



Sumter County Schools  
Human Resources  
Handbook

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## Introduction

# Introduction

The purpose of this handbook is to establish procedures for the Human Resources Department of Sumter County Schools. This handbook is not intended to be all-inclusive and shall in no way alter, change, nor revise any material contained in the SCS Employee Handbook, but will serve as procedural for the department.

**Sumter County Schools  
Mission and Vision**

**Vision:** To graduate all students college and career ready who are productive citizens empowered to be competitive in a global society.

**Mission:** To ensure all students receive an equitable education equipped with 21<sup>st</sup> Century Skills through transformational learning experiences.

**Commitments:**

We will

1. Base all decisions on the needs of students
2. Provide a caring, safe, and orderly environment that is vital to learning.
3. Strive consistently to create a climate and culture of excellence.
4. Foster a relationship among the home, school, and the community.
5. Hold high expectations for students, parents, teachers and leaders; and we will provide support to reach those expectations.
6. Use accurate and current data to plan and deliver instruction to all learners.
7. Take responsibility for learning, for both our students and ourselves.
8. Instill the belief that learning is a life-long process.



## Sumter County Schools 2024-2025 System Calendar

July 25-31, 2024	Pre-Planning
July 30, 2024	Open House
August 1, 2024	1st Day of School
September 2, 2024	Labor Day Holiday
September 4, 2024	Progress Reports
September 6, 2024	Early Release/Parent Teacher Conferences
October 3, 2024	End of 1st Nine Weeks
October 4, 2024	<b>W.I.N. Learning Day/Curriculum Planning</b>
October 7-11, 2024	Fall Break
October 16, 2024	Report Cards
November 13, 2024	Progress Reports
November 22, 2024	Early Release/ Curriculum Planning-Job Embedded
November 25-29, 2024	Thanksgiving Break
December 19, 2024	Early Release/Teacher Workday
December 20, 2024 - January 3, 2025	End of 2nd Nine Weeks/1 <sup>st</sup> Semester 90 Days
January 6, 2025	Winter Break
January 7, 2025	Teachers Return/Curriculum Planning
January 8, 2025	Curriculum Planning
January 15, 2025	Students Return
January 20, 2025	Report Cards
February 12, 2025	Dr. Martin Luther King, Jr. Holiday
February 14, 2025	Progress Reports
February 17, 2025	Early Release/ Parent Teacher Conferences
March 14, 2025	President's Day
March 17, 2025	<b>W.I.N. Learning Day/Curriculum Planning</b>
March 19, 2025	End of 3rd Nine Weeks
April 7-11, 2025	Mid-Spring Break
April 23, 2025	Report Cards
May 22, 2025	Spring Break
May 23, 2025	Progress Reports
May 26, 2025	<b>SCHS Baccalaureate</b>
May 27, 2025	Last Day of School/Early Release/Report Cards K-8
May 28, 2025	End of 4th Nine Weeks/ Teacher Workday/ SCHS Graduation
May 29, 2025	<b>Memorial Day</b>
	Post Planning
	Post Planning
	Report Cards (Grades 9-12)

Approved March 14, 2024

SUMTER COUNTY BOARD OF EDUCATION • 100 LEARNING LANE • AMERICUS, GEORGIA 31719 • 229-931-8500

The Sumter County School System does not discriminate on the basis of race, color, national origin, sex, age or handicap in any educational program/activities or in employment practices.

### Sumter County Schools 2024-2025 System Calendar

Jul-24							Aug-24							Sep-24									
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa			
	1	2	3	4	5	6	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
7	8	9	10	11	12	13	11	12	13	14	15	16	17	15	16	17	18	19	20	21	22	23	24
14	15	16	17	18	19	20	18	19	20	21	22	23	24	22	23	24	25	26	27	28	29	30	31
21	22	23	24	25	26	27	25	26	27	28	29	30	31	29	30								
28	29	30	31																				

Oct-24							Nov-24							Dec-24									
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa			
		1	2	3	4	5					1	2											
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	15	16	
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	22	23	
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	29	30	
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31							

Jan-25							Feb-25							Mar-25									
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa			
			1	2	3	4						1											
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	9	10	
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	16	17	
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	23	24	
26	27	28	29	30	31		23	24	25	26	27	28	29	23	24	25	26	27	28	29	30	31	

Apr-25							May-25							Jun-25									
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa			
		1	2	3	4	5					1	2	3										
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	15	16	
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	22	23	
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	29	30	
27	28	29	30				25	26	27	28	29	30	31	29	30								

DATE
July 25-31, 2024
July 30, 2024
August 1, 2024
September 2, 2024
September 4, 2024
September 6, 2024
October 3, 2024
October 4, 2024
October 7-11, 2024
October 16, 2024
November 5, 2024
November 13, 2024
November 22, 2024
November 25-29, 2024
December 19, 2024
December 20, 2024 - January 3, 2025
January 6, 2025
January 7, 2025
January 8, 2025
January 15, 2025
January 20, 2025
February 12, 2025
February 14, 2025
February 17, 2025
March 14, 2025
March 14, 2025
March 17, 2025
March 19, 2025
April 7-11, 2025
April 23, 2025
May 22, 2025
May 23, 2025
May 26, 2025
May 27, 2025
May 28, 2025
May 28, 2025

Event or Holiday
Pre-Planning
Open House
1st Day of School
Labor Day Holiday
Progress Reports
Early Release/Parent Conferences
End of 1st Nine Weeks
W.I.N. Learning Day/ Curriculum Planning
Fall Break
Report Cards
Election Day
Progress Reports
Early Release/ Curriculum Planning
Thanksgiving Break
Early Release
End of 2nd Nine Weeks
Winter Break
Teachers Return/Curriculum Planning
Curriculum Planning
Students Return
Report Cards
Dr. Martin Luther King, Jr. Holiday
Progress Reports
Early Release/Parent Conferences
Mid-Winter Break/President's Day
End of 3rd Nine Weeks
W.I.N. Learning Day/ Curriculum Planning
Mid-Spring Break
Report Cards
Spring Break
Progress Reports
SCHS Baccalaureate
Last Day of School/ Early Release
End of 4th Nine Weeks/Report Cards K-8
Teacher Workday/ SCHS Graduation
Memorial Day
Post Planning
Post Planning
Report Cards (Grades 9-12)

Approved March 14, 2024

## Board of Education

### **Sumter County Schools Board of Education**

District 1	Abbis Bivins	<a href="mailto:abivins@sumterschools.org">abivins@sumterschools.org</a>
District 2	Patricia Harris (Chairperson)	<a href="mailto:pharris1@sumterschools.org">pharris1@sumterschools.org</a>
District 3	Edward Jackson (Vice Chairperson)	<a href="mailto:ejackson@sumterschools.org">ejackson@sumterschools.org</a>
District 4	Rick Barnes	<a href="mailto:rbarnes@sumterschools.org">rbarnes@sumterschools.org</a>
District 5	Carolyn Hamilton	<a href="mailto:chamilton@sumterschools.org">chamilton@sumterschools.org</a>
District 6	Vincent Kearse	<a href="mailto:vkearse@sumterschools.org">vkearse@sumterschools.org</a>
District 7	Sylvia Roland	<a href="mailto:sroland@sumterschools.org">sroland@sumterschools.org</a>



**SUMTER COUNTY BOARD OF EDUCATION**

**REGULAR MEETINGS CALENDAR**

**JANUARY 2024 – JANUARY 2025**

**WORK SESSION**

**BOARD MEETING**

JANUARY 8, 2024

JANUARY 11, 2024

FEBRUARY 12, 2024

FEBRUARY 15, 2024

MARCH 11, 2024

MARCH 14, 2024

APRIL 9, 2024

APRIL 11, 2024

MAY 6, 2024

MAY 9, 2024

JUNE 17, 2024

JUNE 20, 2024

JULY 8, 2024

JULY 11, 2024

AUGUST 5, 2024

AUGUST 8, 2024

SEPTEMBER 9, 2024

SEPTEMBER 12, 2024

OCTOBER 7, 2024

OCTOBER 10, 2024

NOVEMBER 11, 2024

NOVEMBER 14, 2024

DECEMBER 3, 2024

DECEMBER 5, 2024

JANUARY 7, 2025

JANUARY 9, 2025

*Please Note: Work sessions begin at 6:00 P.M. Regular meetings begin at 7:00 P.M. All meetings will be held in the board room at the SCS Administration Building, 100 Learning Lane, Americus, Georgia 31719.*

**SUMTER COUNTY BOARD OF EDUCATION – 100 LEARNING LANE – AMERICUS, GEORGIA 31719 – 229-931-8500**  
*The Sumter County School System does not discriminate on the basis of race, color, national origin, sex, age or handicap in any educational program/activities or in employment practices.*



## School Administration

### School Administration

Sumter County Primary  
123 Learning Lane  
Americus, Georgia 31719  
229-924-1012

Principal: Dr. Renee Mays  
Asst. Principal: Mr. Jeffery Boges

Sumter County Elementary  
438 Bumphead Road  
Americus, Georgia 31719  
229-924-7835

Principal: Ms. Teira Wallace  
Asst. Principal: Dr. Brooks Robinson

Sumter County Intermediate  
439 Bumphead Road  
Americus, Georgia 31719  
229-924-3168

Principal: Dr. Mohan Gugulothu  
Asst. Principal: Ms. Tawana Bettis  
Asst. Principal: Mr. Rodney Shelton

Sumter County Middle  
200 Industrial Blvd.  
Americus, Georgia 31719  
229-924-1010

Principal: Dr. Calvin Poole  
Asst. Principal: Dr. Sabrina Stephens

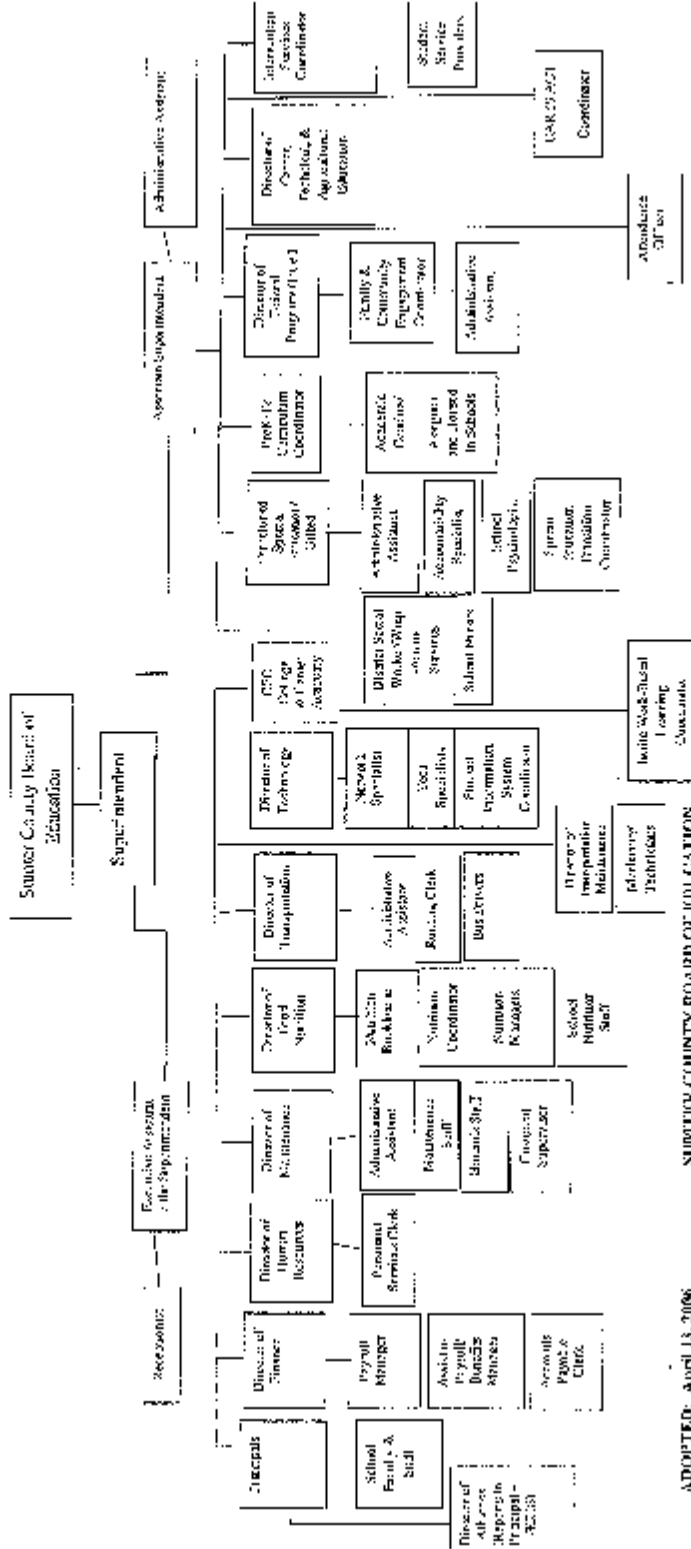
Sumter County High  
903 South Georgia Tech Parkway  
Americus, Georgia 31719  
229-924-3653

Principal: Dr. Marnie Dutcher  
Asst. Principal: Ms. Kenyatta Aldridge  
Asst. Principal: Mr. Martin Mitchell  
Asst. Principal: Mr. Coleman Price

BOARD POLICIES  
School District Organization Plan

Dissemination Order: AC-8

# Organizational Chart



Summit County Board of Education

ADOPTED: April 13, 2006  
REVISED: July 11, 2022

Human Resources – Staff and Duties

Sumter County Schools  
Human Resources Department

Director of Human Resources

Helen Ricketts

229-931-8502

[hricketts@sumterschools.org](mailto:hricketts@sumterschools.org)

Personnel Services Clerk

Rusha Gardner

229-931-8502

[rgardner@sumterschools.org](mailto:rgardner@sumterschools.org)

- I. Recruitment/Retention
  - A. Develops written hiring process
  - B. Creates recruitment materials
  - C. Works closely with GSW Education staff and Chatt-Flint RESA GaTAPP to identify eligible candidates
  - D. Hosts district recruitment fair
  - E. Attends university sponsored recruitment fairs
  - F. Maintains district online job postings
  - G. Serves as TeachGa administrator
  - H. Oversees all aspect of New Teacher Orientation
  - I. Assists with New Teacher Academy
  - J. Conducts Exit Surveys
  
- II. Georgia Professional Standards Commission
  - A. Certification
    - 1. Initial
    - 2. Waivers
    - 3. Additions
    - 4. Renewals
    - 5. Paraprofessionals
    - 6. Support License
  - B. Ethics Division
    - 1. Reporting violations
    - 2. Conducting interviews, gathering evidence
  
- III. Retirement - TRS & PSERS
  - A. Assist employees past and present
  - B. Host TRS events
  - C. Coordinate end of year benefit sessions and recognitions
  
- IV. Workers Compensation
  - A. Develops and oversees WC reporting process for district
  - B. Ensures all policies are followed
  - C. Ensures records are maintained
  - D. Works with Loss Control to advise building leaders of potential hazards
  - E. Serves on District Safety Committee
  - F. Meets regularly with building/department WC representatives
  
- V. Required Reporting
  - A. CPI - Certified/Classified Personnel Inventory
  - B. EEOC Elementary/Secondary Staff Info
  - C. Unsatisfactory Evaluations
  - D. Mid Year Vacancy Report
  - E. Georgia School Staffing Survey
  
- VI. Department of Labor

- A. Posts classified personnel job postings
- B. Ensures separation notices and responses are sent in a timely manner
- C. Serves as representative for the district in unemployment hearings

VII. Other Essential Duties

- A. Coordinator for Employee Recognition programs - Teacher of the Year, Employees of the Month, Employees of the Year, Retirees, Years of Experience, Business Partner recognitions, Community Partner recognitions
- B. Maintains a list of available Substitute Teachers, provides district orientation
- C. Serves as district's Title IX officer
- D. Maintains district's Job Description manual
- E. Maintains district's Employee Handbook
- F. Prepares Personnel Agendas for board meetings – ensures compliance with district hiring policies and labor laws
- G. Notifies all individuals included on the monthly Personnel Agenda of Board action taken and follows through with appropriate documentation.
- H. Monitors FMLA compliance
- I. Works with attorneys and foreign workers to maintain valid work visas
- J. Provide work permits for minors
- K. Works with local staffing agencies to secure temporary employees to fill classified vacancies
- L. Ensures compliance with GBI and FBI regulations relating to criminal background checks and file maintenance.
- M. Investigates complaints made by or made against employees
- N. Verifies employment service years for current and former employees

VIII. District Representation

- A. Chattahoochee Flint RESA Education Preparation Program
- B. Area P-20 Collaborative
- C. GSW Superintendents Advisory Council
- D. IGNITE Accountability Committee

IX. Professional Development

- A. Georgia Department of Education Data Collection Conference - CPI
- B. GAEL Legal Issues Conference - Personnel
- C. Chatt-Flint Resa HR Job Alike Meetings
- D. Georgia Public Schools Workers Compensation Association Annual Conference
- E. GASPA Fall and Spring Conferences - Georgia Assoc. of School Personnel Administrators
- F. GEWCT Annual Stakeholder Meetings

Helen Ricketts  
 Director of Human Resources  
 hricketts@sumterschools.org  
 229-931-8502

Rusha Gardner  
 Personnel Services Clerk  
 rgardner@sumterschools.org  
 229-931-8504



## Sumter County School System Job Description

**Job Title:** Director of Human Resources

**Work Schedule:** 240 days

**Organization:** Central Office Operations

**Retirement System:** TRSGA

**Reports to:** Superintendent

**FLSA Status:** Exempt

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### Primary Function

The Director of Human Resources plans, directs, and administers HR functions for the District including developing and monitoring HR procedures, following HR related federal and state statutes, negotiations processes, and interpreting employment contracts; recommending all HR actions, overseeing employee evaluation procedures, and planning and implementing all programs related to HR.

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### Essential Duties

Advise the superintendent on all personnel matters.

Maintain all personnel records and ensure that all teacher certification matters are properly executed.

Interpret and disseminate state and federal laws, State Department of Education and School Board policies, and administrative procedures which pertain to personnel management.

Provide induction and orientation for new employees to the school district.

Establish and implement a process to provide trained substitute teachers for the system.

Work with the superintendent to prepare information and recommendations regarding personnel.

Compile statistical data and other information as needed and complete reports requested by the Department of Education and other agencies such as: CPI, PQ, GaTAPP, and Title IIA.

Provide a procedure for administrators concerning the recommendation, termination or resignation of employees.

Serve as the Title IX officer for the district.

Serves as district coordinator for the Teacher of the Year program.

Establish and implement processes to recruit, employ, retain and mentor qualified professional and support staff including making an effort to retain qualified personnel from various ethnic backgrounds and a variety of institutions of higher learning.

Assure there is a current job description in effect for each position within the district.

Process all requests for Family Medical Leave in accordance with federal guidelines.

Maintains the district's Employee Handbook

**Director of Human Resources**

### **Essential Duties - continued**

Process all appropriate work visas for Foreign Workers.

Maintains public access file for Foreign Worker visas.

Serves as District HR Administrator in TLE Platform.

Ensure that Workers Compensation policies and procedures are followed.

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### **Additional Responsibilities**

Maintain open lines of communication with other department administrators with the District

Submit all required reports and budgets in a timely manner

Adheres to all District policies and procedures

Ensures all rules and regulations are followed

Performs other duties as assigned by the Superintendent.

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### **Minimum Qualifications**

Education Level: Bachelor's Degree

Certification/Licensing: GAPSC Support Personnel License

Proficiency Skills: Written and oral communication skills, administrative, supervisory and leadership skills. Ability to deal with multiple tasks, computer competence, organizational and interpersonal skills.

Personal Skills: Pleasant personality, cooperative attitude, physical skills and stamina to perform responsibilities and duties.

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**Note:** This is not necessarily an all-inclusive list of responsibilities, skills, duties, requirements, efforts, functions or working conditions associated with the job. This job description is not a contract of employment or a promise or guarantee of any specific terms or conditions of employment. The school district may add to, modify or delete any aspect of this job (or the position itself) at any time as it deems advisable.

**Job Title:** Personnel Services Clerk

**Work Schedule:** 240 days

**Organization:** Central Office Operations

**Retirement System:** TRSGA

**Reports to:** Director of Human Resources

**FLSA Status:** Non Exempt

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### **Primary Function**

To ensure smooth and well organized personnel records and procedures are maintained including those associated with recruitment, induction, in-service, separation and retirement.

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### **Essential Duties**

Maintains a pattern of prompt and regular attendance.

Exhibits time on task and a flexible, cooperative, progressive and hard-working attitude and style

Performs all tasks necessary to the maintenance of appropriate personnel records.

Knows at least one-word processing program and is able to perform other computing functions as assigned.

Establishes and maintains an efficient filing and retrieval system for all personnel functions.

Keep records of all leaves and absences as they apply to retirement credit.

Processes forms and reports from employees, including worker's compensation, unemployment, retirement, previous service, certification, salary and any other as appropriate.

Serves as district's issuing officer for youth work permits

Assists all certified staff members with certification upgrades and renewals.

Shows initiative and assumes responsibility for all aspects of job responsibilities; performs routine duties and tasks with little or no direct supervision.

Participates in appropriate training, workshops and staff development activities and applies what is learned to the job.

Compile and maintain a list of available substitute teachers.

Review all board actions and issue appropriate response to the actions, including but not limited to action letters, separation notices, and employment contracts.

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### **Additional Responsibilities**

Performs other duties assigned by the Director of Human Resources.

**Personnel Services Clerk**

### **Minimum Qualifications**



Education Level: High School Diploma or equivalent. Formal training in office practices, accounting and experience is preferred.

Proficiency Skills: Written and oral communication skills, ability to operate office machinery and deal with multiple tasks, computer competence, typing and proof reading skills and leadership skills. Ability to deal with multiple tasks, computer competence, organizational and interpersonal skills.

Personal Skills: Pleasant personality, cooperative attitude, physical skills and stamina to perform responsibilities and duties.

---

**Note:** This is not necessarily an all-inclusive list of responsibilities, skills, duties, requirements, efforts, functions or working conditions associated with the job. This job description is not a contract of employment or a promise or guarantee of any specific terms or conditions of employment. The school district may add to, modify or delete any aspect of this job (or the position itself) at any time as it deems advisable.

# Equal Opportunity Employment

Board Policy Manual  
Sumter County Schools

## Board Policy GAAA: Equal Opportunity Employment

Status: ADOPTED

Original Adopted Date: 01/14/1999 | Last Revised Date: 11/12/2020 | Last Reviewed Date: 11/12/2020

The Sumter County School District does not discriminate on the basis of race, color, national origin, religion, age, disability, or sex in its employment practices. It is the policy of the Board of Education to comply fully with the requirements of Title VI, Title VII, Title IX, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act (ADA), the Age Discrimination in Employment Act (ADEA) and all accompanying regulations.

Any employee, applicant for employment, or other person who believes he or she has been discriminated against or harassed in violation of the laws specified below must make a complaint in accordance with the procedure outlined below.

### COMPLAINTS PROCEDURE

Complaints made to the Sumter County School District regarding alleged discrimination or harassment on the basis of race, color or national origin in violation of Title VI; sex (except as stated below) in violation of Title IX; religion in violation of Title VII; disability in violation of Section 504 or the ADA, or age in violation of the ADEA, will be processed in accordance with the following procedure:

- (a) Any employee, applicant for employment, or other person with a complaint or report alleging a violation as described above, excluding sexual harassment as defined in 1b, shall promptly notify, in writing or orally, either the principal for his/her school or the appropriate coordinator designated by the school principal or the District. If the report or complaint is oral, either the coordinator or school principal to whom the complaint is made shall promptly prepare a memorandum or written statement of the complaint as made to him or her by the complainant and shall have the complainant read and sign the memorandum or statement if it accurately reflects the complaint made. If the complaint is made to a school principal, he or she shall be responsible for notifying the appropriate coordinator of the complaint. Reports or complaints other than those described in 1b shall be handled in accordance with the procedures starting in 2.

(b) Any person with a complaint or report alleging sexual harassment as defined in Policy GAEB (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sexual harassment), may report, in person, by mail, by telephone, or by electronic mail, using the contact information listed for the Title IX Coordinator on the District's website, or by any other means that results in the Title IX Coordinator receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address, listed for the Title IX Coordinator. Such reports will be handled in accordance with the procedures and grievance process specified in Policy GAEB.
- If the alleged offending individual is the coordinator, the complaint shall either be made by the complainant to the Superintendent or, if the complaint is initially made to the school principal, reported by the principal to the Superintendent. If the alleged offending individual is the Superintendent, the complaint shall be made to the designated coordinator, who shall, without further investigation, report the complaint to the Board chairperson.
- The coordinator or his or her designee shall have fifteen school days to gather all information relevant to the complaint made, review the information, determine the facts relating to the complaint, review the action requested by the complainant, and attempt to resolve the complaint with the complainant and any other persons involved. The coordinator or designee shall prepare a written response to the complaint detailing any action to be taken in response to the complaint and the time frame in which such action will be taken and copies of this response shall be furnished to the complainant, the appropriate coordinator and the principal or his or her designee.
- If the complaint is not resolved at the conclusion of this fifteen-day period or if the complainant is not satisfied with the resolution of the complaint, the complainant shall have the right, within five school days of receiving a copy of the written response, to have the complaint referred to the Superintendent of Schools. If the alleged offending individual is the Superintendent, the complainant may have the complaint referred to the Board of

Education, rather than the Superintendent.

5. The Superintendent shall have fifteen school days to review the complaint and the response of the coordinator or designee and attempt to resolve the complaint. The Superintendent shall furnish to the complainant a written response setting forth either his or her approval of the action recommended by the coordinator or designee or the action to be taken by the School District in response to the complaint in lieu of that recommended by the coordinator or designee and the time frame in which such action shall be taken. The decision of the Superintendent shall be final.
6. This policy is not intended to deprive any employee of any right they may have to file a grievance pursuant to any other policy of the local Board of Education, specifically the policy designed to implement Official Code of Georgia Annotated 20-2-989.5, where appropriate. This policy is not intended to provide an alternative process for resolving evaluation and employment disputes where there already exists a due process procedure mandated by state law or State Department of Education regulations, specifically including, but not limited to, hearings to be conducted pursuant to the Fair Dismissal Act of Georgia. The complainant retains at all times the right to contact the Office of Civil Rights, the Equal Employment Opportunity Commission or any other appropriate state or federal agency with regard to any allegations that the School District has violated the statutes described above.
7. The School District shall be responsible for distributing and disseminating information relevant to this policy and procedure to employees through appropriate procedures.
8. No reprisal shall occur as a result of reporting unlawful discrimination or harassment under this policy, and any attempt to retaliate against a complainant shall be disciplined as is appropriate.
9. The confidentiality of any individual making a complaint or report in accordance with this policy, to the extent it is reasonably possible and complies with the law, shall be protected, although the discovery of the truth and the elimination of unlawful harassment shall be the overriding consideration.

Contact information for the following coordinator is available on the District's website.

Title IX: Director of Human Resources

Title VI: Director of Federal Programs

Section 504: Director of Special Education and Gifted

ADA: Director of Special Education and Gifted

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# Complaints and Grievances

Board Policy Manual  
Sumter County Schools

## Board Policy GAE: Complaints and Grievances

Status: ADOPTED

Original Adopted Date: 09/08/2016 | Last Revised Date: 08/12/2021 | Last Reviewed Date: 08/12/2021

### SECTION 1. PURPOSE: INFORMAL RESOLUTION PREFERRED

It is the purpose of this policy to implement the provisions of O.C.G.A. 20-2-989.5, et seq. In accordance with the foregoing, it is the policy of the Sumter County Board of Education that certificated personnel shall have the right to present and resolve complaints relating to certain matters affecting the employment relationship at the lowest possible organizational level. The Board of Education encourages all employees to resolve their complaints informally in a spirit of collegiality where possible. This policy and procedure is available where such efforts do not succeed.

### SECTION 2. DEFINITIONS

- a. "Level One Administrator" means the principal of a school with respect to teachers and other certificated personnel assigned to that school. With respect to the certificated administrators supervised by the Superintendent, the "Level One Administrator" shall be the Superintendent. In any case not covered by this paragraph, the "Level One Administrator" shall be the supervisory certificated person responsible for evaluating the employee.
- b. "Central Office Administrator" means the local school system Superintendent.
- c. "Complaint" means any claim or grievance by a certificated employee of this school district who is affected in his or her employment relationship by an alleged violation, misinterpretation, or misapplication of statutes, policies, rules, regulations, or written agreements of this school district with which the district is required to comply.

### SECTION 3. SCOPE OF COMPLAINT: EXCLUSIONS

- a. Scope. Unless excluded by paragraph (b) hereof, this complaint procedure is applicable to any claim which is filed pursuant to this policy by any professional employee certificated by the Professional Standards Commission.
- b. Exclusions. This procedure shall not apply to:
  1. Performance ratings contained in personnel evaluations pursuant to Code Section 20-2-210;
  2. Professional development plans;
  3. Job performance;
  4. The termination, nonrenewal, demotion, suspension, or reprimand of any employee, as set forth in Code Section 20-2-940; and,
  5. The revocation, suspension, or denial of certificates of any employee, as set forth in Code Section 20-2-984.
- c. A certificated employee who chooses to appeal under Code Section 20-2-1160 shall be barred from pursuing the same complaint under this policy.

### SECTION 4. HEARING RIGHTS: EVIDENCE; REPRESENTATION; DECISIONS; RECORDS

- a. Hearing; evidence. The complainant shall be entitled to an opportunity to be heard, to present relevant evidence, and to examine witnesses at each level, but the complainant may not present additional evidence at the Second or Third Hearing levels unless notice of the complainant's intention and the evidence to be presented are submitted in writing five (5) days prior to the hearing to the Administrator who will preside at such level, and in the case of the local board, to the Superintendent. When hearing an appeal from a prior level, the local Board of Education shall hear and decide all appeals de novo.
- b. Representation. The complainant and the administrator against whom the complaint is filed or whose decision is appealed shall be entitled to the presence of an individual, including an attorney to assist in the presentation of the complaint and the response thereto, at the Central Office Administrator and at the local Board of Education level. The presence of any individual other than the complainant and the Administrator at Level One is prohibited, except witnesses who present testimony or documents.
- c. Hearing Officer. The local Board of Education may appoint a member of the State Bar to serve as law officer who shall rule on all issues of law and other objections, but such attorney shall not assist in the presentation of the case for either party.
- d. Overall Hearing Time Schedules. The overall time frame from the initiation of the complaint until rendition of the decision by the local Board and notification thereof to the complainant shall not exceed sixty (60) days.

- e. Automatic Referral to Next Level. Any complaint not processed by the Administrator or the local unit of administration within the time frame required by this policy shall be forwarded to the next level for determination.
- f. Records. Accurate records of the proceedings at each level shall be kept; the proceedings shall be recorded by mechanical means; all evidence shall be preserved and made available to the parties at all times; and all costs and fees shall be borne by the party incurring them unless otherwise agreed upon by the parties; except that the cost of preparing and preserving the record of the proceedings shall be borne by the local Board of Education; provided however, the cost of transcribing the transcript of evidence and proceedings before the local Board shall be borne by the party requesting same, and all costs of the record on appeal to the superior courts and appellate courts shall be paid by the party required to do so by the laws relating thereto.
- g. Decisions. Each decision shall be made in writing and dated, and shall contain findings of fact and reasons for the particular decision reached. The decision at each level shall be sent to the complainant by certified mail or statutory overnight delivery or hand delivered by a person designated by the Superintendent.
- h. Notice to the Complainant. Notice to the complainant shall be deemed to have been made on the date of hand delivery or delivery to a statutory overnight delivery service or on the date of deposit in the U.S. Mail by certified mail, return receipt requested, to the address stated in the complaint or, if not contained in the complaint, to the last known address of the complainant on file with the Board of Education.

#### **SECTION 5. FIRST LEVEL: PRESENTATION; TIME; CONTENTS**

The complaint shall be presented in writing to the Level One Administrator within ten (10) calendar days after the most recent incident upon which the complaint is based. The complaint shall include the following:

- a. The mailing address of the complainant to which all notices and other documents may be mailed;
- b. The intent of the complainant to utilize this complaint procedure, clearly stated;
- c. A reference or description of the statute, policy, rule, contract provision or regulation that is alleged to have been violated, misinterpreted or misapplied;
- d. A brief statement of the facts reasonably calculated to show how such statute, policy, rule or regulation was violated or misapplied, and how it substantially affects the employment relationship of the complainant; and
- e. A statement of the relief desired.

The Superintendent or designee shall prepare forms for use in accordance with the foregoing requirements.

#### **SECTION 6. FIRST LEVEL HEARING AND DECISION**

The Level One Administrator shall record the date of filing on the complaint, and shall give notice, as provided in Section 4, to the complainant of the time and place of the hearing. The Level One Administrator shall conduct a hearing on the complaint and render a decision thereon within ten (10) days of the filing of the complaint. The decision shall be dated and a copy shall be sent to the complainant as provided in Section 4.

#### **SECTION 7. SECOND LEVEL: APPEAL FROM FIRST LEVEL TO CENTRAL OFFICE ADMINISTRATOR**

A complainant dissatisfied with the decision of the first level shall be entitled to appeal to the Central Office Administrator by filing written notice of appeal with the Office of the Superintendent. The appeal must be filed within ten (10) calendar days after the complainant is notified of the Level One decision. The Central Office Administrator shall record the date of the filing of the appeal and shall notify the complainant in writing of the time and place of the hearing in the same manner as provided in Section 4. The Central Office Administrator shall obtain copies of all minutes, transcripts, documents and other records relating to the complaint and shall conduct a hearing and render a decision within ten (10) calendar days of the date of the filing of the appeal, or the hearing may be conducted by any designated representative of the Central Office Administrator, who shall promptly submit his or her recommendations and findings to the Central Office Administrator for final decision. The decision shall be rendered and served on the complainant and his or her attorney in accordance with Section 4.

#### **SECTION 8. THIRD LEVEL: APPEAL TO BOARD OF EDUCATION**

A complainant or Level One Administrator dissatisfied with the decision of the Central Office Administrator may appeal to the Board of Education by filing written notice of appeal with the Office of the Superintendent. The appeal must be filed within ten (10) calendar days after the date of the decision as provided in Section 4. The Superintendent shall record the date of filing on the appeal, and shall promptly give written notice in the same manner as provided in Section 4 to the complainant of the time and place of hearing. The complainant and the Administrators against whom the complaint is filed or whose decision is being appealed shall be entitled to appear before the Board of Education and be heard. The Board of Education may direct that a pre-hearing conference be held prior to the hearing to identify issues and facilitate presentation. The local Board shall conduct a hearing and render its decision in writing within twenty (20) calendar days after the hearing, and perfect service thereof on the complainant and his or her attorney, all in accordance with Section 4.

**SECTION 9. APPEALS TO STATE BOARD**

Appeals from the decision of the local Board of Education shall be governed by the State Board Rule governing appeals and O.C.G.A. 20-2-1160.

**SECTION 10. REPRISALS PROHIBITED**

No certificated personnel shall be subjected to reprisals as a result of filing any complaint under this policy. Any reprisals may be referred to the Professional Standards Commission.

**SECTION 11. COLLECTIVE BARGAINING DISCLAIMER**

Nothing in this policy shall be construed to permit or foster collective bargaining by or on behalf of any employee or group of employees.

**SECTION 12. REPEALER**

All policies and parts of policies in conflict herewith are repealed.

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## Employee Grievance Form

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

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

Please identify the category of your grievance (circle one):

Discipline

Workplace Safety

Job Interference

Are you an employee with a contract?

- Yes
- No

**Describe your attempts to resolve your complaint informally (if applicable).**

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**Identify the facts that support your grievance.**

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**Describe the relief that you are requesting.**

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# Progressive Discipline Policy

## **Purpose**

Sumter County Schools' progressive discipline policy and procedures are designed to provide a structured corrective action process to improve and prevent a recurrence of undesirable employee behavior and performance issues.

Outlined below are the steps of Sumter County Schools' progressive discipline policy and procedures. Sumter County Schools reserves the right to combine or skip steps depending on the facts of each situation and the nature of the offense. Some of the factors that will be considered are whether the offense is repeated despite coaching, counseling or training; the employee's work record; and the impact the conduct and performance issues have on the organization.

Nothing in this policy provides any contractual rights regarding employee discipline or counseling, nor should anything in this policy be read or construed as modifying or altering the employment-at-will relationship between Sumter County Schools and its employees.

## **Procedure**

### **Step 1: Counseling and verbal warning**

Step 1 creates an opportunity for the immediate supervisor to bring attention to the existing performance, conduct or attendance issue. The supervisor should discuss with the employee the nature of the problem or the violation of company policies and procedures. The supervisor is expected to clearly describe expectations and steps the employee must take to improve his or her performance or resolve the problem.

Within five business days, the supervisor will prepare written documentation of the verbal counseling. The employee will be asked to sign this document to demonstrate his or her understanding of the issues and the corrective action.

### **Step 2: Written warning**

The Step 2 written warning involves more-formal documentation of the performance, conduct or attendance issues and consequences.

During Step 2, the immediate supervisor and a district director will meet with the employee to review any additional incidents or information about the performance, conduct or attendance issues as well as any prior relevant corrective action plans. Management will outline the consequences for the employee of his or her continued failure to meet performance or conduct expectations.

A formal performance improvement plan (PIP) requiring the employee's immediate and sustained corrective action will be issued within five business days of a Step 2 meeting. The written warning may also include a statement indicating that the employee may be subject to additional discipline, up to and including termination, if immediate and sustained corrective action is not taken.

### **Step 3: Suspension and final written warning**

Some performance, conduct or safety incidents are so problematic and harmful that the most effective action may be the temporary removal of the employee from the workplace. When immediate action is necessary to ensure the safety of the employee or others, the immediate supervisor may suspend the employee pending the results of an investigation.

Suspensions that are recommended as part of the normal sequence of the progressive discipline policy and procedures are subject to approval from a next-level manager and HR.

Depending on the seriousness of the infraction, the employee may be suspended without pay in full-day increments consistent with federal, state and local wage and hour employment laws. Nonexempt/hourly employees may not substitute or use an accrued paid vacation or sick day in lieu of the unpaid suspension. In compliance with the Fair Labor Standards Act (FLSA), unpaid suspension of salaried/exempt employees is reserved for serious workplace safety or conduct issues. HR will provide guidance to ensure that the discipline is administered without jeopardizing the FLSA exemption status.

Pay may be restored to the employee if an investigation of the incident or infraction absolves the employee of wrongdoing.

#### **Step 4: Recommendation for termination of employment**

The last and most serious step in the progressive discipline process is a recommendation to terminate employment. Generally, Sumter County Schools will try to exercise the progressive nature of this policy by first providing warnings, issuing a final written warning or suspending the employee from the workplace before proceeding to a recommendation to terminate employment. However, Sumter County Schools reserves the right to combine and skip steps depending on the circumstances of each situation and the nature of the offense. Furthermore, employees may be terminated without prior notice or disciplinary action.

Management's recommendation to terminate employment must be approved by the Superintendent or designate.

#### **Appeals Process**

Employees will have the opportunity to present information to dispute information management has used to issue disciplinary action. The purpose of this process is to provide insight into extenuating circumstances that may have contributed to the employee's performance or conduct issues while allowing for an equitable solution.

If the employee does not present this information during any of the step meetings, he or she will have five business days after each of those meetings to present such information.

#### **Performance and Conduct Issues Not Subject to Progressive Discipline**

Behavior that is illegal is not subject to progressive discipline and may result in immediate termination. Such behavior may be reported to local law enforcement authorities.

Similarly, theft, substance abuse, intoxication, fighting and other acts of violence at work are also not subject to progressive discipline and may be grounds for immediate termination.

#### **Documentation**

The employee will be provided copies of all progressive discipline documentation, including all PIPs. The employee will be asked to sign copies of this documentation attesting to his or her receipt and understanding of the corrective action outlined in these documents.

Copies of these documents will be placed in the employee's official personnel file.

# Criminal Background Check

Board Policy Manual  
Sumter County Schools

**Board Policy GAK(1): Criminal Background Check**

Status: ADOPTED

Original Adopted Date: 12/12/2002 | Last Revised Date: 04/11/2013

A criminal record check will be conducted at or prior to employment on every person who is employed by the Board of Education for the first time to fill either a full-time or part-time certified or classified position with this School District.

For initial hiring purposes, the employee either shall be fingerprinted or shall provide a signed consent on a form designated by the School District, including the employee's full name, address, social security number and date of birth, based upon the requirement of state law or applicable rule or regulation. A clearance certificate verifying a satisfactory criminal background check may be required based on the requirements of state law and rules of the Professional Standards Commission.

Subsequent criminal record checks shall be conducted on all personnel in accordance with state laws, state board rules, and rules of the Professional Standards Commission. All certified personnel whose employment is continued with this School District shall have a criminal record check made upon any certificate renewal application to the Professional Standards Commission. All classified employees whose employment is continued with this School District shall have subsequent criminal record checks on a periodic basis, not to exceed every five years, using procedures and schedules to be determined by the Superintendent or designee.

Any cost of such record checks for all personnel shall be paid by the applicant or employee.

Criminal record check information shall be used by the school district and its officials and employees only for the purpose of determining whether to grant regular employment, and in any administrative or judicial proceeding calling such employment into question. Such information shall be stored, restricted, and disposed of in such manner as may be required by federal and state authorities. A breach of confidentiality or the inappropriate use of criminal background check information may constitute a workplace violation and may be grounds for disciplinary action including, but not limited to, termination and/or reporting to the Professional Standards Commission.

The Superintendent shall establish such procedures, fees and regulations needed to administer this policy.

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# Employee Leaves and Absences

Board Policy Manual  
Sumter County Schools

## **Board Policy GARH: Employee Leaves and Absences**

Status: ADOPTED

Original Adopted Date: 04/11/2013

This policy shall apply to all employees of the Sumter County Board of Education.

### **Accrual of Sick Leave and Absence for Medical and Related Reasons**

Employees will be entitled to annual sick leave with pay to be accrued at the rate of one and one-quarter days for each completed working month. All unused sick leave shall be accumulated from one school year to the next up to a maximum of forty-five (45) days. Certified employees and bus drivers are entitled to transfer up to forty-five (45) days of accumulated leave from one school system in the state of Georgia to another. If an employee needs to utilize unearned sick leave, advance leave may be granted. The advance leave shall not exceed the number of days the employee would accumulate through the end of the school year. If an employee fails for any reason to complete a school year, sick leave used but not yet earned will be deducted from the employee's final check.

The leave provided for under this policy is available only for personal illness, injury or exposure to contagious diseases, or for absences necessitated by illness or death in the employee's immediate family.

For any absence in which sick leave is used, the Superintendent shall have the right to require a physician's certificate stating that the employee is ill and is unable to perform his or her duties.

For the purposes of this policy, members of the immediate family are defined as spouse, children, father, mother, brother, sister, grandparents, or in-law equivalents of the above or other relatives living in the household.

### **Personal and Professional Leave**

Three (3) days of any accumulated sick leave may be utilized during each school year for personal or professional reasons provided prior approval of the absence is given by the Superintendent or authorized representative and provided the presence of the employee requesting absence is not essential for effective school operation. Personal and professional leave will not be granted during in-service days or on the day before or day after holidays. Emergency requests for personal and professional leave may be granted at the discretion of the Superintendent or his or her authorized representative.

Employees are not required to disclose the purpose for which such absence is sought but may be required to state whether the absence is for "personal" or "professional" reasons.

### **Observance of Religious Holidays**

Employees may use personal and professional leave for the observance of recognized religious holidays. If an employee desires to take leave for the observance of recognized religious holidays in excess of the days allowed for personal or professional leave, the employee may take unpaid leave for such purposes provided that such leave is not excessive and does not interfere with fulfilling the obligations of his or her job.

### **Jury and Witness Leave**

Each person employed by the Sumter County School System shall be allowed leave with pay for the purposes of serving as a juror in any court or when subpoenaed to testify in a case arising out of the individual's duties as an employee. Jury and/or witness leave shall not be deducted from an individual's accumulated personal, professional, or sick leave. No employee utilizing jury or witness leave shall be required to pay the cost of employing a substitute teacher to serve during his or her absence for jury or witness leave. Employees who serve on juries or who are subpoenaed to testify in cases arising out of their duties as employees must remit to the Board of Education any jury/witness pay they receive.

### **Military Leave**

All employees of the Board of Education are entitled to paid leave not to exceed eighteen days in any one federal fiscal year for the purpose of complying with ordered military duty with the armed forces of the United States or State of Georgia, including duty as a voluntary member of the National Guard or any reserve component of the United States or State of Georgia. In the event the Governor declares an emergency that results in an employee being ordered to military duty as a member of the National Guard, the employee is entitled to leave not exceeding thirty days in any one federal fiscal year. Employees who have military commitments shall inform the Superintendent or designee annually and shall cooperate to the extent possible in scheduling such leave so as to minimize the disruption in those employees' duties and the mission of the Board of Education.

**Disclaimer**

To the extent that any provision in this policy conflicts with or is superseded by the *Family and Medical Leave Act* ("FMLA"), the regulations promulgated there under, or any other state or federal law, the provisions of the applicable law or its regulations or other law, as the case may be, shall control.

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# Federal Family and Medical Leave Act

Board Policy Manual  
Sumter County Schools

## Board Policy GBRIG: Federal Family and Medical Leave Act

Status: ADOPTED

Original Adopted Date: 02/09/1995 | Last Revised Date: 04/11/2013

It is the purpose of this policy to set out in summary form the provisions of the Family and Medical Leave Act ("the Act" or "FMLA") and its implementing regulations. The Board of Education ("Board") does not intend by this policy to create any additional rights to leave not provided by the Act; provided, however, the Board does wish to extend the rights of the Act to certain employees who have worked at least 12 months for the Board. The Board does intend to elect certain options as the Act authorizes. Any portion of this policy inconsistent or contrary to the Act is unintentional and shall not be given effect. As to the interpretation of this policy, the Board's employees should look to the Act itself and its regulations.

### A. ELIGIBLE EMPLOYEES

Employees of the Board who have been employed by the Board for at least 12 months and who have worked at least 1250 hours during the 12 month period immediately preceding the commencement of the leave are eligible to take unpaid leave under the FMLA.

### B. DEFINITIONS

"Covered Active Duty" means, for members of the Armed Forces, duty during deployment to a foreign country; for members of a Reserves component of the armed Forces, duty during deployment to a foreign country under a call or order to active duty pursuant to federal law."

"Covered Service member" (for qualifying exigency leave) means the employee's spouse, child or parent under a federal call or order to cover active duty.

"Covered Service member" (for military caregiver leave) means the employee's spouse, child, parent or next of kin who is (1) current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness or (2) a veteran who was a member of the Armed Forces at any time during the five years preceding the date on which the veteran undergoes any medical treatment, recuperation, or therapy.

"Instructional employee" means an employee whose principal function is to teach and instruct students in a class, a small group, or an individual setting.

"Next of Kin" of a covered service member means the nearest blood relative other than the covered service member's spouse, parent, son or daughter, in the following order of priority: blood relatives granted legal custody, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service member has specifically designated in writing another blood relative for purposes of FMLA caregiver leave.

"Outpatient Status," with respect to a covered service member, means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

"Parent" means a biological, adoptive, step or foster mother or father or one who acted in place of a parent when the employee was a child. The term "parent" does not include parent "in law."

"Parent of covered service member" means a biological, adoptive, step or foster parent or any other individual who acted in place of a parent of the covered service member. The term does not include parents "in law."

"Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves inpatient care requiring an overnight stay in a hospital, hospice or residential medical care facility or continuing treatment by a health care provider, all as further defined in the FMLA regulations.

"Serious Injury or Illness" means, an injury or illness incurred by a covered service member in the line of duty on active duty (or that existed before active duty and was aggravated by line of duty service) that may render the service member medically unfit to perform the duties of the member's office, grade, rank, or rating. In the case of a veteran, "serious injury or illness" means a qualifying injury or illness, as defined by the Secretary of labor, incurred during or aggravated by active duty during the five years before undergoing treatment, recuperation, or therapy, and that manifested itself before or after the member became a veteran.

"Son or daughter" means a biological, adopted or foster child, a stepchild, a legal ward, or a child for whom the employee acts as a parent. The son or daughter must be under age 18 or, if the son or daughter is age 18 or older, he/she must be incapable of self-care due to a mental or physical disability at the time FMLA leave is to begin.

"Son or daughter of a covered service member" means a covered service member's biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered service member acted in the place of a parent, and who is of any age.

"Spouse" means a husband or wife as defined or recognized under Georgia law.

#### C. AMOUNT AND TYPE OF LEAVE TAKEN

An eligible employee may request leave for one or more of the following reasons:

1. Birth of a son or daughter and to care for the newborn child;
2. Adoption or foster placement with the employee of a son or daughter and to care for the newly placed child;
3. To care for the employee's spouse, son, daughter or parent, if that person has a serious health condition;
4. Serious health condition of the employee that prevents the employee from performing his/her job functions;
5. Any qualifying exigency arising from the fact that the employee's family member (the covered service member) is on covered active duty. Qualifying exigencies are defined as short-notice deployment (seven or less calendar days); military events and related activities; childcare and school activities; financial and legal arrangements; counseling; rest and recuperation (up to five days per instance); post-deployment activities; additional activities where the employer and employee agree that the leave is an exigency and agree to both timing and duration of the leave; and
6. Military caregiver leave to care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the service member.

In the event of the birth, adoption or foster placement of a son or daughter, all leave must be completed within twelve months after the birth, adoption or foster placement.

Except as provided below, an employee may take up to a total of 12 weeks leave during any twelve-month period. A "rolling year" shall be used to determine the twelve-month period during which the leave entitlement may occur. That is, each time an employee takes FMLA leave, the remaining leave entitlement would be any balance of the number of weeks that has not been used during the immediately preceding 12 months. See 29 C.F.R. § 825.200(b)(4).

If both spouses work for the District and both are eligible for FMLA leave, they are authorized to take only a combined total of 12 weeks leave during any one 12 month period to care for a newborn or adopted child, a child placed with the employee for foster care, or a parent with a serious health condition. Both spouses are authorized to take leave for twelve (12) weeks to care for a spouse or child with a serious health condition.

An eligible employee is eligible to take up to 26 weeks of military caregiver leave during a "single 12-month period." The "single 12-month period" begins on the date the employee first takes military caregiver leave and ends 12 months after that date, regardless of the method used to determine the leave entitlement

period for other FMLA reasons.

If both spouses work for the District and both are eligible for FMLA leave, they are authorized to take only a combined total of 26 weeks during the "single 12-month period" described above for military caregiver leave or a combination of military caregiver leave and leave taken for other FMLA reasons.

The District will require that any accrued paid leave (sick, personal, vacation, or any other paid leave) be substituted for all or a part of the otherwise unpaid FMLA leave under the terms and conditions of the District's normal leave policies. Because leave pursuant to an employee's disability benefit plan or workers' compensation absence is not unpaid, the provision for substitution of accrued paid leave is not applicable in such cases.

**D. INTERMITTENT OR REDUCED LEAVE**

An employee may take leave on an intermittent or reduced leave schedule where it is medically necessary due to the serious health condition of a covered family member, the employee, or the serious injury or illness of a covered service member, or when necessary because of a qualifying exigency. The District will require a certification, in the form designated by the District, to document the necessity of such intermittent leave or reduced schedule leave.

**E. NOTIFICATION OF LEAVE**

If the need for FMLA leave is foreseeable, an employee requesting leave must provide at least 30 days advance notice to the Assistant Superintendent for Personnel and Student Services. If such advance notice is not possible, the employee must give notice as soon as practicable, which means as soon as both possible and practical, taking into account all of the facts and circumstances in the individual case. If an employee does not provide at least 30 days notice of foreseeable leave, he or she must explain why such notice was not practicable if so requested by the District. When the need for leave is not foreseeable, an employee must provide notice as soon as practicable, which generally should be according to the District's usual and customary leave requirements. When planning medical treatment, the employee should make a reasonable effort to schedule the treatment, subject to the approval of the health care provider, so that any corresponding leave will not disrupt unduly the operations of the District.

Employees must provide sufficient information for the District to reasonably determine whether the FMLA may apply to the leave request. When an employee seeks leave due to an FMLA-qualifying reason for which the District has previously provided FMLA leave, the employee must specifically reference either the previous qualifying reason for leave or the need for FMLA leave.

**F. BENEFITS AND RETURN TO WORK**

Employees will be eligible to maintain health care benefits provided by the school district while on FMLA leave. The District will pay the employer's portion, if any, of such benefits. The employee will pay the same portion, if any, of such benefits as the employee paid before beginning the leave.

The District may recover any health care benefit premiums paid on behalf of an employee if the employee does not return to work after the leave period has expired, unless the employee did not return due to a serious health condition of the employee or the employee's spouse, parent or child, or a serious injury or illness of a covered service member or other circumstances beyond the employee's control. The District may require certification from the health care provider that a serious health condition of the employee or family member, or the covered service member's serious injury or illness, prevented the employee from returning to work.

With the exception of paid vacation, personal, sick, or any other paid leave required to be substituted for unpaid leave under Section C above, the employee's absence during leave will not alter benefits which the employee accrued before taking leave. Any accrued benefits will not be lost during the leave.

Upon return from leave, the employee is entitled to be reinstated to a position equivalent to the one the employee held when he/she left on FMLA leave, with equivalent pay, benefits and other terms and conditions



of employment. Upon proper notice, however, the District may deny reinstatement under this policy to an employee whose salary is in the highest 10% of the employees employed by the school district if such denial is necessary to prevent substantial and grievous economic injury to the District's operation, as determined by the District.

#### G. REQUIRED CERTIFICATION AND REPORTING

The District requires that a request for leave due to a serious health condition of an employee or an employee's family member or a serious injury or illness of a covered service member be supported by certification by the appropriate health care provider of the eligible employee or family member on a form to be provided by the District. This certification for a serious health condition must include (1) the name, address, telephone and fax numbers of the healthcare provider and type of practice/specialization; (2) the approximate date on which the serious health condition commenced, and its probable duration; (3) a statement or description of appropriate medical facts regarding the patient's health condition for which FMLA leave is requested; (4) if the purpose of the leave is to care for a family member, a statement that the employee is needed to care for the family member and an estimate of the frequency and duration of the leave required for such care; (5) if the leave is due to the employee's own serious health condition, a statement that the employee is unable to perform his/her essential job functions, the nature of other work restrictions, and the likely duration of such inability; and (6) if intermittent or reduced schedule leave is requested, information sufficient to establish the medical necessity for the same and an estimate of the dates and duration of treatments and any periods of recovery. The employer may require that the eligible employee obtain subsequent recertification on a reasonable basis as requested by the District in accordance with the FMLA regulations.

The District, at its own expense, may obtain the opinion of a second health care provider of the District's choice, if the District should choose to do so. If a conflict exists between the opinion in the certification and the second opinion, the District may, at its own expense, obtain a third opinion from a health care provider upon which the District and the employee jointly agree. Such a third opinion as to the necessity for the leave is binding on both the District and the employee.

Upon an employee's return to work after leave for the employee's own serious health condition, the District may require the employee to obtain certification from his/her health care provider that the employee is able to resume work.

The District may require that a first request for leave because of a qualifying exigency arising from active duty or a call to active duty be supported by a copy of the covered service member's active duty orders or other documentation issued by the military. A certification form requesting the required information to support a request for exigency leave will be provided by the District upon request.

The District may require an employee on FMLA leave to report periodically to his/her principal or supervisor on the employee's status and intent to return to work.

#### H. SPECIAL PROVISIONS

When an instructional employee seeks intermittent leave or leave on a reduced schedule in connection with a family or personal serious health condition or to care for a covered service member that would constitute at least 20% of the total number of working days during which the leave would extend, the District may require the employee to elect to take leave in a block (not intermittently) for the entire period or to transfer to an available alternative position within the school system that is

equivalent in pay, for which the employee is qualified, and which better accommodates the intermittent situation.

If an instructional employee begins leave more than five weeks before the end of a semester, the District may require the employee to continue taking leave until the end of the semester if

- (a) the leave will last at least three weeks; and

(b) the employee would return to work during the three-week period before the end of the term.

If an instructional employee begins leave for a purpose other than the employee's own serious health condition during the five-week period before the end of the semester, the District may require the employee to continue taking leave until the end of the semester if

(a) the leave will last more than two weeks; and

(b) the employee would return to work during the two-week period before the end of the term.

If an instructional employee begins leave for a purpose other than the employee's own serious health condition during the three-week period before the end of a semester, and the leave will last more than five working days, the District may require the employee to continue taking leave until the end of the semester.

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

U.S. Department of Labor  
 Wage and Hour Division



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

OMB Control Number: 1235-0003  
 Expires: 6/30/2026

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

**SECTION I - EMPLOYER**

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

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

(1) Employee name: \_\_\_\_\_  
First Middle Last

(2) Employer name: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)  
(List date certification requested)

(3) The medical certification must be returned by \_\_\_\_\_ (mm/dd/yyyy)  
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employer's diligent good faith efforts.)

(4) Employee's job title: \_\_\_\_\_ Job description  is /  is not attached.

Employee's regular work schedule: \_\_\_\_\_

Statement of the employee's essential job functions:

(The essential functions of the employee's position are determined with reference to the position the employee held at the time the employee notified the employer of the need for leave or the leave started, whichever is earlier.)

**SECTION II - HEALTH CARE PROVIDER**

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

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

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

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

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

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

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

**PART A: Medical Information**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

**PART B: Amount of Leave Needed**

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

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

\_\_\_\_\_

(6) Due to the condition, the patient (  was /  will be ) referred to other health care provider(s) for evaluation or treatment(s). State the nature of such treatments: (e.g. cardiologist, physical therapy) \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

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

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

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

**PART C: Essential Job Functions**

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

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

\_\_\_\_\_

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

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

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

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

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

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

U.S. Department of Labor  
Wage and Hour Division



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

OMB Control Number: 1235-0003  
Expires: 6/30/2026

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

**SECTION I - EMPLOYER**

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

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

(1) Employee name: \_\_\_\_\_  
First Middle Last

(2) Employer name: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)  
(List date certification requested)

(3) The medical certification must be returned by \_\_\_\_\_ (mm/dd/yyyy)  
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

**SECTION II - EMPLOYEE**

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

(1) Name of the family member for whom you will provide care: \_\_\_\_\_

(2) Select the relationship of the family member to you. The family member is your:

- Spouse                       Parent                       Child, under age 18  
 Child, age 18 or older and incapable of self-care because of a mental or physical disability

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

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

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

- Assistance with basic medical, hygienic, nutritional, or safety needs     Transportation  
 Physical Care     Psychological Comfort     Other: \_\_\_\_\_

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

\_\_\_\_\_

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

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

### SECTION III - HEALTH CARE PROVIDER

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

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

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

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

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

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

#### PART A: Medical Information

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

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

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

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

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

\_\_\_\_\_



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

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

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

**Incapacity plus Treatment:** (e.g. outpatient surgery, strep throat)  
Due to the condition, the patient (  has been /  is expected to be) incapacitated for more than three consecutive, full calendar days from: \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy).  
The patient (  was /  will be) seen on the following date(s): \_\_\_\_\_

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

- Pregnancy:** The condition is pregnancy. List the expected delivery date: \_\_\_\_\_ (mm/dd/yyyy).
- Chronic Conditions:** (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.
- Permanent or Long Term Conditions:** (e.g. **Alzheimer's**, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).
- Conditions requiring Multiple Treatments:** (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.
- None of the above:** If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

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

\_\_\_\_\_

**PART B: Amount of Leave Needed**

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

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

(8) Due to the condition, the patient (  was /  will be) referred to other health care provider(s) for evaluation or treatment(s).  
State the nature of such treatments: (e.g. cardiologist, physical therapy) \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

# Paid Parental Leave

**Board Policy Manual  
Sumter County Schools**

**Board Policy GARHB: Paid Parental Leave**

**Status:** ADOPTED

**Original Adopted Date:** 06/17/2021 | **Last Reviewed Date:** 06/17/2021

The Board of Education shall make paid parental leave equally available to all eligible employees of the Board of Education under the following terms:

1. An employee of the Board of Education shall be eligible for paid parental leave for qualifying life events upon satisfying the following criteria:
    - a. The employee is classified as full-time by the District and is eligible to participate in the TRS (Teacher Retirement System of Georgia) or the PSERS (Public School Employees Retirement System); and
    - b. The employee has six continuous months of employment with the Board, regardless of whether he or she is eligible for paid or unpaid leave under federal law. An employee paid on an hourly basis must have worked a minimum of 700 hours over the six-month period immediately preceding the requested paid parental leave date.
  
  2. A qualifying life event means:
    - a. The birth of a child of an eligible employee;
    - b. The placement of a minor child for adoption with an eligible employee; or
    - c. The placement of a minor child for foster care with an eligible employee.
  
  3. The maximum amount of paid parental leave that may be taken by an eligible employee during a rolling 12-month period is 120 hours, regardless of the number of qualifying life events that occur during such period.
    - a. The rolling 12-month period shall be measured backward from the date an eligible employee first uses parental leave.
    - b. Any unused paid parental leave that remains 12 months after the qualifying event shall not carry over for future use.
    - c. Unused paid parental leave shall have no cash value at any time of the eligible employee's separation from employment with the Board of Education.
  
  4. Paid parental leave under state law shall run concurrently with any leave provided under federal law.
  
  5. Eligible employees requesting paid parental leave must submit the district's designated form to the Superintendent or designee within 10 school days of a qualifying event.
  
  6. The Superintendent or designee shall develop paperwork needed to administer paid parental leave, which shall specify the documentation required to establish the existence of a qualifying life event.
-



## Request for Georgia Paid Parental Leave

Sumter County Schools - Human Resources Department  
 Phone: 229 931 8502 Fax: 229 931 8517

Employee Information	
Name:	Last 4 digits of SSN:
Position:	Location:
Hire Date:	Contact#:
If you are married, is your spouse employed by Sumter County School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, last 4 digits of spouse SSN: _____	
Type of Leave Request	
<input type="checkbox"/> Birth of a Child	
<input type="checkbox"/> Placement of a minor child for adoption	
<input type="checkbox"/> Placement of a minor child for foster care	
Amount of Leave Requesting	
I am requesting the GA Paid Parental Leave (GPPL) be granted for the following period of time:	
Date Leave Begins:	Date Leave Ends:
Last Date Worked:	Anticipated Return to Work Date:
Are you requesting increments leave? ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you taken a leave of absence under this policy during the preceding 12 months? ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide date from: _____ date to: _____	
Reason for leave: _____	
Acknowledgement	
I understand that verification/certification from a certified health care provider and/or Department of Family & Children Services organization addressing my reason for the leave request must be submitted to the Human Resources Department within 30 days. I also understand that the certification must include the following:	
<ol style="list-style-type: none"> <li>1. Confirmation/Verification of birth and/or placement of a minor child for adoption or foster care</li> <li>2. The beginning and estimated ending date of employee's need for leave</li> <li>3. Health care provider's signature and/or the department of family &amp; children services case manager/authorized official</li> </ol>	
I have read the Georgia Paid Parental Leave policy, and I agree to abide by its requirements. My signature affirms that I have been truthful in my request for GAPPL leave. I understand that falsification of information may lead to disciplinary action, up to and including termination.	
I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing.	
Employee's Signature:	Date:
Principal/Supervisor Signature:	Date:
<b>Request must be submitted to the Human Resources Department upon approval/signature of principal/supervisor.</b>	

## Workers Compensation



### Workers' Compensation Procedure

Important! Failure to comply with the following procedure when an on-the-job injury occurs may prevent an injured worker from receiving benefits.

1. When an employee/contracted laborer is injured at work, he/she must immediately report the injury to his/her supervisor or to the school nurse.
2. Should an injury require medical treatment, he/she must select a physician from the list below. Please note this list is subject to change so consult your supervisor to ensure you select a panel physician. An Official Notice is posted in the administrative office of your building.
3. The injured employee/contracted laborer is required to undergo an Alcohol/Drug Screening when receiving initial treatment by a panel physician.
4. In case of any emergency, the supervisor or nurse should seek emergency treatment for the injured worker from the nearest hospital or clinic. Any follow-up care must be provided by a panel physician. Failure to do so could jeopardize payment of your medical bills under workers' compensation law, and the injured worker may be personally liable for payment of unauthorized medical treatment.
5. After the employee/contracted laborer has been treated for his or her injury an appointment with the Superintendent of Schools will be scheduled to discuss the work related accident.

PLEASE TELL US IF YOU THINK THERE IS ANYTHING THAT COULD BE DONE TO PREVENT THIS ACCIDENT/INJURY FROM HAPPENING AGAIN \_\_\_\_\_

DO YOU FEEL YOU RECEIVED APPROPRIATE SAFETY TRAINING FOR THE JOB YOU WERE ON WHEN THIS INJURY OCCURRED? \_\_\_\_\_

My signature below indicates that I have completed this accident/injury report in my own handwriting, or if unable to do so, the responses filled out by my employer have been reviewed with me, and that everything contained in this report is accurate and true.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

**SCHOOL/DEPARTMENT OFFICE USE ONLY**

WAS FIRST AID APPLIED AT SCHOOL OR LOCATION? YES ( ) NO ( )

DID EMPLOYEE SEEK MEDICAL ATTENTION? YES ( ) NO ( )

IF YES, NAME OF PHYSICIAN OR HOSPITAL \_\_\_\_\_

HAS INJURED RETURNED TO WORK? YES ( ) NO ( ) IF YES, DATE \_\_\_\_\_ HOUR \_\_\_\_\_

\*\*\*\*\*

**CENTRAL OFFICE USE ONLY**

SALARY \_\_\_\_\_ ACCIDENT CAUSE \_\_\_\_\_

HIRE DATE \_\_\_\_\_ INJURY TYPE \_\_\_\_\_

CLAIM STATUS \_\_\_\_\_ BODY LOCATION \_\_\_\_\_

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

## PANEL OF PHYSICIANS OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

### WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see C.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms or file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-231). Further, this panel shall include one minority physician, whenever feasible (See Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

State Board of Workers' Compensation  
270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299  
404-656-3818  
or 1-800-533-0682  
<https://sbwc.georgia.gov>

#### SUMNER CO BOE - B2021

Phoebe Sumter Family and Sports Medicine Associates (Family Medicine)	555 E Jefferson St Americus, GA 31709	229-924-2393
After Hours Care of Americus (After Hours Only)	228-A E Lamar St Americus, GA 31709	229-628-1330
Regional Eye Center (Ophthalmology)	1110 E Lamar St Americus, GA 31709	229-924-4022
South Georgia Medical Service (Family Medicine)	139A Southland Rd Americus, GA 31709	229-331-7896
Crisp Regional Convenient Care (Urgent Care)	2161 Capital Dr Cordale, GA 31015	229-275-2000
MSA - Musculoskeletal Associates T. Scott McGee (Orthopaedic Surgery) Bobby Finck, MD (Orthopaedic Surgery) Henry Harris Bama, M.D. (Orthopaedic Surgery) Michael Anthony Davis, M.D. (Orthopaedic Surgery)	216 18th Ave E Cordale, GA 31015	229-275-1790
Hughston Clinic James E. McCarty, MD (Orthopaedic Surgery)	117 Coburn Hwy Lawburg, GA 31703	229-488-3355
Orthopedic Associates Paul Anton Wilms (Orthopaedic Surgery) Thomas M. Carden, Jr. (Orthopaedic Surgery) Neilson Lawrence, DO (Orthopaedic Surgery)	913 Poling Rd Blvd Jessee, GA 31721	229-883-4707

(Additional doctors may be added on a separate sheet)

The insurance company providing coverage for this business under the Workers' Compensation Law is:

#### GEWCT

Administered by: Georgia Administrative 1775 Spectrum Drive, Suite 100 Lawrenceville, GA 30043 - Phone:  
800/421-0710 Fax: 770/963-5754

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT  
<https://sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §§4-2-10 and §34-9-19).



ATTENDING PHYSICIAN'S REPORT

Employee Name \_\_\_\_\_ SS# \_\_\_\_\_

Physician \_\_\_\_\_ Date \_\_\_\_\_

I hereby request medical treatment and authorize the physician(s) to release to my employer or its representatives, all information, opinions, conclusions found as a result of his/her evaluation and/or treatment of my injury.

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

Instructions to attending physician: Please complete this form and return to employee. Note that we have extensive modified duty available. Be sure to give us any specific limitations our employee may have, and we will gladly accommodate.

Diagnosis: \_\_\_\_\_

Treatment: \_\_\_\_\_

Recheck? \_\_\_\_\_

Please note that if employee needs referral to a specialist, you must contact our office prior to any referrals.

Work Status Report

- Regular duty / no restrictions
Modified duty / as below (duration: \_\_\_ days)
No work (duration: \_\_\_ days) \*\*Please call our office to discuss the availability of modified duty prior to placing anyone on a 'No work' restriction.

Modified duty restrictions:

- No climbing
No pushing or pulling
No standing/walking
No reaching above shoulders
No bending/scooping
No operating heavy machinery
No lifting over \_\_\_ pounds
Other restrictions: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Sumner County Schools
Attn: Human Resource
100 Learning Lane
229-931-8500

Underwriter: Georgia Administrative
1775 Spectrum Drive, Suite 100
Lawrenceville, GA 30043
800-421-0710 / FAX 770-963-5754





SUMTER  
COUNTY  
SCHOOLS

**RECRUITMENT AND HIRING PROCESS**

# Recruiting and Employing Highly Qualified Staff

This process applies to anyone responsible for recruiting and inducting employees into the Sumter County School System. The purpose of this document is to inform our employees of our processes and procedures.

The Sumter County School System is committed to its mission to "Graduate all students, college and career ready who are productive citizens empowered to be competitive in a global society". The Vision of Sumter County Schools is to ensure that all students receive an equitable education equipped with 21<sup>st</sup> century skills through transformational learning experiences.

We are also committed to equality and valuing diversity.

We aim to have a workforce that represents a variety of backgrounds and cultures and can provide relevant knowledge, abilities, and skills for our organization.

When recruiting and hiring for our organization, our goals are to:

- Recruit the best people available to join our organization
- Take all reasonable steps to prevent unsuitable people from joining our organization
- Recruit and manage our staff in a way that complies with legislation designed to combat inequities and discrimination
- Do all we can to achieve and maintain a diverse workforce
- Ensure that our recruitment and selection processes are consistent and transparent
- Ensure that candidates are judged to be competent
- Ensure that new members of staff are mentored and inducted thoroughly

## **We recognize that:**

- Other than the children we serve, our workforce is our most valuable resource
- Unsuitable individuals sometimes seek out opportunities via employment or volunteering to have contact with children in order to harm them
- Children, young people, and families benefit from our efforts to recruit a highly skilled and committed workforce from a diverse range of backgrounds
- New staff and volunteers cannot perform their role effectively unless they are inducted properly and receive ongoing support and supervision.

## **We recruit and induct our workforce by:**

- Posting our vacancies on our Sumter County School System webpage under "Career Opportunities" and on Teach Georgia
- Actively participating in university and system recruitment fairs.
- Ensuring that all applications for both certified and classified positions are made using our standard online application form found on our district website and powered by Frontline Applitrack.
- Having at least two people conducting a face-to-face interview with anyone we may want to hire for a position
- Incorporating the views and perspectives of children, young people, and families into the recruitment selection process whenever appropriate

- Obtaining references, one of which must be from a current employer, identification, and original copies of any necessary qualifications from candidates
- Carrying out background checks and other necessary vetting procedures for each member of staff or volunteer working with children or young people, following official guidelines
- Ensuring that all staff are made aware of how to keep children and young people safe in our organization
- Using the list outlined in our attached Hiring Process to follow a consistent procedure for recruitment and induction

We are committed to reviewing our procedures and good practices annually.

### Equal Opportunity Employer

The Sumter County School district does not discriminate on the basis of race, color, national origin, religion, age, disability, or sex in its employment practices. It is the policy of the Board of Education to comply fully with the requirements of Title VI, Title VII, Title IX, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), the Age Discrimination in Employment Act (ADEA) and all accompanying regulations

# Hiring Process

## STEP 1: Announcement/Advertisement

1. Director or Principal requests the job posting with HR.
2. Upon approval of the Superintendent, HR personnel posts vacancy on the district website (www.sumterschools.org) and State website (www.teachgeorgia.com).

## STEP 2: Application

1. All Applicants must apply online at (www.sumterschools.org). Applicant uploads the requested documents onto their application online.
2. Directors / Principals have access to the Portal to view applications.

## STEP 3: Screening/Distribution

1. Applications are reviewed by Supervisors. Only candidates that meet the requested requirements from the job posting should be interviewed
2. Applicants for clerical positions may be administered a series of Office Proficiency Assessments.

## STEP 4: Position Interviews

1. No interviews can be conducted unless the candidate has applied on-line through our website.
2. Positions must be posted for at least 3 business days, before any interviews can be conducted
3. When a vacancy occurs, the Director/Principal selects applicants from the portal and conducts interviews. At least 2 supervisors should be present while conducting interviews (i.e. Principal along with AP or Dept. Chair). Applicants are interviewed in the school/division where the vacancy exists if possible. All other screening and reference checking is done by the Director/Principal. References must be sent to Human resources with the recommendation paperwork and Vacancy Screening Form. Minimum of 3 references must be done, at least one from a current supervisor. Please see forms attached.
4. Supervisor sends the following forms to the HR office.
  - a. Employment Application
  - b. Personnel Recommendation Form
  - c. 3 completed Reference Check Forms
  - d. Vacancy Screening Form
  - e. Any other information deemed pertinent (certificate, transcripts, letters of reference)

## STEP 5: Appointment

1. Supervisor contacts Human Resources personnel to schedule an appointment for fingerprints and I-9 completion
2. Supervisor schedules interview with the superintendent. Superintendent recommends to the board for approval.

**\*\*IMPORTANT\*\***For compliance purposes, a new employee cannot start work unless

1. Fingerprint/background results are completed and have been reviewed by HR.
2. I-9 has been completed at the HR office, and E-Verify has been submitted.

## STEP 6: Employment Activation

All persons are employed by official action of the Board of Education upon recommendation of the Superintendent. Supervisor notifies the new employee of board approval. An official board action letter along with a new employee package is mailed to the employee from the HR department. Upon receipt of the package, the new employee will schedule a time to meet with HR and Benefits personnel to complete employment, tax and benefit forms. This must be completed prior to their first day of work. **All certified new hires must sign a contract prior to his/her first day of work. There can be no exceptions to this rule.** Documents that may be required upon employment, depending on work experience and the position are:

- Copy of Social Security Card
- Copy of Driver's License
- Copy of US Military Form DD214
- Copy of HS diploma or GED (most classified positions)

# Reference Check Form (Certified)

Candidate's Name: \_\_\_\_\_ Caller: \_\_\_\_\_

Reference given by: \_\_\_\_\_ Title: \_\_\_\_\_ School: \_\_\_\_\_

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

1. Verify dates of employment. Do they match dates given by the candidate?
2. Verify the reason the candidate left employment. Does it match reason given by candidate?
3. Begin with general questions: Strengths? Weaknesses?
  - What are the greatest strengths of the candidate?
  - What are the most significant weaknesses of the candidate?
  - Will you describe what you recall observing when you visited this teacher's classroom?
4. Gradually, utilize more specific questions. Some example are:
  - a. Can you give me examples of "best practice" instruction used by the teacher?
  - b. Can you describe how the teacher used technology for instruction?
  - c. Will you share the strategies the teacher used for classroom management and for handling discipline problems?
  - d. Can you describe how the teacher communicated with parents and the rapport he/she had with parents and co-workers?
  - e. Can you give an example of the teacher's reaction to constructive criticism?
  - f. Was it ever necessary to re-assign the teacher to a different grade? If yes, what was the reason? And, what was the outcome?
  - g. How would you describe this teacher's record of attendance? Punctuality? Meeting deadlines? Completion of required paperwork?
  - h. Do you recall any situations in which this teacher, in your view, used poor judgment? If yes, will you please describe this teacher's behavior?
  - i. Will you describe the achievement growth of the students taught by this teacher? Describe the students...diverse? Special needs? Etc.
  - j. To the best of your knowledge, has this teacher ever harmed a student in any way? If yes, what can you share?
  - k. Would you be pleased to learn that this teacher is returning to your school next year? If no, why? If maybe, why?

**It is strongly recommended that the following questions be asked before concluding the conversation with the reference-giver:**

1. Does this teacher's official personnel file contain a notation indicating that records have been purged as a condition of a settlement agreement? (Note: Per GA law (O.C.G.A. § 45-1-5), another school district is entitled to inquire and be informed if the teacher's file has been purged as a condition of settlement.
2. Can you provide me any reason I should not hire this teacher?
3. Would you want this person teaching your child? Why or why not?
4. Is there anything I did not ask you that I should have asked you? Is there any more information you can provide me to help me make my decision?

Notes:

# Reference Check Form (Classified)

Candidate's Name: \_\_\_\_\_ Caller: \_\_\_\_\_

Reference given by: \_\_\_\_\_ Title: \_\_\_\_\_

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

- a. Reference's relationship to the candidate
- b. Candidate's dates of employment
- c. Job titles, time spent in each role
- d. Describe the candidate's primary job duties
- e. How would you describe the candidate's relationships with coworkers, supervisors, and subordinates (if applicable)?
- f. How would you rate the applicant's job performance? (Scaled question from 1 to 5, with 5 being the best)
- g. How would you rate the applicant's interpersonal skills? (Scaled question, from 1 to 5)
- h. How would you rate the applicant's attendance at work? (Scaled question, from 1 to 5)
- i. What are the candidate's strengths and weaknesses?
- j. What was the reason for the candidate leaving the company?
- k. Would you rehire this candidate?

# Vacancy Screening Form

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

**Location:** \_\_\_\_\_

**Interviewer(s):** \_\_\_\_\_

Applicants' Name	Interview Date	Online App	HiQ	3 References	Comments

**Applicant Recommended:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

**Number of applicants that applied for this job:**

**Number of applicants interviewed:**

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





# SUMTER COUNTY SCHOOL SYSTEM PERSONNEL RECOMMENDATION FORM

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

1. Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

### COMPLETE APPROPRIATE RECOMMENDATION

**A. RECOMMENDATION FOR EMPLOYMENT:**

New Position Reporting \_\_\_\_\_

Funded by:  Special Education  Federal Programs  State Funded Signature: \_\_\_\_\_

Replacement Position

Position \_\_\_\_\_ Site \_\_\_\_\_ Date Interviewed: \_\_\_\_\_ Beginning Date \_\_\_\_\_

Funded by:  Special Education  Federal Programs  State Funded Signature: \_\_\_\_\_

**NOTIFY PROSPECTIVE EMPLOYEE THAT EMPLOYMENT IS PENDING BOARD APPROVAL, CALL THE PERSONNEL OFFICE (229-631-8500) FOR APPOINTMENT TO COMPLETE EMPLOYMENT FORMS AND THAT HE/SHE IS NOT TO BEGIN UNTIL THE PAPERWORK IS COMPLETED.**

VALIDATE THAT CE-HIHU APPLICANT HAS THE FOLLOWING INFORMATION AT CENTRAL OFFICE

- a. Certified Application
- b. Criminal Record Check Form
- c. Questionnaire Form
- d. Three Confidential Reference Forms (to be submitted ASAP)
- e. Valid In-field certificate or has submitted an application for certification

VALIDATE THAT NON-CHH IRED APPLICANT HAS THE FOLLOWING INFORMATION AT CENTRAL OFFICE

- a. Non-Certified Application
- b. Prospective Employment Awareness Statement Form
- c. Consent Form (Criminal History Check)
- d. Request for Motor Vehicle Report (Bus Drivers Only)

**B. RECOMMENDATION FOR FAMILY LEAVE:**

Position \_\_\_\_\_ School \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**C. RECOMMENDATION FOR SANCTIONS:** (Report the exact day of occurrence and consult with the Superintendent prior to taking any action.)

Termination  Suspension  Demotion Reason \_\_\_\_\_ Last Day Worked \_\_\_\_\_

Other \_\_\_\_\_

**D. RECOMMENDATION FOR TRANSFER:**

Transfer From: \_\_\_\_\_ Transfer To: \_\_\_\_\_ Beginning Date \_\_\_\_\_

Supervisor 1 \_\_\_\_\_ Notified \_\_\_\_\_ Recommended:  Yes  No

Supervisor 2 \_\_\_\_\_ Notified \_\_\_\_\_ Recommended:  Yes  No

**E. RECOMMENDATION FOR RESIGNATION/RETIREMENT:**

Resignation  Retirement Position \_\_\_\_\_ Effective Date \_\_\_\_\_ (Letter of Recommendation or intent must accompany this form)

**F. RECOMMENDATION FOR SALARY ADJUSTMENT:**

Increase in Salary  Decrease in Salary From \$ \_\_\_\_\_ To \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

Supervisor's Statement: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_ H.R. Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Board Approval  Yes  No Superintendent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Distribution	Date Received	Date Received
White Copy: Director of Human Resources	_____	Pink Copy: Payroll Department _____
Yellow Copy: Personnel Department	_____	Goldenrod Copy: For Office Record _____

**SUBMIT ALL RECOMMENDATION TO: Director of Human Resources**

# Professional Personnel Transfer

**Board Policy Manual  
Sumter County Schools**

**Board Policy GBM: Professional Personnel Transfer**

**Status:** ADOPTED

**Original Adopted Date:** 05/13/2004 | **Last Revised Date:** 04/11/2013

An employee desiring to change positions within the school system must make written application for the new position with the Superintendent and meet minimum certification requirements for the desired position.

The Superintendent recommends the transfer of education personnel from one position and/or school to another position and/or school to meet the needs of the system. A list of such transfers shall be presented to the Board for approval.

Before a transfer receives approval, proper notice is to be given to the building supervisor.

---

**SUMTER COUNTY SCHOOLS  
CERTIFIED TRANSFER REQUEST  
FOR THE \_\_\_\_\_ SCHOOL YEAR**

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

School: \_\_\_\_\_ Present Assignment \_\_\_\_\_

Years of Experience at Present School/Department \_\_\_\_\_ Years of Experience Inside the System \_\_\_\_\_

Years of Experience Outside the System \_\_\_\_\_

**School and Subject or Grade to which Transfer is Requested:**

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

Reason (s) for Transfer Request: \_\_\_\_\_

Type of Valid Certificate (s): \_\_\_\_\_

**Previous Teaching Assignments:**

SCHOOL	DATES		SUBJECT/GRADES
	FROM	TO	

A transfer request does not result in an automatic transfer. Factors that will be considered for transfer include, but are not limited to, the following:

- The number of years at the present school
  - The number of requests from a particular school/grade
  - Employee's seniority
  - Family members in the same school
  - Employees on Professional Development Plans are not eligible for transfer
- Your principal's signature is required.**

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

.....  
I certify that this teacher's performance is satisfactory at time of transfer request.

Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature of Present Principal or Supervisor \_\_\_\_\_

Signature of Accepting Principal \_\_\_\_\_ Date \_\_\_\_\_

<b>TO BE COMPLETED BY THE PERSONNEL OFFICE ONLY:</b>	
<input type="checkbox"/> Transferred	School/Department _____ Subject or Grade _____
<input type="checkbox"/> Not Eligible for Transfer	
Authorized _____	Date _____

## Teacher of the Year

### Sumter County Teacher of the Year

It is time to select our new Teachers of the Year!

Your school's Teacher of the Year should be:

The Georgia Teacher of the Year candidate has the respect and admiration of their colleagues and must possess the following attributes:

1. A certified public school classroom teacher with a valid and current Georgia Professional Standards Commission (PSC) [Professional](#) or [Advanced/Lead Professional](#) certificate in prekindergarten through Grade 12. Special education, physical education, art, music, and ROTC are eligible, along with media specialists.\*
2. Full-time, with a minimum of three (3) years of classroom teaching experience.
3. Is an exceptional, dedicated, knowledgeable, and skilled teacher planning to continue in *active teaching status*\*\*.
4. Is an expert in the field who advances growth for students of all backgrounds and abilities.
5. Builds collaborative relationships with colleagues, students, and families to create a school culture of success.
6. Plays an active and useful role in the community as well as in the school.
7. Deliberately connects the classroom to community to impact student growth and learning.
8. As a lifelong learner and teacher leader, utilizes innovation to create learning experiences within and beyond the classroom.
9. Expresses themselves in an engaging and clear way, conveying the classroom experience to a variety of audiences.

\*Counselors and Speech Pathologists are **not** eligible for the state or national programs.

\*\**Active teaching status* is defined as spending **at least 50%** of contract time teaching students in a classroom setting through the term of the GaTOTY. Supervisory responsibilities should be of secondary consideration.

The TOTY for your school should be selected by their peers with a secret ballot. The ballot should include 1st, 2nd and 3rd choices. **Ballots submitted without 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices and without 3 different teacher names should be considered incomplete and not counted.** Administrators, counselors and paraprofessionals should not participate in the vote. For tallying purposes, a 1st choice vote is worth 3 points, 2nd choice is worth 2 points and the 3rd choice earns 1 point. The teacher with the highest overall point total is your Teacher of the Year. Please submit the name of your newly selected TOTY to the Human Resources Department by **May 13, 2024**.

Each school's Teacher of the Year will receive an **application packet** to complete and submit for evaluation. A panel will judge all items in the application packets and conduct classroom observations to select Sumter County School's system wide Teacher of the Year. Their selection will be announced during a celebration in the upcoming school year.

# Teachers Retirement System of Georgia – TRSGA

Member's Guide <https://www.trsga.com/publications/members-guide/>

# Public School Employees Retirement System (PSERS)



Public School Employees Retirement System  
Two Northside 75, Suite 300  
Atlanta, GA 30318  
404.350.6300 or 1.800.805.4609 if outside of metro-Atlanta area  
[www.ers.ga.gov](http://www.ers.ga.gov)

## Public School Employees Retirement System (PSERS) Benefits at a Glance

### History and Background

PSERS was established by the Georgia General Assembly in 1970. The purpose of this plan was to provide a *supplemental* retirement plan for public school employees who did not belong to Teachers Retirement System (TRS). This means that it is intended as an addition to other retirement income. Members include bus drivers, food service workers, and maintenance or custodial personnel. Some managers in these positions are members of TRS. If you have questions about which system you are under, please contact your school personnel department.

### Employee Contributions

Each member of PSERS contributes \$4 each month (or \$10 per month if membership started on or after July 1, 2012) to the system. These contributions are deducted from your paycheck nine months of the year—from September through May. This means that each member contributes only \$36 per year (\$90 if membership started on or after July 1, 2012) to fund the retirement benefit.

### Benefits of Membership

If you qualify by years of service and age, PSERS provides lifetime retirement benefits, disability benefits, and death benefits. At retirement, options may also be chosen that can provide lifetime benefits to your beneficiary beginning at your death.

### Creditable Service

Creditable service is the total of all service time that you can use toward retirement. The more service time you have credited to you, the higher your retirement benefit. For a list of all possible service that may be available to you, please visit [ers.ga.gov](http://ers.ga.gov) and download the PSERS handbook.

### Service Retirement

The amount you receive is calculated by years of *Creditable Service* multiplied by a *Specific Dollar Amount*. The dollar amount is set by the Georgia General Assembly. The current dollar amount is \$17.00.

To receive a benefit, *you must have at least ten years* of creditable service and you must be:  
Age 65 for Normal Retirement, or  
Age 60 for Early Retirement (you will receive a reduced benefit)

### Service Benefit Calculation Examples:

Age 65	\$17.00	x	10 Years Creditable Service	=	\$170.00 Monthly Benefit
Age 65	\$17.00	x	20 Years Creditable Service	=	\$340.00 Monthly Benefit

### **Disability and Death Benefits**

To be eligible for a *disability retirement*, you must have a minimum of fifteen years of creditable service, and be permanently disabled and incapable of doing your job. For more information on disability, download the PSERS handbook from our website or call our office.

For *death* benefits, if you are at least age 60 and have at least 10 years of creditable service, your beneficiary will receive a monthly benefit for their lifetime.

### **Rehired Retiree**

If you return to PSERS employment after retiring but before age 65, your monthly benefit will stop and you will start contributing to PSERS again.

If you are over age 65 when you return and you have been retired for at least a full month, you can elect to either continue receiving your monthly benefit and not contribute to PSERS, or to stop receiving your monthly benefit and begin contributing again.

### **More Information**

Go to [ers.ga.gov](https://ers.ga.gov) and download the PSERS handbook or contact our office.