

# **WCSEA ORGANIZATION HANDBOOK**

**Woodford County Special Education Association  
205 S. Engelwood Drive  
Metamora, IL 61548**

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**Eric Scroggs  
Executive Director**

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Metamora, IL  
Phone: (309)367-4901  
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[www.wcsea.us](http://www.wcsea.us)**

**Administration**

<b>Executive Director:</b>	<b>Dr. Eric Scroggs</b>
<b>Special Education Administrators:</b>	<b>Maureen Whalen Kelli Peterson Lindsay Franklin Kristin Fehr</b>
<b>Black Partridge/Easterseals Director:</b>	<b>Andrea Hartnett</b>

**WCSEA Central Office Staff**

<b>Secretary:</b>	<b>Phyllis Fisher</b>
<b>Accountant:</b>	<b>Delcie Lane</b>
<b>Records Secretary:</b>	<b>Connie Miller</b>
<b>Black Partridge/Easterseals Secretary:</b>	<b>Robin Roberts</b>
<b>Vocational Coordinator/STEP:</b>	<b>Kali Latham</b>

**JOINT AGREEMENT MEMBER DISTRICTS**

<b><u>District</u></b>	<b><u>Phone</u></b>	<b><u>Address</u></b>	<b><u>Superintendent</u></b>
<b>Metamora CC District #1</b>	367-2361	815 E. Chatham Metamora, IL 61548	Mr. Martin Payne
<b>Riverview CC District #2</b>	822-8550	1421 Spring Bay Road East Peoria, IL 61611	Mr. Daren Lowery
<b>Fieldcrest C.U. District #6</b>	432-2177	#1 Dornbush Drive Minonk, IL 61760-1344	Dr. Dan Oakley
<b>Lowpoint-Washburn C.U. District #21</b>	248-7522	508 E. Walnut Washburn, IL 61571	Mr. Duane Schupp
<b>Roanoke-Benson C.U. District #60</b>	923-8921	202 W. High Street Roanoke, IL 61561	Dr. Rohn Peterson
<b>Germantown Hills District #69</b>	383-2121	103 Warrior Way Germantown Hills, IL 61548	Mr. Dan Mair
<b>Metamora Township High School District #122</b>	367-4151	101 W. Madison Metamora, IL 61548	Mr. Sean O'Laughlin
<b>Congerville, Eureka, Goodfield C.U. District #140</b>	467-3737	200 W. Cruger Eureka, IL 61530	Mr. Bob Bardwell

**GENERAL INFORMATION**  
**OFFICE HOURS, SCHOOL CALENDAR, AND SCHOOL CANCELLATIONS**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** To ensure an adequate staffing of all classrooms and adequate accounting of attendance.

**PROCEDURES:**

**School Calendar**

The Association follows the school calendar of Germantown Hills School District #69. Each Association operated classroom follows the calendar of the district in which it is housed. Employees assigned to classrooms are therefore subject to the individual district calendar. All employees utilizing the Association office as the base of operation will utilize the Germantown Hills District #69 calendar.

**Office Hours**

Work hours are 8:00 a.m. - 4:00 p.m. unless noted on the contract for all employees utilizing the Association office as the base of operation. Employees assigned to classrooms are to comply with the work hours established by the individual school to which they are assigned.

**School Cancellation - Classroom Based Employees**

WCSEA employees assigned to classrooms will follow the local district procedures regarding school cancellation due to inclement weather. When school is dismissed due to inclement weather or some other occurrence, WCSEA classes housed within the district will also be cancelled. Teachers and assistants will be notified by the district of the cancellation through whatever process has been determined by the district. Parents should listen to their local radio station for school cancellation information.

If a district determines that school will be dismissed early due to inclement weather or some other occurrence, the teacher housed in the district is responsible for calling the WCSEA offices to notify administration of the event. The teacher assistant is responsible for notifying all parents of students who reside out of district of the early dismissal prior to the children being released. The Office Manager will assist the teacher in notifying the drivers of the early dismissal if needed. On early dismissal days that are due to inclement weather, teachers and assistants are free to leave the building at the time designated by the building principal.

**School Cancellation - Central Office Staff**

All employees utilizing the Association office as the base of operation will follow WCSEA procedures regarding school cancellation. The Woodford County Special Education Office will close for reasons of inclement weather and poor roads resulting from accumulations of snow and ice. This will be determined as the result of school cancellations throughout the County. As a rule of thumb, if **more than one-half** of the districts are closed, WCSEA will also be closed. Any day on which the WCSEA office is closed will be made up at the end of the school year. Support staff can optionally work on those days if their district is in. They can only work in the district, not the office or from home.

If school is cancelled as the result of the cold or the heat, the WCSEA office will generally be open for business and all central office staff will be expected to report to the office. Support staff can have the option to work. The office will be

*Updated August 2018*

opened a maximum of 2 days per year due to cold. Variations of this may occur depending on the length of school cancellation and other extenuating circumstances.

Closings will be posted on the WMBD and WEEK website and on the television. Closings will also be communicated through “all staff” email.

Support Staff assigned to multiple buildings may find that on inclement weather days some districts dismiss early and others do not. Staff are expected to maintain their schedule for the day unless all districts to which they are assigned on that day dismiss early. If all districts to which staff are assigned on that day dismiss early, the WCSEA staff may also leave at the time designated by the building in which they are working. Support staff **do not** need to report to the office. The Director or another Administrator will make the decision regarding early dismissal of WCSEA staff located at the WCSEA office.

Unexcused absence from work on an inclement weather day will result in docked pay and will become a matter of staff evaluation. Any circumstances which require a deviation from this procedure must be approved by the Director by 7:00 a.m. on the inclement weather day.

**CONTACT PERSON(S):**

Questions regarding this procedure should be directed to the Director.

**PAYROLL INFORMATION**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** This section is provided as information to the employee

**PROCEDURES:**

Employees are paid twice a month. Pay dates are the 15th and 30th of each month. Salary increases due to movement on the salary schedule will be applied to the first payroll of the new contract year (September 15th).

All employees may choose between 20 or 24 equal pay installments throughout the year. If the employee wants to change the number of installments, they must do so in writing (Appendix A) to the Accountant prior to August 31st.

Salary checks are mailed from the WCSEA office. Employees wishing to pick up their checks must contact the WCSEA Accountant at least 3 days prior to payday to make special arrangements.

**CONTACT PERSON(S):**

Questions regarding this procedure should be directed to the Director.

## **PAYROLL DEDUCTIONS INFORMATION**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** To comply with various state and federal requirements, WCSEA withholds specified amounts from employee salaries and forwards these amounts to the appropriate government agency. In addition to required deductions from salary, WCSEA offers optional payroll deductions as a service to its employees.

**PROCEDURES:**

The various types of deductions from salary checks require different procedures. The employee should direct his/her attention to the area of concern or interest.

**Required Deductions:** The following payroll deductions are required:

1. Federal Income Tax
2. Illinois Income Tax
3. Professionally Licensed Personnel:
  - a. Teacher's retirement: Tax-sheltered (not Board paid).  
-Deductions are taken from 9/15 to 6/30 paychecks.
  - b. Medicare Tax: Deductions required if newly employed after 4/4/1986.
4. Non-Certified Personnel:
  - a. FICA
  - b. IMRF (if yearly hours worked exceed 600)

**Optional Deductions:** The following deductions are available:

1. Group Health Insurance Benefits as outlined on page 8 (Appendix B)
2. Tax Sheltered Annuity as outlined on page 9 (Appendix C )
3. Credit Union: Deductions year round

**Credit Union Deductions:**

All employees of WCSEA are eligible to join the Construction Equipment Federal Credit Union (CEFCU). The credit union is managed by a board made up of the members of the credit union. Services available include savings plans, checking accounts, VISA credit card, loans, credit lines, convenient account service options, travelers checks, insurance services, travel services, investment services, and vehicle services. Additional information may be obtained from the WCSEA Accountant. Employees may join by contacting the WCSEA Accountant and completing the necessary paperwork.

**Additions or Changes to Payroll Deductions:**

All additions to or changes in payroll deductions may be made in writing and submitted to the WCSEA Accountant. All changes will be made within one month of their receipt in the WCSEA office.

**FORMS:**

All payroll deduction requests must be in writing.

Federal, state, or local forms may be required depending on the specific request.

**CONTACT PERSON(S):**

Questions regarding this procedure should be directed to the WCSEA Accountant.



## GROUP HEALTH INSURANCE BENEFITS

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** WCSEA provides employees with an opportunity to receive insurance coverage by participating in a group insurance plan.

**PROCEDURES:**

Group life and health insurance for employees working a minimum of thirty (30) hours per week is made available by WCSEA. Both single and family coverage is available. Five health insurance options are provided including a PPO Plan and a High Deductible Health Savings Plan (HSA). Employees may select one of these options. Health insurance premium costs are paid as outlined (Appendix B).

The \$25,000 life insurance policy is an employee benefit provided to all eligible employees. The full cost of this life insurance plan is paid for by the Association.

Each employee is given the option of taking insurance at the time of employment. The employee must enroll prior to the first day of employment. A copy of the plan is given to each new employee. The employee is responsible for reviewing the plan and making a decision about coverage.

Continuing contractual employees may request insurance coverage.

**All requests must be in writing and received by May 1 for the next contract year.**

Any change of employee status must be forwarded immediately to the WCSEA Accountant. Employees must notify the office immediately of changes in marital status, address, telephone number, and other changes which occur.

Upon leave, retirement, or termination of employment from the Association, an employee may continue group health/life insurance coverage according to C.O.B.R.A. guidelines and within the limitations of the policy. The employee will be notified of their continuation insurance coverage options within 14 days of their final day of employment.

Claims are filed directly with the insurance company. A copy of the insurance policy is made available to each new employee. Additional copies may be requested from the WCSEA Accountant.

**FORMS:**

Company application forms for Life and Health Insurance must be completed upon enrollment in the Insurance Plan. Completed application forms should be obtained from and submitted to the WCSEA Accountant.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the WCSEA Accountant or the Director.

**TAX SHELTERED ANNUITY**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** Individuals who are eligible (those employed a minimum of 30 hours per week based on a school calendar), but elect not to participate in group health insurance, can instead elect to participate in the Association sponsored tax sheltered annuity plan.

**PROCEDURES:**

For those individuals who elect to participate in the tax sheltered annuity plan, the Association will contribute to Association sponsored plan at a rate of \$110 per month.

Certificated personnel are required to contribute to the Teacher’s Retirement System on this amount.

Each employee is given the option of enrolling in the group health insurance plan OR the tax sheltered annuity plan at the time of employment. The employee may enroll in the tax-sheltered plan within thirty (30) calendar days of employment. If an employee wishes to make a change in their enrollment in the tax sheltered annuity plan for the following school year, the employee must contact the WCSEA Accountant by May 1 of the current school year.

All employees may elect to make additional contributions to the Association sponsored tax sheltered annuity plan or a tax sheltered annuity of three choices through payroll deductions.

**FORMS:**

An Association application (Appendix C) for the tax sheltered annuity plan must be completed upon enrollment. Completed application forms should be submitted to the WCSEA Accountant.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the WCSEA Accountant or the Director.

## **Teachers' Retirement System Benefits**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** This section is provided as information to personnel. Staff should direct specific questions to the Teachers' Retirement System (TRS).

**PROCEDURES:**

Contributions to TRS are based on the total earnings received during the legal school term for teaching, supervising students, and other assignments which are related to the total educational program. Creditable earnings, which must be reported to TRS, include payments for:

- Regular, contractual teaching duties
- Extra duties which involve teaching or supervising students and other assignments related to the total educational program regardless of whether the extra duties require certification
- Pre-term orientations and workshops
- Administrators service as board officer or clerk
- Sick leave, personal days, vacations, and/or longevity
- Bonus payments
- Contributions to an eligible, deferred compensation plan under Section 457(b) of the Internal Revenue Code
- Employer-paid employee retirement contributions
- Tax Sheltered annuities under Section 403(b) of the Internal Revenue Code
- Employer payment of employee TRS accounts receivable
- Amounts due to labor contract litigation
- Retirement incentives
- Contract buy-outs
- Severance pay
- Regional Superintendent's stipend paid from county funds
- Contributions to a non-discriminatory flexible benefit plan, which has a cash option or an option such as an IRS Section 403(b) tax sheltered annuity, which would qualify as salary under Board Rule 1650.450

TRS recognizes salary and service credit for work performed during the legal school term or length of a member's employment agreement, whichever is greater. Earnings under a separate contract are not considered creditable by TRS; however, social security (FICA) will be deducted from those earnings. Examples of other non-creditable earnings include the following:

- Employer-paid fringe benefits, such as tuition reimbursement and health insurance
- Workers' compensation payments
- Travel reimbursements
- Membership dues

TRS continually updates these creditable and non-creditable earnings. Teachers are encouraged to contact the WCSEA Accountant or Director with specific questions about salary.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the Director. To get information about individual benefits, personnel should contact TRS at (217) 753-0311.

**REQUIRED HEALTH EXAMINATION FOR EMPLOYMENT**

**POLICY:** Illinois School Code, Ch. 122, Art. 24, Par. 24-5

**PURPOSE:** New employees are required by the Illinois School Code to provide evidence to WCSEA of “physical fitness to perform duties assigned and freedom from communicable diseases, including tuberculosis”.

**PROCEDURES:**

All new employees must have a health examination on file before beginning work. The employee must also provide evidence that he/she is free from communicable diseases, including tuberculosis.

The examination is made at the expense of the employee. This examination is not covered by insurance.

If an examination has been completed within (prior to) 90 days of employment, the employee may use that examination report to meet this requirement.

**FORMS:**

The employee must submit a copy of an examination completed by a physician and documentation of the test confirming freedom from communicable diseases, including tuberculosis.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the WCSEA Director.

**LICENSURE AND REGISTRATION/RENEWAL OF LICENSES**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** This procedure ensures that all students receive appropriate services and education from properly licensed personnel.

**PROCEDURES:**

Licensure requirements are regulated by the Illinois State Board of Education. All professionally licensed staff are required to have appropriate licensure for the position for which they are assigned.

The license must be registered in the county in which the individual is working in order to be valid. Licenses must be registered and renewed at the Regional Office of Education (ROE).

As a service, the ROE usually send a registrar to each district and to the WCSEA office so staff can easily access the renewal process. However, it is the staff member's responsibility to make sure the license is registered and renewed.

**FORMS:**

Initial registration and renewal of licenses forms are obtained from and submitted to the ROE.

**CONTACT PERSON(S):**

Questions about these procedures should be directed to the WCSEA Director or to the ROE.

**MANDATED REPORTER STATUS**

**POLICY:** Abused and Neglected Child Reporting Act

**PURPOSE:** This procedure ensures that all employees are aware of the mandated reporter requirement and accept their responsibility as a mandated reporter.

**PROCEDURES:**

Upon employment, all certificated personnel are required to sign WCSEA Form #300 (Appendix D), acknowledging their understanding of the reporting requirements.

**FORMS:**

WCSEA Form #300 (Appendix D) must be completed and submitted to the WCSEA Accountant within 10 days of employment.

**CONTACT PERSON(S):**

Questions about these procedures should be directed to the WCSEA Director.

**DRUG AND ALCOHOL FREE WORKPLACE**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** The purpose of this procedure is to inform all personnel of policies in regard to drug and alcohol use in Association workplaces.

**PROCEDURES:**

It is the policy of WCSEA that all Association workplaces be free from drugs and alcohol. All employees shall be prohibited from:

the unlawful manufacture, distribution, dispensing, possession, use or being under the influence of a controlled substance while on Association premises or while performing work for the Association  
the distribution, consumption, possession of, or being under the influence of alcohol while on Association premises or while performing work for the Association.

For the purposes of this policy, a controlled substance is one which is:

- not legally obtainable
- being used in a manner different than prescribed; or
- legally obtainable, but has not been legally obtained.

As a condition of employment, each employee shall:

- agree in writing to abide by the terms of the Association policy respecting a drug and alcohol-free workplace (WCSEA Form #301/Appendix E)
- agree to notify his or her supervisor of his or her conviction of any criminal drug status for a violation occurring on the Association premises or while performing work for the Association, no later than five (5) days after such a conviction.

An employee who violates the terms of this policy may be subject to disciplinary action, up to and including termination. The Board shall take disciplinary action with respect to an employee's conviction of a drug offense in the workplace within thirty (30) days after receiving notice of the conviction.

Should the Association be a current participant in a federal education program in which the Association is the prime grantee and a direct receiver of federal funds, the Director shall notify the appropriate federal agency from which the Association receives grant monies of the employee conviction within ten (10) days after receiving notice of the conviction.

The Association may require an employee who violates the terms of this policy to satisfactorily participate in a drug or alcohol abuse assistance or rehabilitation program which has been approved by the board.

**FORMS:**

WCSEA Form #301 (Appendix E) must be completed and submitted to the WCSEA Accountant within ten (10) days of employment.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the Director.

## **REPORTING ACCIDENTS OR INJURIES**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** This procedure substantiates claims in order to properly credit sick leave.

### **PROCEDURES:**

Employees are encouraged to notify appropriate administrators of potential hazards in the workplace (for example: frayed extension cords or loose floor coverings). Employees are urged to use reasonable caution in the workplace in order to avoid an accident or injury. For example, employees should use a ladder to reach items and not climb on a chair to retrieve items out of reach. Employees should use proper lifting techniques when moving children or heavy items to avoid back injury.

If an accident occurs in the workplace despite effort to avoid it, the employee must notify the Director immediately. If emergency care is required, other certificated personnel in attendance at the site of the accident should notify the Director by phone

In addition to the verbal notification, the employee must prepare an accident report (Appendix F) or ask that a person in attendance prepare such a report. The accident report must be filed in the WCSEA Central Office within twenty-four (24) hours of the accident. The report should be submitted to the Director. This form documents the employee's work-related injury or illness and is submitted to WCSEA's insurance carrier as required.

### **FORMS:**

WCSEA Form #302 (Appendix F) must be completed and submitted to the WCSEA Accountant:

- Submit one original to the Accountant within twenty-four (24) hours of the incident.
- Complete all identifying information.
- Describe the nature of the incident.
- Describe how the incident occurred.
- Describe conditions that may have contributed to the incident.
- Describe first aid, medical assistance, and/or hospitalization, which may have been needed.
- Sign and date the report.

### **CONTACT PERSON(S):**

Questions about these procedures should be directed to the WCSEA Director.



## SEXUAL HARASSMENT

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** The purpose of these procedures is to inform all personnel of policies and procedures pertaining to sexual harassment in the workplace.

**PROCEDURES:**

It is the policy of WCSEA to provide its employees an environment free from sexual harassment, including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communication constituting sexual harassment as defined and prohibited by state and federal law- Illinois Human Rights Act III Rev. Stat., ch. 68, para. 2-102(d) and U.S. Equal Employment Opportunity Commission Section 703 of Title VII, 29, C.F.R., para. 1604.11

For the purpose of this policy, sexual harassment is defined as:

“Any unwelcome sexual advances or request for sexual favors or any 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 employer, (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.”

In addition, other conduct commonly considered to be sexual harassment includes:

- Verbal: Sexual innuendoes, suggestive comments, insults, humor and jokes about sex, anatomy, or gender specific traits, sexual propositions, threats, repeated requests for dates or statements of a sexual nature about other employees who may not be present
- Non-verbal: Suggestions or insulting sounds, whistling, leering, obscene gestures, sexually suggestive bodily gestures, “catcalls”, “smacking” or “kissing” noises
- Visual: Posters, signs, pin-ups, or slogans of a sexual nature
- Physical: Touching, unwelcome hugging or kissing, pinching, brushing the body, coerced sexual intercourse, or actual sexual assault.

It shall be a violation of this policy for anyone who is authorized to recommend or take personally actions affecting an employee, or who is otherwise authorized to transact business or perform acts or services on behalf of WCSEA:

1. To make sexual advances or request sexual favors when submission to or rejection of such conduct is the basis for either implicitly or explicitly recommending, imposing, granting, withholding, or refusing terms and conditions that either favor or adversely affect an employee’s condition for employment.
2. To recommend, impose, grant, withhold, or refuse to take any personnel action consistent with his or her duties and responsibilities because of sexual favor, or as a reprisal against an employee who has rejected or reported sexual advances.
3. To disregard and fail to investigate allegations of sexual harassment whether reported by the individual who is the subject of the alleged harassment, or a witness, and to fail to take immediate corrective action in the event misconduct has occurred.

It shall also be a violation of this policy for any employee to abuse another employee through conduct or communication of a sexual nature and conditioning sexual harassment as defined in this policy. Whenever such misconduct exists, prompt and corrective action should be taken by WCSEA administration following the guidelines set forth in this procedure.

Violation of this policy may result in discipline of employees, including discharge.

**Responsibility of the Employee:**

Each individual employee has the responsibility to refrain from sexual harassment in the workplace. An individual employee who sexually harasses a fellow worker is liable for his or her individual conduct. Incidents of harassment may result in disciplinary action, including discharge.

**Responsibility of Supervisory Personnel**

The administration is responsible for maintaining a workplace free from sexual harassment. This is accomplished by promoting a professional environment and by dealing with sexual harassment as with all other forms of employee misconduct.

If an individual files a complaint, the administration shall inform that individual of his or her rights under this policy and undertake corrective action.

The administration will ensure that the initiation of a complaint of sexual harassment will not adversely affect the employment, compensation, or work assignments of the individual filing the the complaint.

**Procedures for Filing a Complaint**

Employees, students, or other individuals who feel aggrieved because of sexual harassment have several means available to make their concerns known:

1. Aggrieved persons who feel comfortable doing so should directly inform the person engaging in the sexual harassing conduct or communication that such action is offensive and must stop.
2. An aggrieved person who does not wish to communicate directly with the person whose conduct or communication is offensive or if direct communication with the offending party has been unavailing, should contact the WCSEA Director for counseling and assistance regarding policy and procedures.
3. Aggrieved persons alleging either sexual harassment by anyone with supervisory authority, or failure by administrative staff to take immediate action on the individual's complaint, may also file a formal grievance with the Illinois Department of Human Rights or the federal Equal Employment Opportunity Commission.

In all cases, the Director must be provided with a complete written report of each complaint using WCSEA Form # 303 (Appendix G). This report must be submitted within ten (10) working days of the date the complaint was first filed with the Director. Such reports shall include at minimum:

- The date of receipt of the complaint
- Identification of complaint
- Identification of the party or parties and the actions complained of, including all relevant background facts and circumstances
- A statement detailing the scope of the investigation that had been undertaken and the result thereof, and
- A statement of corrective measures pursued, the date such measures were undertaken, and the results achieved, and
- Where possible, a written statement signed by the individual filing the complaint, detailing the conduct

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 witnesses are available.

**False and Frivolous Complaints:**

False and frivolous charges refer to cases in which the accuser is using a sexual harassment complaint to accomplish some end other than stopping sexual harassment. It does not refer to charges made in good faith which cannot be proven. Given the seriousness of the consequences for the accused, a false and frivolous charge is a severe offense that can result in disciplinary action.

**FORMS:**

WCSEA Form # 303 (Appendix G) must be completed and submitted to the Director within ten (10) working days of receipt of the complaint.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the Director.

## **BLOODBORNE PATHOGENS EXPOSURE CONTROL POLICY**

**POLICY:** Established in accordance with OSHA Bloodborne Pathogens 29 CFR 1910.1020.

**PURPOSE:** The purpose of this procedure is to provide information regarding bloodborne pathogens exposure and to identify guidelines for obtaining immunization, training and ongoing protection.

### **PROCEDURES**

#### 1. Exposure Determination

OSHA requires employers to perform an exposure determination to identify which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). At this facility the following job classifications may incur occupational exposure to blood or other potentially infectious materials:

<u>Job Classification</u>	<u>Tasks/Procedures</u>
A. Teachers	Treat accidents or injuries associated with mishaps on the playground or in the classroom.
B. Teacher Assistants	Treat accidents or injuries associated with mishaps On the playground or in the classroom.

#### 2. Work Practice Controls

##### *Compliance Methods*

Universal precautions will be observed by all employees of the Association in order to prevent contact with blood or other potentially infectious materials. Urine, vomitus, feces, saliva, sweat, or tears are not covered by this standard unless they are visibly contaminated with blood. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Work practice controls will be utilized to eliminate or minimize exposure to employees of the Association.

##### **FORMS:**

None

##### **CONTACT PERSON(S):**

Questions about this procedure should be directed to the Director.

## REQUEST FOR SICK LEAVE

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedures

**PURPOSE:** This section provides information regarding sick leave and the procedures associated with accessing sick leave.

**PROCEDURES:**

Each certificated and classified employee of Woodford County Special Education Association is granted fifteen (15) days per year for sick leave, accumulated to 350 days, with additional days of sick leave added for years of service to Woodford County Special Education Association, to a maximum of 19 days per year for sick leave:

- 0-9 years of experience 15 days of sick leave per school year
- 10-19 years of experience 17 days of sick leave per school year
- 20+ years of experience 19 days of sick leave per school year

Two (2) of the days may be used as personal leave days. Unused sick leave days shall be allowed to accumulate to a leave of 350 days at full pay, including the leave of the current year. Unused personal leave days shall accumulate as sick leave days.

Sick leave shall be interpreted to mean personal illness, quarantine at home, or serious illness or death in the immediate family or household. Sick leave days may be used for doctor's appointments, which cannot be scheduled outside the regular school day. Sick leave is granted for no less than half days unless approved by the Director.

Immediate family shall include parents, spouse, brothers, sisters, children, grandparents, parents-in-law, brothers-in-law, sisters-in-law, stepfamily, aunts, uncles, nieces, nephews, legal guardians, and anyone with a long-term family-style relationship with the WCSEA employee, or others as approved by the Director.

For personnel employed on a part-time basis the number of sick leave and personal leave days will be prorated based on the percentage of time employed unless the contractual agreement specifies otherwise.

Employees who are ill and/or will be absent under the sick leave provision must notify the designated central office person. Calls must be made between 6:00 a.m. and 6:15 a.m. in order to allow ample time to make arrangements for a substitute.

Calls after 6:30 a.m. may result in a reduction in the salary of the employee. The reduction will be in the amount which WCSEA is required to pay for a person to supervise the classroom until the substitute arrives.

When an employee is absent from work due to sick leave, it will be assumed that the employee will return to work the following day. If an employee requires additional sick leave the above procedure must be repeated.

When an employee requires extended absence from work (more than 3 days) due to surgery or extended illness, the Director must be notified in writing. The Executive Committee may require a physician's certificate, or if the treatment is

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by prayer or spiritual means, that of a spiritual advisor or practitioner of such a person's faith, as a basis for pay during leave after an absence of three days for personal illness, or as it may deem necessary in other cases.

When an employee needs to leave work early (after students have left the building) for a doctor's appointment, the central office does not need to be notified. All other absences from work require the use of the appropriate sick leave or personal leave procedures.

Unauthorized absences and/or sick leave in excess of accumulated days will result in a deduction from the employee's pay. The amount deducted will be computed using the employee's annual salary converted into a daily rate. Absences referenced in this paragraph will be noted in the employee's file and may become a matter of employee evaluation.

**FORMS:**

Submit request in AESOP, indicating sick leave in half-day increments.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the Director.

## **REQUEST FOR PERSONAL DAYS**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedure

**PURPOSE:** This section provides information regarding personal leave and the procedures associated with accessing personal leave.

**PROCEDURES:**

Each certificated and classified employee of Woodford County Special Education Association is granted two (2) days which may be used as personal leave days. Clerical staff including central office secretarial and accounting staff are granted an additional personal day totaling three (3) personal leave days. Unused personal leave days shall accumulate as sick leave days.

For personnel employed on a part-time basis, the number of personal leave days will be prorated based on the percentage time employed unless the contractual agreement specifies otherwise.

Personal leave days may be used at the discretion of the employee. No reason for the request needs to be given. Requests for personal leave must be submitted in AESOP, at least **48 hours** in advance of the scheduled leave, except in the case of an emergency. Only written requests will be considered except in emergencies. Personal leave will not be granted in less than **half day** increments.

**Personal leave days may not be taken the day immediately preceding or immediately following a vacation.** The Director has the right to deny personal leave requests if, in his/her opinion, the request will place an undue hardship upon the educational process for that particular day.

The employee will be notified in writing if the Director has approved the personal day request. The original request will be filed in the employee's personnel file.

**FORMS:**

Submit request in AESOP, indicating personal time requests in half-day increments.

**CONTACT PERSON:**

Questions about this procedure should be directed to the Director.

**WCSEA BEREAVEMENT POLICY**

With the approval of WCSEA Director, WCSEA employees may be permitted up to a maximum of three (3) days of leave per incident, in addition to sick leave and in connection with the death of a member of the household or immediate family as defined in the WCSEA sick leave policy (page 22).

Bereavement days for the purposes of a delayed memorial service may be used at a later date with the approval of the WCSEA Director. If the funeral is out of town, consideration will be given for travel time.

Bereavement leave taken will be with pay.



## **JURY DUTY**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedure

**PURPOSE:** The purpose of this document is to provide information regarding the procedures to follow when required to serve jury duty.

**PROCEDURES:**

Personnel who have been selected to serve jury duty must notify the WCSEA Accountant both verbally and in writing prior to the dates, which the employee must serve. A copy of the written notification provided to the employee may serve as written notification to the WCSEA Accountant.

Time served on jury duty will not be credited toward sick or personal leave.

Daily reimbursement, which the employee receives, must be turned in to the WCSEA Accountant. Mileage reimbursement should be maintained by the employee.

**FORMS:**

Complete a time off request for jury duty in AESOP.

**CONTACT PERSON:**

Questions about these procedures should be directed to the Director.

## **REQUEST FOR LEAVE OF ABSENCE**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedure

**PURPOSE:** This section provides information regarding the procedures associated with requesting a leave of absence.

**PROCEDURE:**

A leave of absence may be granted to employees for purposes, which are appropriate or beneficial to both WCSEA, and the employee. Leaves will be considered on an individual basis.

Requests for a leave of absence must be submitted in writing to the Director. The request must include the reason for the request and the starting and ending date for the leave period.

Approval of the leave of absence by the Executive Committee may be required depending on the length of the leave and the purpose of the leave. The employee is responsible for submitting the request for a leave of absence in time for consideration at the Executive Committee meeting. The Executive Committee generally meets on the first or second Thursday of every month at 8:00 a.m. The leave request must be included in the Executive Committee packet which is mailed two weeks prior to the Executive Committee meeting.

The employee will be notified in writing regarding the approval of the leave. Written notification will include information regarding salary, employer paid benefits, health insurance, and experience credit on the salary schedule. The written notification will also include the date by which the employee will notify the Director of his/her intent to return.

**FORMS:**

All requests must be made in writing to the Director and contain the following information:

- Reason for request
- Starting date of leave
- Ending date of leave
- Employee's signature and date of request

**CONTACT PERSON:**

Questions about this procedure should be directed to the Director.

**REQUEST FOR APPROVED ABSENCE WITHOUT PAY**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedure

**PURPOSE:** Absence without pay may be requested to meet unique or emergency situations not covered under the sick and personal day leave policies.

**PROCEDURES:**

The administration does not encourage requests for absences without pay except in emergency situations. Approved absences without pay will typically not be granted for such activities as vacation and second jobs.

If an employee decides that an absence is necessary and the situation is unique or an emergency, the employee must contact the Director in advance of the date on which he/she wishes to be approved for an absence without pay. The employee must submit the request in writing to the Director. A reason for the request must be provided. Approval for the leave must be granted by the Director prior to the leave.

If the employee does not receive advance approval for an absence, that absence will be considered a matter of employee evaluation.

**FORMS:**

Submit requests in writing to the Director for absences without pay, including date(s) and reason.

**CONTACT PERSON:**

Questions about these procedures should be directed to the Director.

## **REQUISITION FOR APPROVAL TO PURCHASE MATERIALS**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedure

**PURPOSE:** Request for Requisition of Materials (WCSEA Form #310, Appendix H) should be used to request approval to purchase materials for the classroom or for other educational purposes.

**PROCEDURES:**

Staff may requisition materials for use in fulfilling individual program responsibilities. All materials must be approved by the assigned Administrator. The administration reserves the right to deny purchases.

The available dollar amounts for materials and supplies are based on the applicable WCSEA budget as approved by the WCSEA Executive Committee and available grant dollars. Each classroom program or staff member receives an allocation for the school year for supplies, materials, and equipment. When requesting materials and supplies from catalogs, utilize WCSEA Form #310 (Appendix H).

A separate form must be used for each supplier. The staff member is required to completely fill out each form and accompany it with the catalog from which the order will be placed. Incomplete forms will be returned to the staff member and may cause a delay in or denial of purchase.

When ordering for the current school year, the last date for submitting a requisition is sixty (60) days prior to the end of the school year. This date ensures that the order can be placed and billing received before the fiscal year ends. Late requests may be denied.

Personnel may be reimbursed for cash purchases of approved items. Form #310 (Appendix H) must be filled out and approved prior to making purchases. To receive reimbursement, a copy of the requisition with receipts attached must be submitted to the assigned administrator.

**FORMS:**

1. Complete Form #310 in its entirety and submit to the appropriate administrator.
2. If quantity discounts are offered, please put an asterisk to the left of that order line. Then Note the discount at the bottom of the form. Include any documentation of the discount with the form (coupons, coupon codes, etc.)

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the assigned administrator.

## **REQUEST FOR APPROVAL TO ATTEND A PROFESSIONAL MEETING**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedure

**PURPOSE:** Requests for approval to attend a professional meeting can be made for the following purposes:

- To receive approval to attend a professional meeting or conference
- To receive approval for reimbursement for any associated costs

**PROCEDURES:**

All WCSEA employees are encouraged to participate in meetings and conferences to promote professional growth. The employee is responsible for disseminating the information gathered at these meetings and conferences.

Requests must be submitted in AESOP at least fourteen (14) days prior to the date of the meeting or conference. Staff should indicate the location, title, and cost of the conference in the notes section of the AESOP request.

The amount of money to be reimbursed by the Association is limited by the amount of money available in the budget and through grants. Receipts for expenses incurred are required before reimbursement is granted. Reimbursement must be claimed within thirty (30) days of the meeting.

The procedure for reimbursement for attendance at a professional meeting is a two-part process. First, the employee must apply for and receive approval for attendance at the meeting as outlined above. Second, the employee must submit a Request for Reimbursement form. Please refer to these procedures on page 29.

**FORMS:**

None- requests submitted through AESOP.

**CONTACT PERSON(S):**

Questions about this procedure may be directed to the assigned administrator or the Director.

**REQUEST FOR APPROVAL OF TUITION REIMBURSEMENT AND/OR  
ADVANCED STUDY COURSES**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedure

**PURPOSE:** Request for Approval of Tuition Reimbursement and/or Advanced Study Courses (WCSEA Form #320, Appendix I) should be used for the following purposes only:

1. To apply for tuition reimbursement for courses taken at accredited colleges or universities. These courses must be relevant to the employee's job assignment.
2. To apply for approval of coursework which will be used by the employee for advancement on the salary schedule.

**PROCEDURES:**

To be considered for reimbursement and/or salary schedule credit, personnel must receive approval from the Director. All coursework must be pre-approved. Approval for coursework will be granted for coursework which is related to the assignment of the employee. The employee is responsible for verifying that the college or university is accredited.

The Association will reimburse an employee for a maximum of six semester hours of coursework, which have been approved by the Director. Reimbursement will be provided for the cost of tuition and fees, not to exceed \$300 per semester hour.

The procedure for tuition reimbursement is a two-part process. First the employee must apply for and receive pre-approval for the reimbursement. Second, the employee must submit a Request for Reimbursement (WCSEA Form #325) (Appendix J). Please refer to the procedures outlined under Request for Reimbursement on page 29.

**FORMS:**

1. Complete Form #320, Appendix H: submit one original to the Director at least fourteen (14) days prior to course enrollment.
2. A separate application must be submitted for each course for which pre-approval is requested.
3. Each course change requires a new application form be completed.
4. Complete the form in its entirety.
5. Submit one original to the Director. A copy will be returned to the employee, which will serve as notification of the Director's pre-approval or denial.
6. Once the course has been completed, submit the pre-approval along with WCSEA Form #325 (Appendix J) with University transcripts.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the Director.

## **REQUEST FOR REIMBURSEMENT**

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedure

**PURPOSE:** The Request for Reimbursement form (WCSEA Form #325, Appendix J) should be utilized for the following purposes:

1. Request reimbursement for tuition upon completion of approved coursework.
2. Request reimbursement for pre-approved professional meeting expenses.

**PROCEDURES:**

**Request for Tuition Reimbursement:** A Request for Approval of Tuition Reimbursement (WCSEA Form #320, Appendix I) must be approved and on file prior to requesting reimbursement for tuition. A Request for Reimbursement must be received within thirty (30) calendar days of the completion of the class. An official transcript showing the completion of the coursework with an A or B grade and a receipt documenting the tuition expenses must be submitted prior to reimbursement being authorized by the Director.

Reimbursement will be processed when the WCSEA Central Office has received WCSEA Form #325 (Appendix J) along with a receipt documenting tuition expenses and an official transcript. All documentation should be submitted to the Director.

**Request for Professional Meeting Reimbursement:** A Request for Approval to Attend a Professional Meeting must be approved on AESOP prior to requesting reimbursement for professional meeting expenses. The Request for Reimbursement (WCSEA Form #325, Appendix J) must be received within thirty (30) days of the professional meeting date. Itemized receipts must be submitted prior to reimbursement. All documentation should be submitted to the Director.

**FORMS:**

1. Complete WCSEA Form #325, Appendix J in its entirety.
2. Submit one original to the Director.

**CONTACT PERSON(S):**

Questions about this procedures should be directed to the Director.

## REQUEST FOR REVIEW/ADVANCED STANDING

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedure

**PURPOSE:** Request for Review/Advanced Standing (WCSEA Form #330, Appendix K) is used to request administrative review for advancement on the salary schedule as a result of additional coursework.

**PROCEDURES:**

Personnel records may be updated at any time if the employee feels that the record is inaccurate or incomplete. The administration will make every effort to assure that the personnel records are accurate.

Advancement on the salary schedule as a result of additional education credit is made only at the beginning of each school year. Requests for advancement must be made in writing and sent to the Director. **The request must be received no later than May 1. All transcripts to be included in the review must be in the personnel file no later than September 15.** Any coursework completed after August 15 and any late requests for advancement will be credited in the fall of the following school year.

After completing Director-approved coursework, the employee can complete the Request for Review/Advanced Standing (WCSEA Form #330, Appendix K). The form should be turned in to the Director.

Only Director-approved courses are creditable. Employee is responsible for making sure that all transcripts are received by the Director.

**FORMS:**

1. Complete WCSEA Form #330, Appendix K in its entirety
2. Submit the completed form to the Director by May 1, including appropriate transcripts.
3. A copy of the form will be returned to the employee. The copy will serve as notification of the Director's approval or denial of the request.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the Director.



## REQUEST FOR TRAVEL REIMBURSEMENT

**POLICY:** Woodford County Special Education Policy Manual – Personnel Procedure

**PURPOSE:** Request for travel reimbursement (WCSEA Form #335, Appendix K) should be used to make a claim for reimbursement for mileage incurred in the performance of assigned duties.

**PROCEDURES:**

All claims for travel reimbursement are reviewed and approved by the WCSEA administration. Reimbursement for on-the-job travel will be paid at a rate specified by the Executive Committee. *The reimbursement rate is the designated Federal IRS rate.* No reimbursement is paid to and from work each day. Reimbursement for travel associated with attendance at an approved professional meeting must be claimed separately by filing a Request for Reimbursement (WCSEA Form #325, Appendix J).

Staff serving *multiple buildings* will receive mileage reimbursement. The WCSEA administration will assign a base of operation *annually* to employees whose job assignment causes travel to more than one school. *Guidelines utilized to determine the base of operation will include the amount of time spent at each location and distribution of buildings within a given assignment.* Mileage will be figured from this base of operation to other job assignments. *If the first or last building of attendance is not the base of operation, only mileage in excess from the base may be claimed.*

Teachers and assistants assigned to buildings do not receive mileage reimbursement except when attending conferences, workshops, or meetings approved or required by an administrator.

Mileage should be rounded off to whole numbers. The administration expects that employees will make every attempt to carpool when appropriate and to search for the shortest distance between assignments.

Parking costs associated with job assignments can be claimed by providing a receipt. The parking receipt should be stapled to the Request for Travel Reimbursement. Metered parking is not reimbursable. The administration is not responsible for tickets resulting from traffic or parking violations.

Mileage must be claimed monthly. A schedule of due dates will be generated by the Accountant at the beginning of the school year. Late claims will not be paid until the next month. If the monthly employee claim adds up to less than \$25.00, the employee may choose to delay submission until the payment adds up to \$25.00. All travel claims must be submitted no later than **June 5**. Claims submitted after this date will not be paid.

**FORMS:**

1. WCSEA Form #335, Appendix K should be completed in its entirety and submitted on a monthly basis.
2. Submit one original to the WCSEA Accountant.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the Director.

**Mileage Chart**

<b><u>Location/Destination</u></b>	<b><u># of Miles</u></b>
Metamora to Germantown Hills	6
Metamora to Riverview	12
Metamora to Washburn	12
Metamora to Roanoke	9
Metamora to Benson	15
Metamora to Eureka	11
Metamora to Goodfield	18
Metamora to Congerville	23
Metamora to Minonk	24
Metamora to Toluca	26
Eureka to Roanoke	12
Eureka to Congerville	12
Eureka to Goodfield	7
Eureka to Washburn	15
Washburn to Roanoke	13
Germantown Hills to Eureka	16
Germantown Hills to Roanoke	15
Germantown Hills to Riverview	6
Germantown Hills to Washburn	18
Minonk to Wenona	11
Toluca to Wenona	8

## **CRIMINAL HISTORY INFORMATION**

**POLICY:** Applicable State Regulations

**PURPOSE:** New employees are required by state law to complete a fingerprint based criminal history record check as a condition of employment.

**PROCEDURES:**

School districts are required to complete a fingerprint based criminal history record check for all certified and non-certified employees as a condition of employment. The fingerprint based record check must be conducted through the Illinois State Police and the Federal Bureau of Investigation.

Each new employee will be provided with information required to complete the fingerprinting process and a check for \$15.00 payable to the Woodford County Sheriff Department. New employees must complete the following steps to assist us with the completion of this requirement:

1. Go to the Woodford County Sheriff's Department located at the Woodford County Courthouse/Jail in Eureka to be fingerprinted.
2. Call approximately fifteen to thirty minutes prior to arriving to ensure that staff are available to assist you. Call 467-2116. Indicate that you are coming for fingerprinting as required by the school district.
3. Bring the check and give it to the Sheriff's Department.
4. Following the completion of fingerprinting, return the receipt to the accountant at the WCSEA Central Office for proof of completion.

**FORMS:**

The employee must utilize the required fingerprint procedures provided by Woodford County Special Education Association. Fingerprint procedures will be provided by the accountant at the WCSEA Central Office.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the WCSEA Director or Accountant.

## **COMPLAINT RESOLUTION PROCEDURE**

**POLICY:** Woodford County Special Education Association Policy Manual – Personnel Procedures

**PURPOSE:** The purpose of this procedure is to inform all personnel of the procedures that personnel should utilize to resolve matters of disagreement.

### **PROCEDURES:**

It is the policy of Woodford County Special Education Association to provide for its employees a positive work environment that encourages open communication. It is the responsibility of the administration to promote a professional environment and to deal with areas of conflict or disagreement in a timely manner.

The Administration, the WCSEA Executive Committee, and the WCSEA Personnel acknowledge that it is usually most desirable to resolve problems through free and informal communications.

If the informal process fails to satisfy the employee of the Association, the following procedure will apply:

#### Step One:

Within ten working days of the issue in question, the employee must provide a written statement to their immediate supervisor and a copy to the Director that includes the following information:

- Date of occurrence of the issue to be resolved or area of disagreement
- An explanation of the issue to be resolved or area of disagreement
- Suggested resolution to the issue
- Signature of employee
- Date that the written statement is received by the immediate supervisor

The immediate supervisor will meet with the employee to discuss the issues or area of disagreement and provide a written response within five working days. The supervisor will provide a written summary of the meeting and the recommended resolution to the employee and a copy to the WCSEA Director.

#### Step Two:

If the employee feels that more discussion is needed or disagrees with their immediate supervisor, the employee may request in writing a meeting with the WCSEA Director within five working days from the receipt of the written summary. The Director will provide a written summary of the concern and the recommended resolution within five working days of the meeting.

#### Step Three:

If the issue is not resolved or the employee disagrees with the Director's decision, the employee may discuss the issue with the WCSEA Executive Committee. The employee must provide a written request to the WCSEA Director indicating a desire to review the complaint with the WCSEA Executive Committee within five working days from receipt of the written summary. The written statement of the employee and the written summary of both the immediate supervisor and the Director will be provided to the Executive Committee for their review at the next scheduled Executive Committee Meeting. The employee has the right to address the WCSEA Executive Committee in person, after previous steps have been exhausted. After exhausting the steps of working with the

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Director, the employee has the right to personally address the board if requested. The decision of the Executive Committee shall be final.

The employee may request that a representative of their choice be in attendance during any step in the complaint resolution process. Step one of the complaint resolution procedure may be bypassed by mutual agreement of the employee and the WCSEA Director. All records related to the complaint resolution process will be filed separately from the personnel file.

Resolution of a complaint shall be conducted so that services to students are not interrupted. The administration will ensure that the initiation of a complaint will not adversely affect an individual's employment, compensation, or work assignment.

**FORMS:**

Written statements must be provided as indicated in the above procedures.

**CONTACT PERSON(S):**

Questions about this procedure should be directed to the Director.

**WCSEA INSURANCE COMMITTEE**

**POLICY:** Woodford County Special Education Association shall establish an Insurance Committee comprised of equal representation of the Executive Committee and employees.

**PURPOSE:** The purpose of the Insurance Committee is to seek and review proposals from health, dental, vision, and life insurance providers, establish plans, and recommend contribution rates by WCSEA to the Executive Committee.

**PROCEDURES:**

An insurance committee shall be maintained and comprised of the following participants:

- Four (4) representatives of the WCSEA Executive Committee, including two (2) Executive Committee members, the WCSEA Executive Director, and one (1) WCSEA Administrator
- Four (4) representatives of WCSEA employees, including a PPS member, teacher, paraprofessional, and office staff

All employee members of the committee must currently take one of the health insurance options offered by WCSEA. The health insurance committee will be responsible for monitoring the health insurance plan. The annual responsibilities include soliciting bids for insurance, reviewing benefits, establishing appropriate premiums, and establishing the WCSEA contribution to employees for each health insurance plan. All decisions of the committee are binding. In the event of a tie vote, all information will be shared with the WCSEA Executive Committee and they will make the final decision. Employee members shall be responsible for communicating health insurance information to their respective employee groups, gaining feedback from employees, and shall be provided adequate time by the insurance committee to perform these responsibilities.

# APPENDICES

# Appendix A

**Woodford County Special Education Association**  
**205 S. Engelwood Drive**  
**Metamora, IL 61548**  
**Telephone: (309) 367-4901**

Dear WCSEA Staff:

Due to rules by the Internal Revenue Service, any employee who works less than twelve months and chooses to have their income deferred over twelve months must indicate in writing prior to the new school year. This election is irrevocable (i.e. it cannot be changed mid school year). Please complete this form and return to the WCSEA accountant within two weeks of receipt. Please note that this form will now stay in effect each year until an alternative indication has been submitted (re-submit this form to do so). If you choose to change your number of payments, a new form must be completed and submitted to the WCSEA accountant before the start of the school year.

---

Employee Name

\_\_\_\_\_ Please issue my salary for the school year from September 15th through June 30th.  
(20 paychecks)

\_\_\_\_\_ Please issue my salary for the school year from September 15th through August 30th.  
(24 paychecks)

I understand that this record will apply to each school year, and if I wish to change it I must complete a new form and return it to the payroll department before the beginning of the new school year.

---

Signature

---

Date

Note: If the number of payments differs from your contract, this letter will override the number of payments listed on your contract.



# APPENDIX B

## Updated Group Health Insurance Benefits Sheet

## APPENDIX C

To: WCSEA Employees  
From: WCSEA Accountant/Payroll  
Subject: Notice of availability to participate in WCSEA 403(b) Plan

WCSEA offers a 403(b) Tax Sheltered Account Plan. As an eligible employee, you have the ability to participate in this plan by making voluntary salary reduction contributions. Please review the following items:

1. A Plan Summary Description including a list of participating investment providers and 403(b) investment products. This document provides an overview and outlines general provisions of the 403(b) plan.
2. A Salary Reduction Agreement- This form should be used to begin participating in the okab or change your current salary reductions. If you wish to begin participating in the plan, you should complete the Salary Reduction Agreement as instructed. You may obtain a list of financial representatives that can assist you by visiting [www.employeradmin.com](http://www.employeradmin.com). Once you have accessed the website, please follow these instructions:
  - Select "employee" from the left menu
  - Select your state from the drop down menu
  - Select your employer from the second drop down menu
  - Select "provider/products" tab

You may also view other information about the plan at [www.employeradmin.com](http://www.employeradmin.com) including a copy of the plan document, forms, processing instructions, and access a copy of the Employee Handbook.

Please sign below and return this letter to the WCSEA Accountant within one week of receipt. If you have any further questions, contact the WCSEA Accountant.

I have received this notification and understand my ability to participate and make salary reduction contributions under the WCSEA 403(b) Plan.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# APPENDIX D

**WOODFORD COUNTY SPECIAL EDUCATION ASSOCIATION**  
**205 S. Engelwood Drive**  
**Metamora, IL 61548**  
**Phone: (309) 367-4901 Fax: (309) 367-4905**

## **ACKNOWLEDGMENT OF MANDATED REPORTER STATUS** **WCSEA Form #300**

I, \_\_\_\_\_, understand that when I am employed as  
(employee name)

a \_\_\_\_\_, I will become a mandated reporter under the Abused and  
Neglected (position)

Child Reporting Act (Ill. Rev. Stat. 1985, Ch. 23, P. 2051 et seq.).

This means that I am required to report or cause a report to be made to the Child Abuse Hotline Number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to be in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect, I maybe found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act, the Medical Practice Act, the Psychologist Registration Act, the Social Workers Registration Act, the Dental Practices Act, the School Code, or "AN ACT to regulate the practice of Podiatry," I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

# APPENDIX E

## WOODFORD COUNTY SPECIAL EDUCATION ASSOCIATION

205 S. Engelwood Drive

Metamora, IL 61548

Phone: (309) 367-4901 Fax: (309) 367-4905

### DRUG AND ALCOHOL FREE WORKPLACE

WCSEA Form #301

I, \_\_\_\_\_, acknowledge receipt of a copy of the Association's policy on Drug and Alcohol Free Workplace.

I agree to abide by the terms of the Drug and Alcohol Free Workplace policy as a condition of employment. Furthermore, I agree to notify the Woodford County Special Education Association of any criminal drug statute conviction for a violation occurring in the workplace within five (5) days of such a conviction.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Witnessed by (Name and Title)

# APPENDIX F

## WOODFORD COUNTY SPECIAL EDUCATION ASSOCIATION

205 S. Engelwood Drive

Metamora, IL 61548

Phone: (309) 367-4901 Fax: (309) 367-4905

### ACCIDENT/INJURY REPORT

WCSEA Form #302

**INSTRUCTIONS:** Call the Central Office at the time of the accident or injury. Complete this report for all employee accidents or injuries which are work-related. Submit to the Director within 24 hours.

Employees Name: \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate: \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er) \_\_\_\_\_

Number of dependent children under 18 at time of injury/illness: \_\_\_\_\_

Job Title: \_\_\_\_\_ Assignment: \_\_\_\_\_

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

Building and address where injury occurred: \_\_\_\_\_

Was the injury or exposure on the employee's premises? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did the incident result in (check one):  
occupational injury \_\_\_\_\_  
occupational disease \_\_\_\_\_

Describe the nature of the injury: \_\_\_\_\_

Which part of the body was affected? \_\_\_\_\_

What task were you performing when illness or injury occurred?  
\_\_\_\_\_

What object or substances was involved? \_\_\_\_\_

Describe how the accident or illness occurred: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# APPENDIX G

## WOODFORD COUNTY SPECIAL EDUCATION ASSOCIATION

205 S. Engelwood Drive

Metamora, IL 61548

Phone: (309) 367-4901 Fax: (309) 367-4905

### Sexual Harassment Complaint

WCSEA Form #303

Date of Receipt of Complaint: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Name of Party/Parties being complained of: \_\_\_\_\_

#### Facts and Circumstances:

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

#### Corrective Measures:

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

Please attached a written and signed statement by the complainant detailing the conduct of concern.

\_\_\_\_\_  
Administrative Signature

\_\_\_\_\_  
Date

# APPENDIX H

## WOODFORD COUNTY SPECIAL EDUCATION ASSOCIATION

205 S. Engelwood Drive

Metamora, IL 61548

Phone: (309) 367-4901 Fax: (309) 367-4905

Requisition for Materials

WCSEA Form #310

Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_

Catalog/Supply Co.: \_\_\_\_\_

Catalog Phone: \_\_\_\_\_

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

Catalog Fax: \_\_\_\_\_

\_\_\_\_\_

(Use ONE ORDER FORM PER COMPANY and ATTACH ALL CATALOGS to each order form.)

Please note that some companies have a minimum order and/or large shipping fee. Please list shipping charges.

Qty.	Cat. Page #	Item #	Description (including color, size, etc.)	Unit Price	Total Price
			<b>Subtotal:</b>		
				<b>Shipping/Handling:</b>	
				<b>TOTAL</b>	

\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

\_\_\_\_\_  
Supervisor Approving Order

\_\_\_\_\_  
Date

Item #s: \_\_\_\_\_  
 Code #s: \_\_\_\_\_  
 Grant: \_\_\_\_\_  
 PO #: \_\_\_\_\_  
 Date Ordered: \_\_\_\_\_

Item #s: \_\_\_\_\_  
 Code #s: \_\_\_\_\_  
 Grant: \_\_\_\_\_  
 PO #: \_\_\_\_\_  
 Date Ordered: \_\_\_\_\_

# APPENDIX I

## WOODFORD COUNTY SPECIAL EDUCATION ASSOCIATION

205 S. Engelwood Drive

Metamora, IL 61548

Phone: (309) 367-4901 Fax: (309) 367-4905

### REQUEST FOR APPROVAL OF TUITION REIMBURSEMENT AND/OR ADVANCED STUDY COURSES WCSEA Form #320

Instructions: Request for approval must be received by the Director at least fourteen (14) days prior to enrollment. Submit separate applications for each course. A course change requires a new application form. Reimbursement must be claimed within thirty (30) days of completion of the class. Reimbursement will not be made until an official transcript is on file.

College/University	Course Title	Course Number	Semester Hours	Begin Date	End Date

**Brief Description of course (from University Bulletin):**

\_\_\_\_\_

Is this course tuition free or connected in any way with a stipend? \_\_\_ yes \_\_\_ no

What is your actual expense? \_\_\_\_\_ semester hours x \_\_\_\_\_ hourly tuition rate = \$ \_\_\_\_\_ total tuition cost

How will this course improve your skills for your present assignment?

\_\_\_\_\_

Current Assignment: \_\_\_\_\_ Current Placement on Salary Schedule: \_\_\_\_\_

This course will apply toward (check one):

- |                        |               |               |               |
|------------------------|---------------|---------------|---------------|
| _____ High School + 30 | _____ BS + 8  | _____ MA      | _____ MA + 24 |
| _____ Associates       | _____ BS + 16 | _____ MA + 8  | _____ MA + 32 |
| _____ BS               | _____ BS + 24 | _____ MA + 16 | _____ MA + 40 |
|                        |               |               | _____ Ph.D.   |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

Approval for reimbursement: \_\_\_ yes \_\_\_ no

Approval for advancement on salary schedule: \_\_\_ yes \_\_\_ no



Reason for denial \_\_\_\_\_ previous coursework approved for reimbursement: \_\_\_\_\_  
 \_\_\_\_\_ not related to assignment \_\_\_\_\_ other: \_\_\_\_\_

\_\_\_\_\_  
 Administrator's Signature

\_\_\_\_\_  
 Date

# Appendix J

**Woodford County Special Education Association**  
**205 S. Engelwood Drive**  
**Metamora, IL 61548**  
**Telephone: (309) 367-4901**

**REQUEST FOR REIMBURSEMENT**  
**WCSEA Form #325**

Instructions: Complete sections in their entirety appropriate to your request. Submit according to appropriate timelines. Attach available documentation- itemized receipts, official transcripts, etc. Submit one original to the Director.

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

Date: \_\_\_\_\_

**Request for Tuition Reimbursement**

College/University	Course Title	Course #	Begin Date	End Date	Cost

**Request for Professional Meeting Expense(s) Reimbursement**

Title/Location of Meeting	Date(s)	Registration Fee	Mileage	Lodging	Total

\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

Approval for reimbursement: \_\_\_ yes \_\_\_ no Amount: \$ \_\_\_\_\_ Code: \_\_\_\_\_

\_\_\_\_\_  
 Director

\_\_\_\_\_  
 Date

# APPENDIX K

## WOODFORD COUNTY SPECIAL EDUCATION ASSOCIATION

205 S. Engelwood Drive

Metamora, IL 61548

Phone: (309) 367-4901 Fax: (309) 367-4905

### REQUEST FOR REVIEW/ADVANCED STANDING

WCSEA Form #330

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

Date: \_\_\_\_\_

Please list the courses you with analyzed/compared to your transcripts which must be on file at WCSEA:

Course	Course #	College/University	Date Taken	Semester Hours

Total New Semester Hours: \_\_\_\_\_

I believe I qualify for advancement on the salary schedule. These courses apply toward (check ONE):

High School + 30       BS + 8       MA       MA + 24  
 Associates       BS + 16       MA + 8       MA + 32  
 BS       BS + 24       MA + 16       MA + 40       Ph.D.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

Current Educational Credit: \_\_\_\_\_

Current Experience Credit: \_\_\_\_\_

Move from: \_\_\_\_\_

Move to: \_\_\_\_\_

Effective Date: \_\_\_\_\_



--	--	--

**Total Mileage:** \_\_\_\_\_

**Parking Receipts: \$** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*\* **FOR OFFICE USE ONLY** \*\*\*\*\*

**Admin Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Grant #:** \_\_\_\_\_