

# Herscher Community Unit School District #2



## **New Employee Paperwork** **Non - Certified SUBSTITUTE**

**Complete and return all documents to:  
Heather Crane/Unit Office**

### **Don't forget to attach:**

- Voided Check for Direct Deposit Form
- Copies of TWO forms of government-issued ID  
(see I-9 form for acceptable forms of ID)

**Herscher School District #2**  
**501 N. Main St. PO Box 504**  
**Herscher, IL 60941-0504**

**Employee Information Form**

Please complete the following information relating to your current status. Anytime this information changes please notify the unit office.

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Name	First	Middle	Last
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Address	Street	City	State	Zip
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Social Security #	Telephone #	Birthday
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**EMERGENCY CONTACT INFORMATION:**

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Emergency Contact	Phone #	Relation to you
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Emergency Contact	Phone #	Relation to you
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Is there any information you would like to provide in case of an emergency? Ex. allergies

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**LEGAL INFORMATION:**

Have you ever been arrested or convicted of any crime, including misdemeanors  Yes  No and felonies, which have not been sealed or expunged? Check one

If yes, explain – giving dates: \_\_\_\_\_

**RETURN TO HEATHER / UNIT OFFICE**

# Herscher C.U.S.D. #2

501 N Main Street - PO Box 504  
Herscher Illinois 60941

## ACH Participant (DIRECT DEPOSIT) Authorization Form

Authorization Agreement for Preauthorized Payments – ACH Credits

I hereby authorize Herscher School District #2, to initiate credit entries for *(Employee Printed Name)* \_\_\_\_\_, and initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository named below, hereinafter called depository, to credit and/or debit the same to such account. A separate form must be used for each account.

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

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

Bank City, State, Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type *(Check One)*:    Checking \_\_\_\_\_    Savings \_\_\_\_\_

Amount to be Deposited: Account #1 – Please deposit \$ \_\_\_\_\_ or 100% \_\_\_\_\_

Account #2, #3, and so on. Please fill out a **separate** form with the correct account information.

Please deposit \$ \_\_\_\_\_ or 100% of remaining amount.

*This authority is to remain in full force and effect until HSD#2 has received written notification from me of its termination in such time and in such manner as to afford HSD#2 and depository a reasonable opportunity to act on it.*

Email Address: **X** \_\_\_\_\_

Printed Name: **X** \_\_\_\_\_

Signature: **X** \_\_\_\_\_

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

**A voided check (for checking) or a deposit slip (for savings) **MUST** be attached.**

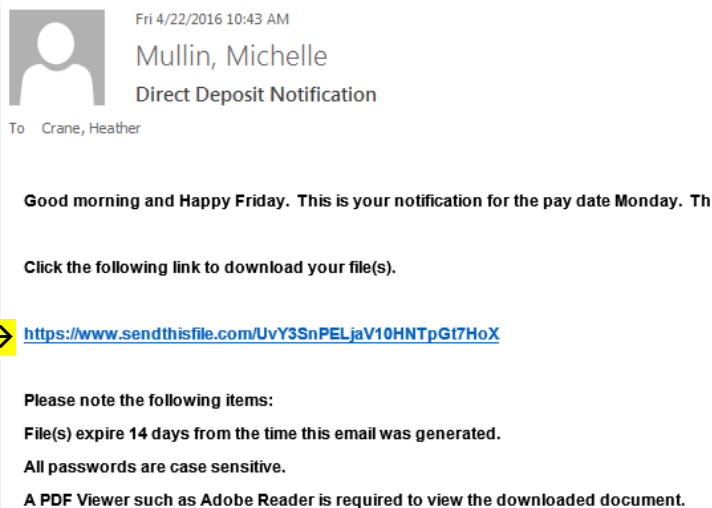
**RETURN TO HEATHER / UNIT OFFICE**

# Direct Deposit Voucher by Email

1. You will receive an email from Payroll

Mullin, Michelle Direct Deposit Notification

2. When you open email, CLICK on the blue link



Fri 4/22/2016 10:43 AM  
Mullin, Michelle  
Direct Deposit Notification  
To: Crane, Heather

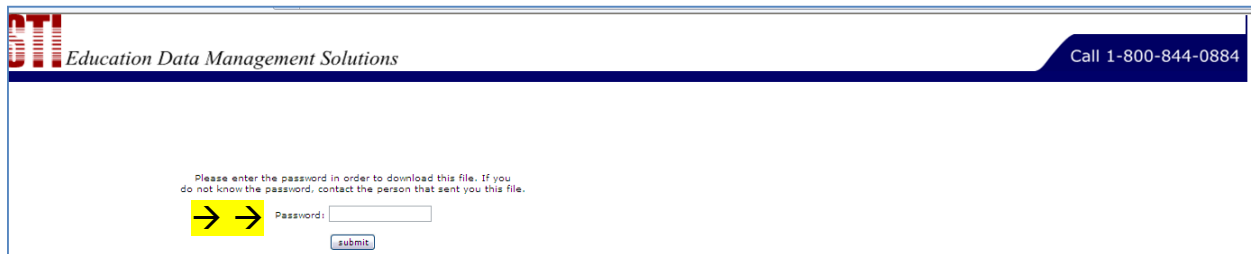
Good morning and Happy Friday. This is your notification for the pay date Monday. Th

Click the following link to download your file(s).

<https://www.sendthisfile.com/UvY3SnPELjaV10HNTpG17HoX>

Please note the following items:  
File(s) expire 14 days from the time this email was generated.  
All passwords are case sensitive.  
A PDF Viewer such as Adobe Reader is required to view the downloaded document.

3. Enter your password  
last 4 digits of your SSN  
& Click SUBMIT

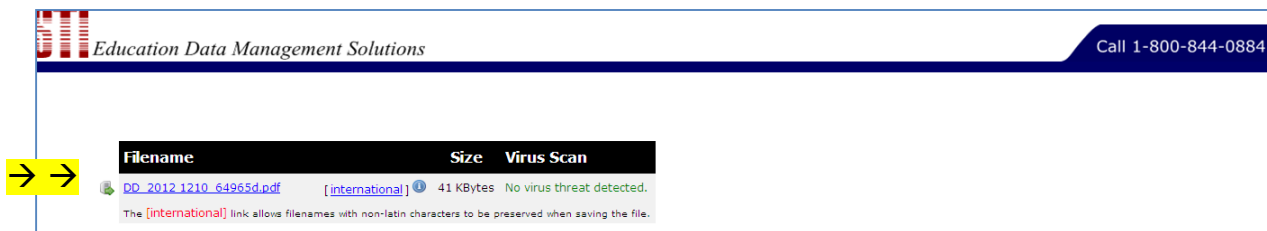


Education Data Management Solutions Call 1-800-844-0884

Please enter the password in order to download this file. If you do not know the password, contact the person that sent you this file.

→ → Password:

4. Direct Deposit Voucher will appear as BLUE link.  
CLICK ON LINK



Education Data Management Solutions Call 1-800-844-0884

Filename	Size	Virus Scan
<a href="#">DD_2012_1210_64965d.pdf</a> [international]	41 KBytes	No virus threat detected.

The [international] link allows filenames with non-latin characters to be preserved when saving the file.

5. OPEN



File Download

Do you want to open or save this file?

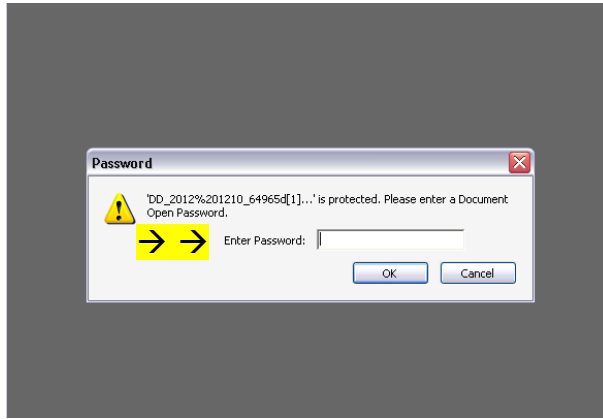
Name: DD\_2012\_1210\_64965d.pdf  
Type: Adobe Acrobat Document, 41.0KB  
From: www6.sendthisfile.com

→ →

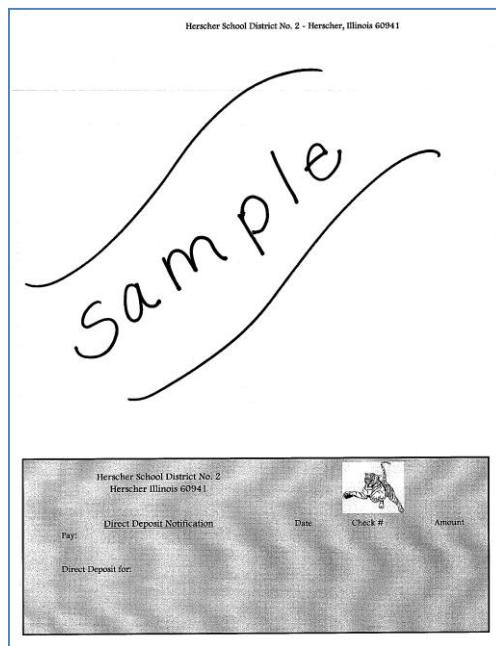
While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

6. Enter password *again*.  
(last 4 digits of your SSN)

CLICK OK



7. Your Pay Stub!



## Important Note:

Links can only be opened twice in a 14 day period then it **EXPIRES!**

**You will want to 'Save As' while opened to a secure file.**



# New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

EMPLOYER NAME AND ADDRESS			
Federal Employer ID Number - FEIN	_____	-	_____
Company Name	_____		
Street Address	_____		
Street Address	_____		
City	_____	State	_____ Zip Code
			_____ - _____
EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS			
Street Address	_____		
Street Address	_____		
City	_____	State	_____ Zip Code
			_____ - _____

NEW EMPLOYEE NAME AND ADDRESS			
Social Security Number	_____	Date of Hire (MM-DD-YYYY)	_____ - _____ - _____
First Name	_____	MI	_____ Last Name
			_____
Street Address	_____		
City	_____	State	_____ Zip Code
			_____ - _____

NEW EMPLOYEE NAME AND ADDRESS			
Social Security Number	_____	Date of Hire (MM-DD-YYYY)	_____ - _____ - _____
First Name	_____	MI	_____ Last Name
			_____
Street Address	_____		
City	_____	State	_____ Zip Code
			_____ - _____



**ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS**

I, \_\_\_\_\_, understand that when I am employed as a  
(Employee Name)

\_\_\_\_\_, I will become a mandated reporter under the  
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me 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 may be 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 but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, 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 Applicant/Employee

\_\_\_\_\_  
Date

CANTS 22  
Rev. 8/2013

Office of the Director  
406 E. Monroe Street • Springfield, Illinois 62701  
[www.DCFS.illinois.gov](http://www.DCFS.illinois.gov)

Return to Heather / Unit Office

# Herscher Community Unit School District #2

## Harassment and Sexual Misconduct Policy

Please read this document carefully and completely before signing.

It is the policy of Herscher CUSD#2 to provide an environment free from harassment and sexual misconduct of any kind (including sexual harassment). Verbal or physical conduct by any employee or individual, which harasses, disrupts, or interferes with another's work performance or a student's education environment or which creates an intimidating, offensive or hostile environment will not be tolerated. Herscher CUSD#2 is committed to maintaining a workplace where each employee / student's privacy and personal dignity are respected and protected from offensive or threatening behavior.

District employees shall not make unwelcome sexual advances or request sexual favors or engage in any unwelcome conducts of a sexual nature when 1) submission to such conduct is made either explicitly a term or condition of employment or a student's ability to participate in or benefit from an educational program, 2) submission to or rejection of such conduct by an individual or student is used as the basis for employment or educational decisions affecting such individual or student, 3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or a student's ability to participate or benefit from an educational program or creating an intimidating, hostile, or offensive working or educational environment. The terms intimidating, hostile, or offensive include but are not limited to, conduct which has the effect of humiliation, embarrassment, or discomfort. Sexual harassment will be evaluated in light of all the circumstances, but is understood to include a wide range of behaviors, including but not limited to the actual coercing of sexual relation, verbal or physical sexual advances, sexually explicit or derogatory statement, and physical aggressiveness. Such behavior may offend the aggrieved party, cause discomfort or humiliation and interfere with job performance and/or the educational environment.

A violation of this policy may result in discipline, up to and including discharge. Any person who makes a knowingly false accusation regarding harassment or sexual misconduct will likewise be subject to disciplinary action, up to and including discharge.

### Compliant Procedure:

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

Employees should report claims of harassment or sexual misconduct to the Nondiscrimination Coordinator and/or use the Uniform Grievance Procedure. Employees may choose to report to a person of the employee's same sex. Initiating a complaint of harassment or sexual misconduct shall not adversely affect the complainant's employment, compensation or work assignment.

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.

Contact with a Report or Compliant: **Superintendent or Non-Discrimination Coordinator**

### Discipline:

The district will discipline any individual who retaliates against any person who reports alleged harassment or sexual misconduct or who retaliates against any person who testifies, assists or participates in an investigation, a proceeding or a hearing relating to a harassment or sexual misconduct complaint. Retaliation includes, but is not limited to, any form of intimidation, reprisal or harassment.

## THIS POLICY IS TO BE REVIEWED AND SIGNED BY ALL EMPLOYEES

The undersigned hereby acknowledges that he/she has read this Harassment and Sexual Misconduct Policy, understands the contents thereof and agrees to abide by all terms set forth in this Policy.

X \_\_\_\_\_  
Teacher/Staff (Print)

X \_\_\_\_\_  
Teacher/Staff Signature

X \_\_\_\_\_  
Date



# Memorandum

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From: Heather Crane, Superintendent Secretary  
Re: Important Information for Required Fingerprinting

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As a requirement of your employment, we need you to complete the attached “Fingerprint Applicant Form,” which means you consent to a background check (*via fingerprints*) by the State of Illinois and the FBI.

As soon as you are able – you will need to be fingerprinted.

The company we use for our fingerprinting services is Accurate Biometrics.

For our area, the closest location is the (*third floor of*) the Kankakee Public Library, located at 201 E Merchant Street, Kankakee IL 60901. For more locations and schedules, please visit their website at [www.accuratebiometrics.com](http://www.accuratebiometrics.com).

Please know that while NO APPOINTMENT IS REQUIRED, you must bring the completed, enclosed form as well as a valid Government-Issued Photo I.D. with you.

If you have any questions, please feel free to contact me at 815-421-5012.

Welcome to the Herscher CUSD #2 Staff!





Phone: 773-685-5699  
Fax: 773-685-5433  
www.accuratebiometrics.com

Please Provide The Following Information (Please Print Clearly).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

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

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Birth: (State or Country if outside USA): \_\_\_\_\_

ORI- \_\_\_\_\_

\_\_\_\_\_  
(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

TCN# \_\_\_\_\_ Date Printed \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

**3-D Barcode  
Do Not Write in This Space**

Signature of Employee: <b>X</b>	Date (mm/dd/yyyy): <b>X</b>
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



*Employer Completes Next Page*



**Attach copies of TWO government issued IDs.**  
*(Drivers License, State ID, FOID card, Birth Certificate, SS card or Passport.)*  
**Return to Heather/Unit Office.**

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode Do Not Write in This Space</b></p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**Certification**

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

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

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

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**Attach copies of TWO government issued IDs.**  
*(Drivers License, State ID, FOID card, Birth Certificate, SS card or Passport.)*  
**Return to Heather/Unit Office.**

# Form W-4 (2019)

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

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

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

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

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

## General Instructions

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

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

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

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

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

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

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

## Specific Instructions

### Personal Allowances Worksheet

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

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

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

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

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				<b>5</b>	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .				<b>6</b> \$	
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.					
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . .					
<b>Employee's signature</b> (This form is not valid unless you sign it.) <input checked="" type="checkbox"/>				<b>Date</b> <input checked="" type="checkbox"/>	
<b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		<b>9</b> First date of employment		<b>10</b> Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2019)

**Complete, sign and return to Heather in the Unit Office**

# Illinois Withholding Allowance Worksheet

## General Information

Complete this worksheet to figure your total withholding allowances.

Complete Step 1.  
Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.  
 I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 \_\_\_\_\_
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 \_\_\_\_\_
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.  I am legally blind.  
 My spouse is 65 or older.  My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 \_\_\_\_\_
- 6 Enter any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 \_\_\_\_\_
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 \_\_\_\_\_
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 \_\_\_\_\_
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 \_\_\_\_\_

**IMPORTANT:** If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

## Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State ZIP

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 \_\_\_\_\_
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 \_\_\_\_\_
- 3 Enter the additional amount you want withheld (deducted) from each pay. 3 \_\_\_\_\_

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

I certify that I am entitled to the number of withholding allowances claimed on this certificate.  
 Your signature \_\_\_\_\_ Date \_\_\_\_\_

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

Return to Heather Unit Office

# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

The following document is pursuant with Board Policy 6:235

**Please read this document carefully and completely before signing.**

### **Acceptable Use:**

All Users of the District Technology ("System") must comply with this Acceptable Use Policy and Guidelines contained within, as amended from time to time.

The System shall be defined as any and all computer hardware and software, owned or operated by the district, the district electronic mail, the district web site, and the district online services and bulletin board system. "Use" of the System shall include use of or obtaining access to the System from any computer terminal whether or not it is owned or operated by the district.

Users have no expectation of privacy in their use of the System. The district has the right to access, review, copy, delete, or disclose, as allowed by law, any message sent, received, or stored on the district's electronic mail system. The district has the right to and does monitor the use of the system maintenance and to determine whether the use is consistent with Federal and State laws and district policies and guidelines.

### **Prohibited Use:**

The System shall not be used to:

1. Engage in activities which are not related to district educational purposes or which are contrary to the instructions from supervising district employees;
2. Access, retrieve, or view obscene, profane, or indecent materials.  
("Indecent materials" are those materials which, in context, depict or describe sexual activities or organs in terms blatantly offensive, as measured by contemporary standards. "Obscene materials" are those materials which, taken as a whole, appeal to the voyeuristic interest in sex, which portray sexual conduct in a blatantly offensive way in which taken as a whole, do not have any serious literary, artistic, political or scientific value.)
3. Access, retrieve or disseminate any material in violation of any Federal or State laws or regulation or district policy or rule. This includes, but is not limited to, improper use of copyrighted material, improper use of the System to commit fraud, improper use of passwords or access codes, or disclosing the full name, home address or phone number of any student, staff member or System user.
4. Transfer any software to or from the System without authorization from System administrator.
5. Engage in for profit or non school-sponsored commercial activities, including advertising or sales.
6. Harass, threaten, intimidate, or otherwise demean an individual or group of individuals based on sex, color, race, religion, disability, national origin or sexual orientation.
7. Disrupt the education process, including use that is reasonably foreseeable to result in a disruption, or interfere with the rights of others at any time, either before, during or after school hours.
8. Disrupt or interfere with the System.
9. Gain unauthorized access to or vandalize the data or files of another System user.
10. Gain unauthorized access to or vandalize the System or the technology system of any other individual or organization.
11. Forge or improperly alter e-mail messages, use an account owned by another user, or disclose another user's password.
12. Invade the privacy of any individual, including Federal or State laws regarding limitations on the disclosure of student records.
13. Download, copy, print or otherwise store or possess any data which violates Federal or State copyright laws or these enclosures guidelines.
14. Send nuisance e-mail or other online messages such as chain letters, pyramid schemes, or obscene, harassing or other welcoming messages.
15. Send nuisance e-mail to multiple users without prior authorization by the appropriate district administrator.
16. Conceal or misrepresent the user's identity while using the System.
17. Post material on the district's website without the authorization of the appropriate district administrator.

The use of the System for any of the above may result in discipline or other consequences as provided in these guidelines and the district's Discipline Code and Rules.

Please note that while extensive, the above list is not all-inclusive.

# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

### **Privileges:**

Access to the System is provided as a privilege by the district and may be revoked at any time. Inappropriate use may result in discipline, including loss of System use privileges.

The System, including all information and documentation contained therein is the property of the district except as otherwise provided by law.

### **Personnel Handling Credit Card Information:**

All cardholder hardcopy data should be destroyed once it is no longer needed.

- The hardcopy materials should be destroyed (e.g. shredded, incinerated, pulped, etc.) such that reconstruction is not practically possible.
- Any materials that are not immediately destroyed (e.g. are placed in a to-be-shredded container), need to be secured.

### **Student Created Websites/Photo Release:**

Any website created by a student using the System must be part of a district- or school- sponsored activity, or otherwise authorized by the appropriate district administrator.

All content, including links, of any website created by a student using the System must receive prior approval by the classroom teacher or an appropriate district administrator. All contents of a website created by a student using the System must conform to this policy and these guidelines.

At various times, photographs are taken of students while they are in educational setting at the school. These pictures may be used in district publications including electronic formats and may also be released to local news media. Parents should notify the school in writing if they do NOT want their child's photograph used for such purposes.

### **Security and User Reporting Duties:**

Security in the System is high priority and must be treated as such but all users. Students are prohibited from sharing their log-in IDs and/or passwords with any other individual. Any attempt to log-in as another user may result in discipline. A user who becomes aware of any security risk or misuse of the System, should immediately notify a teacher, administrator or other staff member.

### **Vandalism:**

Vandalism or attempted vandalism to the System is prohibited and may result in discipline as set forth in these guidelines and potential legal action. Vandalism includes, but is not limited to, knowingly downloading, uploading, or creating computer viruses as well as physically damaging district hardware (e.g. computers, keyboards, mouse, etc.)

### **Disclaimer:**

The Herscher CUSD#2 makes no warranties of any kind, expressed or implied for the System. The district is not responsible for any damages incurred, including the loss of data resulting in delays, non-deliveries, mis-deliveries, or service interruptions. Use of any information obtained via the System is at the user's risk. The district is not responsible for the accuracy or quality of information obtained through the System. The district is not responsible for any user's intentional or unintentional access of material on the internet which may be obscene, indecent or of inappropriate nature.

### **Discipline/Consequences for Violations:**

A student or staff member who engages in any of the prohibited acts listed shall be subject to:

1. suspension or revocation of System privileges,
2. other discipline including suspension or expulsion from school (students),
3. referral to the law enforcement authorities or other action in appropriate cases.

Misuse of the System by a student may be considered gross misconduct and a student may be subject to discipline pursuant to the Student Discipline Policy. A student who believes his/her privileges have been wrongfully limited may request a meeting with the building principal to review the limitation.



# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

### **Employee Use of Social Media Sites, including personal sites**

Because of the unique nature of social media sites, such as Facebook and Twitter, and because of the district's desire to protect its interest with regard to its electronic records, the following rules have been established to address social media site usage by all employees:

#### **KEEP PERSONAL AND PROFESSIONAL ACCOUNTS SEPARATE**

Staff members who decide to engage in professional social media activities will maintain separate professional and personal email addresses. Staff members will not use their district email address for personal social media activities. Use of district email for this purpose is prohibited and will be considered a violation of district policy that may result in disciplinary action.

#### **CONTACT WITH STUDENTS**

Although it is desired that staff members have a sincere interest in students as individuals, partiality and the appearance of impropriety must be avoided. All staff shall maintain a professional relationship with all students, both inside and outside of the classroom. Listing current students as friends on networking sites wherein personal information is shared or available for review is not recommended. Contacting students through electronic means is to be school-related and generic. Inappropriate contact of any kind, including via electronic media is prohibited.

Nothing in this policy prohibits district staff and students from the use of education websites and/or use of social networking websites created for curricular, co-curricular, or extra-curricular purposes where professional relationship is maintained with the student. Failure to maintain a professional relationship with students, both inside and outside of a classroom setting, including interaction via social networking websites of any nature, e-mailing, texting, communication-specific apps, or other electronic methods may result in disciplinary action up to and including termination.

#### **RULES CONCERNING DISTRICT-SPONSORED SOCIAL MEDIA ACTIVITY**

If an employee wishes to use Facebook, Twitter, or other similar social media sites to communicate meetings, activities, games, responsibilities, announcements, etc. for a school-sponsored club or a school-based activity or an official school-based organization, the employee shall comply with the following procedures and rules:

##### **Notify the District**

Employees that have or would like to start a social media page should contact their building administrator and/or superintendent. All district pages must have an appointed employee who is identified as being responsible for content. The building administrator and/or superintendent should be aware of the content on the site, arrange for periodic monitoring of the site, and for the receipt and response to complaints about the content on the site. The superintendent reserves the right to shut down or discontinue the site if he/she believes it is in the best overall interest of the students and/or district.

##### **Have a Plan**

District staff will consider their messages, audiences, and goals, as well as strategy for keeping information on social media sites up to date, accurate, and in the best interest of the students.

##### **Protect the District**

Posts on district-affiliated social media sites should protect the district by remaining professional in tone and in good taste. Carefully consider the naming of pages or accounts, selection of pictures or icons, compliance with district policy, state, and federal laws with regard to student and employee confidentiality, and the determination of content. The employee must also comply with the following rules

1. The employee must set up the club, etc. as a group list that will be closed and moderated.
2. The employee must set up mechanisms for delivering information to students that are not members of the group via non-electronic means.
3. Members will not be established as friends but as members of the group list.
4. Anyone who has access to the the communications conveyed through the site may only gain access by the permission of the employee (e.g. teacher, administrator, or supervisor). Persons desiring to access the page may join only after the employee invites them and allows them to join.

# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

5. Parents shall be permitted to access any site that their child has been invited to join. Parents shall report any communications they believe to be inappropriate by students or school personnel to administration.
6. Access to the site may only be permitted for educational purposes related to the club, activity, organization or team.
7. The employee responsible for the site will monitor it regularly.
8. They employee's supervisor shall be permitted access to any site established by the employee for a school-related purpose.
9. Employees are required to maintain appropriate professional boundaries in the establishment and maintenance of all district-sponsored social media activity. This includes maintaining a separation between the school activity pages and employees personal social media profiles and pages.
10. Postings made to the site must comply with all other district policies pertaining to district web sites, internet usage, technology and confidentiality of student information.

### **Personal Sites**

The board respects the right of employees to use social media as a medium of self expression on their personal time. As role models for students, however, employees are responsible for their public conduct even when they are not performing their job duties as employees of the district. Employees will be held to the same professional standards in their public use of social media and other electronic communications as they are for any other public conduct. Further, school employees remain subject to applicable state and federal laws, board policies, administrative regulations and applicable code of ethics, even if communicating with others concerning personal and private matters. If an employee's use of social media interferes with the employee's ability to effectively perform his or her job duties, the employee is subject to disciplinary action, up to and including termination of employment.

Employees are responsible for the content on their social media sites, including content added by the employee, the employee's friends or members of the public who an access the employee's site, and for web links on the employee's site. If you identify your yourself as a district employee online, it should be clear that the views expressed, posted, or published are personal views, not necessarily those of the district, it's Board, employees, or agents.

Opinions and/or other content expressed or posted by staff on a social networking website have the potential to be disseminated far beyond the speaker's desire or intention, and could undermine the public perception of the individual's fitness to educate students, and thus undermine teaching effectiveness. In this way, the effect of the expression and publication of opinions or other content could potentially lead to disciplinary action being taken against the staff member, up to and including termination or non-renewal of the contract of employment.

### **Posting to Social Media Sites**

Employees who use social media for personal purposes must be aware the content they post may be viewed by anyone, including students, parents and community members. Employees shall observe the following principles when communicating through social media:

1. Employees shall not post confidential information about students, employees or school system business;
2. Employees are encouraged not to accept current students as friends or 'followers' or otherwise connect with students on social media sites, unless the employee and student have a family relationship or other type of appropriate relationship that originated outside of the school setting.
3. Employees shall be professional in all internet postings related to or referencing the school system, students, and other employees.
4. Employees shall not use profane, pornographic, obscene, indecent, lewd, vulgar or sexually offensive language, pictures or graphics or other communication that could reasonably be anticipated to cause a substantial disruption to the school environment.
5. Employees shall not use the school system's logo or other copyrighted material of the system without express, written consent from the board.
6. Employees shall not post identifiable images of a student or student's family without permission from the student and the student's parent or legal guardian.
7. Employees shall not use internet postings to libel or defame the board, individual board members, students or other school employees.

# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

8. Employees shall not use internet postings to harass, bully or intimidate other employees or students in violation of district policy.
9. Employees shall not post inappropriate content that negatively impacts their ability to perform their jobs.
10. Employees shall not use internet postings to engage in any other conduct that violates board policy and administrative procedures or state and federal laws.
11. Employees are strongly discouraged from communicating with students, or parents regarding a student, from a personal e-mail account.
12. Employees shall be responsible for all content posted on their site by themselves and others and shall regularly monitor their site and remove any content that could reasonably be anticipated to cause a substantial disruption to the school environment.

Consequences – School system personnel shall monitor online activities of employees who access the internet using school technological resources. Any employee who has been found by the superintendent or his/her designee to have violated this policy may be subject to disciplinary action, up to and including dismissal.

Protect Confidential and Proprietary Information – Employees shall not post confidential or proprietary information about the district, its employees, students, agents, or others. The employee shall adhere to all applicable privacy and confidentiality policies adopted by the district or as provided by state or federal law.

Do Not Use District Name, Logos or Images – Employees shall not use the district logos, images, iconography, etc. on personal social media sites; nor shall employees use the district name to promote a product, cause or political party, or political candidate; nor shall employees use personal images of students, names or data relating to students, absent written authority of the parent of a minor or authority of an adult or emancipated student.

# Herscher Community Unit School District #2

## Computer/Internet Acceptable Use Policy

### Signature Page

#### PARENT/STUDENT

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Grade

I have read and understand the above AUP. I understand that when I am using the internet or any other communication environment any day or time (24/7), I must adhere to all rules of the Acceptable Use Agreement.

I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be instituted.

I understand that Herscher CUSD #2 is not responsible for any damage or loss associated with a device which is not the property of the Herscher CUSD#2. Technology devices within the School building will be used to promote educational excellence and within the guidelines of this policy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature



#### TEACHER/STAFF

\_\_\_\_\_  
Teacher/Staff (Print)

\_\_\_\_\_  
Building

\_\_\_\_\_  
Title

I have read and understand the above AUP. I understand that when I am using the internet or any other communication environment any day or time (24/7), I must adhere to all rules of the Acceptable Use Agreement.

I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be instituted.

I understand that Herscher CUSD #2 is not responsible for any damage or loss associated with a device which is not the property of the Herscher CUSD#2. Technology devices within the School building will be used to promote educational excellence and within the guidelines of this policy.

\_\_\_\_\_  
Teacher/Staff Signature

\_\_\_\_\_  
Date

# Herscher Community Unit School District #2

## Drug- and Alcohol-Free Workplace

The following document is pursuant with Board Policy 5:50

**Please read this document carefully and completely before signing.**

All District workplaces are drug- and alcohol-free workplaces. All employees shall be prohibited from:  
Unlawful manufacture, dispensing, distribution, possession, use, or being under the influence of a controlled substance while on District premises or while performing work for the District, and  
Distribution, consumption, use, possession, or being under the influence of alcohol while on District premises or while performing work for the District.

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.

As a condition of employment, each employee shall:

1. Abide by the terms of the District 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 District premises or while performing work for the District, no later than 5 calendar days after such a conviction.

In order to make employees aware of dangers of drug and alcohol abuse, the District will:

1. Provide each employee with a copy of the District Drug- and Alcohol-Free Workplace policy;
2. Post notice of the District Drug- and Alcohol-Free Workplace 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 District 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 District may impose upon employees for violations of this policy.

### District Action Upon Violation of Policy:

An employee who violates this policy may be subject to disciplinary action, including termination. Alternatively, the Board of Education may require an employee to successfully complete an appropriate drug- or alcohol-abuse, employee-assistance 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 District 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 District receives contract or grant monies of the employee's conviction within 10 days after receiving notice of the conviction.

LEGAL REF.: Americans With Disabilities Act, 42 U.S.C. §12114.  
Controlled Substances Act, 21 U.S.C. §812; 21 C.F.R. §1308.11-1308.15.  
Drug-Free Workplace Act of 1988, 41 U.S.C. §701 et seq.  
Safe and Drug-Free School and Communities Act of 1994, 20 U.S.C. §7101 et seq.  
Drug-Free Workplace Act, 30 ILCS 580/1 et seq.

ADOPTED: January 12, 2009

X \_\_\_\_\_  
Teacher/Staff (Print)

X \_\_\_\_\_  
Teacher/Staff Signature

X \_\_\_\_\_  
Date

**RETURN PAGE TO HEATHER / UNIT OFFICE**



# Herscher Community Unit School District No. 2

District Office: 501 N Main Street, PO Box 504, Herscher Illinois 60941

District Phone: 815-421-5000 - District Office Fax: 815-426-2872

## Pre-Employment History and Physical Examination Form

As a condition of employment in the Herscher School District, you must successfully pass an examination to determine that you are in good health.

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

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

**To be completed by examining physician (physical examination must be performed by a physician licensed in the State of Illinois to practice medicine).**

Date of Examination: \_\_\_\_\_ General Appearance: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_ B/P: \_\_\_\_\_

System	Normal ?	
Skin	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Eyes	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Ears	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Nose	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Mouth/Throat	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Cardiovascular	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Respiratory	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____

Current Medications: \_\_\_\_\_

(Attached additional sheet if needed)

Can applicant lift 25 lbs? Yes  No

Can applicant lift 50 lbs? Yes  No

Summary of Findings: \_\_\_\_\_

**I hereby certify that I have examined the above applicant and that the above is a complete and accurate record of my examination. I hereby state that this employee is in good physical health which is required to perform the essential functions of the position for which he/she is applying.**

Medical License #: \_\_\_\_\_

Printed Name: \_\_\_\_\_ M.D / D.O.

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

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

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PH# \_\_\_\_\_  
IEIN: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_

# *Herscher Community Unit School District No. 2*

DR. RICHARD S. DECMAN, SUPERINTENDENT  
SHELLY PARSONS, SPECIAL SERVICES DIRECTOR  
PETE FALK, CURRICULUM DIRECTOR

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## **Application Signature Page**

Please read the following statements carefully and sign below.

I hereby declare that the information provided by me is true, factual and complete. I understand that false or incomplete statements or misrepresentations may qualify me for employment or cause my subsequent dismissal. If employed by Herscher CUSD #2, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits etc.

I acknowledge that nothing in this application or in the Herscher CUSD #2 hiring process creates a contract of employment and that Herscher CUSD #2, should I obtain employment, retains it's right to terminate my employment in accordance with the law.

I hereby authorize Herscher CUSD #2 to verify my credentials and investigate me (including a ISP and FBI criminal background search) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends and business associates and others who Herscher CUSD #2, in its sole judgment, believes has relevant information.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*"Education... The Ultimate Investment."*

# *Herscher C. U. S. D. #2*

## Standards and Procedures for Staff

Whenever people gather together to achieve goals, some rules of conduct are needed to help everyone work together efficiently, effectively, and harmoniously. We must hold ourselves to a high standard of quality, so that students are encouraged to learn to the limits of their abilities. Rules and authority assure that students and employees have a safer, more effective, and more efficient place to learn and work.

As an employee, you have a responsibility to the District, parents, students, taxpayers and to your fellow employees to adhere to certain rules of behavior and conduct. The purpose of these rules is not to restrict your rights, but rather to be certain that you understand what conduct is expected and necessary.

Generally speaking, we expect each employee to act in a mature and responsible way at all times. When each person is aware that he/she can fully depend upon fellow workers to follow the rules of conduct, then our school district will be a better place to work and a better place for students to learn.

If you have any questions concerning any work or safety rule, or any of the unacceptable activities listed, please see your Principal or Superintendent for an explanation.

**GENERAL EMPLOYMENT EXPECTATIONS/INFORMATION** - The building/department administrator shall provide and review all rules with new employees. It shall be the duty of each employee to read, understand, and apply all work rules.

1. Applicants shall not falsify employee applications.
2. Each employee shall report all work-related injuries immediately to his/her supervisor who will then notify the Insurance Claims Secretary, Heather Crane, in the Unit Office. The supervisor will complete a First Report of Injury. (This form is available on our district website under Staff Forms.)
3. Any employee receiving worker's compensation benefits who is eligible to receive the following benefits shall have said benefits affected as indicated below:
  - A. Insurance – Board share of the group health insurance premium will be paid by the District until the exhaustion of earned and available Sick Leave, Family Medical Leave, Vacation Leave and Personal Leave, if the employee chooses these leaves.
  - B. Sick leave does not accrue for a successor school year unless and until the employee returns to work.
  - C. Seniority accrues as though the employee is working.
4. Employees shall call in before their assigned starting time when ill or injured, and shall not engage in unauthorized absences. Please call your direct supervisor/ building principal prior to 7:00 a.m. the day of or before 10:00 p.m. the night prior to an anticipated absence.

**Bonfield Grade School:** 815-933-6995

**Herscher Intermediate School:** 815-426-2242

**Limestone Middle School:** 815-933-2243

**Herscher High School:** 815-426-2103

**Michelle Armstrong,** Food Service Director: 815-426-2162 x. 6112

**Larry Houberg,** Maintenance Director: 815-426-2162 x. 1020

**Shelly Parsons,** Special Services Director: 815-426-2162 x. 1021

**Beth Wilcox,** Transportation Director: 815-426-2162 x. 1018



# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

Employees who become ill/injured during the workday shall report to the immediate supervisor or designee before leaving. Employees shall not arrange for their own substitute unless directed to do so by their supervisor.

5. Employees who miss work because of a prolonged illness/injury that requires a physician's care shall be required to obtain verification of non-employability signed by their physician. In order to return to work, employees must obtain a work release, signed by their physician, stating any restrictions or limitations.
6. Employees shall not make improper use of sick leave or unpaid personal leave. Sick leave may only be used as defined in the applicable collective bargaining agreement. Unpaid personal leave must be used for the purpose for which it was granted.
7. Employees shall be required to use sick leave and personal leave before unpaid medical leave or disability leave will be granted. Sick and Personal leave may be used in half- or full-day increments.
8. Employees shall be required to use personal leave before approved, unpaid leave will be granted. Requests for unpaid leave must be made in writing to the Superintendent at least 10 working days prior to the beginning of the leave period, unless it is an emergency. There is no right to take unpaid (sometimes called "dock day") leave.
9. Employees whose sick leave or other leave is exhausted, and who desire to continue as an employee, must apply for a leave of absence within 7 days of exhaustion of such leave. Otherwise, the employee shall be deemed absent without leave and subject to discharge. For probationary employees, absence for 15 working days beyond the exhaustion of sick leave, and every absence thereafter, shall constitute a break in service, restarting the probationary period.
10. A disability that lasts longer than 90 working days after the exhaustion of sick leave shall not be deemed temporary. The Board of Education may require any employee applying for disability leave to submit to an examination by a physician of the Board's choosing, at Board expense, to verify the disability and its likely duration. This provision shall not be interpreted as waiving any rights of an employee or the Board of Education under the Americans with Disabilities Act. This provision does not limit the right of the Board to dismiss "at will" employees. This provision does not require the Board of Education to grant any leave of absence without pay, after exhaustion of sick, leave when the disability is permanent.
11. Employees should provide at least 30 days' notice to the Superintendent of the date that a family and medical leave is to begin. If 30 days' notice is not possible, notice must be given within two business days of when the need becomes known to the employee. Employees shall provide at least a verbal notice sufficient to make the District aware that he/she needs a family and medical leave, and the anticipated timing and duration of the leave. Failure to give the required notice may result in a delay in granting the requested leave.
12. Employees who qualify for IMRF benefits shall be entitled to sick leave benefits. Sick leave shall be calculated on the basis of an employee's length of contract (9 mo., 10 mos., 11 mos., 12 mos.).

# Herscher C. U.S.D. #2

## Standards and Procedures for Staff

13. Non-certified employees personal days and holiday pay are addressed in the Non-Certified contract.
14. Each employee shall report to work at the designated time and promptly attend to work assigned, and complete such work in a timely manner except as is permitted for breaks. Any employee's regularly scheduled workday may be reasonably extended to achieve organizational objectives, if authorized by the Superintendent and approved by the Principal or appropriate supervisor (e.g. emergency situations, important informational meetings, etc.). Any hourly employee who works overtime hours (actual work hours that exceed forty in a single work week) is entitled to one and one-half times his/her rate of pay for those additional hours.
15. Non-Certified employees are not to take extra breaks or breaks in excess of those authorized. Employees who work at least 7.5 continuous hours shall receive a minimum 30 minute duty-free meal break that begins within the first 5 hours of the employee's work day. The principal or supervisor will determine the length of the lunch break. In the event any provision of this rule is in conflict with a collective bargaining agreement, the terms of the collective bargaining agreement shall control.
16. Bus drivers, bus aides, paraprofessionals, food service personnel, student supervisors and substitute employees shall work only on days when students are in attendance. These employees shall not work on institute days unless authorized by the Superintendent and approved by the Principal or appropriate supervisor.
17. Non-certified employees, at the discretion of administration, may be reassigned permanently to other positions. Pay rate, benefits, and seniority will not be affected by this temporary reassignment. A temporary assignment is one that is not anticipated to last more than one year. Personnel may be assigned to perform duties in other job categories, if they are able, in order to ensure productive employment.
18. Certified employees may, in case of emergency, be assigned outside their areas of certification. Principals and appropriate supervisors may reassign employees temporarily to satisfy immediate organizational needs. In the event any provision of this rule is in conflict with a collective bargaining agreement, the terms of the collective bargaining agreement shall control.
19. Employees shall maintain accurate records, if any, for their assigned position and are required to keep accurate time sheets or work time records approved by the Principal.
20. Hourly employees are paid only for hours worked unless otherwise authorized. Holiday pay, sick leave, vacation leave, etc. must be indicated on time sheets. Time in excess of an employee's approved schedule must be authorized by the Superintendent and approved by the Principal. Overtime is *not* permitted unless authorized by the Superintendent.
21. While at school, its sponsored events, or during working hours, employees shall not engage in personal dress or grooming which causes, or the administration reasonably anticipates will cause, interference with the educational process.

# *Herscher C. U. S. D. #2*

## Standards and Procedures for Staff

22. Employees shall not engage in unauthorized use of district equipment including, but not limited to, telephones, photocopiers, scanners, computers, tools, motor vehicles, fuel and the like. Personal use of telephones is discouraged and should occur on off-duty time (lunch, breaks, etc.).
23. Employees shall not make modifications in equipment or buildings including heating, cooling, electrical, water, or sewer systems unless authorized by job descriptions or supervisors.
24. Employees shall not have an unauthorized use or possession of district keys, including master keys.
25. It is highly recommended that employees not bring personally owned equipment or furniture to school without written authorization from building administration. If permission is granted, the district assumes no liability for lost, damaged, or stolen personal property.
26. Employees shall be truthful to the Board of Education and administration in regard to matters relating to employment or directly related to the employee's work duties.
27. Employees shall not falsify documents, or create documents which are substantially misleading.
28. Employees shall not make false claims for insurance or any other benefits.
29. Employees shall not misrepresent to any person the extent of his/her job authority, or purport to act on behalf of the district when not authorized to do so. Employees shall not incur expenses or enter into contracts on behalf of the district without authority to do so.
30. Employee shall not smoke or otherwise use tobacco on school property or while engaged in work.
31. Employees shall conduct themselves in a safe manner at all times. Employees shall read, understand and apply all safety instructions related to procedures or equipment. Employees shall use safety glasses, ear protection, seat belts, and all other safety devices supplied by the employer. Safety devices must be in working order and all guards in place before any machine is operated. Employees shall not defeat any safety device.
32. Employees shall not work when under the influence of any intoxicating liquor or illegal drug. When taking medication prescribed by a physician or medication obtained over-the-counter, or from any other source, an employee shall not operate any equipment, machine or vehicle when unable to do so in a safe and alert fashion. The employee shall notify the immediate supervisor if any medication causes the employee to have diminished alertness or which substantially alters the employee's ability to perform work. An employee shall not conceal or maintain any intoxicating liquor or illegal drug in or on any school property or at any school-sponsored activity. An employee shall not consume alcoholic beverages on any workday between the beginning and end of his/her work assignment. No employee shall work bearing the odor of alcohol or illegal drugs, such as marijuana, or be under the influence of any alcohol or illegal drugs while performing any duty or activity for Herscher Community Unit School District No. 2.
33. Employees shall not at any time during working hours engage in acts that are dangerous to the property, health, safety, or welfare of the district, students, other employees, or the general public. This rule shall not be deemed violated by accidental acts that are not intended by the employee; but

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

employees shall act with prudence and ordinary caution at all times. Employees shall not engage in activities during non-school hours that intentionally cause injury or harm or attempt to cause injury or harm to other employees, children, their property, or the school district or its property. Any employee who has been convicted of any felony offense or who has committed any criminal acts involving substantial risk of harm to other persons or property may be unsuitable for school employment and is subject to discharge, at the discretion of the Board of Education.

34. No employee may bring onto school property or to any school activity firearms, ammunition, explosives, fireworks, or other substance or devices likely or capable of causing harm to persons or property. This does not include approved equipment or machinery necessary for the employee's duties.
35. Each employee shall report to their immediate supervisor any damaged or broken equipment or other school property in his/her assigned area of responsibility.
36. The loss of driving rights or privileges for any position requiring a current driver's license may be cause for dismissal. The employee must advise the district of lost driving privileges if driving is required as part of the position.
37. The failure to maintain or the loss of any certificate, license, or other document issued by any governmental entity or office necessary or required for the employee's position may be cause for dismissal.
38. No employee shall fail to promptly deposit, report or account for any funds, gate receipts, or other money or property of the school district, students, or others coming into the employee's hands as a result of the employee's work, responsibilities, duties, or employment. Sponsors/coaches may keep up to \$10.00 to be used for change.
39. An employee shall not use, retain without authorization, or steal money or property of students, other employees, or others.
40. Employee shall not release, disclose, or grant access to information found in any student record except in the exercise of job responsibilities, or when such disclosure would constitute a violation of the Illinois School Student Record Act or the Family Educational Right to Privacy Act. Employees may seek clarification of their responsibilities under this rule from their immediate supervisor. In no event shall an employee disclose the contents of student records to anyone other than a student's parents or legal guardian, the student, or certificated employees without advance consultation with the Principal.
41. An employee shall not disclose the contents of any employee file or disclose confidential information about other employees without advance authorization from a supervisor. Employees may seek clarification of their responsibilities under this rule from their immediate supervisor. This rule does not prevent access to an employee file by an employee or his/her authorized representative.

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

42. Fighting and physical alterations of all kinds are prohibited. However, employees may take reasonable steps to protect themselves from physical violence, and may reasonably restrain a student to protect the employee, another employee, other students, or district property.
43. Employees shall not engage in any behavior while at school, at its sponsored events, or during working hours, which constitutes gross disrespect for the property or rights of others. For example, employees shall not engage in insensitive remarks about another person's race, color, religion, creed, national origin, sex, age, ancestry, or marital status. Such remarks will result in employee discipline.
44. Due to the sensitive nature of public and student employment, employees shall not use profanity when speaking to parents or other employees utilizing profanity. Employees shall not argue in the presence of students or parents.
45. Employees shall not make unwelcome sexual advances toward or request sexual favors from other employees. Employees shall not engage in any verbal or physical conduct or communication of a sexual nature, which constitutes sexual harassment or otherwise creates an intimidating, hostile, or offensive working environment. Any employee who is the recipient of any unwelcome sexual advance, sexual favor or other form of sexual harassment is strongly encouraged to contact the Principal or Superintendent immediately.
46. Employees shall not, at any time, aide, abet, solicit or engage any student, or any employee in any activity that is illegal or immoral. Employees shall personally report evidence of illegal or immoral activity to the Superintendent. No employee shall instruct or dissuade another employee from making such a report.
47. Conviction of any felony offense involving dishonesty or violence, or that would have precluded an employee's initial employment as a matter of law irrespective of the jurisdiction, shall be cause for a hearing for dismissal.
48. No employee shall willfully refuse to obey the policies, rules and regulations of the Board of Education or attempt to violate a Board of Education policy, rule or regulation. This rule does not prohibit activities permitted by the Illinois Educational Labor Relations Act.
49. Employees shall not engage in willful behavior that interrupts the orderly process of school affairs. This rule does not prohibit activities permitted by the Illinois Educational Labor Relations Act.
50. Repeated minor incidents of misbehavior may be cause for discharge, if other disciplinary measures have failed to deter misconduct after the employee is given his/her due process rights.
51. Employees shall personally report evidence of child abuse to the DCFS Hotline (1-800-25-ABUSE or 1-800-252-2873) as mandated by the State of Illinois. No employee shall instruct or dissuade another employee from making such a report. The employee shall notify the Superintendent or Principal that a report was made.
52. Employees should immediately report to their immediate supervisor any conduct by other employees which is dangerous to the health, safety, or welfare of students or other employees, including, but not limited to violation of any rules.

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

53. Outside employment or activities may not interfere with performance of job duties.
54. Employees shall not accept unauthorized rebates, gifts, gratuities, premiums or promotional materials from suppliers for personal use/gain with a value of over \$25.00. Anything associated with purchasing, such as samples or volume purchase premiums is to be used for school use and is to be fully disclosed to the administration.
55. These rules may be supplemented from time to time by administrative rules. The Superintendent and Principal are authorized to adopt such additional rules as may be necessary or convenient, consistent with these rules. However, violation of such rules shall not be cause for employee discipline until employees are given copies of such rules.
56. Access to the Internet, district computers, and e-mail is a privilege and not a right. No employee shall access any of these except for work-related duties. E-mail is not secure or encrypted, and employee e-mail may be read or reviewed in the course of maintaining computers, networks, or as part of security procedures. Employee computer and network activities are subject to monitoring for appropriate use.
57. No employee shall utilize district computers, networks or Internet access to view, obtain or download any pornographic or sexually explicit material without the express written permission of the Superintendent, for purposes directly related to the employee's job duties.
58. Employees are to refrain from posting to personal social media pages (i.e. Facebook, Twitter) during the course of their paid work time, except for work-related duties.
59. No employee shall defeat or avoid any security device or procedure. Employees shall utilize, and maintain strict confidentiality of passwords or other security techniques. No employee shall access any computer, network, server, or information thereon that the employee is not authorized to access.
60. Personnel are not permitted to develop new clubs/activities for students without approval from district administration.

**INTERACTING WITH STUDENTS** – The building/department administrator shall provide and review all rules with new employees. It shall be the duty of each employee to read, understand, and apply all work rules.

1. Employees shall not exploit their relationship with students by promoting the services, products, ideologies (political, religious, or organizational), or goals of non-school organizations, exclusive of educational goals.
2. Personnel are prohibited from using physical punishment in any way for behavior management of students. No form of physical discipline is acceptable. This prohibition includes spanking, slapping, pinching, hitting, or any other physical force as retaliation or correction for inappropriate behaviors by students. Other prohibited behaviors include: isolation, except when needed for student to gain self-control and even then under supervision by an adult and for no longer than 15 minutes; withholding food and/or water; degrading punishment; work assignments unrelated to a natural or logical consequence; group punishment for one student's behavior; excessive exercise;

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

withholding ability to contact parents/guardians; withholding or using medications for punishment and mechanical restraint such as rope or tape to restrict movement.

3. Personnel must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than inappropriate competition, comparison and criticism.
4. Employees shall not engage in any sexual or romantic conversation or relationship with any student. Employees shall not make sexually suggestive remarks or engage in sexual conduct or acts on or toward students. Employees shall not illegally discriminate against students on the basis of the student's sex. Employees shall personally report evidence of any such activity to the Superintendent or his/her designee. No employee shall instruct or dissuade another employee from making such a report.
5. Any contact between personnel and students outside the context of activities or work-related duties and is unrelated to activities sponsored by the district will be permitted only with the written approval of the student's parents. Parents must be advised of the nature of the contact and that such is not associated with school district activity.
6. Employees are responsible for releasing students only to parents, legal guardians or other persons designated by parents or legal guardians. In the event the employee is uncertain, they should contact their immediate supervisor before releasing the students.
7. With the exception of emergency situations or for medical need, students should never be transported by district personnel, in their personal vehicles, without written permission.
8. Personnel will respond to students with respect and consideration and treat all students equally, regardless of sex, race, religion, culture or socio-economic status. Personnel will portray a positive role model for students by maintaining an attitude of respect, patience and maturity.
9. Personnel are prohibited from speaking to students in a way that is or could be construed by any observer as harsh, coercive, intimidating, shaming, derogatory, demeaning or humiliating. Personnel are expected to refrain from swearing in the presence of students.

**GENERAL MONITORING OF STUDENTS**– In an attempt to promote a positive, nurturing environment, while protecting students and personnel from misunderstandings, the following guidelines are to be carefully followed by all personnel working with students:

1. Childcare programs will utilize check-in and –out procedures to protect small children from unauthorized pick-ups.
2. Personnel will never leave a student unsupervised.
3. Personnel must avoid being alone with a single student where they cannot be observed by others. In special programs that require one-to-one contact, additional safeguards must be in place to protect both student and personnel.
4. At least two personnel will supervise overnight activities. When both boys and girls are taking part, male and female chaperones must be present.

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

**PHYSICAL CONTACT WITH STUDENTS**– In an attempt to promote a positive, nurturing environment, while protecting students and personnel from misunderstandings, the following guidelines are to be carefully followed by all personnel working with students:

1. Appropriate affection between personnel and students is important for the student's development. The following are appropriate forms of affection for most district programs and sponsored programs:

Side hugs	Pats on the shoulder, back or head
Handshakes	Holding hands while talking with small children
High-fives	Touching hands, shoulders and arms of child
Arms around shoulder	Sitting beside small children
  
2. Inappropriate affection between personnel and students can damage and distract a student's development. The following are examples of affections that are NOT to be used in district sponsored and affiliated programs:
  - Full body hugs
  - Kisses on the mouth
  - Tickling
  - Holding children over two years old on the lap
  - Touching bottoms, chests or genital areas
  - Showing affection in isolated areas such as coat rooms, closets etc.
  - Sleeping in bed with a student
  - Touching knees or legs of a student
  - Giving 'piggy-back' rides
  - Any type of massage given by personnel to student or student to personnel
  - Any form of unwanted touching
  - Compliments/comments relating to physique or body development



# *Herscher C. U. S. D. #2*

## Standards and Procedures for Staff

### Signature Page

I, \_\_\_\_\_ (*Printed Name*), have received a copy of the Herscher CUSD #2 Staff Standards and Procedures.

I understand it is my responsibility to read, understand, and follow all standards and procedures. I understand that if I violate any of these standards and procedures I may be disciplined.

I further acknowledge that discipline, in some circumstances, may include my immediate discharge.

My signature acknowledges receipt of the Herscher School District's Standards and Procedures, not necessarily that I agree with them.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

# *Herscher Community Unit School District No. 2*

501 N Main Street - PO Box 504  
Herscher IL 60941  
Ph: 815-426-2162 - F: 815-426-2872

DR. RICHARD S. DECMAN, SUPERINTENDENT  
SHELLY COWELL, SPECIAL SERVICES DIRECTOR  
JENNIFER EDMONDS, CURRICULUM DIRECTOR

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## MEMO

TO: Herscher School District Employees

FROM: Dr. Richard S. Decman

DATE: September 16, 2013

Section 18B of the Fair Labor Standards Act has incorporated a new employer notice requiring that employers must inform all workers of key provisions of the health reform law and how they may be affected by October 1, 2013. The following information is being provided to meet this new requirement.

The District's Health Plan fully complies with the Affordable Health Care Act. The plan reflects many of the Health Care Reform requirements; covering adult children through age 26, offering free preventive care and removing lifetime limits on essential health benefits. Herscher CUSD #2 pays for the *single* monthly premiums for health care coverage for all staff members. In addition, we offer coverage under the Districts health care policy to the spouses and dependents of our employees. We do not offer coverage to part time employees (employees who are paid an hourly wage and do not work year round.)

More changes required by the law go into effect on January 1, 2014. As we get closer to this date, you will hear more about health care reform; particularly about the state and federal exchanges that will open in October for a January 1, 2014 effective date. Currently, Illinois does *not* have the insurance marketplace up and functional. As we receive more information from our carrier and agent, we will pass it along to you.

For more information, you may go to the following web sites:

- <https://www.healthcare.gov/> (Federal Govt. Website)
- <http://insurance.illinois.gov/HealthInsurance/hcrfaq.asp> (State Govt. web site, FAQs)
- <http://www2.illinois.gov/gov/healthcarereform/Pages/HealthInsuranceMarketplace.aspx> (State Govt. web site that allows you to sign up to receive updates RE: the Ins Marketplace)

The attachments provide information regarding the Affordable Health Care Act and the Insurance Marketplace such as the requirements. Please look them over. If you have any questions, please contact Reva Metcalf, Health Advocate at CIBC at 877-478-2164.

*"Education... The Ultimate Investment."*



# Health Care Reform

## LEGISLATIVE BRIEF

Brought to you by CIBC of Illinois, Inc.

## Exchange Notice Requirements for Employers

Beginning Jan. 1, 2014, individuals and employees of small businesses will have access to insurance coverage through the Affordable Care Act's (ACA) health insurance exchanges (Exchanges), which are also known as Health Insurance Marketplaces. Open enrollment under the Exchanges will begin on Oct. 1, 2013.

**The ACA requires employers to provide all new hires and current employees with a written notice about ACA's Exchanges.** This requirement is found in Section 18B of the Fair Labor Standards Act (FLSA).

On May 8, 2013, the Department of Labor (DOL) released [Technical Release 2013-02](#) to provide temporary guidance on the requirement to provide employees with a notice about the Exchanges. The name the DOL uses for the Exchange notice is the "Notice to Employees of Coverage Options."

In connection with the temporary guidance, the DOL announced the availability of **Model Notices to Employees of Coverage Options** for employers to use to satisfy the ACA's Exchange notice requirement. The DOL also set a compliance deadline for the Exchange notices. Employers must provide employees with an Exchange notice by **Oct. 1, 2013**.

In addition, the DOL's temporary guidance includes a new COBRA model election notice, which has been updated to include information regarding health coverage alternatives offered through the Exchanges.

### AFFECTED EMPLOYERS

ACA's Exchange notice requirement applies to employers that are subject to the FLSA. In general, the FLSA applies to employers that employ one or more employees who are engaged in, or produce goods for, interstate commerce. In most instances, a business must have at least \$500,000 in annual dollar volume of sales or receipts to be covered by the FLSA. However, the Exchange notice doesn't have these same limitations.

The Exchange notice requirement uses the FLSA's broad general definition of "employer," which includes any person acting directly or indirectly in the interest of an employer in relation to an employee. There are a few very limited exceptions to this definition.

The FLSA's definition of "employee" generally includes any individual employed by an employer, although there are limited exceptions for certain individuals employed by a public agency, immediate family members engaged in agriculture and certain volunteers.

### Required Content

Under the temporary guidance, the Exchange notice must:

- Include information regarding the existence of an Exchange, as well as contact information and a description of the services provided by an Exchange;
- Inform the employee that the employee may be eligible for a premium tax credit if the employee purchases a qualified health plan through the Exchange; and
- Contain a statement informing the employee that, if the employee purchases a qualified health plan through the Exchange, the employee may lose the employer contribution (if any) to any health benefits plan offered by

# Exchange Notice Requirements for Employers

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the employer and that all or a portion of such contribution may be excludable from income for federal income tax purposes.

## **Model Notices**

The DOL provided the following model Exchange notices:

- A [Model Notice to Employees of Coverage Options](#) for employers who do not offer a health plan; and
- A [Model Notice to Employees of Coverage Options](#) for employers who offer a health plan to some or all employees.

In addition to the required content, the DOL's model notices include information regarding the employer's current health plan coverage. This information is included to help individuals enroll in coverage through the Exchanges and determine their eligibility for federal subsidies. Employers are not required to provide this information, although including it in the notice may help reduce the number of employee questions on whether the employer's health plan is affordable and provides minimum value.

Also, although the model notice for employers with health plans includes a section about design changes that the employer knows will occur for an upcoming plan year, the model notice does not ask employers to speculate about changes in coverage that may be made in the future but have not been finalized yet.

Employers may use one of these models, as applicable, or a modified version, provided the notice meets the content requirements described above. Thus, employers may use the DOL's models "as is," customize the DOL's models or create their own Exchange notices, as long as the notices contain the required content elements.

## **Providing the Notice**

### *Who Must Receive a Notice?*

Employers must provide the Exchange notice to each employee, regardless of plan enrollment status or of part-time or full-time status. Employers are not required to provide a separate notice to dependents or other individuals who are or may become eligible for coverage under the plan but who are not employees.

### *What Is the Deadline for Providing the Notice?*

ACA required employers to provide the Exchange notice by March 1, 2013. However, on Jan. 24, 2013, the DOL announced that employers would not be held to the March 1, 2013, deadline and that employers would not have to comply with the Exchange notice requirement until more guidance was issued.

The DOL's temporary guidance sets a compliance deadline for providing the Exchange notices that matches up with the start of the first open enrollment period under the Exchanges.

Employers must provide the Exchange notice to both new hires and current employees as follows:

- **New Hires** – Employers must provide the notice to each new employee at the time of hiring beginning **Oct. 1, 2013**. For 2014, the DOL will consider a notice to be provided at the time of hiring if the notice is provided within **14 days** of an employee's start date.
- **Current Employees** – With respect to employees who are current employees before Oct. 1, 2013, employers are required to provide the notice no later than **Oct. 1, 2013**.

Employers that decide to inform their employees about the Exchanges earlier than the Oct. 1, 2013, deadline are permitted to use the model notices and rely on the DOL's temporary guidance.

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This Legislative Brief is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

# Exchange Notice Requirements for Employers

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## *Method of Providing Notice*

The notice is required to be provided automatically, free of charge.

The notice must be provided in writing in a manner calculated to be understood by the average employee. It may be provided by first-class mail. Alternatively, it may be provided electronically if the requirements of the DOL's electronic disclosure safe harbor are met. This safe harbor allows plan administrators to send certain disclosures electronically to:

- Employees with work-related computer access; and
- Other plan participants and beneficiaries who consent to receive disclosures electronically.

The safe harbor does not require the use of any specific form of electronic media. However, plan administrators are required to use measures reasonably calculated to ensure **actual receipt** of the material by plan participants and beneficiaries. Merely placing a disclosure on a company website available to employees will not by itself satisfy this disclosure requirement.

## **COBRA ELECTION NOTICE**

Under COBRA, a group health plan must provide qualified beneficiaries with an election notice, which describes their rights to continuation coverage and how to make an election. The election notice must be provided to the qualified beneficiaries within 14 days after the plan administrator receives the notice of a qualifying event. The DOL has a model election notice that plans may use to satisfy the requirement to provide the election notice under COBRA.

According to the DOL, some qualified beneficiaries may want to consider and compare health coverage alternatives to COBRA continuation coverage that are available through the Exchanges. Qualified beneficiaries may also be eligible for a premium tax credit for an Exchange plan.

The DOL updated the [model COBRA election notice](#) to help make qualified beneficiaries aware of other coverage options available in the Exchanges. Use of the model election notice, appropriately completed, will be considered by the DOL to be good faith compliance with the election notice content requirements of COBRA.

*Source: Department of Labor*

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as Jan. 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Reva Metcalf, Health Advocate from CIBC, at 877.478.2164.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.