



**Western Line**  
SCHOOL DISTRICT

# Business Office

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Accounting Policies and Procedures  
Manual



# Western Line SCHOOL DISTRICT

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# Western Line

## SCHOOL DISTRICT

### **ABOUT THIS MANUAL:**

The Business Office is responsible for the administration of the financial affairs of the school district. The purpose of this manual is to ensure that proper accounting procedures and purchasing policy are being applied, that similar transactions are treated consistently, and that financial reports and documents are produced in the form desired by the Western Line School District Business Office. This manual also serves as a guide to existing employees and aid in the training of new employees and will assist the administration in delegating and segregating duties.



# Western Line SCHOOL DISTRICT

## **PURPOSE AND FUNCTION OF THE BUSINESS OFFICE:**

As a support group for the instructional programs for the students of the Western Line School District, the Business Department strives to maximize resources and safeguard assets by utilizing best business practices and exhibiting utmost integrity while providing support services and supporting the mission of the district. Our department aspires to achieve the maximum return on the public's investment in our schools, staff and children.

The purpose of the business office is to administer the financial affairs of the school district efficiently, expeditiously, and to the ultimate benefit of the entire student body. In managing the district's resources, we have two major responsibilities: **Educational & Fiscal**

- **Educational Responsibility** - Our budget is the educational plan of the school district expressed in dollars and cents. It discloses through the allocation of resources, the district's priority of educating children.
- **Fiscal Responsibility** - As the custodians of public funds, it is our purpose and commitment to manage those funds with honesty and integrity to ensure our district will continue to become a district of excellence.

The Business Department supports the district's instructional goals by providing business services for campuses and departments. Our department distributes available resources equitably to the schools, staff and children. Services are provided through accounting and finance, accounts payable, payroll, purchasing, budget development and control, grant management, asset control and business service training.

The combined efforts of the business department oversee the district's accounting practices for compensation to employees and payments to vendors. Additionally, the management of district investments, budgets, special revenue, grant projects and software user group training are all key functions of the Business Department.



# Western Line

## SCHOOL DISTRICT

**BUSINESS OFFICE STAFF:**

Glenda Ketchum, Business Manager

Renae Humphrey, Payroll / Human Resources

Suzy Goodwin, Accounts Payable / Fixed Assets

**PHONE NUMBER:**

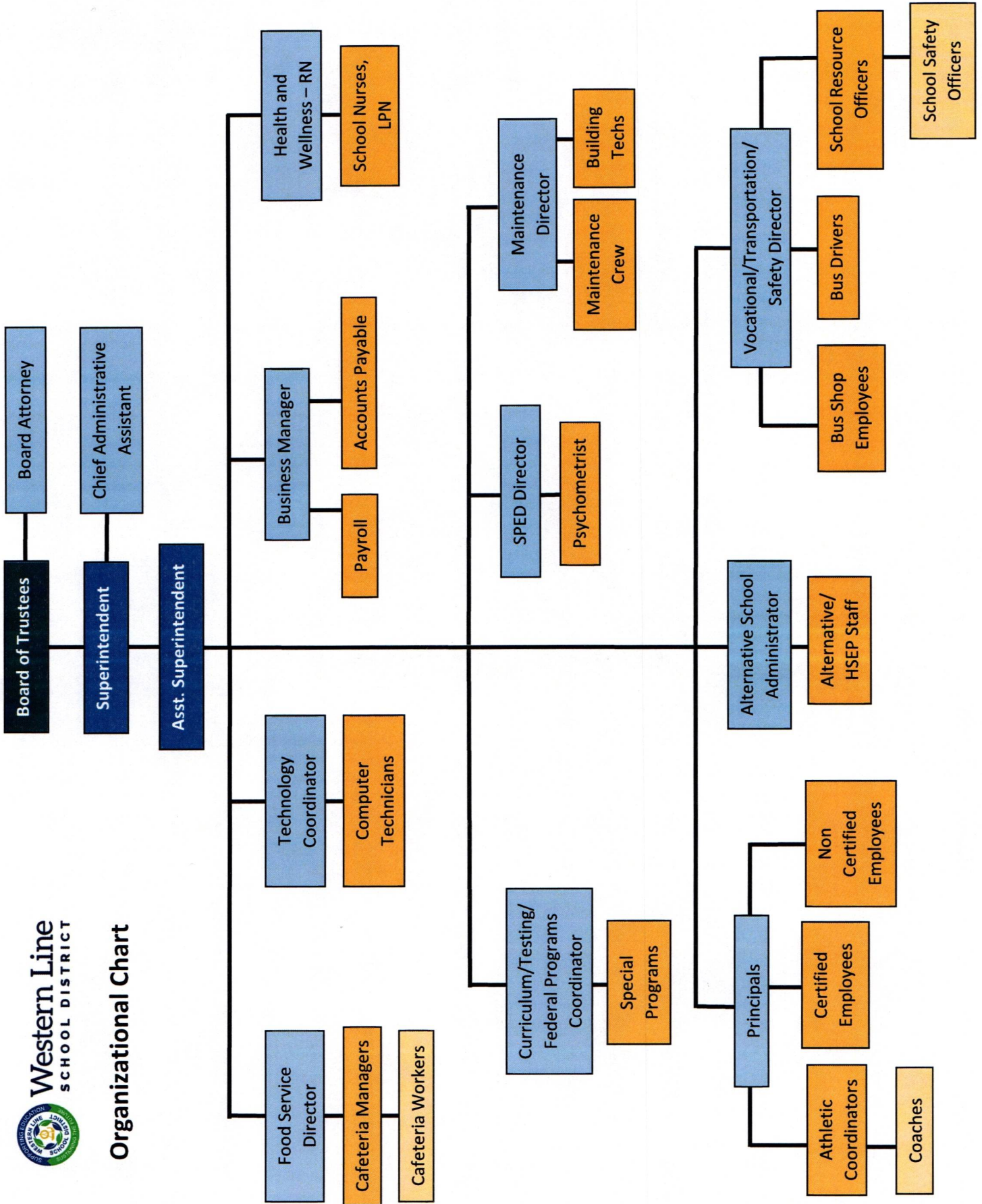
(662) 335 – 7186 EXT. 106

(662) 335 – 7186 EXT. 107

(662) 335 – 7186 EXT. 104



# Organizational Chart





**Western Line**  
SCHOOL DISTRICT

# Job Descriptions

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# Western Line SCHOOL DISTRICT

## Business Manager

### MISSION:

The mission of the Western Line School District Business Office is to administer the business affairs of the district in such a way as to provide the best possible educational services with the financial resources available.

### QUALIFICATIONS:

- Degree in Accounting
- Certification from MDE or Experience in School Accounting.
- Ability to work cooperatively with others in an office
- Creating of timely reports

### REPORTS TO:

- Superintendent, Deputy Superintendent

### SUPERVISES:

- Business office personnel

### ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Supervises the management of financial affairs of the District and Schools.
2. Assumes responsibility for budget development and long-range financial planning.
3. Establishes and supervises a program of accounting adequate to record in detail all money and credit transactions.
4. Maintains, supervises, and manages the district's real estate and insurance programs.
5. Supervises the collection, safekeeping and distribution of all funds.
6. Supervises the district's supporting services through the directors of property services, transportation, purchasing, food services, and business services.
7. Administrates a budget control system for the district.
8. Acts as advisor to the Superintendent on all questions relating to the business and financial affairs of the district.
9. Arranges for the internal auditing for school accounts.



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## SCHOOL DISTRICT

10. Manages fixed assets inventory (either directly or through the business department).
11. Provides the school board monthly accounting reports of all income and expenditures.
12. Prepares and analyzes all financial statements.
13. Reconciles all bank accounts maintained by the Board.
14. Maintains a continuous internal auditing program for all funds.
15. Works with the program directors to ensure federal and state regulations are met.
16. Prepares reports to the proper staff officials concerning the status of their budgetary accounts to guard against the overspending of any budgeted account.
17. Maintains general, revenue, and appropriates ledgers on an encumbrance basis.
18. Approves all vouchers authorizing the expenditures of money through the accounting software.
19. Recommends new accounting methods as desirable and necessary.
20. Assumes responsibility for insurance records and insurance accounting.
21. Performs other such tasks and assumes responsibilities as the Superintendent may from time to time assign. Uses the School Board Policy manual, Public School Accountability Standards, and the Mississippi Code as the directives for operation of Western Line School District as set forth by the Western Line School Board.

Terms of employment: 233 Days a year. Salary to be established by the Board.

Evaluation: Performance of this job will be evaluated in accordance with provisions of the Board's Policy on Evaluation of Support Services Personnel.

Reviewed and agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent



# Western Line SCHOOL DISTRICT

## **Payroll / Human Resource Clerk**

### **MISSION:**

The mission of the Western Line School District Business Office is to assure smooth and efficient operation by promptly and accurately handling payroll, insurance, workman's compensation and time related matters.

### **QUALIFICATIONS:**

- High School Diploma or equivalent.
- Knowledge of Gmail, Google Drive, and Microsoft Word and Excel.
- Previous Marathon, Integrity or other payroll software is beneficial.
- Strong attention to detail.
- Good math and communication skills.
- Strong organizational skills.
- Alternative to the above qualifications as the Board may find appropriate and acceptable.

### **REPORTS TO:**

- Superintendent, Assistant Superintendent, and Business Manager

### **ESSENTIAL DUTIES AND RESPONSIBILITIES:**

1. Receive and compute all payrolls, making deductions for income tax, retirement, and health/medical insurance.
2. Prepare reports and checks for proper agencies covering all deductions.
3. Assemble and maintain accurate and confidential payroll records.
4. Maintain records covering all deductions.
5. Verify salary information to authorized institutions and experience with our district.
6. Maintain and process all staff leaves and absences.
7. Maintain absentee forms and professional forms.
8. Prepare payroll checks for proper distribution and make payments thereof.
9. Verify all amounts before and after checks are processed.
10. Prepare and maintain all reports regarding monthly payrolls.
11. Assist in the general operation of the Business Office.
12. Maintain all labor records and comp time agreements in the Business Office.
13. Process and maintain all time cards/sheets in the Business office.



# Western Line SCHOOL DISTRICT

14. Compute and remit all overtime payments.
15. Arrange the enrollment of insurance meetings and cafeteria enrollment.
16. Prepare required quarterly tax reports to the IRS and local government.
17. Prepare year-end reports to the IRS and local government.(W2's).
18. Provide documents for Social Security Administration and the Department of Human Services.
19. Adhere to provisions of School Board policy in relation to Department of Labor regulations.
20. Create and maintain job postings.
21. Performs any other task as designated by the Superintendent, the Deputy Superintendent, the School Business Manager, and the designee of the Superintendent.

Terms of employment: 233 Days a year. Salary to be established by the Board.

Evaluation: Performance of this job will be evaluated in accordance with provisions of the Board's Policy on Evaluation of Support Services Personnel.

Reviewed and agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent



# Western Line SCHOOL DISTRICT

## Accounts Payable Clerk

### MISSION:

The mission of the Western Line School District Business Office is to process and accurately maintain all payable accounts for the school district in accordance with Board policy and state statutes.

### QUALIFICATIONS:

- High School Diploma or equivalent.
- Knowledge of Gmail, Google Drive, Microsoft Word and Excel.
- Previous Marathon, Integrity or other accounts payable software is beneficial.
- Strong attention to detail.
- Strong organizational skills.
- Alternative to the above qualifications as the Board may find appropriate and acceptable.

### REPORTS TO:

- Superintendent, Deputy Superintendent, and Business Manager

### ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Uses the School Board Policy manual, Public School Accountability Standards, and the Mississippi Code as the directives for operation of Western Line School District as set forth by the Western Line School Board.
2. Works cooperative with all employees.
3. Works within the framework of the Western Line School District as set forth in the organizational chart.
4. Is responsible for efficient operation of the accounts payable for the district.
5. Maintains file of outstanding purchase orders.
6. Provides principals and directors with monthly reports of outstanding purchase orders.
7. Maintains accounts payable checks for use by the business office.
8. Maintains alphabetical vendor file on all paid invoices by fiscal year.
9. Verifies invoices and purchase orders for processing of the payment and forwarding for data entry.
10. Receives purchase order requests from activity funds, issues purchase orders, verifies accuracy, and prepares checks on activity funds.
11. Mails accounts payable checks after School Board approval and on advice of the School Business Manager.



# Western Line SCHOOL DISTRICT

12. Receives calls concerning accounts payable, always exercising tact and diplomacy when dealing with vendors.
13. Prepares reports concerning accounts payable as directed by the School Business Manager.
14. Verifies purchasing procedures with the School Business Manager for all purchases.
15. Performs any other task as designated by the Superintendent, the Deputy Superintendent, the School Business Manager, and the designee of the Superintendent.

Terms of employment: 233 Days a year. Salary to be established by the Board.

Evaluation: Performance of this job will be evaluated in accordance with provisions of the Board's Policy on Evaluation of Support Services Personnel.

Reviewed and agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent



# Western Line SCHOOL DISTRICT

## Fixed Asset Clerk

### MISSION:

The mission of the Western Line School District Business Office is to track, control, and dispose of the district's fixed assets in a manner that safeguards and allows for sound management of the public's asset investment and to ensure all fixed assets are maintained in accordance with Board policy and state statutes.

### QUALIFICATIONS:

- High School Diploma or equivalent.
- Knowledge of Gmail, Google Drive, and Microsoft Word and Excel.
- Previous Marathon, Integrity or other fixed asset software is beneficial.
- Strong attention to detail.
- Strong organizational skills.
- Alternative to the above qualifications as the Board may find appropriate and acceptable.

### REPORTS TO:

- Superintendent, Deputy Superintendent, and Business Manager

### ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Uses the School Board Policy manual, Public School Accountability Standards, and the Mississippi Code as the directives for operation of Western Line School District as set forth by the Western Line School Board.
2. Works within the framework of the Western Line School District as set forth in the organizational chart.
3. Adherence to guidelines for acquisition, maintenance, retention and disposition of fixed assets and associated records.
4. Enters straightforward information (i.e., asset number, class code, acquisition date, simple description and historical cost). May enter additional information as required.
5. Affixes inventory tags to designated assets and equipment. Replaces damaged asset tags.
6. Maintains perpetual inventory records by gathering inventory data, completing required forms/logs and entering, deleting and correcting inventory. May maintain pending fixed asset files.
7. Enters asset repair cost and utilization information to assist in replacement planning decisions.



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8. Performs field inventory by physically locating, identifying and counting assets. Enters manual counts and uploads bar code data from inventory results into the fixed asset management system.
9. Builds an exception file and prints a report. Locates missing inventory, performs location transfers and reconciles exceptions. Prints inventory summary and status report. May assist in scheduled closing procedures.
10. Arranges and completes physical transfer/disposal of surplus/obsolete items. Performs disposal transactions to remove assets from service. Records proceeds from sale/retirement of assets to allow calculation of gains/losses.
11. Assists with handling surplus and storage areas of the inventory section. Resolves minor inventory location/usage discrepancies. May prepare and submit reports regarding alleged theft, misuse of property or minor problems in property management.
12. Performs any other task as designated by the Superintendent, the Deputy Superintendent, the School Business Manager, and the designee of the Superintendent.

Terms of employment: 233 Days a year. Salary to be established by the Board.

Evaluation: Performance of this job will be evaluated in accordance with provisions of the Board's Policy on Evaluation of Support Services Personnel.

Reviewed and agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent





**Western Line**  
SCHOOL DISTRICT

# Purchasing Policies & Procedures

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# Western Line

## SCHOOL DISTRICT

### WHO IS RESPONSIBLE?

The following chart outlines the roles and responsibilities assigned to those involved in Western Line School District purchasing process:

<p><b>BOARD OF EDUCATION</b></p>	<p>Establishes a purchasing policy to ensure goods and services are purchased in a prompt, cost effective, and legal manner.</p>
<p><b>SUPERINTENDENT OF EDUCATION</b></p>	<p>Establishes, by the direction of the Board of Education, District purchasing procedures to ensure that requests for purchases receive proper review and follow Board policy. Holds authority as the District’s purchasing agent. Insures legality of all purchases.</p>
<p><b>ADMINISTRATORS/SUPERVISORS</b></p>	<p>Insures funds are available, approves purchase, and submits Purchase requisitions to the Business Office.</p>
<p><b>BUSINESS OFFICE</b></p>	<p>Verifies correct usage of budget codes to assure compliance with State of Mississippi laws. Pays vendor after material, equipment or services are received and invoice has been submitted by the vendor. Coordinates all advertised bids. Acts as a clearinghouse for vendors and vendor disputes.</p>
<p><b>EMPLOYEE</b></p>	<p>Identifies the need and obtains approval of the appropriate authority to the initiate the purchasing process for goods or services. Receives goods and services and verifies accuracy of delivery. Forwards receiving documents or proof of delivery to Business Office.</p>



# Western Line SCHOOL DISTRICT

## **PURCHASING POLICY**

The Western Line School District Board of Education has selected and designated the Superintendent as its purchasing agent. The Superintendent of Education shall be the purchasing agent of the District. All purchases will be made under provisions of the appropriate sections of the Mississippi Code, 1972, as amended.

The Board of Education has elected and designated the Superintendent of Education to determine emergency situations and to act as required by state law in carrying out all emergency purchases.

All purchases for school activity made by school personnel, clubs, classes, or individuals will be made by following the purchasing procedures of the District.

All purchases for school purposes made by any club, individual, class, or staff member must receive prior approval through purchase order approved by the principal/director and signed by the purchasing agent.

**Purchase orders for school purposes must be made by authorized staff members. Purchases made without prior approval of the principal/director and the purchasing agent, will be the personal obligation of the individual who made the purchase.**

The purchase of any equipment, including equipment purchased by groups or organizations, intended for school use must comply with purchasing laws. The equipment, when purchased for school use, will become the property of the School District.



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## SCHOOL DISTRICT

### **PURCHASING PROCEDURES**

All purchases of supplies and equipment will be made by the use of a purchase order signed by the purchasing agent and will be substantiated by a requisition recommended by the teacher/staff and approved by the appropriate supervisor/school administrator. Without a purchase order, no one is authorized to make any purchase or to charge any purchases to the District.

No substitutions or changes in quantity shall be authorized by anyone other than the purchasing agent. **There shall be NO BACK ORDERS.**

#### **1. PURCHASING**

Purchasing should be based on careful planning for both short and long range needs for materials, equipment, supplies and services.

#### **2. REQUISITIONS**

- A. Include a clear concise description of articles requested, quantities, pricing, and budget account.
- B. Indicate catalog number of each item, school or department, date and recommended vendor.
- C. The administrator/supervisor must, after careful analysis on needs and budget, forward approved requisitions to the Central Office.
- D. Requisitions should list items of a like nature which can be purchased from a single vendor and charged to the same account. Do NOT mix supplies and equipment on the same requisition which are to be purchased from two vendors.
- E. Completed requisition forms should be turned into your school/department office for the proper signatures and uploaded to Marathon Remote Link for processing.
- F. Unauthorized requisitions will be returned to the originating source.
- G. Purchase orders will be issued by the Business Office and signed by the Purchasing agent. The purchase order can be printed by the school/department or office requesting goods or services for verification and forwarding to the vendor.
- H. Merchandise ordered will be shipped to the work location of the person ordering goods or service.
- I. Upon Receipt of order, merchandise must be inspected and the signed, dated purchase order along with the invoice must be returned to Accounts Payable.
- J. The person requesting the purchase order will be held directly responsible for returning the receiving report to Accounts Payable and ensuring that equipment purchased is tagged for fixed asset inventory, if necessary.

#### **4. PURCHASE ORDERS**

- A. Requisitions are upgraded to a Purchase Order by the Accounts Payable Clerk
- B. Once they are upgraded, it is the responsibility of the person who entered the requisition to obtain the signed purchase order and provide a copy to either the vendor or the employee.
- C. After an order has been placed and merchandise has been received, the purchase order must be signed and dated by the person receiving the items.
- D. The signed and dated purchase order must then be forwarded to the Accounts Payable Clerk.
- E. All documentation must be sent at one time including the invoice (if you received it by mail or email), purchase order and receiving report (signed and dated po).
- F. It is the responsibility of the person who entered the requisition to keep copies of open purchase orders and to determine what has not been received.

#### **3. CHECKS**

- A. All checks are printed the day after the monthly Board Meeting. At no other time during the month will a check be printed except from the direction of the Superintendent.
- B. Checks are mailed the same day they are printed and ACH transactions are deposited the Monday after the Board Meeting.

**ALL purchases of goods or services, and equipment for which the District will be responsible for payment must be made on an official purchase order, and properly approved. Purchase orders will be issued and signed by the District purchasing agent. Each purchase order must be accompanied by a requisition properly approved.**

**No person is authorized to pick up, receive, or receipt any material, supply, or service for the District unless proper authority as stated in this section has been followed. Failure to adhere to this policy shall result in the employee assuming personal liability for payment of the claim. Requisitions with a value of \$5,000 but not over \$75,000 must have two (2) written quotes. Any purchase over \$75,000 shall be advertised for bids.**

**All receiving reports (signed and dated PO) along with the invoice must be forwarded to Accounts Payable on Friday of each week. Employees shall not authorize or accept substitute items, increase the quantity or the quality of merchandise listed on the purchase order.**

## **Uploading Documents Through Marathon Remote Link**

- Logon to Marathon Remote Link
- Click on “Activities” drop-box
  - Purchase Requisition Maintenance
- You will be redirected to the “Requisitions” screen
  - Click “Add Requisitions”
- You will be redirected to the “Add Requisitions” screen
  - Add “Attention” line and “Vendor” Info
  - Click “Save” requisitions
- You will then be redirected to “Edit Requisitions” screen
  - Click “Documents” tab (This tab is found under the Save and Submit tabs.)
  - Click “Browse” and locate the file you want to upload by access it in the “File Name” area
  - Click “Open” to add file to be uploaded to business office
  - Click “Upload New File” (The message will show: “File uploaded successfully”)
    - You will see the file name on the screen. The option to Edit, Delete, or Download is shown.
- You may review the download document to ensure the correct file was uploaded by selecting the “Document” tab
- When you have verified that the correct file was uploaded, you may proceed with entering the purchase requisition process





# Western Line SCHOOL DISTRICT

## REQUISITION

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

Submitted by: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Name & Address of Vendor
Phone #

Approved by Superintendent Yes _____ No _____
_____ Signature

**Note:** Address and other information must be complete before submitting to the Superintendent.  
All purchase laws must be followed before ordering supplies or services.

<i>Quantity</i>	<i>Item Number</i>	<i>Description</i>	<i>Unit Price</i>	<i>Total</i>
			<b>Total</b>	

\_\_\_\_\_

Signature (Principal/Supervisor)

\_\_\_\_\_

GL Code

\_\_\_\_\_

Purchase Order #



**Edit Requisitions**

Req No: 215308  
 PO No: 0  
 Location: 12 - RIVERSIDE ELEMENTARY  
 Vendor:  
 Deliver To: 12 - RIVERSIDE ELEMENTARY  
 Status: O - Open  
 Prim Auth Stat: Authorized By (Lashanda Vance) Ivance on Dec 7 2023 1:25PM  
 2nd Auth Stat: No Authorization Required  
 3rd Auth Stat: No Authorization Required  
 4th Auth Stat: UnAuthorized  
 5th Auth Stat: UnAuthorized

Req Date: 12/1/2023  
 Amt: 144.62  
 Description: travel expense  
 Attention:  
 2nd Auth by:  
 3rd Auth by:  
 4th Auth by: CHIEF FINANCIAL OFC  
 5th Auth by: SUPERINTENDENT  
 Denied Comment:

- [Next \(7\)](#) | 
 [Previous \(8\)](#) | 
 [Back to Filter \(6\)](#) | 
 [Authorize \(W\)](#) | 
 [Unauthorize \(U\)](#) | 
 [Print \(Y\)](#) | 
 [View Documents](#)

You are viewing page 1 of 1. **2** Total Line Items

Qty.	Unit	Description	Catalog No.	Price	Amount
1	EA	TRAVELED FROM RES TO DSU AND BACK		144.62	144.62
0	EA	FOR JOB FAIR		0.00	0.00

**Total Amount:** 144.62

You are viewing page 1 of 1. **1** Total Account Line

Account	Fund	Amount	True Balance
1120-900-1120-000-580-12	1120	144.62	1,615.38

**Total Amount:** 144.62

You are viewing page 1 of 1. **2** Total Authorization Histories

Date	Comment	Login ID	Full Name
12/6/2023 5:04 PM	Submitted Requisition 914794 to 215308 , Amount:144.62	Ivance	Lashanda Vance
12/7/2023 1:25 PM	Requisition 215308 has been authorized at primary level, Amount=144.62	Ivance	Lashanda Vance



View Requisitions

**Requisition No:** 215270    **Requisition Date:** 11/28/2023    **Location:** 16 - O BANNON HIGH SCHOOL  
**Deliver To:** O BANNON HIGH SCHOOL  
**Description:** REIMBURSEMENT  
 November 13-15, 2023  
**Attention:**    **Status:** O Open  
**PO No:** 0    **Amount:** 403.94  
**Vendor:**    **Lookup**

[Back To Filter \(6\)](#)   [Next \(7\)](#)   [Print Screen \(Y\)](#)   [Add Another \(1\)](#)   **Denied Comment:**  
[Copy Req](#)   [View Documents](#)

[Print Report](#)

Line Item Information						
Qty	Unit	Description	Catalog No.	Price	Amount	
1	Each	MEALS		138.00	138.00	
2	Each	TRAVEL		132.97	265.94	

**Total Amount:** 403.94

Account Lines	
Account	Amount
1120-900-2410-000-580-16	403.94

**Total Amount:** 403.94

Authorization History			
Date	Comment	By	FullName
11/28/2023 3:40:37 PM	Submitted Requisition 914771 to 215270 , Amount:403.94	tervin	Tannica Ervin
11/28/2023 3:41:13 PM	Requisition 215270 has been authorized at primary level, Amount=403.94	tervin	Tannica Ervin
11/29/2023 12:13:42 PM	Unauthorized Requisition: ReqNo=215270 Level=1	glketchum	Glenda Ketchum
11/29/2023 1:24:03 PM	Submitted Requisition 215270 to 215270 , Amount:403.94	tervin	Tannica Ervin
11/29/2023 1:25:05 PM	Requisition 215270 has been authorized at primary level, Amount=403.94	tervin	Tannica Ervin

Date should be included here for travel, conference fees, meals, games, activities, etc.

**WESTERN LINE SCHOOL DISTRICT**  
102 Maddox Rd Avon  
Phone: 662-335-7186 Fax: 662-378-2285

MS 38723-662

**P.O.**  
**231371**

REQ  
**00214027**

REQ Created By  
**Ivance**

DATE  
**4/14/2023**

PAGE  
**1**

**BILL TO** WESTERN LINE SCHOOL DISTRICT  
102 Maddox Rd  
PO BOX 50  
Avon, MS 38723-662

Fund-Glc-Func-Pgm-Obj-Ut	Amount
1151-900-1920-000-610-12	\$275.00
<b>TOTAL AMOUNT</b>	<b>\$275.00</b>

**SHIP TO**  
**RIVERSIDE ELEMENTARY**  
939 RIVERSIDE ROAD  
  
Avon, MS 38723

Ph: 662-335-4528  
Fax: 662-335-5921

*Sample*

**VENDOR**

**NO BACKORDERS**

QTY	UNIT	DESCRIPTION	CATALOG NUMBER	UNIT PRICE	TOTAL
100	EA	Three Color Circle Parking Permit Hang T	11335	\$2.75	\$275.00
0	EA	Parking Decals for staff, visitors		\$0.00	\$0.00
				<b>Page Total:</b>	<b>\$275.00</b>
				<b>Total Order:</b>	<b>\$275.00</b>

*Always include date here when entering travel*

**NOTE:** SHOW PO NUMBER ON ALL SHIPPING CONTAINERS. PACKING LISTS, INVOICES AND CORRESPONDENCE.

ORDER COMPLETE \_\_\_\_\_  
 ORDER INCOMPLETE \_\_\_\_\_

APPROVED BY:

*Laurence Hudson*  
Updated 1/12/2024

4/14/2023

**SUPERINTENDENT OF EDUCATION**

Date

RECEIVED BY / RECEIVED DATE

WESTERN LINE SCHOOL DISTRICT  
102 Maddox Rd Avon  
Phone: 662-335-7186 Fax: 662-378-2285

MS 38723-662

P.O.  
231371

REQ  
00214027

REQ Created By  
Ivance

DATE  
4/14/2023

PAGE  
1

**BILL TO** WESTERN LINE SCHOOL DISTRICT  
102 Maddox Rd  
PO BOX 50  
Avon, MS 38723-662

Fund-Glc-Func-Pgm-Obj-Ut	Amount
1151-900-1920-000-610-12	\$275.00
<b>TOTAL AMOUNT \$275.00</b>	

**SHIP TO**  
**RIVERSIDE ELEMENTARY**  
939 RIVERSIDE ROAD  
  
Avon, MS 38723

Ph: 662-335-4528  
Fax: 662-335-5921

Sample

**VENDOR**

**NO BACKORDERS**

QTY	UNIT	DESCRIPTION	CATALOG NUMBER	UNIT PRICE	TOTAL
100	EA	Three Color Circle Parking Permit Hang T	t1335	\$2.75	\$275.00
0	EA	Parking Decals for staff, visitors		\$0.00	\$0.00
				<b>Page Total:</b>	<b>\$275.00</b>
				<b>Total Order:</b>	<b>\$275.00</b>

Receiving  
Report

**NOTE:** SHOW PO NUMBER ON ALL SHIPPING CONTAINERS.  
PACKING LISTS, INVOICES AND CORRESPONDENCE.

ORDER COMPLETE  
 ORDER INCOMPLETE

12/3/23

APPROVED BY:

*Lauren Hudson*  
Updated 1/12/2024

SUPERINTENDENT OF EDUCATION

4/14/2023

Date

*Blenda Retchum*

RECEIVED BY / RECEIVED DATE



**Western Line**  
SCHOOL DISTRICT

# Payroll Policies & Procedures

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# Western Line

## SCHOOL DISTRICT

### **PAYROLL POLICY**

Employees of this district shall be paid through a single monthly payroll with electronic settlement of payroll checks secured through direct deposit of net pay. In December, salaries or wages shall be paid by the last working day.

All district personnel shall be paid in accordance with the Mississippi Code Section 37-9-41.

### **DIRECT DEPOSIT**

In order to participate in direct deposit, there are requirements and responsibilities that the employee must acknowledge and adhere to. Participation will require that the employee complete the “direct deposit agreement” form. The completed form along with a voided check, deposit receipt or letter from the receiving institution must be returned in person to the payroll department ten (10) business days before the next scheduled payroll date. It is the responsibility of the employee to notify the District’s payroll department of any changes associated with his/her financial institution account by completing a new Direct Deposit Agreement Form.



# Western Line SCHOOL DISTRICT

## **PAYROLL PROCEDURES**

Employees of this district shall be paid through a single monthly payroll with electronic settlement of payroll checks secured through direct deposit of net pay. All district personnel shall be paid in accordance with the Mississippi Code Section 37-9-41.

This school district shall process a single monthly payroll for licensed employees and may process a single monthly payroll for non-licensed employees, at the discretion of the local school board, with electronic settlement of payroll checks secured through direct deposit of net pay for all school district employees. In December, salaries or wages shall be paid by the last working day.

The standard contract for school district employees prescribed by the State Board of Education shall provide that school district employees shall earn a salary payable in equal monthly or bimonthly installments beginning in the first month of employment, regardless of the number of days worked in any particular month by the employee.

Any employee failing to complete the contractual obligation of service, and who receives payment in excess of the installment for the period which such employee ceases employment with the school district, shall become liable immediately to the board of trustees of the Western Line School District for the sum of all amounts received in payment less the corresponding amount of any compensation paid for which service has been rendered, plus interest accruing at the current Stafford Loan rate at the time the person discontinues his or her service.

Any school employee whose employment ends during a school term, regardless of the reason(s) the employment ended, shall be paid salary or wages only for that portion of the school term that employee actually worked. Nothing in this policy shall be construed to entitle any employee to payment of salary or wages when no work has been performed. 37-9-39

### **Time**

It is the responsibility of the principal/administrator/director to ensure that employees know the importance of consistent and correct use of the time clock system and that employees follow the procedures and guidelines established by the district to ensure accurate and true time records.

All employees shall be expected to comply with hours established by the administration and the Board of Trustees. If an employee finds he/she will be late for work or must leave early, he/she

shall notify the principal/administrator/director as soon as possible as to not disrupt the school day. Clocking in late does not negate the importance of notifying the principal an employee will be late.

1. Each employee is required to have a record of hours worked. Western Line School District uses time clocks or the web-based time keeping system to record hours worked.
2. Employees are required to clock in at their assigned start time, and must clock out when they go off duty. The time clocks are district wide, employees who work in different buildings can sign in the building they enter first.
3. In the event an employee is not able to clock in or out, due to a locked door or the time clock is not working properly, the employee should immediately let their supervisor know.
4. Non-certified staff subject to FLSA must clock in and out for lunch every day. This time must be a minimum of 30 minutes each work day.
5. Employees are required to clock out any time they leave the work site for any reason other than assigned work duties.
6. Unless permission to do otherwise is authorized in writing by the employee's supervisor, no employee may clock in more than 15 minutes prior to, or 15 minutes after, the start of their shift. Employees may not clock out more than 15 minutes prior to, or 15 minutes following the end of their work time.
7. Time recorded in the system will be time paid to hourly workers. Employees who have worked time in excess of 40 hours per week will be paid time-and-a-half for all time exceeding 40 hours. The work-time paid to employees will be paid from time sheets verified by actual recorded times. Any adjustments to the recorded time must be approved by the employee's supervisor. Those working two hourly jobs will be paid overtime based upon their blended rate.
8. Employees should not clock out for designated break times and must stay in the assigned work area during the break.
9. Except in emergency circumstances, prior permission to work overtime should be approved in writing by the department manager. Violations of these procedures may result in disciplinary actions; including oral or written warnings, suspension without pay and/or termination. Under no circumstance may one employee clock in or out for another employee. Any employee participating in this type of violation will face immediate termination.



## **Missed Punch**

There are occasions when you might miss clocking in and out. Some of these reasons include:

1. You are getting in the habit of clocking in and out and simply forgot. Don't make this a habit as it might result in disciplinary action.
2. You were scheduled at the beginning or end of the day to be at a location that is not on the district network
3. Or for other reasons that will be determined to be acceptable by your supervisor.

Once you realize you have missed clocking in or out, complete a Missed Punch Form. sign it and have your supervisor sign it. Give the school secretary a copy of your completed form and she will forward the completed form to Renae Humphrey at [renae.humphrey@westernline.org](mailto:renae.humphrey@westernline.org) in the Payroll Department. Failure to do so could result in your time being docked and/or your check being incorrectly processed.

## **Requesting Leave**

### **Sick/Personal/Vacation Leave**

If you should need to take a day off for sick, personal, or vacation, you will need to follow the steps below to enter your leave request into Active Resources.

1. Login to Active Resources
2. Hover over the employee tab
3. Click on Leave
4. Click on Manage Leave
5. Click on the Drop Down and choose the reason you are requesting
6. Add a comment for your supervisor
7. Add the date you are requesting
8. For hourly employees, enter the hours requesting
9. For salaried employees, enter either a half day or a full day
10. Click Request Leave

\*If you miss more than 3 consecutive days, you must complete a “Request of Staff Absentee Slip” form and return to the Payroll Department with a doctor's excuse.

***\*\*\*EACH LEAVE DATE NEEDS A SEPARATE LEAVE REQUEST IN ACTIVE RESOURCES\*\*\****

## **Professional Development/Jury Duty/Bereavement Leave**

If you need to take off work for Professional Development, Jury Duty or bereavement, you must complete a “Request of Staff Absentee Slip”. This form must be signed by your supervisor. Give the school secretary a copy of your completed form and she will forward the completed form to Renae Humphrey at [renae.humphrey@westernline.org](mailto:renae.humphrey@westernline.org) in the Payroll Department. Failure to do so could result in your time being docked and/or your check being incorrectly processed.



# Western Line SCHOOL DISTRICT

## LEAVE POLICY

### LICENSED PERSONNEL CONTRACTED FOR FULL YEAR

#### ANNUAL SICK LEAVE

1. Licensed Personnel contracted for employment for a regular teacher contract (school) year shall be credited with seven (7) days annual sick leave, with full pay, for each full contract year for absences due to any personal illness or physical disability. These days can be used each year when there is illness or death in the immediate family of the licensed personnel. Interpretation of immediate family: For illness – the spouse, child or parent of the licensed personnel. For death – the spouse, child, parent, brother or sister of the licensed personnel.
2. Any unused portion of said annual sick leave shall be carried forward to succeeding school years and credited to the licensed personnel until said licensed personnel retires or terminates employment with the Western Line School District. There shall be no maximum placed on the number of days which an employee can accumulate.
3. Regardless of the number of annual sick leave days accumulated, licensed personnel shall be entitled to use a maximum of thirty (30) days in any given year, except in the case of catastrophic illness. In cases of catastrophic illness or accident, licensed personnel may request the use of an additional fifteen (15) days of accumulated sick leave. All medical leaves will fall under the Family Medical Leave Act guidelines whether catastrophic or not. Any medical absence lasting over seven (7) days must be a FMLA leave and all the guidelines set forth in the FMLA Act of 1993 must be adhered to. The employee is required to use paid leave benefits concurrently with FMLA. Medical certification is required. Employees must submit in writing to the Superintendent and make a reasonable effort to schedule leave so as not to unduly disrupt the employer's operation. A thirty (30) day written notice is required. The Superintendent has the authority to waive this for emergencies. The district's FMLA year will be July 1 thru June 30.
4. No licensed personnel shall be permitted to transfer unused accumulated sick leave from another school district to the WLSL. However, in the event any public school licensed employee transfers from one public school district in Mississippi to another, any unused portion of the total sick leave allowance credited to such licensed employee shall be credited to such licensed

employee in computation of unused leave for retirement purposes under Section 25-11-109, Mississippi Code of 1972.

5. In the event of a teacher's termination of employment, for whatever reason, for a period in excess of one year, that licensed personnel shall forfeit any accumulated sick leave and shall be entitled to no benefits there from in the event he/she is reemployed more than one year later in the Western Line School District. Upon termination of employment and receipt of written request from the licensed personnel, the district shall verify, for retirement credit of fifteen (15) or more days (the number of annual sick leave days accumulated by the licensed personnel), to the Mississippi Public Employees Retirement System. Once accumulated leave days have been reported to the retirement system, they shall not be used again for sick leave purposes.

### **EXTENDED SICK LEAVE**

1. For the first ten (10) days of absence of a licensed employee because of illness or physical disability, in any school year, in excess of the sick leave allowance credited to such licensed employee, there shall be deducted from the pay of such licensed employee the established substitute amount of licensed employee compensation paid in that local school district, necessitated because of the absence of the licensed employee as a result of illness or physical disability.

2. Except as hereinafter provided, for each day's absence in excess of aforesaid ten (10) days extended sick leave, there shall be deducted from such licensed personnel's salary an amount equal to a full day's pay. A full day's pay shall be determined by dividing the total number of contracted days into the total amount provided as compensation in such teacher's contract.

3. In addition to the uses of extended sick leave for a licensed personnel's own illness or physical disability, such teacher may also use extended sick leave for one of the following reasons:

- Serious illness of a member of the licensed personnel's immediate family, i.e., spouse, child, sister, brother, parents, or legal guardians.
- Death in the immediate family, including the above-named persons and aunts, uncles, grandparents, nephews, nieces, or other persons of like relationship by marriage.

4. Extended sick leave may not be accumulated.

### **PERSONAL LEAVE**

1. Licensed personnel shall be granted two (2) days of personal leave, for absences caused by personal reasons. Personal Days, if not used may be carried forward, up to 5 days, to the next

year. Additional personal days not utilized by a licensed personnel, in any contract year shall be converted to accumulated sick leave and added to the licensed personnel's total accumulated sick leave.

2. Personal leave may be used for any purpose.

3.a. Personal leave shall not be approved or taken on the first or last day of the school term, on the day prior to or following a school holiday (any day school is scheduled to be out on the school calendar), on a State Testing day, or a day on which semester or final examinations are scheduled to be administered.

3.b. Personal leave may be approved the day before, the day after a holiday, on the first or on the last day of school only for those who have 30 days of leave built up in service to the district or 10 years of service to the district.

4. Requests for personal leave shall be made, in writing, to the principal at least three (3) days prior to the date of requested absence. If the principal can grant the request without detriment to his/her school program, he/she shall approve said request and forward it to the Superintendent for final approval. The Superintendent may grant exceptions to the three-day notification requirement in cases of emergency or in cases where the licensed personnel could not have anticipated the absence.

5. The Superintendent may, at his/her discretion, allow a licensed personnel personal leave in addition to the leave allowed hereinabove under the condition that there shall be deducted from the salary of said licensed personnel an amount equal to the maximum compensation which would be paid a district substitute.

## **OTHER LICENSED PERSONNEL**

### Based on number of working days

180 - 200 days	7 Sick; 2 Personal
205 - 215 days	8 Sick; 2 Personal
220 - 230 days	9 Sick; 2 Personal
231 - 250 days	10 Vacation; 9 Sick; 2 Personal

## **REPLACEMENT TEACHERS**

### **ANNUAL SICK LEAVE**

1. Replacement teachers employed after the beginning of a school year, whether under contract or not, shall be entitled to one day of sick leave for each thirty (30) days of work completed in a single school year, with full pay for absences due to any personal illness or physical disability. No such teacher shall be granted more sick leave days than those accrued at time of illness. In the event such teacher has absences for illness or disability in excess of accrued sick leave days, but subsequently earns additional sick leave days that school year, such teacher shall receive credit for such additional sick leave days against such earlier absences on his/her final payroll check. Such teacher may use one day of the earned annual sick leave for each sixty (60) days of work completed when there is an illness or death in the immediate family of the teacher. Immediate family for illness would be defined as the spouse, child, or parent of the teacher. Death in the immediate family would also be extended to brother and sister.

2. Except as stated in paragraph 1 above, the sick leave policy for replacement teachers shall be the same as the sick leave policy for teachers contracted for a full year.

### **EXTENDED SICK LEAVE**

1. Replacement teachers shall be allowed one (1) day of extended sick leave for each eighteen (18) days of work completed, for which there shall be deducted from each teacher's salary one full day of substitute teacher pay. No such teacher shall be granted more extended sick leave days than those accrued at time of illness. In the event any such teacher has absences for illness or disability in excess of accrued extended sick leave days, but subsequently earns additional extended sick leave days that school year, such teacher shall receive credit for such additional extended sick leave days against such earlier absences earned on his/her final payroll check.

2. Except as hereinafter provided, for each day's absence in excess of the aforesaid extended sick leave days, there shall be deducted from such teacher's salary an amount equal to a full day's pay. If not otherwise known, a full day's pay shall be determined by dividing the total number of days for which such teacher has been contracted or employed into the total amount provided as compensation in such teacher's contract.

3. In addition to the use of extended sick leave for a teacher's own illness or disability, such teacher may also use extended sick leave for any of the following reasons:

- Serious illness of a member of the teacher's immediate family, i.e., spouse, child, sister, brother, parents or legal guardian.

- Death in the immediate family, including the above-named persons and aunts, uncles, grandparents, nieces, nephews, or other persons of like relationship by marriage.

4. Extended sick leave may not be accumulated.

## **PERSONAL LEAVE**

1. Replacement teachers shall be allowed one day of personal leave for each ninety (90) days or work completed.
2. Otherwise, the same policy for personal leave shall apply to replacement teachers as applies to teachers employed for the entire year.

## **GENERAL PROVISIONS**

1. Any absence from work as a result of illness, physical disability or other good cause set forth in this policy shall be reported to the employee's supervisor before 7:00 a.m. of the date of such absence.
2. No employee shall be entitled to annual sick leave or any previously earned accumulated sick leave for absences from work resulting from optional dental or medical treatment or surgery which could, without medical risk, have been performed at a time when school was not in regular session. Such absences shall result in forfeiture of pay for each day's absence except for absences not reasonably anticipated from dental or medical treatment or surgery performed on such employee during a weekend or school holiday when school is in regular session.
3. A certificate from a physician or dentist may be requested by a supervisor from any employee who is absent for four (4) or more consecutive days or for two (2) consecutive days immediately preceding or following a non-school day.
4. The Superintendent shall have authority to penalize any employee who makes a materially false statement as to the cause of any absence. Any employee charged with making a materially false statement as to the cause of any absence shall be entitled to Notice and a Hearing before the Superintendent in accordance with the Rules of Procedure adopted by the Board of Trustees of the Western Line School District. Any employee found guilty of making such materially false statement may be ordered by the Superintendent to forfeit an amount equal to one day's salary for each day of such absence and/or to forfeit a portion of accumulated leave previously earned by such employee.

5. In the event that any licensed employee's illness or physical disability shall extend for such a period of time beyond accumulated and extended sick leave so as to necessitate the hiring of a replacement teacher for the balance of a school year, such employee shall be guaranteed reemployment in his/her former position for the succeeding school year, provided that such employee shall be recommended for employment by the building principal, and there shall be no loss of "seniority" for salary purposes if such employee is absent less than sixty (60) days of the contract (school) year.

6. Employees of the Western Line School District who are absent from work as a result of jury service or attendance as a party or witness in any court or before any administrative agency shall be entitled to an excused absence which shall not be included as sick leave or personal leave. Such absences shall be excused upon the presentation to such employee's building principal or supervisor of a summons, subpoena or other valid written statement that such absence occurred as the result of jury service or attendance as a party or witness in a legal proceeding.

In the event that any such employee is released from jury service or attendance as a party or witness before 11:00 a.m. of a work day, such employee shall report to his/her building principal or supervisor for such assignment or work as may be appropriate under the circumstances.

7. Substitute teachers will be paid for a full day of work or any part thereof under the schedule established by the district.

8. Personnel who are absent for more than 3½ hours in the day will be charged one full day-- either for a personal, a sick leave day, or for an extended sick leave day. Personnel who miss work and who are absent for less than 3½ hours will be charged for one-half (1/2) day – either for personal leave, sick leave, or for extended sick leave.

9. Personnel who are absent beyond the personal days and the allotted sick leave days will have deducted the cost of a substitute for extended sick leave days, and a full day's pay for days beyond the extended sick leave time.

## **SUPPORT PERSONNEL**

### **Sick Leave**

1. Support personnel shall be entitled to sick leave days and personal days depending on the number of contracted days. Personal days may accumulate up to five (5) with additional days rolling over to sick days. Support personnel may use up to eighteen (18) days of accumulated sick leave within a school year, however, FMLA guidelines must be adhered to.



2. A full day's pay will be deducted for each day missed after sick leave / accumulated sick leave and personal days are used up.

3. Support personnel shall be entitled to the following:

180 - 200 days	7 Sick; 2 Personal
205 - 215 days	8 Sick; 2 Personal
220 - 230 days	9 Sick; 2 Personal
231 - 250 days	10 Vacation; 9 Sick; 2 Personal

Support Personnel employed after the beginning of a school year, whether under contract or not, shall be entitled to one day of sick leave for each thirty (30) days of work completed in a single school year, with full pay for absences due to any personal illness or physical disability.

The Superintendent shall have the authority to penalize any employee who makes a materially false statement as to the cause of any absence.

The nature of classification of any absence not covered by this policy shall be determined by the Superintendent. Any employee aggrieved by the decision of the Superintendent may have an appeal of such decision to the Board of Trustees.

### **FAMILY AND MEDICAL LEAVE**

**See Policy GBRIA**

### **MILITARY LEAVE**

Law on the subject of employees called to military service is covered in Mississippi Code 1972, §33-1-21.

All employees of the Western Line School District who shall be members of any reserve components of the armed forces of the United States, or former members of the service of the United States discharged or released there from under conditions other than dishonorable, shall

be entitled to leave of absence from their respective duties, without loss of pay, time, annual leave, or efficiency rating, on all days during which ordered to duty to participate in training at encampments, field exercises, maneuvers, outdoor target practice, or for other exercises, for periods not to exceed fifteen (15) days. All such employees shall for periods in excess of fifteen (15) days, be entitled to leave of absence from their respective duties without loss of time, annual leave, or efficiency rating until relieved of duty.

When relieved from such duty, all such employees shall be restored to the positions held by them when ordered to duty, or a position of like seniority, status, and pay; provided that such person: (1) when discharged or released from the armed forces shall have received a certificate of satisfactory completion of service, (2) shall be still qualified to perform the duties of such position, (3) shall make application for reemployment within 90 days after such person is relieved from such training and service or released from hospitalization for a period of not more than one year for causes attributable to such services.

The fact that there has been a change of administration affecting any position in the Western Line School District shall in no manner affect or deny to such person his former position, and regardless of any limitation on the number of employees, such person shall be re-employed.

Re-employment protection is not extended to employees dishonorably discharged from military service.

LEGAL REF.: Mississippi Code, Section 33-1-19 & 33-1-21

Employees released from military service have 90 days to apply for reemployment and cannot be discharged “without cause” within one (1) year after reinstatement to their school district positions. The law adds that reemployment protection is not extended to employees dishonorably discharged from military service.

If the time of call to active duty is optional for the employee, this school district expects that the employee choose a time for reporting to active duty that is least disruptive to the district.

This district shall comply with the Uniformed Services Employment And Reemployment Rights Act of 1994 (“USERRA”) which, among other things, removes the distinction between active service personnel and reserve personnel from the employer’s perspective. Further, the Act prohibits an employer from denying “initial employment, reemployment, retention in employment, promotion, or any benefit of employment” to a person who is a member of or applies to be a member of the uniformed services, or who is performing, has performed, or has applied to perform services in a uniformed service. (See USERRA for all provisions of the Act.)

## **EXTENDED SICK LEAVE**

A certification from a physician or dentist is required for any and all extended sick leave days.

## **PROFESSIONAL LEAVE**

The Western Line School District Strategic Plan states that we will not implement any new program or service unless it is accompanied by adequate staff development. Our district strongly supports and encourages professional development. However, if teachers are out of the classroom for an excessive number of days, our students will not be able to demonstrate appropriate growth toward achievement of the academic goals on their annual individual learning plan. Therefore, absences for professional leaves or meetings must take into consideration the good of pupils and the entire school. The requesting teacher's record of attendance and the benefit of the meeting to our students will be considered. Absences for professional leaves or meetings must be requested in writing to the principal. The request for leave should be arranged as far in advance as possible. Professional leave days approved by the employee's principal/supervisor will not be deducted from the employee's leave total.

A classroom teacher who has a full-time assistant teacher in his/her classroom may use the assistant teacher as his/her substitute when absent for no more than three (3) consecutive days

## **ADMINISTRATIVE LEAVE/JURY DUTY**

This School Board shall provide leave with pay for employees who serve as witnesses under subpoena and/or on juries for five (5) consecutive days. After (5) days, leave must be approved by the Superintendent. The School Board cannot recover jury fees from employees who serve on juries.

## **WORKER'S COMPENSATION BENEFITS**

See Policy GBRHF, Coordination of Benefits

## **RETIREMENT**

Upon retirement from employment, each licensed and nonlicensed employee shall be paid for not more than thirty (30) days of unused accumulated leave earned while employed by the school district in which the employee is last employed. Such payment for licensed employees shall be made by the school district at a rate equal to the amount paid to substitute teachers and for nonlicensed employees, the payment shall be made by the school district at a rate equal to the federal minimum wage. The payment shall be treated in the same manner for retirement purposes as a lump sum payment for personal leave as provided in Section 25-11-103 (e). Any

remaining lawfully credited unused leave, for which payment has not been made, shall be certified to the Public Employee's Retirement System in the same manner and subject to the same limitations as otherwise provided by law for unused leave. No payment for unused accumulated leave may be made to either a licensed or nonlicensed employee at termination or separation from service for any purpose other than for the purpose of retirement.

## **RULES AND REGULATIONS**

The school board may adopt rules and regulations which will reasonably aid to implement the policy of sick and personal leave, including, but not limited to, rules and regulations having the following general effect:

1. Requiring the absent employee to furnish the certificate of a physician or dentist or other medical practitioner as to the illness of the absent employee, where the absence is for four (4) or more consecutive school days, or for two (2) consecutive school days immediately preceding or following a nonschool day;
2. Providing penalties, by way of full deduction from salary, or entry on the work record of the employee, or other appropriate penalties, for any materially false statement by the employee as to the cause of absence;
3. Forfeiture of accumulated or future sick leave, if the absence of the employee is caused by optional dental or medical treatment or surgery which could, without medical risk, have been provided, furnished or performed at a time when school was not in session;
4. Enlarging, increasing or providing greater sick or personal leave allowances than the minimum standards established by this section in the discretion of the school board of each school district.

## **PAYMENT OF SUBSTITUTE EMPLOYEES**

School boards may include in their budgets provisions for the payment of substitute employees, necessitated because of the absence of regular licensed employees. All such substitute employees shall be paid wholly from district funds, except as otherwise provided for long-term substitute teachers in Section 37-19-20. Such school boards, in their discretion also may pay, from district funds other than adequate education program funds, the whole or any part of the salaries of all employees granted leaves for the purpose of special studies or training.

## **NON-LICENSED AND HOURLY PAID SCHOOL EMPLOYEES**

The school board may further adopt rules and regulations which will reasonably implement such leave policies for all other non-licensed and hourly paid school employees as the board deems appropriate.

## **VACATIONS AND PERSONAL LEAVE**

Vacation leave granted to either licensed or non-licensed employees shall be synonymous with personal leave. Unused vacation or personal leave accumulated by licensed employees in excess of the maximum five (5) days which may be carried over from one (1) year to the next may be converted to sick leave. The annual conversion of unused vacation or personal leave to sick days for licensed or unlicensed employees shall not exceed the allowable number of personal leave days as provided in Section 25-2-93. The annual total number of converted unused vacation and or personal days added to the annual unused sick days for any employee shall not exceed the combined allowable number of days per year provided in Sections 25-3-93 and 25-3-95. Local school board policies that provide for vacation, personal and sick leave for employees shall not exceed the provisions for leave as provided in Sections 25-3-93 and 25-3-95. Any personal or vacation leave previously converted to sick leave under a lawfully adopted policy before May 1, 2004, or such personal or vacation leave accumulated and available for use prior to May 2, 2004, under a lawfully adopted policy but converted to sick leave after May 2, 2004, shall be recognized as accrued leave by the local school district and available for use by the employee. The leave converted under a lawfully adopted prior to May 1, 2004, or such personal and vacation leave accumulated and available for use as of May 1, 2004, which was subsequently converted to sick leave may be certified to the Public Employees' Retirement System upon termination of employment and any such leave previously converted and certified to the Public Employees' System shall be recognized.

Non-Certified Employees scheduled to work during holiday weeks will be required to work these days to fulfill their at-will agreement. These days are set aside for projects that typically need to be done when students are not present. These weeks include Spring Break, Thanksgiving and the Christmas / New Year Break.

Vacation and Personal days will not be approved. Sick days will only be approved with a doctor's excuse.

## **DEFINITIONS**

For the purposes of this subsection, the following works and phrases shall have the meaning ascribed in this paragraph unless the context requires otherwise:

1. "Catastrophic injury or illness" means a life-threatening injury or illness of an employee or a member of an employee's immediate family that totally incapacitates the employee from work, as verified by a licensed physician, and forces the employee to exhaust all leave time earned by that employee, resulting in the loss of compensation from the state for the employee. Conditions that are short-term in nature, including, but not limited to, common illnesses such as influenza and the measles, and common injuries, are not

catastrophic. Chronic illnesses or injuries, such as cancer or major surgery, that result in intermittent absences from work that are long-term in nature and require long recuperation periods may be considered catastrophic.

2. Immediate family means spouse, parent, stepparent, sibling, child or stepchild, grandparent, stepbrother, or stepsister.

Any school district employee may donate a portion of his or her unused accumulated personal leave or sick leave to another employee of the same school district who is suffering from a catastrophic injury or illness or who has a member of his or her immediate family suffering from a catastrophic injury or illness, in accordance with the following:



# Western Line SCHOOL DISTRICT

## **BEREAVEMENT POLICY**

Employees of this district shall be allowed three (3) consecutive work leave days due to each account of death in the immediate family. An absence of two (2) days is allowed on the account of death for other family members.

**Immediate family** is defined as: spouse, children, step-children, brother/sister, parent, step-parent, step-brother/sister.

**Other family members** are defined as follows: Spouse's immediate family (mother-in-law, father-in-law, brother/sister-in-law, daughter/son-in-law), grandparents or grandchildren.



# Western Line SCHOOL DISTRICT

## FMLA Guidelines

Eligible employees are entitled to 12 workweeks (60 days) of unpaid, job protected leave for certain family and medical reasons. Employees are eligible if they have worked for WLSD for at least 12 months, have worked at least 1250 hours in the 12 months preceding the leave and work at a site with at least 50 employees within 75 miles. The FMLA permits employees to take this leave intermittently or work a reduced schedule under certain circumstances.

### Reasons for which FMLA May Be Used

- The birth of a child, or placement of a child with you for adoption or foster care
- Your own serious health condition
- Because you are needed to care for your spouse, child or parent due to his/her serious health condition
- Because of a qualifying exigency arising out of the fact that your spouse, son or daughter or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves
- Because you are the spouse, son or daughter or next of kin of a covered servicemember with a serious injury or illness

### Important Notes

- Documentation is required.
- Employee is required to give 30 days advanced notice and medical certification when “foreseeable.” Taking of leave may be denied if requirements are not met.
- FMLA runs concurrently (at the same time as) with any accumulated sick leave, vacation, or comp time the employee has available.
- Any qualifying event that causes an employee to miss 3 or more days of work MUST be reported as FMLA.

### Job Benefits and Protection

- An employee is entitled to the continuation of group health insurance coverage during FMLA leave on the same terms as if he or she had continued to work.
- Upon return from FMLA leave, the employee must be restored to their original or equivalent position with equivalent pay, benefits, and other employment terms.
- The use of FMLA cannot result in the loss of any employment benefit that accrued prior to the start of FMLA.



## **Military Family Leave**

- Military Family Leave is an amendment to the FMLA which allows an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to 26 work weeks of leave in a single 12 month period to care for the servicemember.
- Eligible employees are entitled to 26 work weeks leave because of "any qualifying exigency" arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of impending call to active duty status, in support of a contingency operation.



**Western Line**  
SCHOOL DISTRICT

# Control Procedures

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# Western Line SCHOOL DISTRICT

## **Procedures for EEF Procurement Cards**

### **Initial Distribution**

1. Upon receipt of cards in the Business Office, the Business Manager will create an excel file using the card numbers to be issued.
2. Prior to August 1, the Business Manager will assign each eligible employee an EEF card
3. Each eligible employee will be provided with two copies of the EEF Card Teacher Agreement Form. Both copies are to be signed. One copy will be maintained by the Business Manager and the other copy will be retained by the employee.
4. Each employee will sign a designated form declaring that they received their EEF card. This form will be maintained in the Business Office.

### **Collection of Cards**

1. Employees will return their EEF cards to the Principal or designated employee at the school.
2. The Principal or their designee will have the employee sign that they returned their card and verify that the card being returned is the card issued to them.
3. After all cards have been collected at the school, the Principal will return cards to the Business Manager for disposal.

### **Termination of Employee**

1. Upon the Superintendent's notification that an employee has been terminated, the employee will surrender the card to the school secretary or directly to the Business Office.
2. If the card is surrendered to the school secretary, the school secretary will forward the card to the Business Manager. The EEF Procurement card is immediately canceled by calling the commercial card center at (888) 494-5141 and requested to be deactivated.
3. If the cardholder fails to surrender the card, the card will be immediately canceled by calling the commercial card center at (888) 494-5141 and requested to be deactivated.
4. After the card is deactivated, the card is then destroyed (shredded) by the Business Manager.



# Western Line SCHOOL DISTRICT

## **Control Procedures for All Significant Transaction Classes**

### **CASH RECEIPTS**

Cash includes cash in bank depositories, cash funds on hand, and un-deposited cash receipts from specific donors or other sources. There are various financial reports generated by the system from the recording of cash receipt transactions, they are: A Journal Detail with Account Balance Report, Receipt Journal Report, Cash Reconciliation Report, Cash Register Report, Balance Statement Cash Report, and a Trial Balance Detail Report for Cash.

### **CASH RECEIPT- ACTIVITY FUNDS**

Activity funds are composed of two (2) fund types: Student Activity Fund and Athletic Fund. The general ledger fund numbers of Student Activity Funds are 1151, 1152, 1157, 1158. The general ledger fund numbers for the Athletic Funds are 1155 and 1156.

Student Activity Funds may be received from vending machines placed in schools, from donors, field trip fees, school day pictures, concessions and miscellaneous activities.

Student Activity Funds are used to pay for student field trips, to purchase items, (pencils or other testing materials) for students testing, to defray costs of homecoming activities and for other student activities.

#### **I. STUDENT ACTIVITY FUNDS**

When a school receives cash, the following control procedures are performed.

##### **Principal or Secretary**

1. Principal or Secretary, who is designated by the Principal, completes a three (3) part receipt and a deposit log form for all cash received.
2. Gives one copy of the three part receipt to the vendor, donor, or individual who provided the funds to the school.
3. Retains one copy of the receipt in the receipt book and submits the deposit log form and one copy of the receipt to the Business Office on a monthly basis. Deposits are made daily.

### **Superintendent Office Receptionist**

1. Receives cash or checks.
2. Date stamps documents as received.
3. Counts money in the presence of person submitting funds as verification of amount received.
4. Prepares a receipt.
5. Gives one copy to person.
  
6. Gives written receipts and funds received to Accounts Payable clerk.

### **Accounts Payable Clerk**

1. Receives copy of receipt and funds.
2. Prepares deposit slip and takes funds to the bank for deposit.
3. Gives Business Manager a copy of deposit slip and all corresponding documents.

### **Business Manager**

1. Receives a copy of written receipts and bank deposit receipts.
2. Records receipt transaction in cash receipts journal in Marathon.
3. Prints journal entries and places in monthly folder for bank reconciliations

## **II. ATHLETIC FUNDS**

Athletic Funds are received for the athletic programs at all school locations, but primarily the High Schools. Those athletic programs supported by such funds include: football, basketball, baseball, softball, volleyball, soccer, and track.

DragonFly is used to pay Game Officials for different sports. Athletic fund receipts are used to pay for security personnel, repairs, and maintenance, rental of equipment, travel to sporting events, the purchase of food, athletic equipment, supplies, dues, and fees, and to purchase resale items for concessions.

The following control procedures are performed:

## **Before and After Games or Events**

### **Bookkeeper of Principal's Office**

1. Completes the "Ticket Sales Revenue Form", identifying the date of activity, the location of the activity, the type of game or activity, the beginning and ending numbers of the tickets, the color of the tickets, and indicating the price of tickets.
2. Attaches beginning ticket to Ticket Sales Revenue Form.
3. Places tickets and "Ticket Sales Revenue Form" in money bag.
4. Gives money bag to the Athletic Director of school.

### **Assigned People**

1. Write the number of last ticket and amount of money received on "Ticket Sales Revenue Form".
2. Place all money and "Ticket Sales Revenue Form" in a lock bag.
3. Gives a money bag to the Athletic Director or Security for depositing in the bank depository box on game night.

### **Principal, Assistant Principal or Athletic Director**

1. Receives money bag from assigned person.
2. Drops money bag in bank depository.

### **Athletic Director**

1. Picks up a money bag from the bank and makes a deposit.
2. Take the deposit receipt to the Secretary of Principal's Office .

## **Athletic Funds - Other than Events**

### **Principal or Secretary**

1. Receives funds from Athletic Director.
2. Counts funds in the presence of Athletic Director verifying amount.
3. Writes a receipt book and gives to the Athletic Director submitting funds.
4. Gives receipt book and School Event Receipt Forms to the Principal for review.

### **Principal**

1. Receives receipt book and School Event Forms.
2. Reviews receipts recorded in receipt book and School Event Receipt Forms.
3. Signs School Event Receipt Forms verifying information recorded is correct.

### **Principal's Bookkeeper**

1. Receives receipt book and school event receipt forms.
2. Submits School Event Receipt Forms, and copies of written receipts along with the school event receipt forms to the Superintendent's office.

### **Business Manager**

1. Receives deposit slip and receipt warrant with attached documents.
2. Files copy receipt warrant and attachments.
3. Creates journal entry to record funds deposited.
4. File documents until time to reconcile bank statements.

### **Pre-game Receipts**

On the day of the game, tickets can be bought from the Principal's Office. The last ticket sold should be indicated on the School Event Receipt Form.

Once revenue from ticket sales is received by the Athletic Director, Principal, or Assistant Principal, the funds are immediately taken to the bank for deposit. However, in the event funds are received too late for bank deposit they are secured in a locked safe until the next business day. When the bank opens, funds are deposited by the Athletic Director, Principal or designated person.

## **III. CLUB FUNDS**

The purpose of club funds is to provide items needed by the club and gain membership for participation in competitions (District & State). Dues are paid by participants once a year. All club funds are deposited into the Schools Activity Fun.

The High School Club Fund is maintained by the High School Bookkeeper. There is one receipt book for teachers maintained in the Principal's Office. The teacher will write out receipts and give to the students for dues paid.

The following control procedures are performed:

### **Teachers**

1. Prepare three part receipt and give one copy to student for payment of membership dues.
2. Give all receipts and funds to Principal or Secretary.

### **Principal's Secretary – (sometimes Principal accept funds)**

1. Receives receipts and funds.

2. Counts funds in the presence of teacher verifying amount.
3. Writes a receipt and gives to the teacher submitting funds.
4. Gives receipt book to the Principal for review as requested.

### **Principal**

1. Upon request, receives receipt book.
2. Review receipts recorded in receipt book.
3. Returns receipt book to Secretary.
4. Requests Secretary to prepare a deposit slip.
5. Requests Secretary to prepare monthly Transmittal Report at the end of each month of all receipts and disbursements.

### **Secretary**

1. Receives receipt book.
2. Prepares deposit slip and gives to the Principal along with cash.
3. Prepares Transmittal Reports at the end of each month.
4. Submit Transmittal Report to Principal for reviewing and signing

### **Principal**

1. Receives deposit slip and cash.
2. Makes deposit at the bank or sometimes authorize secretary to make deposit.
3. Receives bank receipt.
4. Submits to Secretary for filing with copies of remitted receipts, and deposit slips until the end of the month
5. At the end of month, receives Transmittal Report and sign form.
6. Returns signed monthly Transmittal Report to Secretary for delivery to the District's Central Office. **(Transmittal reports must be submitted to the Central Office no later than two business days after the close of the month.)**

### **Secretary**

1. Receives signed transmittal report.
2. Delivers signed transmittal report, copy of written receipts and deposit slips to Superintendents Office.

### **Secretary of Superintendent's Office**

1. Receives receipts, Transmittal Report and deposit slips.
2. Date stamps documents as received.
3. Gives written receipts, Transmittal Report, and deposit slip to the Business Manager.



### **Business Manager**

1. Receives copy of receipts, deposit slip and Transmittal Report.
2. Record journal entry in cash receipts journal. The amount is then automatically posted to general ledger.
3. Files all documents until time to reconcile bank statements.

## **IV. LOCAL, STATE, & FEDERAL SOURCE REVENUES**

The District's local source, state source and federal source revenues are derived from various sources as follow:

1. Checks through the mail
2. Electronic funds transfer
3. Transfer in
4. Investment income

**A.** Local Revenues are used to offset various expenditures associated with student activities and transportation costs.

Some local source revenues include: Ad Valorem taxes, Mineral Lease Taxes, Daily sales of breakfast and lunch, Earnings on Investments, and other local revenues, all general fund series 1100.

Control Procedures for Local Sources are as follow:

### **Superintendent's Secretary**

1. Receives checks by mail and hand delivered.
2. Date stamps checks.
3. Receipts checks in receipt book.
4. Gives checks to Accounts Payable Clerk.

NOTE: If cash is received the Secretary will count the money in the presence of the person submitting the funds verifying the amount received. Then she will prepare a receipt giving one copy to the person submitting funds, file one copy for her records, and give another copy to the Accounts Payable Clerk along with the cash.

### **Accounts Payable Clerk**

1. Receives checks
2. Stamps them "For Deposit Only"
3. Makes copies of checks.
4. Takes checks and deposit slips to the bank.

### **Business Manager**

1. Receives copy of deposit slips and attached documents from AP Clerk.
2. Records journal entry in cash receipts journal. The amount is automatically posted to the general ledger.
3. Files deposit slips, receipts and supporting documents.
4. Bank Reconciliation are performed by the **Business Manager**

**B.** State Source Revenues such as Homestead Exemption funds which are mailed or hand delivered to the District are recorded in the same manner as the Local Source Revenue identified above at alphabet A. However, some state source revenues such as Driver Education, Mississippi Adequate Education Program (MAEP) funds, Education Enhancement Funds (EEF), Ad Valorem Tax Reduction Funds, Gifted Allocation funds, Alternative School Education Allocation funds, and Transportation Allocation funds are received by electronic funds transfer (EFT) through the Pay Mode System of the State Source disbursing revenue.

Control Procedures for State Sources provided Electronic Funds Transfer (EFT):

The Business Manager Receives a notice by email of all electronic fund transfers received by District.

### **Business Manager**

1. Logs on to pay mode system.
2. Prints receipt report of funds received.

### **Business Manager**

1. Record journal entry in cash receipt journal. The amount is automatically posted to the general ledger
2. Documentation is filed to use for reconciliation.

**C.** Federal Source Revenues such as National Forest Funds and E-Rate Funds are mailed or had delivered to the District and recorded in the same manner as the

Local Source Revenue identified above in section A. A portion of E-Rate revenues are also received monthly in the form of a credit on the District's telephone bill. The credit received is recorded annually in the form of a journal entry prepared by the Business Manager. Other funds such as TVA (Tennessee Valley Authority) funds, Grant In-Aid funds, and Child Nutrition funds are received vial electronic funds transfer (EFT) through the Pay Mode system of the Federal Source disbursing revenue and follow the same control procedures as those identified in section B for State source revenues.

## **V. DAILY SALES FOR SCHOOL BREAKFAST AND LUNCH**

Schools receive funds from the sale of breakfast and lunch to students and adults and by selling extra food during breakfast and lunch. General ledger fund accounts 2110-1622 and 2110-1621 are affected by the recording of school lunch and breakfast revenues.

Control procedures for receiving funds are as follows:

### **Cashier**

1. Accepts money from adults and students and place in cash drawer.
2. At the end of breakfast/lunch remove money from cash drawer.
3. Prepares a "cash collection daily reconciliation sheet" of the daily sales and meal count for breakfast and lunch as the Cafeteria Manager observes.
4. Signs the "cash collection daily reconciliation sheet".
5. Gives the reconciliation sheet to the cafeteria manager for her signature.

### **Cafeteria Manager**

1. Receives "cash collection daily reconciliation sheet" , review and sign form.
2. Prepare a deposit slip.
3. Take deposit slip and cash to the bank for deposit in the School Lunch Account.
4. Receive bank receipt.
5. Copy bank receipt, deposit slip, and cash collection daily reconciliation sheet.
6. Retain copies of documents for file.
7. Take copy of bank receipt, deposit slip and cash collection daily reconciliation sheet to the School Districts Central Office.

### **Food Service Director**

1. Receives all documents.
2. Date stamp documents as received.
3. Gives documents to Business Manager.

**Business Manager**

1. Receives all documents.
2. Records food sales using a “daily reconciliation summary sheet”.
3. At the end of each month prepare a “school lunch reconciliation report” of all food sales that occurred weekly at each school.
4. Records a journal entry of daily food sales using the daily reconciliation summary sheet and the school lunch reconciliation report.
5. Retain bank receipts, deposit slip, cash collection daily reconciliation sheet, and school lunch reconciliation report on file.



**Western Line**  
SCHOOL DISTRICT

# Chart of Accounts

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# Western Line SCHOOL DISTRICT

## Fund and Account Coding Descriptions

**Fund or Account Group Code** – The first four digits will identify the fund or account group for which the transaction will be processed and recorded in.

**General Ledger Code** – The three digit general ledger codes identify the balance sheet accounts and the operation accounts for which the transaction will be processed and recorded.

**Function Codes** – The four digit function codes identify revenue or expenditure/expense transaction.

**Program Codes** – The three digit program codes are used to identify an organizational unit or activity for which financial information is to be accumulated.

**Object Codes** – The three digit program codes are used to identify each expenditure/expense transaction.

**Location Code** – The three digit operational unit codes identify the specific school or cost centers of the school district.

**Funds** –1120 - District Maintenance Fund

**GLC - 900**

1130 - Special Education Fund

1140 - Alternative School Fund

1145 - At Risk Fund

1151 - Riverside Elementary

1152 - Riverside High School

1155 - O'Bannon Athletics

1156 - Riverside Athletics

1157 - O'Bannon Elementary

1158 - O'Bannon High School

2110 - Child Nutrition Funds

2211 - Title I Funds

2240 - School Improvement

2311 - Title V Funds

2511 - Title II Funds

2590 - ESSER I Title Funds

2594 – ESSER II

2599 - IDEA Part B ARP

2600 - IDEA Part B ARP Preschool Funds

2610 - Special Education (Federal)

2620 - Preschool (Federal)

2711 - Vocational Funds

**Functions – 1000's Instructional**

2811 - Title VI Funds  
2940 - COPS Grant  
2941 - Gear Up  
2943 - Save The Children  
3011-3999 Capital Project Funds  
4011-4999 Debt Services Funds

**Object Code Number/Descriptions**

100's Personal Services - Salaries  
200's Personal Services – Employee Benefit  
300's Purchased Professional and Technical Services  
400's Purchased Property Service  
500's Other Purchase Services  
600's Supplies  
700's Property  
800's Other Objects

**OBJECT DESCRIPTIONS:**

- (320-329) Professional/Education Services – Expenditure in support of the various policy-making and managerial activities organizations.
- (330-339) Professional/Education Services – Expenditure in support of the various policy-making and managerial activities organizations.
- (340-349) Technical Services – Expenditure which are not regarded as professional but require basic scientific knowledge, manual skills, or both.
- (411-419) Utility Services – Expenditure for utility services supplied by public or private organizations.
- (430-439) Repairs/Maintenance Services – Expenditures for repairs and maintenance services not provided directly by personnel.
- (440-449) Rentals - Costs for renting or leasing land, buildings, equipment and vehicles.
- (490) Other Purchased Property Services - Purchased property services which are not classified above.
- (520) Insurance – (Other Employee Benefits) – Expenditures for all types of insurance coverage including liability (catastrophic) , property.
- (530) Postal Services – Services provided by persons or businesses to assist in transmitting and receiving messages or information.

- (540) Advertising – Expenditures for announcement in professional publications, newspapers, or broadcasting.
- (550) Printing and Binding - Expenditures for job printing and binding.
- (580) Travel and Per diem - Expenditures for transportation, meals, lodging, hotel, and other expenses associated with staff travel.
- (590) Miscellaneous Purchased Services – Purchased services other than those described above.
- (610) General Supplies – Expenditures for all supplies (other than those listed above) including freight and cartage. *Supplies- amounts paid for items that are consumed worn out, or deteriorated through use.*
- (651) Textbooks – Expenditures for textbooks.
- (652 – 659) Books and Periodicals – Expenditures for book and periodicals prescribed and available for general use, including reference books.
- (731-737) Furniture/Equipment – Expenditures for the purchase of furniture and equipment contained in the buildings of the district for which capital asset accountability is required or elected.
- 731 – Computer Equipment < \$ 5000.00 (single item)
- 733 – Computer Equipment > \$ 5000.00 (single item)
- 735 – Furniture/Equipment < \$ 5000.00 (single item)
- 737 – Furniture/Equipment > \$ 5000.00 (single item)
- 738 – Internet Connectivity Equipment < \$ 5,000.00 (single item)
- 739 – Internet Connectivity Equipment > \$ 5,000.00 (single item)
- 740 – Non- Capitalized Equipment
- (810) Dues and Fees- Expenditures or assessments for membership in professional or other organizations or payments to a paying agent for services rendered.

**Location Codes:**

- 01 - Central Office
- 08 - O'Bannon Elementary
- 16 - O'Bannon High School
- 12 - Riverside Elementary
- 20 - Riverside High School



**ACCOUNT CODING EXAMPLES**

<b>Instructional Supplies:</b>	1120-900-1140-000-610-08	(District Maintenance - OBE)
	1120-900-1120-000-610-16	(District Maintenance – OBH)
	1151-900-1920-000-440-12	(Activity Fund – RES; Rental)
<b>Equipment Purchase</b>	1130-900-1220-000-737-01	(Special Ed Dist Mtnc - Copier)
	2610-900-1220-000-731-12	(Special Ed Federal – Printer/RES)
<b>(DVD/VCR)</b>	1152-900-1910-003-735-08	(Activity Fund)
<b>Softball Fees:</b>	1156-900-1910-128-810-08	(Athletic Fund)
<b>Baseball Lunches: (School Food Service)</b>	1120-900-1910-000-612-20	(District Maintenance)
<b>Band Instruments Repair:</b>	1120-900-1920-050-430-16	(District Maintenance)

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**Copy Paper:** 1120-900-1120-000-610-08

**Postage:** 1120-900-2410-000-530-12

**Computer:** 1120-900-2410-000-731-20  
Price \$2,000

**2 Monitors:** 1120-900-2410-000-731-08  
Price \$575 (Flat Screen)

**File Server:** 1120-900-2210-027-733-01  
Price \$ 10,000

**Meeting Fees/Dues:** 1120-900-2410-000-810-12

**TES Teacher  
Conference:** 1120-900-2210-000-580-12

**RES Teacher  
District Travel:** 1120-900-1120-000-580-12

**Principal  
Conference:** 1120-900-2410-000-580-20

**Remember:**

- Purchases under \$5,000 require no written quotes**
- Purchases \$5,000 - \$75,000 require (2) two written quotes**
- Purchases above \$75,000 follow bid procedures**



**Western Line**  
**SCHOOL DISTRICT**

# Documents

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# Western Line SCHOOL DISTRICT

## ELECTRONIC FUNDS TRANSFER APPLICATION

### SECTION 1

#### CREATE OR CHANGE EFT ACCOUNT

To create or change EFT, Check appropriate box below and complete sections 2 & 3.

If cancellation, check box below & complete sections 2 & 4.

- New ACH Account Setup
- Change Financial Institution
- Change Account Number
- Change Account Type

- Cancellation Request

### SECTION 2

#### AUTHORIZATION FOR SETUP, CHANGE, OR CANCELLATION

I authorize Western Line School District (WLSA) to process payments owed to me for services authorized by the school district. Per my request, WLSA shall deposit my payment directly to my bank account indicated below using Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this authorization form, processing may be delayed or made impossible, or my electronic payments may be erroneously made.

I authorize WLSA to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize WLSA to withhold any payment owed to me by WLSA until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to WLSA. The change or revocation is effective on the day WLSA processes the request.

I certify that I have read and agree to comply with WLSA rules governing payments and electronic transfers as they exist on the day of my signature on this form or as subsequently adopted, amended, or repealed.

I authorize WLSA to stop making electronic transfers to my account without advance notice.

I certify that I am authorized to contract for the entity receiving deposits per this agreement and that all information provided is accurate.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

**SECTION 3 (PLEASE TYPE OR PRINT CLEARLY)**

Account Detail Information

Financial Institution Name: \_\_\_\_\_

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

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

Bank Account Number \_\_\_\_\_

Type of Account: \_\_\_ Checking \_\_\_ Savings

**SECTION 4**

Cancellation

Reason for Cancellation: \_\_\_\_\_

Email this completed form to [sgoodwin@westernline.org](mailto:sgoodwin@westernline.org) or mail to Western Line School District, Attention Suzy Goodwin, P O Box 50, Avon MS 38723. If you have any questions about this form or the EFT payment process, please feel free to contact Suzy at the email listed above or call at 662-335-7186, extension 104.

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>OR</b>					
Employer identification number					
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	-				

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



# Western Line SCHOOL DISTRICT

## FIXED ASSETS ACCOUNTABILITY FORM

**Employee Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

Note: Each staff member will be responsible for the fixed assets assigned to his or her location. As a means of accountability, teachers will check fixed assets regularly to ensure that all items are in the assigned locations.

Before signing the form below each month, check to ensure that the items on your listing are in your location. *Again, you are responsible for the items assigned to your location.*

Month	Employee Signature	Room Number/Location
June		
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		

**Supervisor's Signature at End of Year:** \_\_\_\_\_

### Instructions for Fixed Asset Review

- Use only a pencil when correcting, checking, or changing any times on your fixed asset list.
- Do not mark over the fixed asset number when you are checking your list
- Sign the fixed asset sheet by the month listed. Do not sign for the whole year at one time.
- If you have any questions or problems, notify an administrator.



# Western Line SCHOOL DISTRICT

## LOST OR STOLEN PROPERTY AFFIDAVIT

\_\_\_\_\_  
SCHOOL/DEPARTMENT

\_\_\_\_\_  
ADDRESS

Asset Number	Location of Asset (Building & Room)	Description	Police/Sheriff Report Number	Date Purchased	Cost or Value

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the local law enforcement office notified and the date the loss was discovered. If such loss was not reported to a local law enforcement office at the time of the discovery, give a complete explanation of such failure.) Attach copies of police reports, if applicable.

\_\_\_\_\_  
**WE HEREBY STATE THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.**

\_\_\_\_\_  
Principal/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Responsible for Property

\_\_\_\_\_  
Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for \_\_\_\_\_ County, in the State of Mississippi, the above name individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

This document has been reviewed and approved by \_\_\_\_\_.  
Superintendent of Western Line School District



# Western Line SCHOOL DISTRICT

## APPLICATION FOR THE USE OF SCHOOL FACILITIES AND GROUNDS

\_\_\_\_\_  
Organization Making Request

\_\_\_\_\_  
Date of Request

Nature of Performance or Activity: \_\_\_\_\_

Will any type of portable or decorative equipment be used? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Will admission be charged? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Benefit to go to \_\_\_\_\_

Facility	Personnel	Date / Time	Cost

All permits shall be revocable and shall not be considered a lease, and the Board or its authorized agent may reject any application or cancel any permit. It is understood that in all cases, the regular school activities or organizations of the school shall have first preference when requesting the use of any part of the building.

Should the holder of a permit wish to cancel the reserved date, the principal of the building must be notified at least by noon on the date of the meeting or performance. If no notice is received by the principal, and the holder of the permit fails to appear within one hour after the meeting or performance is scheduled to start, the holder of the permit will forfeit all fees applicable. In making this application, the undersigned recognizes that the Western Line School District has and assumes no legal liability for the condition of the premises to be used and that all persons using such premises or facilities are required to do so at their own risk.

\_\_\_\_\_  
Organization Representative

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Date

Application Approved: \_\_\_\_\_

Application Disapproved: \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date





# Western Line SCHOOL DISTRICT

## TRAVEL REQUEST FOR ALL STAFF & STUDENTS

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

Account Code to be Used: \_\_\_\_\_

Type of Meeting: \_\_\_\_\_

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

Date (s): \_\_\_\_\_

Cost:

Registration: \_\_\_\_\_

Hotel: \_\_\_\_\_

Transportation: \_\_\_\_\_

Meals: \_\_\_\_\_

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

Name of Staff Making Trip: \_\_\_\_\_

Number of Students: \_\_\_\_\_

How will student(s)/staff participate: \_\_\_\_\_

\_\_\_\_\_

How will student(s)/staff benefit from trip: \_\_\_\_\_

\_\_\_\_\_

***FOR ALL STUDENT PARTICIPANTS, PERMISSION MUST BE GRANTED IN WRITING BY A PARENT/GUARDIAN AND RETURNED TO THE SCHOOL PRIOR TO THE TRIP***

\_\_\_\_\_

APPROVED: \_\_\_\_\_

SUPERVISOR OR PRINCIPAL

APPROVED: \_\_\_\_\_

SUPERINTENDENT

**NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE SUPERVISOR OR PRINCIPAL NO LATER THAN FIVE (5) WORKING DAYS PRIOR TO THE BOARD MEETING.**

*PRINCIPALS/SUPERVISORS MUST APPROVE AND SUBMIT FORMS TO THE SUPERINTENDENT NO LATER THAN THREE (3) WORKING DAYS BEFORE THE BOARD MEETING.*



# Western Line SCHOOL DISTRICT

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

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

GL Code: \_\_\_\_\_

**\*\*\*\* attach agenda (if applicable), hotel invoice (if applicable), map, board approved travel request, and any other supporting documentation\*\*\*\***

Check Box(es):	In-State	Out-of-State
Non-Taxable Meals		
Lodging / Hotel		
Registration		
Travel in Private Vehicle		
Travel in Rented Vehicle		
Other:		
<b>TOTAL REIMBURSEMENT</b>		

Date	Actual Breakfast	Actual Lunch	Actual Dinner	Total Meals	Daily Max	Hotel
					59.00	
<b>Total</b>						

Date	Purpose	Travel From	Travel To	Total Miles	Total
<b>Total</b>					

I request reimbursement for authorized expenses paid by me for official travel for Western Line School District.

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

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

Verified by: \_\_\_\_\_

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



# Western Line SCHOOL DISTRICT

## Time Card

Month \_\_\_\_\_ Year \_\_\_\_\_ Employee # \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Week 1: _____ through _____						Daily Total
Mon.	In					
	Out					
Tues.	In					
	Out					
Wed.	In					
	Out					
Thurs.	In					
	Out					
Fri.	In					
	Out					
<b>TOTAL HOURS FOR WEEK</b>						
Week 3: _____ through _____						Daily Total
Mon.	In					
	Out					
Tues.	In					
	Out					
Wed.	In					
	Out					
Thurs.	In					
	Out					
Fri.	In					
	Out					
<b>TOTAL HOURS FOR WEEK</b>						

Week 2: _____ through _____						Daily Total
Mon.	In					
	Out					
Tues.	In					
	Out					
Wed.	In					
	Out					
Thurs.	In					
	Out					
Fri.	In					
	Out					
<b>TOTAL HOURS FOR WEEK</b>						
Week 4: _____ through _____						Daily Total
Mon.	In					
	Out					
Tues.	In					
	Out					
Wed.	In					
	Out					
Thurs.	In					
	Out					
Fri.	In					
	Out					
<b>TOTAL HOURS FOR WEEK</b>						

Week 5: _____ through _____						Daily Total
Mon.	In					
	Out					
Tues.	In					
	Out					
Wed.	In					
	Out					
Thurs.	In					
	Out					
Fri.	In					
	Out					
<b>TOTAL HOURS FOR WEEK</b>						

<b>TOTAL HOURS</b>	
--------------------	--

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

\_\_\_\_\_  
Principal Approval

\_\_\_\_\_  
Superintendent Approval



# Western Line SCHOOL DISTRICT

## STAFF ABSENTEE SLIP

LOCATION: \_\_\_\_\_

THIS IS TO CERTIFY THAT I, \_\_\_\_\_

WAS ABSENT FROM WORK ON THE FOLLOWING DATES:

\_\_\_\_\_

FOR A TOTAL OF \_\_\_\_\_ HOURS/ DAYS; FOR THE FOLLOWING REASON:

1. ( ) BEREAVEMENT
2. ( ) PROFESSIONAL LEAVE
3. ( ) JURY DUTY

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

ATTACH THE SUPPORTING DOCUMENTATION



# Western Line SCHOOL DISTRICT

## Request for FMLA

*Please Print or Type*

Date \_\_\_\_\_ School/Dept: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Is this request due to work related injury?  Yes  No

List the details of the reason for your leave request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leave requested from: \_\_\_\_\_ through: \_\_\_\_\_

Please complete this form and return it to Renae Humphrey in Human Resources at the WLS D Central Office. In general, to be eligible for the FMLA, you must have worked for WLS D for at least one year and worked 1,250 hours in the previous year. You will be required to furnish certain necessary information and/or medical certification as needed. Designation becomes final when an FMLA qualifying event is confirmed. You will be notified in writing of the results of this request. If you have any questions or need further information, please contact Renae Humphrey at 662-335-7186, ext. 107, or email [renae.humphrey@westernline.org](mailto:renae.humphrey@westernline.org).

**Note:** An employee requesting leave for the employee's serious health condition or injury, or the serious health condition of the employee's spouse, child or parent must submit a verifying medical certification from a physician within 15 days of request of leave.

I understand that failure to return to work at the end of my leave period may be treated as a resignation.

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

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

\_\_\_\_\_  
*Principal/Supervisor Signature*

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



# Western Line SCHOOL DISTRICT

## DONATED LEAVE

According to the Mississippi Code of 1972, Sec. 37-7-307, any school district employee may donate a portion of his/her unused accumulated personal leave or sick leave to another employee of the same or another school district who is suffering from a catastrophic injury or illness.

Therefore, I, \_\_\_\_\_ wish to donate \_\_\_\_\_ days to \_\_\_\_\_, Employee number \_\_\_\_\_. I am aware that he / she must exhaust all of his / her own personal leave and sick leave to receive donated leave time.

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

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date



# Western Line SCHOOL DISTRICT

## Missed Punch Form Failure to Clock In/Out Report

School / Dept: \_\_\_\_\_

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

### **CORRECT CLOCK IN/OUT INFORMATION:**

JOB # OR TITLE	DATE OF MISSED PUNCH	TIME IN	TIME OUT	TIME IN	TIME OUT
		(AM/PM)	(AM/PM)	(AM/PM)	(AM/PM)
		(AM/PM)	(AM/PM)	(AM/PM)	(AM/PM)
		(AM/PM)	(AM/PM)	(AM/PM)	(AM/PM)
		(AM/PM)	(AM/PM)	(AM/PM)	(AM/PM)
		(AM/PM)	(AM/PM)	(AM/PM)	(AM/PM)

Please provide a brief explanation for the missed punch (**Reason must be completed for missed punch to be processed.**)

---

---

---

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

\_\_\_\_\_  
Immediate Supervisor Signature

# MISSISSIPPI WORKERS' COMPENSATION

## NOTICE OF COVERAGE

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and **[select one]** [has been approved by the Mississippi Workers' Compensation Commission to act as a self-insurer], or **[maintains workers' compensation insurance coverage with the following:]**

\_\_\_\_\_  
(Name of insurance carrier or self-insurance group)

\_\_\_\_\_  
(address & telephone number)

II. Individual workers' compensation claims will be submitted to and processed by:

\_\_\_\_\_  
(Name of third party claims administrator or claims office)

\_\_\_\_\_  
(address & phone number)

III. This workers' compensation coverage is effective for the following period:  
\_\_\_\_\_ to \_\_\_\_\_.

IV. All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person listed below:

\_\_\_\_\_  
(Name of employer contact person)

\_\_\_\_\_  
(Title & Department/Division)

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. §71-3-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided.





# WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER / ADMINISTRATOR CLAIM NUMBER *		REPORT PURPOSE CODE *	
		JURISDICTION *	JURISDICTION LOG NUMBER *		
		INSURED REPORT NUMBER		OSHA CASE NUMBER	
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)			LOCATION #:
INDUSTRY CODE	EMPLOYER FEIN			PHONE #	

## CARRIER / CLAIMS ADMINISTRATOR

CARRIER (NAME AND ADDRESS)		POLICY PERIOD TO	CLAIMS ADMINISTRATOR (NAME AND ADDRESS)	
PHONE (A/C, No, Ext):		CHECK IF APPROPRIATE	PHONE (A/C, No, Ext):	
CARRIER FEIN *	POLICY / SELF-INSURED NUMBER	SELF INSURANCE	ADMINISTRATOR FEIN *	
AGENT NAME:		AGENT CODE NUMBER:		

## EMPLOYEE / WAGE

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
ADDRESS (INCL ZIP)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARITAL STATUS <input type="checkbox"/> UNMARRIED/SINGLE/DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	OCCUPATION / JOB TITLE	
E-MAIL ADDRESS:		# OF DEPENDENTS	EMPLOYMENT STATUS		
PHONE		NCCI CLASS CODE *			
RATE	PER:	DAY	MONTH	AVERAGE WEEKLY WAGES	# DAYS WORKED / WEEK
	WEEK		OTHER:		FULL PAY FOR DAY OF INJURY? (Y / N)
					DID SALARY CONTINUE? (Y / N)

## OCCURRENCE / TREATMENT

TIME EMPLOYEE BEGAN WORK	AM PM	DATE OF INJURY / ILLNESS	TIME OF OCCURRENCE CANNOT BE DETERMINED	AM PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
CONTACT NAME		TYPE OF INJURY / ILLNESS			PART OF BODY AFFECTED		
PHONE (A/C, No, Ext):		TYPE OF INJURY / ILLNESS CODE *			PART OF BODY AFFECTED CODE *		
DID INJURY / ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? (Y / N) <input type="checkbox"/>		DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL		
					CAUSE OF INJURY CODE *		
DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? (Y / N)					
		WERE THEY USED? (Y / N)					
PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL OR OFFSITE TREATMENT (NAME & ADDRESS)			INITIAL TREATMENT		
					<input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR: BY EMPLOYER <input type="checkbox"/> MINOR CLINIC / HOSP <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> OVERNIGHT HOSPITALIZATION <input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED		
WITNESS NAME:		WITNESS NAME:					
PHONE (A/C, No, Ext):		PHONE (A/C, No, Ext):					
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME	TITLE	PHONE NUMBER			

**Applicable in Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Applicable in Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Applicable in Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Applicable in Arkansas:** Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme or artifice, for the purpose of obtaining any benefit or payment, defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment, or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter will be guilty of a Class D felony.

**Applicable in California:** Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.

**Applicable in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in the District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in Florida:** Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information, commits insurance fraud, punishable as provided in s. 817.234.

**Applicable in Hawaii:** Any person who intentionally or knowingly misrepresents or conceals material facts, opinions, intention, or law to obtain or attempt to obtain coverage, benefits, recovery, or compensation commits the offense of insurance fraud which is a crime punishable by fines or imprisonment or both.

**Applicable in Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Applicable in Louisiana:**

Applicable in Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Be advised failure to answer truthfully may result in forfeiture of workers compensation benefits.

**Applicable in Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Applicable in Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**Applicable in Michigan:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Minnesota:** Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to s 609.52, subdivision 3.

**Applicable in Nevada:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a category D felony.

**Applicable in New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**Applicable in New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Applicable in New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Applicable in New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma:** Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of:

1. obtaining any benefit or payment,
2. increasing any claim for benefit or payment, or
3. obtaining workers' compensation coverage under this act, shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

**Applicable in Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Utah:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

## EMPLOYER'S INSTRUCTIONS

DO NOT ENTER DATA IN FIELDS MARKED \*

**DATES:**

Enter all dates in MM/DD/YY format.

**INDUSTRY CODE:**

This is the code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual or the North American Industry Classification System published by the Federal Office of Management and Budget.

**OSHA CASE NUMBER:**

Transfer the case number from the OSHA 300 log after you record the case there.

**CARRIER:**

The licensed business entity issuing a contract of insurance and assuming financial responsibility on behalf of the employer of the claimant.

**CLAIMS ADMINISTRATOR:**

Enter the name of the carrier, third party administrator, state fund, or self-insured responsible for administering the claim.

**AGENT NAME & CODE NUMBER:**

Enter the name of your insurance agent and his/her code number if known. This information can be found on your insurance policy.

**OCCUPATION / JOB TITLE:**

This is the primary occupation of the claimant at the time of the accident or exposure.

**EMPLOYMENT STATUS:**

Indicate the employee's work status. The valid choices are:

Full-Time	On Strike	Unknown	Volunteer
Part-Time	Disabled	Apprenticeship Full-Time	Seasonal
Not Employed	Retired	Apprenticeship Part-Time	Piece Worker

**DATE DISABILITY BEGAN:**

The first day on which the claimant originally lost time from work due to the occupation injury or disease or as otherwise deigned by statute.

**CONTACT NAME / PHONE NUMBER:**

Enter the name of the individual at the employer's premises to be contacted for additional information.

**TYPE OF INJURY / ILLNESS:**

Briefly describe the nature of the injury or illness, (eg. Lacerations to the forearm).

**PART OF BODY AFFECTED:**

Indicate the part of body affected by the injury/illness, (eg. Right forearm, lower back).

**DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED:**

(eg. Maintenance Department or Client's office at 452 Monroe St., Washington, DC 26210)

If the accident or illness exposure did not occur on the employer's premises, enter address or location. Be specific.

ALL EQUIPMENT, MATERIAL OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED:

(eg. Acetylene cutting torch, metal plate)

List all of the equipment, materials, and/or chemicals the employee was using, applying, handling or operating when the injury or illness occurred. Be specific, for example: decorator's scaffolding, electric sander, paintbrush, and paint.

Enter "NA" for not applicable if no equipment, materials, or chemicals were being used. NOTE: The items listed do not have to be directly involved in the employee's injury or illness.

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED:

(eg. Cutting metal plate for flooring)

Describe the specific activity the employee was engaged in when the accident or illness exposure occurred, such as sanding ceiling woodwork in preparation for painting.

WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED:

Describe the work process the employee was engaged in when the accident or illness exposure occurred, such as building maintenance. Enter "NA" for not applicable if employee was not engaged in a work process (eg. walking along a hallway).

HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL:

(Worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against the hot metal.)

Describe how the injury or illness / abnormal health condition occurred. Include the sequence of events and name any objects or substance that directly injured the employee or made the employee ill. For example: Worker stepped to the edge of the scaffolding to inspect work, lost balance and fell six feet to the floor. The worker's right wrist was broken in the fall.

DATE RETURN(ED) TO WORK:

Enter the date following the most recent disability period on which the employee returned to work.



**MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

Employee's Name \_\_\_\_\_ SSN \_\_\_\_\_

Employee's Residence \_\_\_\_\_  
 Number and Street City or Town State Zip Code

		CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION		
		Marital Status	Personal Exemption Allowed	Amount Claimed
<b>EMPLOYEE:</b> File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	1. Single	<input type="checkbox"/> Enter \$6,000 as exemption . . . . ▶		\$
	2. Marital Status (Check One)	(a)	<input type="checkbox"/> Spouse <b>NOT</b> employed: Enter \$12,000 ▶	\$
		(b)	<input type="checkbox"/> Spouse <b>IS</b> employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below. ▶	\$
	3. Head of Family	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d)below . . . . . ▶		\$
<b>EMPLOYER:</b> Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	4. Dependents  Number Claimed <input type="text"/>	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed... ▶		\$
		5. Age and blindness	• Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single • Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed . . . . . ▶ * Note: No exemption allowed for age or blindness for dependents.	\$
	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... ▶		\$	
	7. Additional dollar amount of withholding per pay period if agreed to by your employer . . . . . ▶		\$	
Military Spouses Residency Relief Act Exemption from Mississippi Withholding	8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.. ▶			_____

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS**

- The personal exemptions allowed:**

(a) Single Individuals	\$6,000	(d) Dependents	\$1,500
(b) Married Individuals (Jointly)	\$12,000	(e) Age 65 and Over	\$1,500
(c) Head of family	\$9,500	(f) Blindness	\$1,500
- Claiming personal exemptions:**
  - Single Individuals enter \$6,000 on Line 1.
  - Married individuals are allowed a joint exemption of \$12,000.  
If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
  - Head of Family**  
A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
  - An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but **should not** include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.
    - An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the **age of 65** before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
    - An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are **blind**. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.
- Total Exemption Claimed:**  
Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.
- A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.**
- PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION.**
- IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.**

# Employee's Withholding Certificate

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

**2024**

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

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

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

**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

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

**Sign Here**

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

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



# Western Line SCHOOL DISTRICT

## Direct Deposit Form

(If requesting your payroll check to deposit in more than one account, be sure to complete it separately using bottom portion.)

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

Direct Deposit Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

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

Bank Routing #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Percent/Amount: \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Percent/Amount: \_\_\_\_\_

---

(This section is for using more than one banking institution)

Direct Deposit Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

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

Bank Routing #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Percent/Amount: \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Percent/Amount: \_\_\_\_\_

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

\*\*A voided check(s) or direct deposit authorization(s) from the banking institution(s) must be attached when returning form to the business office.



# Western Line SCHOOL DISTRICT

## REQUEST FOR VERIFICATION OF PRIOR EXPERIENCE

The Western Line School District is attempting to establish the prior services of the person listed below.

Please return all completed verifications to [renae.humphrey@westernline.org](mailto:renae.humphrey@westernline.org) or fax 662-378-2285

**Name of Applicant:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

<b>This box is to be completed by Applicant:</b>	
<b>Previous School District:</b> _____	
<b>Position:</b> _____	<b>Fax #:</b> _____
<b>Address:</b> _____	

<b>Experience Record</b>					
(List each year of experience beginning July 1 – June 30)					
Name of School	School Year		Time Employed		Full or Part Time
	Beginning Date	Ending Date	Months	Days	

The above school system or college was fully approved or accredited by the \_\_\_\_\_ Board of Education at the time the service was performed. (State)

**Public School** \_\_\_\_\_      **Private School** \_\_\_\_\_

I hereby certify the above listed experience is a true and correct copy of the records on file for the teacher named above. **(Must be signed by an official from the school system central office.)**

**Signature:** \_\_\_\_\_      **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Phone #:** \_\_\_\_\_



# Western Line SCHOOL DISTRICT

## APPROVAL REQUEST FOR EMPLOYEE OVERTIME

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

Work Location: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Employee's Position: \_\_\_\_\_

Date overtime is to be worked: \_\_\_\_\_

Time to be worked: \_\_\_\_\_ Total hours of Overtime: \_\_\_\_\_

Reason employee is needed to work overtime: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date



# Western Line SCHOOL DISTRICT

## APPLICATION FOR PERMISSION FOR OUTSIDE EMPLOYMENT

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

- |  |
|--|
| <input type="checkbox"/> District Employee |
| <input type="checkbox"/> O'Bannon Campus   |
| <input type="checkbox"/> Riverside Campus  |

Place of Outside Employment: \_\_\_\_\_

Days & Hours of Outside Employment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Brief Description of the duties of the job: \_\_\_\_\_

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

I do hereby certify that my outside employment, if approved, will not violate any of the following conditions:

1. Not more than 12 hours of outside employment, Monday through Thursday.
2. Not more than 25 hours of outside employment per week, excluding holidays.
3. No outside employment after 11:00pm, preceding a school day.
4. Classroom duties, faculty meetings, Inservice meetings and called meetings must come first, Teachers who work must attend all meetings until they are over.

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Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Board Approval: \_\_\_\_\_



# Membership Application

Form 1 – Revised 07/01/2016

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Member Information – Attach a copy of the member's Social Security card.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  M  F

Provide previous name, if applicable. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Cellular  Home  Work Phone: \_\_\_\_\_  Cellular  Home  Work

Have you previously served on active duty in the U.S. Armed Forces? If yes, attach Form(s) DD214 .....  Yes  No

Have you ever been a member of the Optional Retirement Plan (ORP) for Institutions of Higher Learning in the State of Mississippi? .....  Yes  No

## 2 Retirement Plan – Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan.

Public Employees' Retirement System of Mississippi (PERS)  Mississippi Highway Safety Patrol Retirement System (MHSPRS)

Supplemental Legislative Retirement Plan (SLRP)

## 3 Family Information – Use additional Membership Applications if listing more than four dependent children. Information is for determining statutory benefits only. Use Form 1B, Beneficiary Designation, to officially designate any and all beneficiaries.

Marital Status – Select one. Add date for last three.  Single  Married  Divorced  Widowed Effective Date mm/dd/ccyy: \_\_\_\_\_

Spouse's Full Name	Social Security No.	Birth Date mm/dd/ccyy	Wedding Date mm/dd/ccyy	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

Dependent Child's Full Name – Up to age 19, or 23 if unmarried and a full-time student	Social Security No.	Birth Date mm/dd/ccyy	Relationship	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

## 4 Member Certification – If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Member's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 5 Employer Certification – This section must be completed by an authorized employer representative, not the member.

Member's Position Held/Job Title: \_\_\_\_\_ Member's Hire Date mm/dd/ccyy: \_\_\_\_\_

Member's Status: Elected Official:  Yes  No Fee Paid Official:  Yes  No Public Safety Employee:  Yes  No

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

As employer representative, I certify that employment in this position meets the eligibility requirements of PERS Board of Trustees Regulation 25, Eligibility of Part-time Employees for State Retirement Annuity Service Credit, and PERS Board of Trustees Regulation 36, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS).

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_



# Beneficiary Designation

Form 1B – Revised 08/30/2022

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Member/Retiree Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  Member  Retiree  
Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ Gender:  M  F

## 2 Retirement Plan – Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan.

- Public Employees' Retirement System of Mississippi (PERS)       Mississippi Highway Safety Patrol Retirement System (MHSPRS)
- Supplemental Legislative Retirement Plan (SLRP)

## 3 Beneficiary Information – Use additional Form 1B, Beneficiary Designation, to designate additional beneficiaries. If more than one primary beneficiary is named, the primary beneficiaries shall share equally unless otherwise indicated. Likewise, if more than one secondary beneficiary is named, the secondary beneficiaries shall share equally unless otherwise indicated. Total primary beneficiaries must equal 100 percent, and total secondary beneficiaries must equal 100 percent. Secondary beneficiaries will only receive payment if all listed primary beneficiaries are deceased.

Beneficiary Name	Social Security No.	Birth Date mm/dd/ccyy	Relationship	Beneficiary Percentage P=Primary, S=Secondary Use whole numbers	Gender
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> S _____ %	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> S _____ %	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> S _____ %	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> S _____ %	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> S _____ %	<input type="checkbox"/> M <input type="checkbox"/> F

## 4 Member/Retiree Certification – Check applicable acknowledgement then sign. If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

- Member** – I acknowledge and understand that the PERS Board of Trustees is authorized to pay benefits in accordance with the statutory provisions that govern the retirement system in which I am a member. To the extent permitted by such statutory provisions at the time of my death prior to retirement, I hereby designate the above beneficiary(ies) to receive the payment of my accumulated contributions and any interest relating thereto. I further acknowledge and understand that certain benefits may be required by law to be paid that may limit, partially or totally, any payment to my designated beneficiary(ies).
- Retiree** – I hereby designate the above beneficiary(ies) to receive any residual amount payable by reason of my death and the death of my joint annuitant(s), if applicable.

Member/Retiree's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 5 Employer Certification – This section must be completed by an authorized employer representative, not the member. Only complete for active members.

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_





# Change of Information

Form 1C – Revised 8/23/2016

Please print or type in black ink. Active members (currently contributing to PERS) should submit completed form to employer (see Section 6 for details). Inactive members and benefit recipients should submit completed form to PERS. See bottom of form for contact information.

**1 Member/Benefit Recipient Information** – Fill in your name as currently filed with PERS and use sections 2, 3, and 4 to submit new information.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  Member  Benefit Recipient  
Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ Gender:  M  F

**2 Changes to Member/Benefit Recipient Name and Address** – If necessary, check items to be updated then fill in only applicable information.

**To Change**                      **New Information**    **Effective Date mm/dd/ccyy:** \_\_\_\_\_  
\_\_\_\_ **Name**                      First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
\_\_\_\_ **Address**                      Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3 Changes to Member/Benefit Recipient E-Mail and Phone** – If necessary, check items to be updated then fill in only applicable information.

**To Change**                      **New Information**    **Effective Date mm/dd/ccyy:** \_\_\_\_\_  
\_\_\_\_ **E-Mail**                      \_\_\_\_\_  
\_\_\_\_ **Phone**                      \_\_\_\_\_  Cellular  Home  Work  
\_\_\_\_ **Phone**                      \_\_\_\_\_  Cellular  Home  Work

**4 Changes to Family Information** – If necessary, list applicable changes below. Use additional Form 1C, Change of Information, if listing more than three dependent children. Information is for determining statutory benefits only. Use Form 1B, Beneficiary Designation, or Form 16, Advanced Application, as applicable, to designate any and all beneficiaries. If changes to marital status are marked, attach a copy of the marriage, divorce, or death certificate.

Marital Status – Select one. Add date for last three.     Single     Married     Divorced     Widowed    **Effective Date mm/dd/ccyy:** \_\_\_\_\_

Spouse's Full Name	Social Security No.	Birth Date mm/dd/ccyy	Wedding Date mm/dd/ccyy	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Dependent Child's Full Name – Up to age 19, or 23 if unmarried and a full-time student	Social Security No.	Birth Date mm/dd/ccyy	Relationship	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

**5 Member/Benefit Recipient Certification** – Active members (those currently contributing to PERS) should sign and submit form to employer for completion of Section 6. Employers will be responsible for submitting completed form to PERS, if necessary. Inactive members and benefit recipients should sign and submit form directly to PERS, as Section 6 is not applicable to these individuals. if an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Member/Benefit Recipient's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

**6 Employer Certification** – Completion of Section 6 and submission of this form to PERS by the employer is only necessary when changes are being made to sections 3 and 4 (e-mail, phone numbers, marital status, or family information). Changes to Section 2 (name or address) will be submitted to PERS by the employer via monthly wage and contribution reports not via this form. This process helps ensure consistency in the name used for reporting PERS, Social Security, and W-2 wage information by the employer. If completion of Section 6 is necessary, an authorized employer representative, must sign.

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_  
Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_  
Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

As employer representative, I am submitting this form to PERS because changes are being made to Section 3 (e-mail and phone) and/or Section 4 (family information). I hereby certify that any name and address change information provided above is consistent with the active member's name used on the employer's records for reporting PERS, Social Security, and W-2 wage information.

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

# STATE OF MISSISSIPPI STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN APPLICATION FOR COVERAGE

**PLEASE PRINT**

**Section A: Enrollee Information (all fields are required)**

Social Security Number	First Name	MI	Last Name
Home Address		City	State ZIP
Primary Telephone Number		Secondary Telephone Number	Email Address
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MMDDYYYY)	Date of Employment/Retirement
<p>Were you ever a full-time employee of a covered entity under the State and School Employees' Health Insurance Plan (PLAN) prior to 1/1/2006?    <input type="checkbox"/> No (Horizon)    <input type="checkbox"/> Yes (Legacy)    If <b>Yes</b>, please list your most recent (pre-1/1/06) employer and dates of employment: _____</p> <p>If married, is your spouse a participant in the PLAN?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, please provide your spouse's name and Social Security Number: _____</p>			

**Section B: Health Insurance Membership Agreement Authorization (CHECK ONLY ONE BOX, SIGN AND DATE)**

I hereby apply to **ADD, CONTINUE AND/OR CHANGE COVERAGE** for myself and/or my dependents named on this Application For Coverage form through the State and School Employees' Health Insurance Plan (PLAN). I certify that all information provided by me on this application is complete and accurate, and is the basis for providing coverage herein. I understand that any misrepresentation by me or my dependents may result in the cancellation of my/our coverage under the PLAN. I understand that the coverage applied for is subject to all exclusions, provisions, and limitations set forth by the *Plan Document*. I agree to be bound by all terms and conditions of the PLAN. I understand and agree that if my application for coverage is approved, any requested coverage changes will be effective the date fixed by the PLAN or its Administrator. I understand that if the requested coverage is approved, I am responsible for payment of the appropriate premiums and hereby authorize for such payments to be payroll deducted, or as appropriate, withheld from my State of Mississippi retirement benefits.

I hereby **WAIVE COVERAGE** in the State and School Employees' Health Insurance Plan. I have been offered coverage (or am eligible for continuation of coverage) through the PLAN, but I elect not to be covered. I understand that by waiving coverage at this time, I may only request coverage for myself or myself and eligible dependents at an Open Enrollment Period or during a Special Enrollment Period. I understand that if I am a retiree and I waive coverage, I will not be allowed to re-enroll or have my coverage reinstated at a later date. **If you are waiving coverage because you are currently covered under another health insurance plan, please complete Section D.**

Enrollee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section C: Coverage**

<b>Enrollee Type:</b> <input type="checkbox"/> Employee - Legacy <input type="checkbox"/> Employee - Horizon <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA <input type="checkbox"/> Surviving Spouse	<b>Coverage Type:</b> <input type="checkbox"/> Enrollee Only <input type="checkbox"/> Enrollee + Spouse <input type="checkbox"/> Enrollee + Child <input type="checkbox"/> Enrollee + Children <input type="checkbox"/> Enrollee + Spouse & Child(ren)	<b>Coverage Option (Choose Only One)</b>  <input type="checkbox"/> Select  <b>OR</b> <input type="checkbox"/> Base (HIGH DEDUCTIBLE)	<b>Do you have Medicare?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Medicare Number</b> _____ <input type="checkbox"/> "A" Effective Date _____  <input type="checkbox"/> "B" Effective Date _____ <b>Reason for Entitlement:</b> <input type="checkbox"/> Age <input type="checkbox"/> ESRD <input type="checkbox"/> Disability
---	---	---	---

**Section D: Other Coverage Information**

Do any of the persons listed on this application have other health insurance coverage?     No     Yes    If **Yes**, please provide the following information:

Name of Individual Covered:	1. _____	2. _____	3. _____	4. _____
Policyholder's Name:	_____	_____	_____	_____
Policyholder's Date of Birth:	_____	_____	_____	_____
Policy Number:	_____	_____	_____	_____
Policyholder's Employment Status (Circle):	Active, Retiree or COBRA	Active, Retiree or COBRA	Active, Retiree or COBRA	Active, Retiree or COBRA
Insurance Company Name address & phone #:	_____	_____	_____	_____
Coverage Type (Circle):	Group or Non-Group	Group or Non-Group	Group or Non-Group	Group or Non-Group

Updated 1/12/2024

<b>Enrollee Last Name:</b>	<b>First Name:</b>	<b>Enrollee SSN:</b>
----------------------------	--------------------	----------------------

**Section E: Dependents**

Dependents to be Covered <small>(Last Name, First Name, MI)</small>	Relation to Enrollee	Social Security Number	Date of Birth	Address (if different from Enrollee)	Current Status
1.	<input type="checkbox"/> Husband <input type="checkbox"/> Wife				Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Son <input type="checkbox"/> Daughter				<input type="checkbox"/> Child under 26 <input type="checkbox"/> Disabled
3.	<input type="checkbox"/> Son <input type="checkbox"/> Daughter				<input type="checkbox"/> Child under 26 <input type="checkbox"/> Disabled
4.	<input type="checkbox"/> Son <input type="checkbox"/> Daughter				<input type="checkbox"/> Child under 26 <input type="checkbox"/> Disabled
5.	<input type="checkbox"/> Son <input type="checkbox"/> Daughter				<input type="checkbox"/> Child under 26 <input type="checkbox"/> Disabled

Are any of the dependents listed above covered by Medicare Part A or Part B?     No     Yes    If Yes, please provide the following information:

NAME	Medicare Number	Part A Effective Date	Part B Effective Date	Medicare Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Section F: Change Information**

**Add Enrollee:**     Open Enrollment     Marriage     Loss of Coverage due to Divorce     Birth     Adoption

Other \_\_\_\_\_                      Requested Effective Add Date \_\_\_\_\_

**Add Dependent(s):**     Open Enrollment     Marriage     Birth     Adoption     Other \_\_\_\_\_

Requested Effective Add Date \_\_\_\_\_                      **IMPORTANT: List all dependents to be covered in Section E.**

**Change Coverage Option to:**                       Base Coverage (HIGH DEDUCTIBLE)                       Select Coverage

**Drop Dependent(s):**     Divorce     Deceased     Other \_\_\_\_\_

List all dependents to be dropped and provide the requested information in the spaces below:

NAME	SOCIAL SECURITY NUMBER	REQUESTED TERMINATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Changes** (Explain): \_\_\_\_\_

**FOR EMPLOYER / ADMINISTRATOR USE ONLY:**    GROUP NUMBER: \_\_\_\_\_

<input type="checkbox"/> New Legacy Employee, Requested Effective Date _____ <input type="checkbox"/> New Horizon Employee, Requested Effective Date _____ <input type="checkbox"/> Retiree, Requested Effective Date _____ <input type="checkbox"/> COBRA, Requested Effective Date _____ <input type="checkbox"/> Surviving Spouse, Requested Effective Date _____ <input type="checkbox"/> Change(s), Requested Effective Date _____	ENTERED BY: _____ DATE: _____  VERIFIED BY: _____ DATE: _____
--	---

# STATE AND SCHOOL EMPLOYEES' LIFE INSURANCE PLAN ENROLLMENT/CHANGE REQUEST FORM

Underwritten by Minnesota Life Insurance Company, an affiliate of Securian Financial Group, Inc.  
**Policy 33683-G**

## SECTION A: Employee/Employer Information

Employee/Retiree Last Name:	First Name:	MI:	Social Security Number:	Birthdate: (MM/DD/YYYY):
Employee/Retiree Home Address:			Email Address:	Home Phone:
				Alternate Phone:
Employer Name:				Employer Phone:
Employer Address:				

## SECTION B: Coverage (NOTE: For more information on available coverage, contact Minnesota Life toll free at 877-348-9217)

**ACTIVE FULL-TIME EMPLOYEE:** Life benefits and Accidental Death and Dismemberment (AD&D) maximums are based on two times the employee's annual wage rounded to the next higher one thousand dollars, subject to a minimum of \$30,000 and a maximum of \$100,000. The employee and employer each pay 50 percent of the monthly premium.

**New Employee** – Applications made within initial 31 days of employment; coverage becomes effective on the first day of employment.

**Late Enrollee Applicant** – Applications made after initial 31 days of employment will be subject to medical evidence of insurability; coverage will become effective on the first day of the month after or coincident with date of approval by Minnesota Life. **(Employee must also complete the Minnesota Life GROUP LIFE INSURANCE EVIDENCE OF INSURABILITY form.)**

Date of Employment: \_\_\_\_\_

**RETIRED EMPLOYEE:** Life benefit amounts are limited to \$5,000, \$10,000 or \$20,000. Retired employees are not eligible for AD&D benefits. A retired employee should apply before, but no later than 31 days after the date active employee coverage terminates. A retiree pays 100 percent of the monthly premium.

Date of Retirement: \_\_\_\_\_ **COVERAGE AMOUNT REQUESTED:     \$5,000     \$10,000     \$20,000**

**DISABLED EMPLOYEE:** Life benefit amounts are equal to employee's current benefit level at the time coverage ceases as an active employee. Disabled employees must apply no later than 31 days from the date active employee coverage terminates. Minnesota Life is solely responsible for evaluating applications for coverage continuation. Premiums are waived after the first nine months.

**(Employee must also complete the Minnesota Life NOTICE OF DISABILITY and ATTENDING PHYSICIAN'S STATEMENT forms.)**

Date of Disability: \_\_\_\_\_

## SECTION C: Beneficiary Information

**NOTE: You cannot designate your life insurance beneficiary on this form.** To designate your life insurance beneficiary, please follow the instructions below:

1. Log in to your *myBlue* site, <https://myblue.bcbsms.com>, and click on the My Benefits tab.
2. Scroll down to the Life Benefits section below Medical Benefits. This section will show you the effective date and amount of life insurance coverage you have.
3. Click the link in the Life Benefits section and you will be redirected to Minnesota Life's online beneficiary management tool. Follow the instructions on the site to submit your beneficiary designation.

Once you submit your beneficiary information, a confirmation statement will be mailed to you. You may view or update your beneficiary information any time by accessing Minnesota Life's website through the *myBlue* portal.

**If you do not designate a life insurance beneficiary, any resulting life insurance benefits will be paid according to the defaults set forth in the policy.**

If you do not have Internet access, contact Minnesota Life toll free at **877-348-9217** to request a paper beneficiary designation form.

Employee/Retiree Last Name	First Name	MI	Social Security Number	Daytime Phone
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**SECTION D: Authorization and Certification**

I am applying for group term life insurance for myself through the State and School Employees' Life Insurance Plan (Plan). I understand that if my application is approved, coverage will become effective on the date fixed by the Plan or Minnesota Life. I certify that all information on this form is true and complete to the best of my knowledge and belief. I understand that this insurance is subject to all of the terms of the Plan of Insurance contained in the Minnesota Life Insurance Company, Group Policy #33683-G, and summarized in the Certificate of Coverage provided to me. I understand that any misrepresentation by me may result in the cancellation or rescission of coverage under the Plan.

I understand that if I am a late enrollee applicant, any insurance subject to evidence of good health or medical information will not become effective until Minnesota Life gives its written consent. I understand that my eligibility may be affected in the event I fail to sign this form within 31 days of the effective date of eligibility, or if for any reason my employer does not receive the *Enrollment/Change Request Form* within a reasonable time following the event.

I understand and authorize that the appropriate premiums for the coverage requested will be deducted from my wages or retirement benefits, as appropriate, and authorize release of employment and payroll information or other such eligibility information to the Plan and/or Minnesota Life as needed to verify my eligibility, benefit amounts, or other such information necessary in the proper administration of the Plan.

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Employee/Retiree Signature (Required)

\_\_\_\_\_  
Date

**SECTION E: Waiver/Request to Cancel Coverage (Only complete this section to waive or cancel coverage.)**

**Waiver of Coverage** – I hereby decline to apply for life insurance coverage in the State and School Employees' Life Insurance Plan. I understand that an active employee who waives coverage in the Plan may apply for coverage at a later date so long as he continues to qualify as an active employee. I further understand that late enrollee applicants are subject to medical evidence of insurability that may result in coverage being denied. I understand that a service retired employee or totally disabled employee who declines to apply for continuation of coverage in the Plan within 31 days of the date his coverage ceases as an active employee, forfeits his right to participate in the State and School Employees' Life Insurance Plan and will not be allowed to apply at a later date.

**Cancellation of Coverage** – I hereby request that my life insurance coverage in the State and School Employees' Life Insurance Plan be cancelled. I understand that an active employee who cancels his coverage in the Plan may apply for coverage at a later date so long as he continues to qualify as an active employee. I further understand that late enrollee applicants are subject to medical evidence of insurability that may result in coverage being denied. I understand that a service retired employee or totally disabled employee who cancels his coverage in the Plan forfeits his right to participate in the State and School Employees' Life Insurance Plan and will not be allowed to apply at a later date.

**SIGN BELOW ONLY IF YOU DO NOT WANT LIFE INSURANCE COVERAGE.**

\_\_\_\_\_  
Employee/Retiree Signature

\_\_\_\_\_  
Date

FOR QUESTIONS REGARDING THE STATE AND SCHOOL EMPLOYEES' LIFE INSURANCE PLAN, VISIT THE PLAN'S WEBSITE AT <http://KnowYourBenefits.dfa.ms.gov/> OR CONTACT THE DFA-OFFICE OF INSURANCE AT 866-586-2781.

**FOR PERSONNEL/PAYROLL USE ONLY**

COVERAGE AMOUNT:	REQUESTED EFFECTIVE DATE:	GROUP NUMBER:	INFORMATION VERIFIED: (INITIAL AND DATE)
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# Western Line SCHOOL DISTRICT

## REPORT OF SEXUAL HARASSMENT/DISCRIMINATION TITLE IX

**REPORT FILED BY:** \_\_\_\_\_  
(Any person may file a report)

**COMPLAINANT'S NAME:** \_\_\_\_\_  
(The student or employee who is alleged to be the victim of conduct that could constitute sexual harassment)

**RESPONDENT'S NAME:** \_\_\_\_\_  
(The person who has been reported to be the individual accused of conduct that could constitute sexual harassment)

**DATE OF THE ALLEGED VIOLATION:** \_\_\_\_\_

**LOCATION OF THE ALLEGED VIOLATION:** \_\_\_\_\_

**DETAILED DESCRIPTION OF ALLEGED VIOLATION:** \_\_\_\_\_

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

**NAME OF WITNESSES:** \_\_\_\_\_

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

\_\_\_\_\_  
**Signature**

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



# Western Line SCHOOL DISTRICT

## FORMAL COMPLAINT FORM (TITLE IX SEXUAL HARASSMENT)

**Instructions for filling out this form:** If you believe that you have been the victim of sexual harassment, please fill out this form, sign where indicated below, and submit it by hand delivery, electronic mail, or U.S. mail using the contact information listed for the Title IX Coordinator:

James Johnson  
Assistant Superintendent  
102 Maddox Road, Avon, MS 38723  
(662) 335-7186  
[jjohnson@westernline.org](mailto:jjohnson@westernline.org)

**Under federal law, only an alleged victim (“complainant”) of sexual harassment who is currently participating or attempting to participate in the District’s education program or activity (such as an enrolled student, an employee, or an applicant for employment or admission) has the right to use the formal complaint process to initiate an investigation. A parent or legal guardian may sign this complaint form and otherwise act on behalf of a minor in the formal complaint process.**

Please print or type when completing this form:

Name of complainant: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Is the complainant participating in or attempting to participate in a District education program or activity? (See instructions) \_\_\_\_ Yes \_\_\_\_ No

If you are a parent or guardian filling this form out on behalf of a minor complainant, please provide your contact information below.

Parent/Guardian Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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



# Western Line SCHOOL DISTRICT

Please provide any other information that would be helpful for the District in reviewing your allegations.

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Please describe the outcome or remedy you seek for this complaint.

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Please provide below your physical or digital signature:

Complainant name: \_\_\_\_\_

Signature of complainant: \_\_\_\_\_

If complainant is under 18,  
parent's name: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date of filing: \_\_\_\_\_

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If this formal complaint is being signed by the District's Title IX Coordinator instead of a complainant:

Title IX Coordinator Name: \_\_\_\_\_

Title IX Coordinator Signature: \_\_\_\_\_

Date of Filing: \_\_\_\_\_

**Notice to Complainant: This document is a legal record of the allegations of sexual harassment that you have reported to the District in order to request a formal investigation.** Please keep a copy of this completed form and any supporting documentation for your records. Please also review your rights and responsibilities at JB which is attached to this form and also available online at: [www.westernline.org](http://www.westernline.org). Any questions or concerns that you may have during this process may be directed to the District's Title IX Coordinator.

If, after reviewing your complaint form, the Title IX Coordinator finds that the allegations are not appropriate for a Title IX sexual harassment formal complaint process but should be investigated by the District under a different policy or procedure, your formal complaint form will be forwarded to the appropriate District personnel in accordance with District policies, You have the right to appeal the dismissal of your formal complaint, as explained in Policy JB.





# Western Line SCHOOL DISTRICT

You have the right to be represented by an advisor during the complaint process, The advisor may be, but does not have to be an attorney. If you will be represented by an attorney or other advisor in presenting your complaint, please identify the person and provide the contact information below. If unknown at this time, you may provide this information at a later time.

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

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

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please list any additional individuals that you intend to bring with you to any meeting or interviews associated with this complaint and provide their contact information below. You may add additional pages or provide this information at a later time.

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

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

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please describe the facts and circumstances of the alleged sexual harassment causing this complaint. *(Give specific, factual details. Attach additional sheets if necessary and indicate below how many additional pages will be attached to ensure complete receipt of your complaint.)*

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In a Title IX formal complaint process, the person who is alleged to have committed the sexual harassment is called the “respondent.” Please provide the name(s) of the person or people you allege to be the respondent(s) responsible for the alleged sexual harassment. If applicable, please include the person’s title or position:

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When and where did the alleged sexual harassment occur? Please provide specific dates, times, and locations, if possible.

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# Western Line SCHOOL DISTRICT

Please explain how the alleged sexual harassment has impacted you. This could include physical injuries as well as impacts on your ability to access or benefit from the District's education program or activities.

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Please provide the names and contact information of anyone who may have witnessed the alleged conduct.

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If you have reported these allegations to another person, please state to who you reported the alleged sexual harassment and provide their contact information (if known).

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Title IX does not require complainants to attempt to resolve complaints of sexual harassment informally before filing a formal complaint. Nonetheless, if you have reported these allegations to a District employee, please state when, to whom, and what response you received.

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Please list below any evidence that you believe is relevant to your allegations. This could include audio or visual media, physical objects, online materials, text message, voicemail messages, screen captures, emails, or any other item you are attaching or intend to make available for the purpose of this complaint. If known, please also identify any information in the District's possession that you believe to be relevant to your allegations and would like the District to review (such as emails or security camera footage).



Date: August 31, 2020  
Letter ID: L0152894272

another letter ruling if you wish. This ruling is only applicable to you or to your client if you are requesting this ruling on behalf of another and can only be relied upon by the person for whom the ruling was requested.

If the facts and circumstances presented in your request are accurate, complete and do not change for the seven (7) year period indicated above, the person for whom it was requested can rely upon this ruling unless and until there is a change in the law or regulation or the issuance of judicial decision that indicates the ruling is no longer correct or the DOR retracts the ruling. The DOR does reserve the right to retract this ruling if it later determines on its own review that the ruling is incorrect. Such retraction will be in writing and the effect of the retraction will be prospective from the date of the retraction letter.

Sincerely,

Mark Gibbs  
(601) 923-7018  
Mississippi Department of Revenue

P.O. Box 1033 Jackson, MS 39215 Phone: (601) 923-7700 Fax: (601) 923-7714

Form # mL0004 v. V10

Visit [www.dor.ms.gov](http://www.dor.ms.gov) for tax information and online filing. If you call, please have this letter with you.  
Updated 1/12/2024





MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF PURCHASING AND TRAVEL  
SMALL PURCHASE PROCUREMENT CARD ACCOUNT  
EDUCATION ENHANCEMENT FUNDS PROGRAM (EEF)

**TEACHER CARDHOLDER AGREEMENT**

The teacher named herein referred to as "Cardholder" is requesting a procurement card to provide for access to Education Enhancement Funds (EEF) as authorized by Mississippi Code §37-61-33(3)(iii) and that will be utilized to make financial commitments on behalf of the State. As the only authorized cardholder, Cardholder agrees to accept the responsibility for the protection and proper use of the card in accordance with the terms and conditions below:

1. Cardholder agrees to abide by the terms of the Teacher Cardholder Agreement, the Statement of Understanding, the applicable MS Small Purchase Procurement Card Policies, Procedures and Guidelines, the Mississippi Educator Code of Ethics and Standards of Conduct, as well as any additional policies or procedures established by the Office of Purchasing and Travel, the MS Department of Education, and the school district concerning this program.
2. Cardholder is responsible for all purchases made using the card.
3. Cardholder agrees to purchase authorized commodities for official school purposes only. Authorized commodities include "classroom supplies, instructional materials and equipment, including computers and computer software and online education subscriptions (must be included in lesson plan).
4. Cardholder agrees that all items purchased are deemed the property of the school district and not personal property of the Cardholder. For any equipment purchased, cardholder agrees to follow the district policies and procedures for fixed assets.
5. Cardholder agrees to notify the merchant that the purchase is exempt from state and local taxes.
6. Cardholder agrees to notify the merchant that back orders are not allowed.
7. Cardholder is responsible for obtaining credit on the card for any items returned to the merchant.
8. Cardholder is responsible for any overage charges that may occur due to vendor processing card with a pre-authorization amount of normally \$1.00 then charging card for the purchase amount once the merchandise is shipped. Cardholder is responsible for maintaining the card balance.
9. Cardholder agrees not to use the card for purchases after the annual deadline. Purchases made after the deadline become the responsibility of the cardholder.
10. Cardholder agrees not to use the card for cash advances.
11. Cardholder agrees not to charge travel related expenses on the card.
12. Cardholder agrees not to use the card for services fees (Ex. Amazon Prime, Netflix, YouTube, etc.)
13. Cardholder must notify the Program Coordinator of any items purchased that are required to be placed on the district's fixed asset inventory.
14. Cardholder agrees to retain all supporting receipts from merchants and supply those to the MS Department of Education or the school district upon request. Receipts should be maintained for a minimum of five (5) years.
15. Cardholder is subject to an annual audit of all purchases.
16. Cardholder agrees to notify the Program Coordinator immediately if the card is lost or stolen.
17. Cardholder agrees to return the card to the Program Coordinator immediately upon request, termination, resignation or retirement.
18. Cardholder should establish access to the online account and review the online statement monthly to ensure that the merchant is paid in full for all items.

**Unauthorized Expenses**

The following types of expenses are not allowable and include, but are not limited to:

- Airfare, rental cars, gasoline, lodging, parking, or travel expense
- Alcohol, meals, food (other than for instructional purposes), or beverages
- Movies, music, or other media items that are not related to the instructional plan
- Personal items
- Personal calls, business related calls, internet or fax service
- Prizes, snacks, or reward items (other than for instructional purposes)
- Cleaning supplies
- Furniture (Examples: desk, chairs, couches, bean bags, podiums, lamps, etc.)

**Card Violations**

Cardholders are required to strictly adhere to the policies and procedures governing use of the EEF card program, which may be modified as necessary. Failure to follow policies and procedures may result in disciplinary action including financial restitution and criminal prosecution. This policy will be administered in accordance with other state procurement policies and the laws of the State of Mississippi.

Violations of policies governing the use of the EEF procurement card program will not be allowed. The action taken is dependent upon the type of violation and any record of previous cardholder violations. The Office of Purchasing and Travel or the MS Department of Education is authorized to suspend a cardholder’s privileges as deemed necessary without prior notice. The school district will be notified of any such action. Any alleged violation or questionable transaction could result in an immediate temporary suspension of card privileges pending a review to determine appropriate action. If deemed appropriate, the bank, the police, and the appropriate school district staff will also be notified. Possible disciplinary actions may include written counseling, permanent suspension of card privileges, or termination of employment.

**Laws, Policies, and Procedures**

Cardholders will use cards in accordance with all policies and procedures as referenced in this document, which may be amended as necessary. Policies and procedures include:

- Official State of Mississippi Code Annotated related to this program or governmental purchasing
- Teacher Cardholder Agreement and Statement of Understanding
- Applicable requirements of the MS Small Purchase Procurement Card Policies, Procedures and Guidelines
- Mississippi Educator Code of Ethics and Standards of Conduct
- Applicable requirements, policies and procedures as set forth by the Office of Purchasing and Travel, the MS Department of Education, and the school district

**Statement of Understanding**

I, \_\_\_\_\_ (name of teacher), as Cardholder, do certify that I have read and fully understand the terms and conditions and I hereby agree to comply with the terms and conditions of the Teacher Cardholder Agreement, the Statement of Understanding, the applicable MS Small Purchase Procurement Card Policies, Procedures and Guidelines, the Mississippi Educator Code of Ethics and Standards of Conduct, as well as, any additional policies or procedures established by the Office of Purchasing and Travel, the MS Department of Education, and the school district concerning this program. I understand that I will be held personally responsible for all charges for any purchase which is made and is not in compliance. I understand that failure to follow the established procedures for use of the card may result in the request for restitution of funds, suspension or termination of card privileges, other disciplinary action, and criminal prosecution.

Cardholder acknowledges by his/her signature to this agreement below that he/she agrees to comply with the terms and conditions stated above.

\_\_\_\_\_  
**Printed Name of Cardholder**

**WESTERN LINE SCHOOL DISTRICT**  
\_\_\_\_\_  
**School District**

\_\_\_\_\_  
**Signature of Cardholder**

\_\_\_\_\_  
**Date signed**

\_\_\_\_\_  
**Card Number**



# Western Line SCHOOL DISTRICT

## Application for Fundraiser

School: \_\_\_\_\_

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

Name of Organization seeking approval: \_\_\_\_\_

Type of fundraiser proposed: \_\_\_\_\_

Proposed Prices: \_\_\_\_\_

Expenses: \_\_\_\_\_

Time Frame: \_\_\_\_\_

Staff member(s) responsible: \_\_\_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date of Approval

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date of Approval

***This fundraiser form is only valid if it bears the Board Approval Stamp. No fundraisers may begin until they have been Board approved.***



# Western Line SCHOOL DISTRICT

## Request for Donation

School: \_\_\_\_\_

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

Name of Organization providing donation: \_\_\_\_\_

\_\_\_\_\_

Purpose of Donation: \_\_\_\_\_

Type of donation:

Cash

Check

Item(s) Explain: \_\_\_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date of Approval

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date of Approval

***Attach copies of checks or other forms of documentation for donation.***





# Western Line SCHOOL DISTRICT

## CONCESSION REVENUE

School: \_\_\_\_\_

Event: \_\_\_\_\_

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

Sales \$ \_\_\_\_\_

Beginning Change \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Amount Deposited \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Signature of Concession Workers:

\_\_\_\_\_

\_\_\_\_\_

Verified By: \_\_\_\_\_



# Western Line SCHOOL DISTRICT

## EVENT/TICKET SALES REVENUE

School: \_\_\_\_\_

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

Ticket Color \_\_\_\_\_

Ending Ticket Number \_\_\_\_\_

Beginning Ticket Number \_\_\_\_\_

Total Tickets Sold \_\_\_\_\_ X Admission \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Place beginning ticket here

Place ending ticket here

Beginning Change \$ \_\_\_\_\_

Total Receipts \$ \_\_\_\_\_

Total Deposited \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Signature of Ticket Sellers:

\_\_\_\_\_

Verified By: \_\_\_\_\_



# Western Line SCHOOL DISTRICT

## GAME SECURITY FORM

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

School: \_\_\_\_\_

Date	Event	Location	Start Time	End Time	Total Hours

I hereby acknowledge that I worked for Western Line School District on the date and times listed above.

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

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

Verified By: \_\_\_\_\_

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