

Herscher Community Unit School District #2



New Employee Paperwork **Certified SUBSTITUTE**

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

The following is also required:

Sub Packet you received from the Regional Office of Education

*This packet contains your Substitute Authorization Form and the
result of being fingerprinted (via ISP / FBI).*



*If you have a STS Certificate, there is an in-district training which must
be conducted prior to you being called for the first time.*

*To arrange this training, please contact:
Mr. Pete Falk, Curriculum Director at 815-421-5010*

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.

Name	First	Middle	Last
------	-------	--------	------

Address	Street	City	State	Zip
---------	--------	------	-------	-----

Social Security #	Telephone #	Birthday
-------------------	-------------	----------

EMERGENCY CONTACT INFORMATION:

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

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** _____

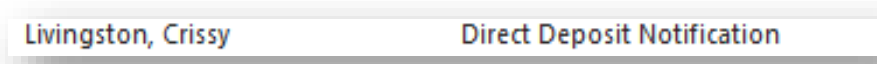
A voided check (for checking) or a deposit slip (for savings) **MUST be attached.**

RETURN TO HEATHER / UNIT OFFICE

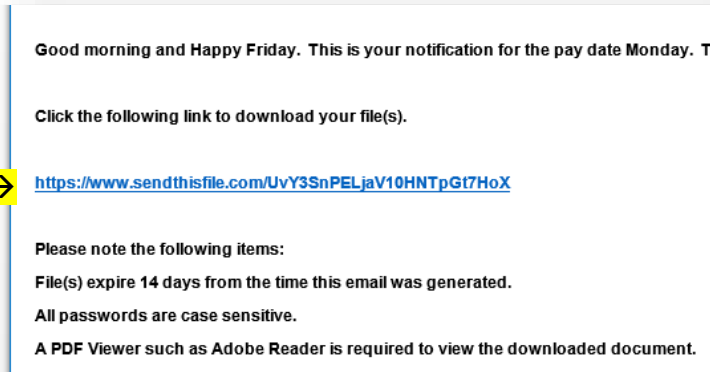
Direct Deposit Voucher by Email



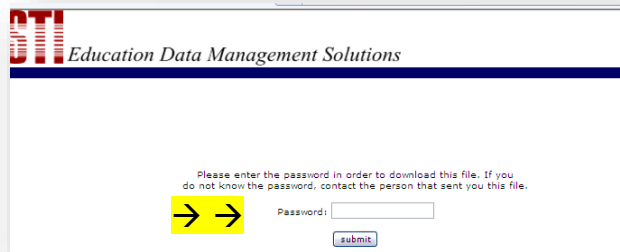
1. You will receive an email from our Payroll department



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



3. Your your password is the last 4 #s of your SSN then Click SUBMIT



4. Direct Deposit Voucher will appear as a BLUE link.



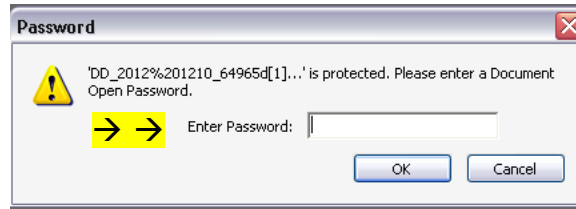
CLICK ON LINK

5. OPEN the file



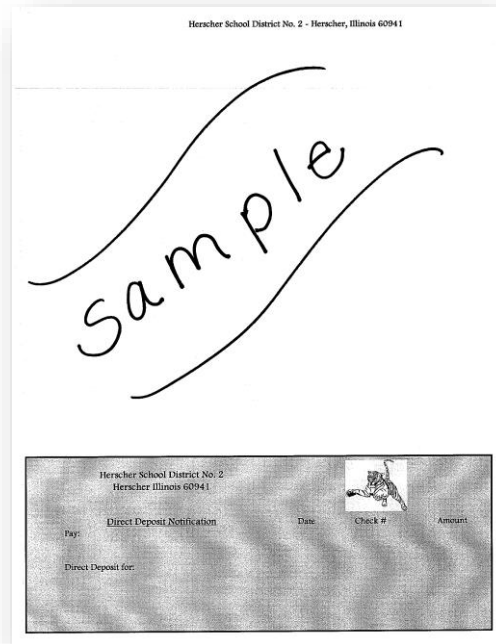
6. Enter password *again*.
(last 4# of your SSN)

CLICK OK



7. Your Pay Stub
will then
open

Once open, SAVE the file
for future reference.



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.
This will allow you to securely access this file
beyond the 14 days.



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

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



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

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.

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 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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 □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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



See Pg 3 for Options



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
	For persons under age 18 who are unable to present a document listed above:			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

* Must be signed

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

2020

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶



TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

▶  _____ ▶  _____

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only	Employer's name and address	First date of employment	Employer Identification number (EIN)

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

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 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature Date

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

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.



Teachers' Retirement System of the State of Illinois

2815 West Washington Street, P.O. Box 19253

Springfield, Illinois 62794-9253

(800) 877-7896

members@trs.illinois.gov | http://trs.illinois.gov

For the hearing impaired: (866) 326-0087

Member Information and Beneficiary Designation Form

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>	Maiden Name	<input type="text"/>	Member Social Security number <i>(required for tax-reporting purposes)</i>	<input type="text"/>
Date of birth	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home telephone number ()					
Street Address				Work telephone number ()		Extension			
City				Cell phone number ()					
State			Zip		Email address				
<input type="checkbox"/> Member of other Illinois public employee retirement system (specify system's name)									

By completing this form, a TRS member or annuitant designates beneficiaries to receive death benefits. Information provided on this form will become part of the member's permanent TRS record and will determine distribution of death and survivor benefits. This designation revokes any prior designation. If this current designation is found to be invalid, the most recent designation on file with TRS will remain in effect. Eligibility is determined by the survivor's status at the time of the member's death. Monthly survivor benefits can be paid only to eligible dependent beneficiaries.*

If the automatic designation is selected, do not complete the Beneficiary Refund or Survivor Benefits sections.

Automatic Designation *(commonly selected by members with a spouse or civil union partner and/or minor children)*
 In lieu of designating specific beneficiaries, I elect that my dependent beneficiaries, as determined at my death, receive a beneficiary refund and/or survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate.

If automatic designation is not selected, you must complete the Beneficiary Refund and Survivor Benefits sections. Alternate beneficiaries will receive benefits should primary beneficiaries predecease the member. When a beneficiary designation includes more than one person, the benefits are divided equally among the living beneficiaries of that class (primary or alternate).

Beneficiary Refund				Survivor Benefits			
Primary Beneficiaries				Primary Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship
Alternate Beneficiaries				Alternate Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship

If additional space is required, attach a separate sheet designating primary and alternate persons for Beneficiary Refund and Survivor Benefits. Also include the last four digits of your Social Security number, signature, and date.

Certification: By signing, I certify that this information is correct. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Teachers' Retirement System is guilty of a Class 3 felony. I am aware that, if the TRS Board has reasonable suspicion that a false record has been filed with TRS, it is required to report the matter to the state's attorney for investigation.

Member's signature (mandatory)	<input type="text"/>	Date	<input type="text"/>
--------------------------------	----------------------	------	----------------------

Signature pursuant to a General Power of Attorney is not accepted by TRS.

*See reverse for more information.

Statement Concerning Your Employment in a Job Not Covered by Social Security



Employee Name _____

Employee ID# _____

Employer Name _____

Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ($\$500 - \$400 = \$100$). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee _____

Date _____

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

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 #2

Payroll Department

501 N. Main St. PO Box 504

Herscher, IL 60941-0504

District Ph: 815-421-5000 – District Office Fax: 815-426-2872

409-A Payroll Schedule Election

Employees who work fewer than 12-months per year may be paid over a 12-month period. This is called 'Annualized Compensation.' Annualized compensation gives the employee income during the summer months.

Due to recent IRS regulation changes, each employee working fewer than 12-months per year must make a written election to receive annualized compensation.

Please initial your selection, sign and return this form by May 15th of the current year to make change for next school year. (New employees will complete with new hire paperwork.) If you fail to return this election by May 15th, the district **will not** annualize your compensation.

The election is irrevocable and **cannot be changed** after a work period begins. This election will remain in effect for future years unless changes of election are received before June 1st, for the following school year.

- I **ELECT** annualized compensation (paid over 12-month period). First pay period beginning Sept. 10th and the last pay period will be Aug 25th.

- I **DO NOT ELECT** annualized compensation (paid over 10-month period). First pay period beginning Sept. 10th and the last pay period will be June 25th. (July and Aug checks will distributed with June 25th check.)

Employee Printed Name: _____

Employee Signature: _____

Date: _____

Return 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

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.).

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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.

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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

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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.

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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.

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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;

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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.

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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

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Signature Page

I, K _____ (*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.

K _____
Date

K _____
Signature of Employee