confirmation of jury duty attendance is not received at the PAEC Business Office within fourteen (14) days of the final jury duty date, a payroll deduction will be made for absences which occurred during that period of time.

## **LANE CHANGE**

A certificated or licensed/registered employee who has completed the necessary graduate course work for a salary lane change must have official transcripts submitted to the PAEC Business Office by October 15th in order for the salary change to be effective the beginning of the school year.

Official transcripts received between October 16th and February 28th will result in a salary change for the second half of the school year only if transcripts are received by February 28th.

Official transcripts cannot be issued to an employee. They should be sent to:

PAEC  
1000 Van Buren Street  
Maywood, Illinois 60153-1989  
Attn: Business Manager

Submit a "Lane Change Request" (PAEC Form 900) to the Business Office as soon as you have completed the necessary course work for a salary lane change.

In order for certificated and licensed/registered employees to move horizontally on their salary schedule, classes must be taken which are:

1. at the graduate level;
2. earned subsequent to the last degree earned;
3. directly or indirectly related to the present or a future assignment as determined by the Executive Director.

## **LEAVE EXTENDED SICK: FULL TIME EMPLOYEES**

In case of illness or disability, and when all available individual accumulated sick leave or such other leave that may be available under the Family and Medical Leave Act of 1993, if any, is exhausted, full-time employees may request an extended sick leave without pay or benefits.

Employees requesting an extended sick leave without pay/benefits shall submit an appropriate statement from their physician which substantiates their medical condition necessitating their absence, as well as the employee's anticipated date of return.

No leave shall exceed more than the remaining days of the employee's work year in which the request is made.

An application for the leave must be submitted in writing to the Executive Director not later than five (5) working days prior to the requested date of the leave. The request must include an anticipated date of return.

After exhausting individual accumulated sick leave and leave available under the Family and Medical Leave Act of 1993, insurance benefits provided by the Governing Board will cease the last day of the month in which the leave begins. The employee shall be allowed to continue to participate in the Group Life and Health Plan by paying the monthly premium to the Human Resources Office by the first day of each month for which the employee seeks coverage.

A full-time employee who becomes disabled due to pregnancy may elect not to exhaust sick leave before requesting extended sick leave without pay/benefits. However, such employee shall be responsible for the cost of continued participation in the Group Insurance Program after exhausting leave available, if any, under the Family and Medical Leave Act of 1993.

## **LEAVE OF ABSENCE: NON-CERTIFIED EMPLOYEES**

Upon the recommendation of the Executive Director, leave of absence without pay may be granted for parental purposes by the Governing Board to full-time non-certificated employees when they have completed at least two consecutive years of full-time service with PAEC. In order to be eligible for the first years' service credit, an employee must have begun employment at PAEC prior to November 1st of the employee's initial work year.

Upon the recommendation of the Executive Director, leave of absence without pay may be granted by the Governing Board to full-time program assistants for the purpose of completing student teaching. The leave shall be for the time necessary for the program assistant to complete the student teaching. Program assistants who are subsequently employed as teachers shall not be granted seniority as a teacher for time employed as a program assistant. However, program assistants shall retain their accumulated sick leave.

An application for leave must be submitted to the Executive Director at least ninety (90) calendar days before the requested date of commencement of the leave. The Executive Director may waive the ninety (90) calendar days in emergency cases. Prior to the approval of any leave request, the Executive Director may require that the employee submit proper documentation, such as a statement from a physician, approval by the proper agency of adoption, or a letter from an institution of higher learning.

In those cases where eligible employees utilize parental leave, (a) they may elect not to exhaust their sick leave, and (b) the leave may be for the remaining portion of the school year and upon request, one additional year. The request for the additional year may be made at the time the leave begins or by March 1st of the year the employee is on leave. No leave shall exceed the remainder of the current school year plus one (1) additional school year. In no event shall any eligible employee be granted an unpaid leave of absence in excess of two (2) years.

Notification of intention to return to the employment of PAEC from an unpaid leave of absence shall be made in writing to the Executive Director ninety (90) days prior to the first day of the second semester if leave is taken during the first semester, or by March 1st prior to the end of the school year if leave is taken the second semester. Failure to notify the Executive Director in writing of an intention to return shall be interpreted as a resignation without further action by the Governing Board.

Employees returning from a leave of absence, and who are paid from a salary schedule, shall be placed on the salary schedule at the same place they occupied at the beginning of the leave and shall be given the same longevity they received at the beginning of the leave.

Except where a leave granted by the Governing Board also qualifies as a leave under the Family and Medical Leave Act of 1993, any insurance benefits provided by the Governing Board will cease the last day of the month in which the leave begins. The employee shall be allowed to continue to participate in the Group Insurance Plan while on leave by paying the monthly premium to the PAEC Human Resources Office by the first day of each month for which the employee seeks coverage.

**LEAVE OF ABSENCE: TENURED CERTIFIED EMPLOYEES**

Upon the recommendation of the Executive Director, leave of absence without pay for an extended period of time may be granted by the Governing Board to tenured certificated employees. An application for leave must be submitted in writing to the Executive Director at least ninety (90) calendar days before the requested date of the commencement of the leave. The Executive Director may waive the ninety (90) calendar days in emergency cases.

Prior to the approval of any leave request, the Executive Director may require that the employee submit proper documentation, such as a statement from a physician, admission in an institution of higher learning or approval by the proper agency of adoption.

An employee who utilizes parental leave may elect not to exhaust his/her sick leave before taking a leave of absence.

The leave shall be for the remaining portion of the employee's work year and upon request, one additional year. The request for the additional year may be made at the time the leave begins or by March 1st of the year the employee is on leave. No leave shall exceed the remainder of the employee's current work year plus one (1) additional work year. In no event shall any employee be granted an unpaid leave of absence in excess of two (2) years.

Notification of intention to return to the employ of the school district from an unpaid leave of absence shall be made in writing to the Executive Director by November 1st if leave is taken during the first semester, or by March 1st prior to the end of the work year if leave is taken the second semester. Failure to notify the Executive Director in writing of an intention to return shall be interpreted as a resignation without further action by the Governing Board.

Employees returning from a leave of absence shall be placed on the salary schedule at the same place they occupied at the beginning of the leave unless they begin the leave after February 1st. In the latter case, employees shall be granted a full year's credit on the salary schedule if they worked the entire first semester. Employees shall be returned to a position for which they are certificated, approved or licensed/registered.

Except where a leave granted by the Governing Board also qualifies as a leave under the Family and Medical Leave Act of 1993, insurance benefits provided by the Governing Board will cease the last day of the month in which the leave begins. The employee shall be allowed to continue to participate in the Group Life and Health Plan by paying the monthly premium to the PAEC Human Resources Office by the first day of each month for which the employee seeks coverage.

**LONGEVITY**

A certificated employee beginning employment prior to November 1st will be given a full year's service credit towards tenure, upon completion of the work year.

Employees eligible for longevity credit on their respective salary schedule will be given a full year's longevity credit if they start before November 1st.

Employees who are paid on a salary schedule and begin employment prior to November 1st will be paid on the next step the following fiscal year, when they complete the current work year.

Program assistants who are subsequently employed as teachers shall receive longevity credit at the rate of one (1) year for every two (2) full years of employment as program assistant.

## **LOST: PERSONAL ITEMS/PAEC CHECKS/KEYS & KEYCARDS**

### **Lost Personal Items**

PAEC is not responsible for any lost personal items a staff or student incurs.

PAEC employees who take the responsibility of safekeeping a student's money/valuables are personally responsible if the items are lost or are not returned to the student.

NOTE: PAEC employees are expected to take home all personal belongings during the summer months.

### **Lost PAEC Checks**

Any fee charged to PAEC as a result of an employee losing a check (Payroll, Accounts Payable, or Activity Fund check), will be charged to that employee.

### **Lost Keys and Key Cards**

If you receive a PAEC key or key card and subsequently lose it, a fee equivalent to the cost of the key or key card will be charged.

### **Access to PAEC Buildings on Holidays**

PAEC Buildings are not open during school holidays or other holidays. Reference can be made to the PAEC calendar for these days.

Employee security key cards are not valid or programmed for entrance on those days and employees should not attempt to use them. In the event of a card failure, if someone were to gain access to a building on a holiday, the alarm will go off and PAEC will incur financial charges for a building alarm call.

Please note that on numerous holidays, we have had PAEC staff attempt to come into the buildings on holidays using their key cards. If there are no cars in the parking lot, please do not attempt to enter the building with a key card. If you need to be sure that the building is closed, go to the main entrance and use the night bell. If someone is in the building, they will answer.



**MEDICARE: CERTIFIED EMPLOYEES**

All certificated employees hired after March 31, 1986, are required to contribute to the hospital insurance (Medicare) tax portion of the Federal Insurance Contributions Act (F.I.C.A.).

PAEC is responsible for withholding employee and employer contributions on all wages paid to these individuals.

Employees contributing to Medicare will be eligible for Medicare benefits when they retire at the Medicare designated retirement age.

**MILEAGE REIMBURSEMENT FOR LOCAL TRAVEL**

Employees using their vehicles for approved school business are eligible for local travel mileage reimbursement. Reimbursement for mileage begins after employees reach their first work location of the day. Mileage reimbursement will not be paid for the initial trip to a first work location or the final trip home from the last work location of the day.

PAEC Form 361 (Mileage Report) should be completed and submitted to the employee's principal/immediate supervisor for approval. Mileage reports should be submitted at least on a quarterly basis.

All mileage incurred during a fiscal year (July 1<sup>st</sup> through June 30<sup>th</sup>) should be submitted for payment during that fiscal year. PAEC attempts to have a final Governing Board meeting during the last week of June in order to approve and pay all bills for that fiscal year. Any mileage which has not been submitted prior to or for this Board meeting may not be paid as budget funds may not be available.

Employees will be reimbursed at the IRS's mileage reimbursement rate and will be informed of the annual rate as it changes.

**MILITARY RESERVE LEAVE**

Military reserve leave will be granted to any employee who is a member of the U.S. Armed Services Active Reserve or National Guard for temporary field training or emergency duty. The employee will be allowed time off for that period of time. Under the Military Leave of Absence Act (5 ILCS 325), any full-time employee of the State of Illinois who is a member of any reserve component of the United States Armed Forces or of any reserve component of the Illinois State Militia, shall be granted leave from his/her public employment for any period actively spent in military service. During these leaves, the employee's seniority and other benefits shall continue to accrue. The employee shall also continue to receive his/her regular compensation as a public employee. A copy of the individual's military orders confirming the leave dates must be submitted to the Human Resources Office prior to the leave being taken.

**ORGANIZATIONAL DUES OR FEES**

The Governing Board shall make available a maximum of \$75.00 per certificated/licensed/registered employee and Program Assistant each school year for membership dues. The following is a list of professional organizations approved for reimbursement:

- American Speech Language Hearing Association (ASHA)
- American Vocational Association (AVA)
- Association for Supervision and Curriculum Development (ASCD)
- Chicago Association for the Education of Young Children (CAEYC or NAEYC - National)
- Council for Exceptional Children (CEC)
- Illinois Association for Autism and Developmental Disabilities
- Illinois Association and Health Physical Education and Recreation
- Illinois Association for Persons with Severe Handicaps (TASH)
- Illinois Association of School Social Workers
- Illinois Reading Association
- Illinois School Psychologist's Association
- Illinois Speech and Hearing Association
- Illinois Teachers of the Hearing Impaired (ITHI)
- Illinois Teachers of Physically Handicapped (ITPH)
- Orton Dyslexia Society

This list is not all-inclusive. New organizations may be added if deemed appropriate at the discretion of the Administration.

Final approval for reimbursement will be at the discretion of the PAEC Administration.

**OUTSIDE EMPLOYMENT**

Employees shall not at any time engage in any employment that would:

- affect their usefulness as employees at PAEC.
- make time and/or energy demands upon individuals which could interfere with their effectiveness in performing their regular assigned duties.
- compromise or embarrass PAEC.
- adversely affect their employment status or professional standing.
- conflict in any way with assigned duties.

Employees shall not engage in any other employment or in any private business during the hours necessary to fulfill appropriate assigned duties.

Employees will not perform duties related to an outside job using any PAEC facilities, equipment or materials.

**NOTE REGARDING TUTORING:** Employees interested in tutoring and who wish to be included on a list of private tutors, should contact the Assistant Director. Private tutoring cannot take place in any school building, and the tutors must make their own arrangements for places to conduct tutoring.

**OUTSIDE SPEAKING ENGAGEMENTS/PRESENTATIONS**

Staff wishing to make a professional presentation at any local, state or national level, must notify their immediate supervisor of their intention prior to applying and/or accepting the speaking engagement.

The proposal will be reviewed by PAEC Administration and a decision will be given regarding permission or denial.

**OVERTIME: NON-CERTIFIED EMPLOYEES**

For overtime payroll calculations for non-certificated employees, the PAEC work week begins on Sunday and ends on Saturday.

Compensation of time and a half will be awarded for work after forty (40) hours per week. Any overtime work requires prior approval from the employee's principal/immediate supervisor, Executive Director or designee.

The compensation may take the form of money or time off, both at time and a half. If time off is requested, approval is required from the Executive Director or designee.

**PANDEMIC**

A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect individuals and, because there is little to no pre-existing immunity against the new virus, it spreads sustainably.

**EMERGENCY SCHOOL CLOSING**

In the case of a pandemic, the Governor may declare a disaster due to a public health emergency that may affect any decision for an emergency school closing. Decisions for an emergency school closing will be made by the Executive Director in consultation with and, if necessary, at the direction of the Governor, Illinois Dept. of Public Health, Cooperative's local health department, emergency management agencies, and/or Regional Office of Education.



**PART-TIME EMPLOYEES**

Part-time employees are not eligible for benefits. The only exception (under Section 5/24-6 of The School Code of Illinois) are employees who are eligible to participate in the Illinois Municipal Retirement Fund (IMRF) under the "600 Hour Standard":

Those individuals employed in a non-certificated position normally requiring performance of duty for 600 hours or more in a twelve (12) month period.

These IMRF eligible employees are also eligible for sick leave benefits under the same section of the Illinois School Code. Part-time employees are granted at least 10 days in each school year. These days would be prorated for less than a full year's employment.

**PAYCHECKS/PAYDAY**

Paychecks are distributed on the 15th and last day of each month through direct deposit. If either one of these days falls on a weekend or a holiday, every attempt will be made to distribute the checks on the prior work date.

PAEC is required by law to subtract money from your paycheck each pay period to pay payroll taxes. The largest amounts subtracted are usually to cover federal and state income taxes. Sometimes these figures might go up or down, depending on the amount of your check, the number of deductions you claim for tax purposes, or because of new laws.

PAEC is also required by law to take retirement deductions from those employees eligible for either the TRS or IMRF Retirement Programs. In addition, all active members of TRS are required to make contributions toward the cost of retired members' health benefits. This deduction is shown on the employee's payroll stub under the "insurance" deduction field and is entitled TRIP.

Certificated employees hired after March 31, 1986, will have a Medicare deduction taken from their paychecks, while non-certificated employees will have Social Security (FICA) deductions taken from their checks.

Some employees participate in specific benefit programs that require employee contributions. This type of benefit is always voluntary, so if you have not applied for one of them and are therefore not covered by it, there will be no deduction from your check. The most popular programs for which there are paycheck deductions are the following:

Credit Union

Medical Insurance - Dependent Coverage and/or Individual PPO Coverage Tax Shelter Annuity - 403(b)

Teachers Union

Deductions will only be taken upon written request from an employee.

At times other mandatory deductions are necessary, such as garnishment of wages or the fair share cost provision of the Teacher/Program Assistant Union Contract. PAEC will attempt to notify you as quickly as possible when it is required to take such a deduction from your check.

If you have any questions about the deductions that appear on your paycheck stub, please contact the Payroll Department (450-2122).

## **PERSONAL LEAVE**

Each regular full-time employee shall be entitled to two (2) full days per fiscal year for personal business or emergency use without loss of pay or deduction of sick leave. A full time employee beginning after the start of the normal work year will be entitled to prorated sick leave. Personal leave shall be taken in increments of at least one-half days. Full-time temporary employees hired on or after April 1<sup>st</sup> are not eligible for personal leave.

Employees will be required, except in an emergency, to submit written requests for personal business leave on PAEC Form 312 (Leave Report) at least two (2) days prior to the anticipated absence. The Executive Director must approve any requests for emergency uses of personal days that do not receive prior approval; employees must make such a request on PAEC Form 312 on their first day back to work following their absence.

A personal business day may not be used immediately before or immediately after a holiday or school recess unless in the judgment of the Executive Director a valid reason for granting a personal business day exists.

Personal leave days will not be used for any strike or job action.

The employee's balance of personal leave shall be provided on the employee's pay stub once per month.

Unused personal business leave shall be allowed to accumulate as sick leave in the following fiscal year, effective every July 1st.

**NOTE:** If a regular full-time employee exhausts his/her personal leave days for the fiscal year, that employee may use up to two (2) sick leave days as personal leave days. Such days may be used only in accordance with all other requirements for the use of personal leave set forth above. If the employee has exhausted his/her sick leave days, no additional day shall be available to the employee.

**PERSONNEL FILES**

Employees shall have the right to inspect their official personnel files which are housed in the PAEC Central Administrative Office. Requests to review this file must be made in writing to the Executive Director or his/her designee. The employee's request will be honored within seven (7) work days. Any time a file is reviewed by an employee, the Executive Director or his/her designee shall be present.

Having reviewed the personnel file, employees may submit a request to the Executive Director or his/her designee that a portion be removed or corrected. If there is no mutual agreement on a change in the record, the employee may submit his/her own version, which then becomes part of the record.

Material may be added or removed from the file with permission from the Executive Director or his/her designee. Copies of materials to be added to the file will be given to the employee. Materials removed from the file shall be forwarded to the employee. An employee will be given an opportunity to affix his/her signature to a copy of a document evidencing disciplinary action before placement of the document in the file. If the employee fails to avail himself/herself of such opportunity within two (2) days, the document will be placed in the file.

PAEC will charge 25¢ per page as a copy charge.

**PHYSICAL EXAMINATIONS**

New employees, at their own expense, shall have a physical examination by a physician licensed or licensed nurse practitioner in Illinois or any other state to practice medicine and surgery, to determine the employee's physical ability to perform the duties as assigned by the PAEC Administration. The physical examination must take place sixty (60) or fewer days preceding the employee's submission of the physical exam report to the PAEC Central Office. The physical examination shall also provide evidence of the employee's freedom from all communicable diseases (including tuberculosis).

At any time, the Governing Board may require an examination of any employee to determine the physical or mental fitness of the employee to perform assigned duties or to determine what accommodations may be necessary for the employee to perform essential job functions. Such examinations shall be performed by a licensed physician who may be chosen by the employee from a list of at least three designated by the Governing Board, and the expenses thereof shall be paid from school funds.

## **RETIREMENT: EARLY INCENTIVE FOR CERTIFIED EMPLOYEES**

1. It shall be a goal of the Governing Board to provide an incentive for teachers eligible to retire under this Section.
2. Upon reaching 55 years of age, completing twenty (20) consecutive years of full-time employment with PAEC and its member districts, and becoming eligible for retirement under the Illinois Teachers' Retirement System, a teacher may elect to retire from PAEC at the end of a specified school term, and request that the Board approve the payment of a retirement incentive. Approved leaves will not be considered a break in employment and will not be counted towards years of full-time employment.
  - a. An eligible teacher electing to participate in the retirement incentive shall submit a written notice advising the Board of his/her retirement under TRS. Such written notice shall be submitted by no later than January 15 of the school year prior to the first year of his/her receipt of pre-retirement increases (e.g., by January 15, 2025 for retirement on June 30, 2029).
  - b. Proof of acceptance for retirement under TRS (TRS Benefit Estimate Form) must be submitted to the PAEC Business Office prior to June 1 of the year of retirement.
  - c. A teacher will be ineligible for any retirement incentive benefits if his/her retirement under TRS will require the Board to make a payment to the Illinois Teachers' Retirement System.
3. The number of teachers who may be awarded a retirement incentive in any year may be limited at the Board's option to thirty percent (30%) of those eligible, with the right to participate to be allocated among those applying on the basis of seniority in PAEC employment.

A request for a retirement incentive which is submitted but not approved by the Board due to limitations imposed by the Board under this subsection shall be considered by the Board during the following year in the order of receipt.

### **4. Pre-retirement Increases.**

The eligible teacher's compensation for up to the last four years of employment shall not be determined by the salary schedule. Instead, the teacher's prior year's compensation shall be re-calculated by increasing the teacher's total creditable earnings, including salary and stipends, by five percent (5%).

A teacher will not be eligible to participate in the retirement incentive program if s/he did not provide an irrevocable notice of intent to retire as required by this Section and/or s/he received an increase in creditable earnings in excess of five percent (5%) for a school year used to calculate the teacher's retirement annuity.

Once the request for a retirement incentive is approved by the Board, the teacher's retirement on the date specified in the request shall be deemed irrevocable. In the event that the teacher no longer performs a stipend duty, the amount attributable to the stipend for that school year will be subtracted from the creditable earnings that would have otherwise been paid. Any teacher who resigns his/her position prior to the approved retirement date shall forfeit any-remaining retirement incentives that would otherwise have been paid to the teacher and, in addition, shall pay to the Board any retirement incentive paid to date that exceeds what the teacher would have been compensated without a retirement incentive.

However, in its sole discretion, the Board may waive the deadline for submitting the written request for the retirement incentive; any such waiver shall be non-precedential in effect.

**RETIREMENT: EARLY INCENTIVE FOR CERTIFIED EMPLOYEES (continued)****5. Lump Sum Benefit in Lieu of Contributions towards Post-Retirement Health Insurance.**

In addition to the benefit described above and in lieu of a contribution towards post-retirement health insurance, the Board shall make one lump sum payment as a non-elective contribution to a 403(b) account designated by the

teacher in an amount calculated as set forth below. The Board's contribution will be made more than thirty (30) days after the retiring teacher's last paycheck and no later than sixty (60) days after her/his last workday. Both Parties intend that the payment will not be TRS creditable earnings.

The amount of the Board's contribution to the teacher's designated 403(b) account for this benefit shall be calculated as follows:

\$200.00 x the lesser of 60 months or the number of full calendar months until the teacher would reach age 65.

In the event that the Equal Employment Opportunity Commission or court of competent jurisdiction rules that the termination of the benefits formerly provided under this subsection after five years or at the time the retiree reaches age 65 is not permitted under state or federal law, including but not limited to the Illinois Human Rights Act, the Age Discrimination in Employment Act of 1967, and the Older Workers Benefit Protection Act of 1990, either the Board or the Union may provide written notice to renegotiate retirement benefits. Bargaining will begin within sixty (60) days. The parties agree to negotiate for sixty (60) days at which time, if no agreement has been reached, the Board may suspend paying its contributions to the teachers' Section 403(b) accounts pursuant to this subsection.

6. Up to seventy (70) accumulated PAEC sick leave days which are not used for TRS credit at the time of retirement from PAEC shall be reimbursed by the Board at a rate of \$50.00 per day. Payment therefore shall be made as a post-retirement severance payment during the month of August immediately following the end of the school year during which retirement becomes effective.

## **RETIREMENT: EARLY INCENTIVE FOR NON-CERTIFIED EMPLOYEES**

1. Upon reaching fifty-five (55) years of age, completing twenty (20) consecutive years of full-time employment with PAEC, and becoming eligible for retirement under the Illinois Municipal Retirement Fund (IMRF), a program assist may elect to retire at the end of a specified school term, and request that the Board approve the payment of a retirement incentive. Approved leaves will not be considered a break in employment and will not be counted towards years of full-time employment.
  - a. An eligible program assistant electing to participate in the retirement incentive shall submit a written notice advising the Board of his/her retirement under IMRF. Such written notice shall be submitted by no later than January 15 of the school year prior to the first year of his/her receipt of pre-retirement increases (e.g., by January 15, 2025 for retirement on June 30, 2029).
  - b. Proof of acceptance for retirement under IMRF (IMRF Certificate of Benefits) must be submitted to the PAEC Business Office prior to June 1 of the year of retirement.
  - c. A program assistant will be ineligible for any retirement incentive benefits if his/her retirement under IMRF will require the Board to make a payment to the Illinois Municipal Retirement Fund.
2. The number of program assistants who may be awarded a retirement incentive in any year may be limited at the Board's option to thirty percent (30%) of those eligible, with the right to participate to be allocated among those applying on the basis of seniority in PAEC employment.

A request for a retirement incentive which is submitted but not approved by the Board due to limitations imposed by the Board under this subsection shall be considered by the Board during the following year in order of receipt.

3. Pre-retirement Increases
  - a. The eligible non-certified employee's compensation for up to the last four years of employment shall not be determined by the salary schedule. Instead, the non-certified employee's prior year's compensation shall be recalculated by increasing the non-certified employee's total creditable earnings, including salary and stipends, by five percent (5%).
  - b. A program assistant will not be eligible to participate in the retirement incentive program if s/he did not provide an irrevocable notice of intent to retire as required by this Section and/or s/he received an increase in IMRF earnings in excess of five percent (5%) for a school year used to calculate the non-certified employees's retirement annuity.
  - c. Once the request for a retirement incentive is approved by the Board, the non-certified employee's retirement on the date specified in the request shall be deemed irrevocable. In the event that the non-certified employee no longer performs a stipend duty, the amount attributable to the stipend for that school year will be subtracted from the IMRF earnings that would have otherwise been paid. Any non-certified employee who resigns his/her position prior to the approved retirement date shall otherwise have been paid to the non-certified employee and, in addition, shall pay to the Board any retirement incentive paid to date that exceeds what the program assistant would have been compensated without a retirement incentive.

However, in its sole discretion, the Board may waive the deadline for submitting the written request for the retirement incentive; any such waiver shall be non-precedential in effect.

4. Lump Sum Benefit in Lieu of Contribution Towards Post-retirement Health Insurance. In addition to the benefit described above and in lieu of a contribution towards post-retirement health insurance, the Board shall make one lump sum payment as a non-elective contribution to a 403(b) account designated by the non-certificated employee in an amount calculated as set forth below. The Board's contribution will be made more than thirty (30) days after the retiring non-certificated employee's last paycheck and no later than sixty (60) days after her/his last workday. Both parties intend that the payment will not be IMRF creditable earnings.



**RETIREMENT: EARLY INCENTIVE FOR NON-CERTIFIED EMPLOYEES (continued)**

The amount of the Board's contribution to the non-certificated employee's designated 403(b) account for this benefit shall be calculated as follows:

\$200.00 x the lesser of sixty (60) months or the number of full calendar months until the non-certificated employee would reach age 65.

- 1) In the event that the Equal Employment Opportunity Commission or court of competent jurisdiction rules that the termination of the benefits formerly provided under this subsection 4 after five (5) years or at the time the retiree reaches age 65 is not permitted under state or federal law, including but not limited to the *Illinois Human Rights Act*, the *Age Discrimination in Employment Act of 1967*, and the *Older Workers Benefit Protection Act of 1990*, either the Board or the Union may provide written notice to renegotiate retirement benefits. Bargaining will begin within sixty (60) days. The parties agree to negotiate for sixty (60) days at which time, if no agreement has been reached, the Board may suspend paying its contributions to the non-certificated employee's Section 403(b) accounts pursuant to this subsection.
5. Up to seventy (70) accumulated PAEC sick leave days which are not used for IMRF credit at the time of retirement from PAEC shall be reimbursed by the Board to the non-certificated employee at the rate of \$40.00 per day. Payment therefore shall be made as a post-retirement severance payment during the month of August immediately following the school year during which retirement becomes effective.
6. In the event that a change in State law or administrative rules increases the Board's obligations under the Illinois Municipal Retirement Fund, the Board may provide written notice to the Union to renegotiate retirement benefits. Bargaining will begin within sixty (60) days. When bargaining begins pursuant to a demand above there shall be no status quo as to any earnings or benefit that would result in an employer contribution by the Board to IMRF. The intent of the parties is an explicit waiver of status quo in this matter to the extent necessary to avoid an employer contribution to IMRF.

**RETIREMENT PROGRAM: ILLINOIS MUNICIPAL RETIREMENT FUND (IMRF)**

Participation in IMRF is compulsory for non-certificated employees who work at least 600 hours per year. The employee's contribution to the retirement plan is 4 1/2% of the employee's gross earnings (handled through payroll deduction). These funds are sheltered and never subject to Illinois Income Tax and only subject to Federal Income Tax when they are withdrawn or used.

Approximately 80% of the pension benefits received by retired IMRF members are paid from the contributions made by PAEC. PAEC also pays for all disability and death benefits and most of the survivor pension benefits.

In order to qualify for an IMRF Pension, an employee must have at least eight (8) years of service credit and be at least fifty-five (55) years of age, and not working in a position requiring IMRF coverage.

For employees with one or more years of service who are actively employed (or on leave of absence or disability), death benefits are equal to one year's earnings plus a refund of the member's IMRF contributions plus interest earned on contributions. If an employee has less than one year's service, the employee's beneficiary will receive a refund of the employee's IMRF contributions with interest earned on contributions.

For a description of IMRF disability benefits, contact the PAEC Human Resources Office and/or IMRF for additional information.

To apply for IMRF pension benefits, contact IMRF. (1-800-ASK-IMRF) or [www.imrf.org](http://www.imrf.org)

If you terminate your employment with PAEC and wish to apply for withdrawal of your IMRF funds, complete IMRF Form 5.10 (Application for Separation Fund), which is available at the PAEC Payroll Office (See Payroll Coordinator) and also at the IMRF website ([www.imrf.org](http://www.imrf.org)). The form may be submitted on-line, faxed or mailed.

If you terminate employment and withdraw your IMRF funds prior to age 55, your IMRF refund will not include interest on your contributions. In addition, depending on your age, you may pay an additional 10% tax as well as Federal Income Tax on the entire amount, UNLESS:

The IMRF funds are "rolled over" into an Individual Retirement Account (IRA) plan or other eligible retirement savings account within 60 days from the issuance date of the IMRF check.

A member age 55 or more, when terminating IMRF service, is subject to income tax on the taxable amount. The income tax may be deferred by rolling over the taxable amount in an IRA or other eligible retirement savings account.

NOTE: Upon termination, IMRF funds can be withdrawn at any time unless you have eight years of IMRF service AND you are age 55 or older AND your IMRF service qualifies you for a monthly pension of \$30 or more. If you meet all of these requirements, you cannot withdraw your funds unless you directly rollover your contributions into another qualified retirement plan to purchase service credit.

**RETIREMENT PROGRAM: ILLINOIS MUNICIPAL RETIREMENT FUND (continued)**

For additional information, contact your local IMRF Office:

ILLINOIS MUNICIPAL RETIREMENT FUND  
2211 York Road  
Suite 400  
Oak Brook, IL 60523-2337  
(630) 368-1010  
(800) 275-4673 (Monday-Friday 7:30 a.m. to 5:30 p.m.)  
Website: [www.imrf.org](http://www.imrf.org)

NOTE: The above information is only a general summary of IMRF benefits and is not intended to be all-inclusive. For full details of benefits, contact the IMRF office or IMRF website. Any changes to the above information should be reported to you through the IMRF office or its newsletter and on it's website..

## **RETIREMENT PROGRAM: TEACHERS' RETIREMENT SYSTEM (TRS)**

Participation in the Teachers' Retirement System is compulsory at the time of employment for all individuals certificated under the provisions of The School Code of Illinois and employed under one of the following conditions in the public schools outside Chicago:

- Full-time and part-time employees
- Substitute teachers

Members are required to contribute nine point four (9.4) percent of their gross creditable earnings toward their retirement (this is handled through payroll deduction). The 9.4% is used for the following purposes:

- Retirement annuity: 7½%
- Automatic annual increases in annuity: ½%
- Death Benefits: 1%
- Funding of ERO Program: 0.4%

These funds are sheltered and NOT subject to Federal Income Tax until they are withdrawn or used.

Employer contributions for TRS members are paid by the State of Illinois and also by PAEC. The State is responsible for many of the pension benefits received by retired TRS members. PAEC pays 0.58% on all TRS salaries.

The system provides two types of death benefits:

- The beneficiary receives the refund of any remaining contributions (plus interest) made by the TRS member.
- Survivor benefits are made to eligible dependents (or TRS member's estate); or a named non-dependent (organization, trust, any person).

Members who become disabled may be eligible for disability benefits. For additional information, contact the PAEC Human Resources Office, the TRS Website, or call TRS at 1-800-877-7896.

Members who plan to retire should contact the system's Springfield office four (4) weeks before the retirement date.

A TRS member may apply for a refund of contributions provided an official resignation was submitted and accepted by the employer. A refund of your TRS contributions can be requested via e-mail at [members@trs.illinois.gov](mailto:members@trs.illinois.gov). TRS refunds do not include the 1% death benefit taken from the employee's gross creditable earnings, nor do TRS refunds include interest on the member's contributions or for the TRIP program. If you terminate employment and withdraw your TRS funds prior to age 59 1/2, you will pay a 10% penalty as well as Federal Income Tax on the entire amount, UNLESS:

- The TRS funds are "rolled over" into an Individual Retirement Account (IRA) plan or another qualified pension plan within 60 days from the issuance of the TRS check.
- The refund is made to members who separated from service in or after the year in which they turned age 55.

TRS will send you an application by regular mail. TRS will process your refund for payment when four (4) months have passed since your final day of work and will be costly to repay if you return to a TRS position.

**RETIREMENT PROGRAM: TEACHERS' RETIREMENT SYSTEM (TRS) continued**

When members withdraw service by taking a refund of contributions, they give up all rights to benefits that the system may provide.

For additional information regarding the Teachers' Retirement System, contact one of the following TRS offices: Teachers' Retirement System

PO BOX 19253

101

2815 West Washington

Springfield, Illinois

62794-9253

Teachers' Retirement System  
4200 Commerce Court, Suite

Lisle, Illinois 60532-3611

Toll Free: (800) 877-7896

TRS Website: [www.trs.illinois.gov](http://www.trs.illinois.gov)

Forms Order Line: (800) 877-7896 Option 2

Office hours are Mondays through Fridays, 8:30 AM to 4:30 PM, except state holidays.

NOTES: (1) The above information is only a general summary of TRS benefits and is not intended to be all inclusive; for full details of benefits, contact one of the above listed TRS offices or visit the TRS website.

(2) All active members of TRS are required to make contributions toward the cost of retired teacher health benefits at the rate of 1.07% (2015-16 rate) of salary. This contribution is not a retirement contribution, but a separate contribution of health insurance. As a result, this contribution will be included in the employee's payroll stub under the insurance deduction field. (TRS only acts as a service agent for the Department of Central Management Services for the collection of the health contributions.) This contribution is tax-exempt and will be excluded from the employee's taxable income. PAEC as your employer is required to contribute .80% (2015-16 rate) of employee TRS salaries.

## **SAFETY**

PAEC believes the safety and health of its employees are primary considerations in the operation of its school programs. PAEC is committed to providing a safe and healthy environment in which all of its employees can work.

PAEC is committed to an employee safety program that will eliminate employee injuries, property damage, and work interruptions resulting from unsafe conditions and work habits. In order to realize these objectives PAEC encourages all employees to promote safety and accident prevention and to make safety in the school a primary concern. PAEC has instituted a co-op wide safety committee that meets periodically during the school year to review employee accidents and incidents.

All employees are responsible for following safe work practices and for immediately reporting to their principal/immediate supervisor any condition that is potentially dangerous. Staff should become familiar with and observe safe work procedures during the course of their work activities.

The following are some safety practices and policies PAEC would like to emphasize:

- Do not try to move, lift, or carry anything heavy by yourself. If you need assistance, contact the school custodian.
- Keep work areas clean and orderly at all times.
- Report any injury, no matter how minor, to your principal/immediate supervisor or building secretary within 24 hours of the occurrence. Should you have an injury or feel ill while at work, contact your supervisor immediately.
- If hurt on the job, it is required that a formal accident/injury report ("Employee's Report of Injury") be completed by the employee, and a Supervisor's Investigation Report (Form G-136) be completed by the employee's supervisor--no matter how minor the injury. The formal injury report should be forwarded to the Human Resources Office, which is responsible for filing a report with the Worker's Compensation insurance carrier. All reports must be received in the Human Resources Office within 24 hours of the accident/injury.
- Should you notice anything that seems to be a safety hazard, an unsafe act or unsafe condition, please report it to your supervisor immediately.
- Employees who have a School Security or Safety concern should contact the School Principal. If that concern is not reconciled, the Executive Director should be contacted.

## **SALARY SCHEDULES**

In order for certificated and licensed/registered employees to move horizontally on their salary schedule, classes must be taken which are:

1. at the graduate level;
2. earned subsequent to the last degree earned;
3. directly or indirectly related to the present or a future assignment as determined by the Executive Director.

The salary schedule for certificated employees represents total compensation made up of the base salary and the 9.4% payment sheltered by PAEC from its funds to TRS on the employees' behalf.

The salary schedule for non-certificated employees represents total compensation made up of the base salary and the four and one-half percent (4½%) payment sheltered by PAEC from its funds to IMRF on the employees' behalf so long as IMRF requirements are satisfied.

Certificated and licensed/registered employees' salaries will be determined on the basis of their years of experience and educational background. One (1) year's credit may be given on the salary schedule for each year of certificated and/or professional related service, and for each ten (10) months of military service (not to exceed two (2) years credit for military service). Previous experience shall be considered and evaluated by the Executive Director. Partial credit, when transferring disciplines, will be decided in consultation with the Executive Director and approved by the Governing Board. A newly appointed certificated employee having more than a half-year of experience shall be awarded a full year of credit for such service.

NOTE: Individuals starting employment after the beginning of the work year will have their salaries prorated according to the remaining days in that work year.

**SCHOOL CALENDAR: NON-PAEC BUILDINGS**

PAEC employees working in non-PAEC Buildings will follow the school calendar of the district under which they are working (unless otherwise notified by the PAEC Executive Director or Assistant Director).

Employees who work in multiple districts will follow the school calendar established between themselves and their supervisor at the beginning of the work year.



## **SICK LEAVE**

Sick leave shall be interpreted to mean personal illness, quarantine at home, or serious illness or death in the immediate family\*.

Each full-time employee shall be entitled to sick leave according to the following schedule:

- 11 Month certificated staff: 14 days per year
- 12 Month certificated administrative staff: 15 days per year
- 12 Month non-certificated staff: 14 days per year
- Remaining staff: 12 days per year

A full time employee beginning after the start of the normal work year will be entitled to prorated sick days.

Sick leave not used in the school year of service for which it was granted shall accumulate up to three hundred forty (340) days. In addition, the employee will be awarded his/her allotment for the current year.

For certificated employees, up to seventy (70) PAEC sick leave days in excess of 170 days which are not used for Teachers' Retirement System credit at the time of retirement from PAEC shall be reimbursed by the Board at a rate of \$50 per day. For non-certificated employees, any accumulated sick leave days which cannot be used for Illinois Municipal Retirement Fund credit at the time of retirement from PAEC shall be reimbursed by the Board at the rate of \$40 per day. Payment to employees will be made as a post-retirement severance during the month of August, following the end of the school year during which retirement becomes effective.

At the beginning of each school year, Employees shall be able to go into IVisions Employee Self Service Web Portal (where you get your pay stub under Self Service Tab, click on leave balance and see the number of sick days available).

The entire sick leave granted for each school year shall be available for use on the first day of the school year.

A physician's certificate as a basis for pay during leave after an absence of three (3) consecutive days of personal illness may be required. A physician's certificate may be necessary as a basis for pay during a leave, but if so, it will be done at PAEC's expense.

NOTES: (1) If a regular full-time employee exhausts his/her personal leave days for the fiscal year, that employee may use up to two (2) sick leave days as personal leave days. Such days may be used only in accordance with all other requirements for the use of personal leave. If an employee has exhausted his/her sick leave days, no additional day shall be available to the employee.

(2) IMRF employees who work 600 or more hours per year are considered full-time employees for sick day purposes only. If they work less than six hours per day, they will receive a prorated share of sick days (see "Part-Time Benefits").

**\*"Immediate family", as defined in the Illinois School Code, Section 5/24-6, includes parents, spouse, brothers, sisters, children, grandparents, grandchildren, parents-in-law, brothers-in-law, sisters-in-law, and legal guardians.**

## **SICK LEAVE AND BEREAVEMENT POOLS**

NOTE: *This ONLY applies to Union employees.*

The purpose of the Sick Leave Pool is to provide an adequate number of days to be used by the employees

**SICK LEAVE (continued)**

when the need for sick days exceeds the number of days accumulated by an employee.

The purpose of the Bereavement Pool is to provide an adequate number of days to be used by the employees in the event of the death of a family member. The family shall include spouse, children, parents, parent-in-law, siblings- in-law, grandparents, grandparents-in-law, aunts, aunts-in-law, uncles, uncles-in-law, cousins, cousins-in-law, and/or other individuals considered important by the employee.

Sick Leave and Bereavement Pools will be managed by the Board of the PAEC Council. Decisions granting the use of days from the pool must have the approval of a majority of the Sick Leave/Bereavement Board.

Refer to the current PAEC Bargaining Unit Contract for eligibility and operational guidelines.

**SIGN-OUT PROCEDURE**

Employees leaving a PAEC building for any business reason should sign out at the receptionist's and/or building secretary's area, stating their destination, time of departure, and expected return time.

Employees in non-PAEC buildings should follow the sign-out procedure of the building in which they are located.

NOTE: It is assumed that the employee's principal/supervisor has pre-approved the sign-out.

**SUMMER SCHOOL**

If summer school services are approved by the Governing Board, summer school openings will be posted by April 15th and preference will be given to current PAEC employees. A copy of the posting will be sent to each worksite. No later than May 15<sup>th</sup>, the Administration will post a tentative list of employees selected for summer school employment, pending Board approval. The Administration may add employees to the list at any time thereafter.

## **SUPPLY REQUISITIONS**

If you need office and/or work supplies, contact your principal/supervisor or building secretary. Central Office employees should contact the Central Office receptionist for general office supplies.

If you are requested to order supplies, complete PAEC Form 910 (Supply Requisition) and submit it to your principal/supervisor for approval. The form is forwarded to the Accounts Payable Office, which mails a purchase order to the vendor and returns the supply requisition form to the principal/supervisor.

When the actual supplies are received, the principal/supervisor or designee must verify the order with the supply requisition form.

1. If the order is intact, the supply requisition should be signed at the bottom of the form and returned to the Accounts Payable Office with the packing slip attached.
2. If there are discrepancies in the order (e.g., items to be returned; back ordered items; broken items), the discrepancies should be noted on the supply requisition and the form returned to the Accounts Payable Office with the packing slip attached.
3. If any items are to be returned, you should make the appropriate arrangements with the vendor (return policies vary with each vendor). You should pack the merchandise and have it prepared to be picked up at the designated location. Make sure all notations and receipts are attached to the supply requisition when forwarding it to the Accounts Payable Office.

If any questions or problems arise concerning the order, contact your immediate principal/supervisor.

If you have received prior approval from your principal/supervisor to make a purchase using your own funds, complete PAEC Form 363 (Board Bills Reimbursement). You should be reimbursed after the next scheduled Board meeting, if the form is approved and received in time at the Accounts Payable Office.

## **TARDINESS PROCEDURE**

PAEC's tardiness procedure for all employees is:

1. Employees who are late for work will be given verbal warnings for the first two abuses. The principal/supervisor will maintain a log of each employee's tardiness.
2. The third tardiness abuse will result in a written notice to the employee, documenting the two previous verbal warnings, and informing the employee that the next tardiness abuse may result in a one day's work suspension without pay.
3. The fourth tardiness abuse will result in a written notice to the employee, and a one day's work suspension without pay.
4. A fifth tardiness abuse will result in a written notice to the employee, and a two day's work suspension without pay.
5. A sixth tardiness abuse will result in a written notice to the employee, and (a) if the employee is non-certificated or non-tenured/certificated, a recommendation will be made for the employee's termination to the PAEC Governing Board; or (b) if the employee is tenured and certificated, a Remediation Plan will be initiated immediately.

### **DEFINITIONS:**

- (1) Tardiness: Late by five (5) minutes or less.
- (2) Tardiness Abuse: Late by more than five (5) minutes, or continued/chronic tardiness.

### **NOTE:**

- (1) In all tardiness situations, the principal/supervisor may request a payroll deduction for the actual time lost from work by the employee. Tardiness abuse will result in a pay deduction.
- (2) This tardiness procedure has received the approval of the West Suburban Teachers Union, Local #571, AFT, AFL-CIO.

**TAX SHELTER ANNUITY (TSA) PROGRAM**

Tax Shelter Annuities (TSA) are a significant retirement income vehicle enabling many employees of public schools to defer taxation on retirement savings until future years. Generally, the contributions you make to the TSA plan are excluded from your current income; i.e., you do not have to include these contributions (and any earnings on them) in your taxable income until the year(s) the TSA funds are withdrawn, and that is usually after you retire and very likely in a lower income tax bracket.

The PAEC #803 School District has contracted with the Omni Group to act as a third party plan administrator for the district's 403(b) Tax Sheltered Retirement Plan.

According to the IRS, PAEC #803 School District, as plan sponsor, has certain administrative and regulatory responsibilities. Some of those responsibilities include confirming that all contributions and transactions are within the allowable guidelines. The Omni Group, as PAEC's compliance partner, will assist us in making sure that the responsibilities are complete.

The Omni Group will be able to assist you with general questions regarding the district's 403(b) plan. Specific account information should continue to be obtained from your investment providers.

If you are not currently participating in the 403(b) plan and would be interested in more information, please contact the Human Resources Office at 708/450-2119 or the Payroll Office at 708/450-2122. A listing of approved 403(b) investment companies is also available at either office.

The PAEC #803 School District and the Omni Group look forward to partnering with you to provide you the best benefit opportunities.

**TRANSCRIPTS**

All certificated, licensed and registered employees shall submit to the PAEC Personnel Office an official transcript from every college or university they have attended. Official transcripts cannot be issued to the employee. Please request they be sent to:

PAEC  
1000 Van Buren  
Maywood, IL 60153-1989  
ATTN: Business Manager



**TRANSPORTING STUDENTS IN STAFF VEHICLES**

No student can be transported in a staff vehicle except in an extreme emergency, such as a life-threatening situation.

## **TUITION REIMBURSEMENT**

Tuition reimbursement for approved classes is available to full-time certificated and licensed/registered employees, and to full-time Program Assistants.

1. Eligible employees need to submit PAEC Form 320 (Pre-Approval for Reimbursement of College/University Course Work) to the Executive Director prior to the actual start date of the class.

The types of classes eligible for reimbursement include:

For certificated and licensed/registered employees: Classes must be graduate course work beyond a degree, and must be in a field pertinent to PAEC activities.

Any full-time program assistant who has completed one-half (1/2) of the coursework required by his/her college for a four (4) year degree in teacher education or a four (4) year degree that leads to another professional certificate under Article 21 of the *Illinois School Code* (e.g., social worker, psychologist, speech and language pathologist), and who receives the approval of the Executive Director prior to enrolling in further coursework leading to a degree/certification in an area that would make him/her employable by PAEC.

2. By October 15th of the school year following completion of the class(es), PAEC Form 321 (Approval for Reimbursement of College/University Course Work) must be submitted to the PAEC Business Office, along with a receipt or cancelled check attached to the form which confirms the cost of the class taken. A separate copy of PAEC Form 321 should be submitted for each class that had been pre-approved. Failure to submit PAEC Form 321 by October 15th will result in the inability of the employee to receive reimbursement.
3. Employees requesting reimbursement must have official college transcripts sent to PAEC by October 15th of the school year following completion of the class(es). Official transcripts cannot be issued to the employee. Please request they be sent to:

PAEC  
1000 Van Buren  
Maywood, Illinois 60153-1989  
Attn: Business Manager

4. Failure to be actively employed by PAEC in a certificated or licensed/registered capacity or actively employed as a Program Assistant during the period of September 1 through December 15 of the year following completion of the course work shall not entitle the employee to reimbursement.
5. Reimbursement will be for actual tuition costs, providing the employee receives a grade of "B" or better, and provided the amount in the Tuition Reimbursement Fund allows the employees full reimbursement. The method for determining reimbursement within the Fund will be to divide the Fund by the total number of semester credit hours for which reimbursement has been requested and approved. Each employee's approved coursework will be multiplied by this credit hour rate (not to exceed the per semester credit hour charge for

the University of Illinois, Chicago Campus, effective on September 1st for the fund (year) and that amount will be paid to the requesting employee. If the fund is not exhausted by the limitation of reimbursement to the UIC hourly rate, those employees incurring a greater charge per credit hour shall be reimbursed on a pro rata basis, until the remainder of the fund for the designated year is exhausted. However, no reimbursement paid to any employee will exceed the employee's documented tuition costs.

**TUITION REIMBURSEMENT (continued)**

6. Eligible employees may submit for reimbursement a maximum of twelve (12) semester credit hours during each school year and nine (9) semester credit hours during each summer.
7. Reimbursement shall be prorated for full-time employees who work a partial year.

Two separate funds have been designated by the PAEC Governing Board for tuition reimbursement purposes: (A) Teacher and Program Assistant Fund and (B) Central Office Fund.

- NOTES:
1. If a pre-approved class is dropped or cancelled and another class is to be taken in its place, another tuition pre-approval form (PAEC Form 320) needs to be submitted to the Executive Director.
  2. If an "Incomplete" in a course is received and that course will not be completed during the same school year it was taken, the employee needs to submit a request for extension of tuition reimbursement on that particular class. A memo to the attention of the Business Manager should be submitted stating the expected date of completion of that particular class.
  3. For reimbursement purposes, one college quarter hour is the equivalent of two-thirds (2/3) semester hours.

## VACATION

Employees eligible for vacation shall receive vacation days based on a July 1st through June 30th fiscal year.

All vacation requests shall be submitted to the employee's supervisor and Executive Director for approval at least two weeks in advance. Vacation requests should be submitted on PAEC Form 312 (Leave Report). All earned vacation must be used prior to September 1 of the following fiscal year; if the vacation is not used by September 1, it will be lost.

Vacation shall be taken in increments of at least one-half days.

The following personnel are eligible for vacation:

<u>Certificated Personnel</u>	<u>Earned Vacation Leave</u>
** Principals	10 days
**Assistant Principals	8 days **
Twelve (12) month employees (Central Office Administrators)	20 days 1/2 winter vacation (noncumulative) 1/2 spring vacation (noncumulative)

### Educational Support Personnel (Non-Certificated):

Full-time twelve (12) month employees ** with less than five (5) years of service	10 days
Full-time twelve (12) month employees, after ** completion of five (5) years of service but less than thirteen (13) years of service*	15 days
Full-time twelve (12) month employees **after completion of thirteen (13) years of service*	20 days

NOTE: A full-time 10 or 11 month employee who becomes a full-time 12 month employee will have the 12 month starting date used when determining vacation calculation.

\*Employees must complete the necessary employment years by July 1<sup>st</sup> (the first day of fiscal year) in order to receive the next highest number of vacation weeks.

\*\* 5 days may be used after the first six months of employment; any the exception requires the approval of the Executive Director

If employment is for less than a full year, a prorated amount will be calculated.  
Holidays falling during the period of approved vacation time are not considered as vacation time.

**WOMEN'S HEALTH & CANCER RIGHTS ACT**

*The Women's Health & Cancer Rights Act* requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include: (a) reconstruction of the breast upon which the mastectomy has been performed, (b) surgery/reconstruction of the other breast to produce a symmetrical appearance, (c) prostheses, and (d) physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not interfere with a woman's rights under the plan to avoid these requirements, or offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law. However, the plan may apply deductibles and copays consistent with the other coverage provided by the plan.

This law applies to PAEC's E.B.C. Blue Cross Blue Shield of Illinois HMO and PPO Plans.

## **WORKPLACE HARASSMENT PROHIBITED (PAEC Policy 5:20)**

P.A.E.C. expects the workplace environment to be productive, respectful, and free of unlawful discrimination, including harassment. P.A.E.C. employees shall not engage in harassment or abusive conduct on the basis of an individual's actual or perceived race, color, religion, national origin, ancestry, sex, sexual orientation, age, citizenship status, work authorization status, disability, pregnancy, marital status, order of protection status, military status, unfavorable discharge from military service, or any other status protected under law, nor shall they engage in harassment or abusive conduct on the basis of an individual's other protected status identified in Board policy 5:10, *Equal Employment Opportunity and Minority Recruitment*. Harassment of students, including, but not limited to, sexual harassment, is prohibited by Board policy policies 2:260, *Uniform Grievance Procedure*; 2:265, *Title IX Sexual Harassment Grievance Procedure*; 7:20, *Harassment of Students Prohibited*; 7:180, *Prevention of and Response to Bullying, Intimidation, and Harassment*; and 7:185, *Teen Dating Violence Prohibited*.

The Cooperative will take remedial and corrective action to address unlawful workplace harassment, including sexual harassment.

### **Sexual Harassment Prohibited**

P.A.E.C. shall provide a workplace environment free of verbal, physical, or other conduct or communications constituting harassment on the basis of sex as defined and otherwise prohibited by State and federal law. The Cooperative provides annual sexual harassment prevention training in accordance with State law.

Cooperative employees shall not make unwelcome sexual advances or request sexual favors or engage in any unwelcome conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment prohibited by this Policy includes, but is not limited to, verbal, or physical, or other conduct. The terms intimidating, hostile, or offensive include, but are not limited to, conduct that has the effect of humiliation, embarrassment, or discomfort. Sexual harassment will be evaluated in light of all the circumstances.

### **Making a Report or Complaint**

Employees and *nonemployees* (persons who are not otherwise employees and are directly performing services for the District pursuant to a contract with the District, including contractors, and consultants) are encouraged to promptly report information regarding violations of this policy. Individuals may choose to report to a person of the individual's same gender. Every effort should be made to file such reports or complaints as soon as possible, while facts are known and potential witnesses are available.

Aggrieved individuals, if they feel comfortable doing so, should directly inform the person engaging in the harassing conduct or communication that such conduct or communication is offensive and must stop.

Aggrieved employees, who if they feel comfortable doing so, should directly inform the person engaging in the harassing conduct or communication that such conduct or communication is offensive and must stop.

Employees should report claims of harassment to the Nondiscrimination Coordinator and/or use the Board policy 2:260, *Uniform Grievance Procedure*. Employees may choose to report to a person of the employee's same sex. There are no express time limits for initiating complaints and grievances under this policy; however, every effort should be made to file such complaints as soon as possible, while facts are known and potential witnesses are available.

## **WORKPLACE HARRASSMENT PROHIBITED (PAEC Policy 5:20) continued**

### **Whom to Contact with a Report or Complaint**

An employee should report claims of harassment, including making a confidential report, to any of the following: his/her immediate supervisor, the Building Principal, an administrator, the Nondiscrimination Coordinator, and/or a Complaint Manager. An employee may also report claims using Board policy 2:260, *Uniform Grievance Procedure*. If a claim is reported using Board policy 2:260, then the Complaint Manager shall process and review the claim according to that policy, in addition to any response required by this policy.

The Executive Director shall insert into this policy the names, office addresses, email addresses, and telephone numbers of the Cooperative's current Nondiscrimination Coordinator and Complaint Managers. The Nondiscrimination Coordinator also serves as the Cooperative's Title IX Coordinator.

#### **Nondiscrimination Coordinator:**

Michael James

1000 Van Buren St., Maywood, IL 60153 mjames@paec803.org 708-450-2100

#### **Complaint Manager:**

Business Manager

1000 Van Buren St., Maywood, IL 60153 switaker@paec803.org 708-450-2158

### **Investigation Process**

Any Cooperative employee who receives a report or complaint of harassment must promptly forward the report or complaint to the Nondiscrimination Coordinator or a Complaint Manager. Any employee who fails to promptly forward a report or complaint may be disciplined, up to and including discharge.

Reports and complaints of harassment will be confidential to the greatest extent practicable, subject to the District's duty to investigate and maintain a workplace environment that is productive, respectful, and free of unlawful discrimination, including harassment.

For any report or complaint alleging sexual harassment that, if true, would implicate Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), the Nondiscrimination Coordinator or designee shall consider whether action under policy 2:265, *Title IX Sexual Harassment Grievance Procedure*, should be initiated.

For any other alleged workplace harassment that does not require action under policy 2:265, *Title IX Sexual Harassment Grievance Procedure*, the Nondiscrimination Coordinator or a Complaint Manager or designee shall consider whether an investigation under policy 2:260, *Uniform Grievance Procedure*, and/or 5:120, *Employee Ethics; Code of Professional Conduct; and Conflict of Interest*, should be initiated, regardless of whether a written report or complaint is filed.

### **Reports That Involve Alleged Incidents of Sexual Abuse of a Child by School Personnel**

An **alleged incident of sexual abuse** is an incident of sexual abuse of a child, as defined in 720 ILCS 5/11-9.1A(b), that is alleged to have been perpetrated by school personnel, including a school vendor or volunteer, that occurred: on school grounds during a school activity; or outside of school grounds or not during a school activity.

## **WORKPLACE HARRASSMENT PROHIBITED (PAEC Policy 5:20) continued**

Any complaint alleging an incident of sexual abuse shall be processed and reviewed according to policy 5:90, *Abused and Neglected Child Reporting*. In addition to reporting the suspected abuse, the complaint shall also be processed under policy 2:265, *Title IX Sexual Harassment Grievance Procedure*, or policy 2:260, *Uniform Grievance Procedure*.

### **Enforcement**

A violation of this policy by an employee may result in discipline, up to and including discharge. A violation of this policy by a third party will be addressed in accordance with the authority of the Board in the context of the relationship of the third party to the Cooperative, e.g., vendor, parent, invitee, etc. Any person making a knowingly false accusation regarding harassment will likewise be subject to disciplinary action, which for an employee may be up to and including discharge.

### **Retaliation Prohibited**

An employee's employment, compensation, or work assignment shall not be adversely affected by complaining or providing information about harassment. Retaliation against employees for bringing complaints or providing information about harassment is prohibited (see Board policy 2:260, *Uniform Grievance Procedure*), and depending upon the law governing the complaint, whistleblower protection may be available under the State Officials and Employees Ethics Act (5 ILCS 430/), the Whistleblower Act (740 ILCS 174/), and the Ill. Human Rights Act (775 ILCS 5/).

An employee should report allegations of retaliation to his/her immediate supervisor, the Building Principal, an administrator, the Nondiscrimination Coordinator, and/or a Complaint Manager.

Employees who retaliate against others for reporting or complaining of violations of this policy or for participating in the reporting or complaint process will be subject to disciplinary action, up to and including discharge.

### **Recourse to State and Federal Fair Employment Practice Agencies**

The Cooperative encourages all employees who have information regarding violations of this policy to report the information pursuant to this policy. The following government agencies are available to assist employees: the Ill. Dept. of Human Rights and the U. S. Equal Employment Opportunity Commission.

The Executive Director shall also use reasonable measures to inform staff members, applicants, and nonemployees of this policy, which shall include posting on the Cooperative website and/or making this policy available in the Cooperative's administrative office, and including this policy in the appropriate handbooks.

### **LEGAL REF.:**

42 U.S.C. §2000e *et seq.*, Title VII of the Civil Rights Act of 1964; 29 C.F.R. §1604.11.

20 U.S.C. §1681 *et seq.*, Title IX of the Education Amendments of 1972; 34 C.F.R. Part 106.

5 ILCS 430/70-5(a), State Officials and Employees Ethics Act.

775 ILCS 5/2-101(E) and (E-1), 5/2-102(A), (A-10), (D-5), 5/2-102(E-5), 5/2-109, 5/5-102, and 5/5102.2, Ill. Human Rights Act.

56 Ill. Admin.Code Parts 2500, 2510, 5210, and 5220.



**WORKPLACE HARRASSMENT PROHIBITED (PAEC Policy 5:20) continued**

Vance v. Ball State Univ., 570 U.S. 421 (2013).

Crawford v. Metro. Gov't of Nashville & Davidson Cnty., 555 U.S. 271 (2009).

Jackson v. Birmingham Bd. of Educ., 544 U.S. 167 (2005).

Oncale v. Sundowner Offshore Servs., 523 U.S. 75 (1998).

Burlington Indus. v. Ellerth, 524 U.S. 742 (1998).

Faragher v. City of Boca Raton, 524 U.S. 775 (1998).

Harris v. Forklift Systems, 510 U.S. 17 (1993).

Franklin v. Gwinnett Co. Public Schools, 503 U.S. 60 (1992).

Meritor Savings Bank v. Vinson, 477 U.S. 57 (1986).

Porter v. Erie Foods Int, Inc., 576 F.3d 629 (7th Cir. 2009).

Williams v. Waste Mgmt., 361 F.3d 1021 (7th Cir. 2004).

Berry v. Delta Airlines, 260 F.3d 803 (7th Cir. 2001).

Sangamon Cnty. Sheriff's Dept. v. Ill. Human Rights Com'n, 233 Ill.2d 125 (Ill. 2009).

CROSS REF.: 2:260 (Uniform Grievance Procedure), 2:265 (Title IX Sexual Harassment Grievance Procedure), 4:60 (Purchases and Contracts), 5:10 (Equal Employment Opportunity and Minority Recruitment), 5:90 (Abused and Neglected Child Reporting), 5:120 (Employee Ethics; Code of Professional Conduct; and Conflict of Interest), 7:20 (Harassment of Students Prohibited), 8:30 (Visitors to and Conduct on School Property)

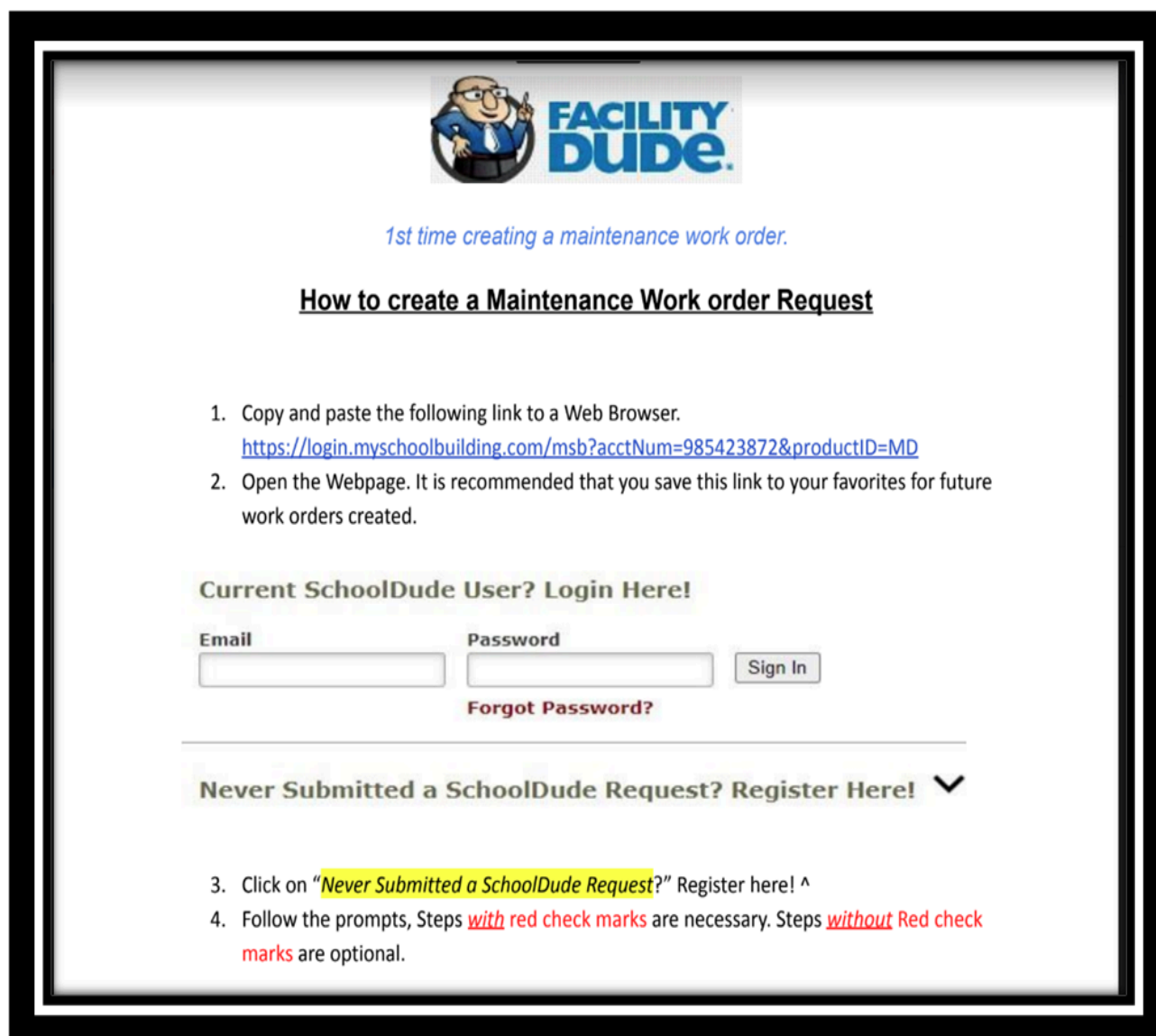
ADOPTED: October 11, 2011

REVISED: July 10, 2012; September 10, 2013; March 15, 2018; December 20, 2018; April 16, 2020; December 17, 2020; February 16, 2022; February 22, 2023

## WORK ORDERS

Employees should submit a work order request (Please see directions below) to their principal/supervisor for the repair of equipment, special cleaning and general maintenance needed in the work area.

In emergency situations, the custodian or principal/supervisor can be verbally informed.



The screenshot shows the Facility Dude website interface. At the top is the Facility Dude logo, which features a cartoon character of a man in a blue suit and tie, holding a pencil. Below the logo is the text "1st time creating a maintenance work order." in blue. The main heading is "How to create a Maintenance Work order Request" in bold black text. Below this are two numbered steps: 1. Copy and paste the following link to a Web Browser. <https://login.myschoolbuilding.com/msb?acctNum=985423872&productID=MD> 2. Open the Webpage. It is recommended that you save this link to your favorites for future work orders created. Below the steps is a login section titled "Current SchoolDude User? Login Here!". It contains two input fields labeled "Email" and "Password", a "Sign In" button, and a link "Forgot Password?". Below the login section is a registration section titled "Never Submitted a SchoolDude Request? Register Here!" with a downward arrow. Below the registration section are two numbered steps: 3. Click on "Never Submitted a SchoolDude Request?" Register here! ^ 4. Follow the prompts, Steps with red check marks are necessary. Steps without Red check marks are optional.






- **Step 1:** These fields will already be filled in with your contact information according to how it was entered upon registration.

<b>Step 1</b> Please be yourself, click here if you are not Richard Requester		
<b>First Name</b> Richard	<b>Last Name</b> Requester	<b>Email</b> RRequester@Dude.com
<b>Phone</b> 555-555-5555	<b>Pager</b>	<b>Cellular Phone</b>

- **Step 2:** Click on the drop down arrow and highlight the **Location** where the work needs to be done. Do the same for **Bldg./Unit** (if available) and **Area**. Also, be sure to type in the area description or room number in the **Area/Room Number** field.

<b>Step 2</b> <b>Location</b> <input checked="" type="checkbox"/>	
Administration Office	
<b>Bldg./Unit</b> -- No Bldg./Unit Available --	
<b>Area</b> -- Select Area --	<b>Area/Room Number</b> Office 205
<input type="checkbox"/> Yes, remember my area entries for my next new request entry.	

- **Step 3:** Select the **Priority** of the work order you are submitting.
- **Step 4:** Select the **Problem Type** that best describes the request/issue you are reporting.

<b>Step 3</b> <b>Priority:</b> <input checked="" type="checkbox"/>	
Medium	
<b>Step 4</b> <b>Select Problem Type:</b> <input checked="" type="checkbox"/>	
 <b>Maintenance Help Desk:</b>	
Click here for Maintenance Emergency Contacts Click on the problem type below that best describes your issue.	
 Audio/Visual	 Doors and Hardware
 Electrical	 Furniture Repair
 Heating/Ventilation /Air Conditioning	 Plumbing

- **Step 5:** Type in a description of the problem.

<b>Step 5</b> Please describe your problem or request. <input checked="" type="checkbox"/>
AC is not working.

## **WORKER'S COMPENSATION**

An employee who is injured on the job must complete an "Employee's Report of Injury" form within 24 hours of the accident/injury and return the form to the principal/supervisor. The form must be completed even if the injury is minor and no medical treatment is sought. In the event the employee is hospitalized or incapacitated, the form must be submitted as soon as possible following the accident or injury.

The principal/supervisor must complete a Supervisor's Investigation Report within 24 hours of the accident/injury and return it to the PAEC Human Resources Office.

The PAEC Human Resources Office will complete Form 45 (Insurance Carrier First Report of Injury or Illness) and submit it to the Worker's Compensation Cooperative Insurance Carrier. The Worker's Compensation Cooperative Insurance Carrier determines whether an injury is eligible for reimbursement through its program; PAEC only submits the required reports to the Worker's Compensation Cooperative Insurance Carrier.

**NOTE:** Employees should verify with the doctor/hospital that is treating them that the medical bill(s) are sent to the **Worker's Compensation Cooperative Insurance Carrier**, not to their regular medical insurance carrier. The doctor can call the PAEC Human Resources Office to get the Worker's Compensation Insurance Carrier's contact information and a claim number.

### **Worker's Compensation Attendance and Payroll Information for PAEC Employees**

If an employee is off work due to a Worker's Compensation accident/injury, the following applies to that employee's attendance and payroll:

- If the employee's work-related injury which required medical treatment during the workday on the date of the injury and/or following two (2) workdays, the employee will not be charged sick or personal leave days for time absent for purposes of receiving medical treatment on such days, or not being physically able to work, provided the employee provides a statement from his/her physician which (1) confirms that the employee has been examined by the physician regarding the work injury, (2) describes the nature and extent of the injury, and (3) states that the employee's absence from work is necessitated by the work injury. The physician's statement must be submitted within three (3) days of the accident or injury, unless the employee has been admitted into a hospital or is otherwise incapacitated (physically or mentally) due to the severity of the injury. In such case where the employee is hospitalized or incapacitated, the physician's statement must be submitted as soon as possible following the accident or injury.
- The employee will continue to receive his/her full salary from PAEC if he/she is absent from work due to a compensable injury confirmed by the PAEC Worker's Compensation Insurance Carrier. Any TTD (Temporary Total Disability) benefits paid to the employee while he/she is absent from work will be retained by PAEC. No deduction of sick days from the employee will be made for employee absence days needed for medical treatments, tests or doctor visits covered and/or compensated by Worker's Compensation as long as a physician's statement is provided to PAEC supporting each absence day and these days are confirmed and approved by PAEC's Worker's Compensation Insurance Carrier. If these physician statements are not provided and/or absence days not approved, **WORKER'S COMPENSATION (continued)** then sick or personal days will be charged to the employee or pay deducts will be taken.

# Supervisor's Investigation Report

The unsafe acts of persons and the unsafe conditions that cause accidents can be corrected only when they are known specifically. It is your responsibility to find and name them and to suggest the remedy in this report..

District Name and Number:		School or building name:	
Location of accident: <i>(stairs, hall, office, outside, etc.)</i>		Date and hour of accident:	
Name of injured person:	Injured employee's department:		Injured employee's job or position:
Describe the injury:			
Describe the accident <i>(State what the injured employee was doing and the circumstances leading to the accident.)</i>			
Unsafe condition <i>(Describe as oily floor, poor light, lack of guards on belts and gears, broken steps, etc.)</i>			
Unsafe act--Unsafe work procedure <i>(Describe using known facts, or a specific items contributing to the accident, etc.)</i>			
Suggested Improvement <i>(As a supervisor, what do you propose that might prevent a repeat accident.)</i>			
Supervisor	Reviewed and approved by		Date report prepared
(attached any additional information or pictures)			



# SCHOOL EMPLOYEES LOSS FUND (SELF)



## Supervisor's Investigation Report (cont'd)

Each accident regardless of whether it results in a personal injury, property damage, or a near miss should be investigated to determine the actual cause and to take proper action to prevent recurrence.

The accident should be investigated by the supervisor of the injured employee. The investigation should be conducted as soon as possible to get the most accurate information. **Your purpose is to obtain facts and prevent recurrence – not place blame.**

### Steps to Follow

1. If available, obtain notice of event. (IL Form 45)
2. Go to the scene immediately.
3. Find out what happened, obtain witness names.
4. Determine accident CAUSES.
5. Develop and implement corrective action to prevent repeat accident.
6. Complete all sections of the form.
7. Report to management.
8. Send completed forms to the SELF claims administrators, Sedgwick at fax 614-601-9515

This Guide is to stimulate questioning in determining the DIRECT and INDIRECT accident causes.

Questions To Ask	If The Causes Appear To Be	
	Conditions	Actions
WHY	<ul style="list-style-type: none"><li>– did it exist?</li><li>– had no one noticed and corrected it?</li></ul>	<ul style="list-style-type: none"><li>– was it being done?</li><li>– was it being done this way? was it (job or detail) necessary?</li></ul>
WHAT	<ul style="list-style-type: none"><li>– caused it to exist?</li><li>– caused it to be involved?</li></ul>	<ul style="list-style-type: none"><li>– was its purpose?</li><li>– other way could it be done?</li><li>– details could be eliminated?</li><li>– instructions were not followed?</li></ul>
WHERE	<ul style="list-style-type: none"><li>– was it?</li><li>– was its source?</li><li>– else does it exist?</li><li>– can I find out?</li></ul>	<ul style="list-style-type: none"><li>– should it be done?</li><li>– else is it being done?</li></ul>
WHEN	<ul style="list-style-type: none"><li>– did it occur?</li><li>– do similar conditions occur?</li></ul>	<ul style="list-style-type: none"><li>– should it be done?</li></ul>
WHO	<ul style="list-style-type: none"><li>– was responsible for it?</li><li>– can give me answers?</li><li>– should take corrective action?</li></ul>	<ul style="list-style-type: none"><li>– is best qualified to do it?</li><li>– can give me answers?</li><li>– can show me what was being done?</li></ul>
HOW	<ul style="list-style-type: none"><li>– should it be corrected?</li><li>– can it be avoided in the future?</li></ul>	<ul style="list-style-type: none"><li>– is the best way to do it?</li><li>– can it (job or detail) be improved?</li></ul>



## SCHOOL EMPLOYEES LOSS FUND (SELF)



### Employee's Report of Injury

#### Information About You

District Name & # \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Marital Status: S ☐ M ☐ D ☐ W ☐

Sex: M ☐ F ☐

Children under 18 (sex and age): \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Average Weekly Wage: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Days & Hours Worked: \_\_\_\_\_

Other Employment: \_\_\_\_\_

#### Information About the Accident

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Accident: \_\_\_\_\_ ☐

What were you doing before the accident? \_\_\_\_\_

What happened? \_\_\_\_\_

Witnesses Name, if any: \_\_\_\_\_

Who did you report the injury to? \_\_\_\_\_

What date did you report it? \_\_\_\_\_

## Information About the Injury

What part of your body was injured? \_\_\_\_\_ Any  
other part or parts injured? \_\_\_\_\_ What kind  
of injury (strain, cut, broken bone)? \_\_\_\_\_

Exact location of pain(s): \_\_\_\_\_

## Information About the Treatment

What doctor is treating you (name, address, phone #)? \_\_\_\_\_

Who is your family doctor? \_\_\_\_\_

What clinic is treating you? \_\_\_\_\_

What hospital is treating

you? \_\_\_\_\_

What treatment are you getting (medication, physical therapy, rest, etc.)? \_\_\_\_\_

Has the doctor told you to be off work? \_\_\_\_\_

## General Information

Have you ever injured the same part of your body before? \_\_\_\_\_

Explain: Have you ever injured any other part of your body before? \_\_\_\_\_

Explain: Do you have any serious illness (Diabetes, High Blood Pressure, etc.)? \_\_\_\_\_

Explain: Have you understood the questions you have answered? \_\_\_\_\_

Signed:

Date

Return this form to your Supervisor



