

GREENVILLE PUBLIC SCHOOL DISTRICT
BUSINESS OFFICE
POLICIES, PROCESS & PROCEDURES
BOOKLET
FY 23-24





Waukesah Townsend, Business Manager

Vacant, Assistant Business Manager

Linda Burke, Payroll Bookkeeper

Yalanda Granger, Payroll Assistant

Larry Lewis, Purchasing/Fixed Asset Clerk

Kasha Washington, Travel/Records Clerk

Jennifer Fox, Accounts Payable Clerk

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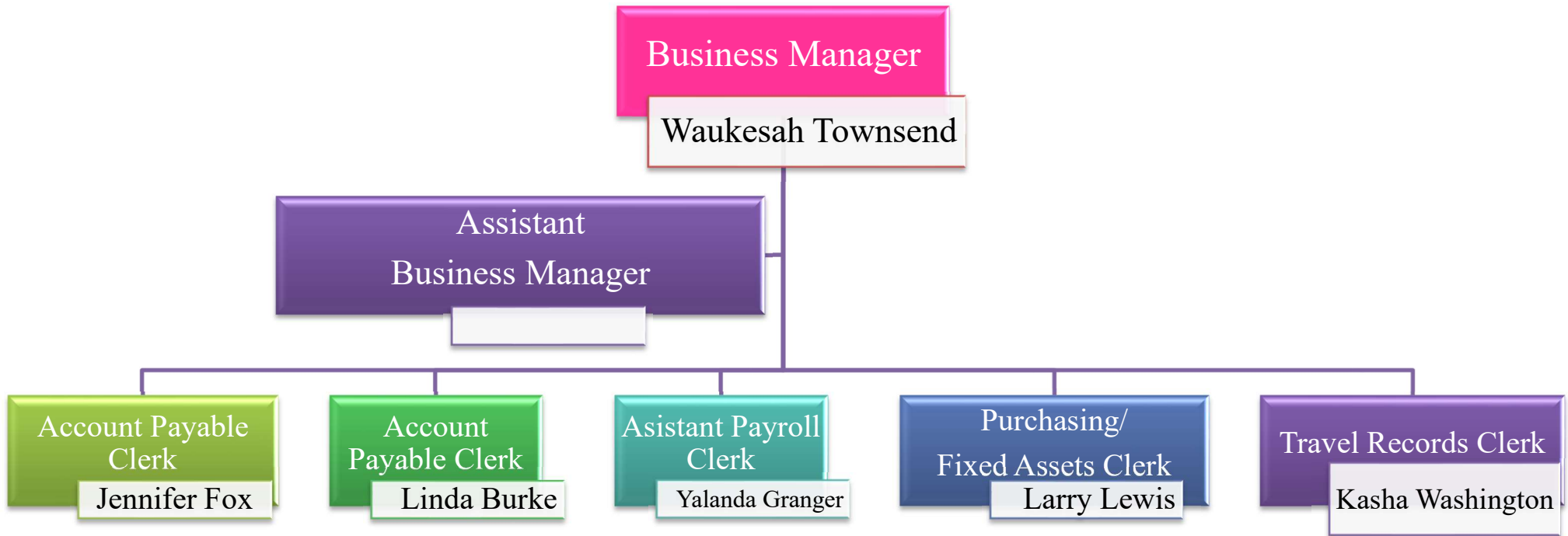
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2023- 2024 BUSINESS OFFICE ORGANIZATIONAL CHART





Business Office General Forms



FUNDING CODES

- GENERAL LEDGER CODES USED TO EXPENSE THE DISTRICTS ALLOCATED FUNDS.
 - o FUND - WHAT PROGRAM
 - o FUNCTION - WHERE TO EXPENSE FUNDS FROM
 - o OBJECT - REASON FOR USE

FUNDS:

1120_DISTRICT MAINTENANCE	1154_AKIN ACTIVITY
1130_STATE SPECIAL EDUCATION	1155_BOYD ACTIVITY
1140_STATE ALTERNATIVE EDUCATION	1159_MCBRIDE ACTIVITY
1145_SAFE & ORDERLY	1161_STERN ACTIVITY
2211 TITLE I	1162_TRIGG ACTIVITY
2212_TITLE I DELINQUENT	1163_WEBB ACTIVITY
2213_SCHOOL IMPROVEMENT_1003A	1164_WEDDINGTON ACTIVITY
2311_TITLE V_EXTENDED SCHOOL YEAR	1165_COLEMAN ACTIVITY
2511_TITLE II IMPROVE TEACHER QUALITY	1167_WESTON ACTIVITY
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2610_IDEA PART B	1170_ARMSTRONG ACTIVITY
2620_PRESCHOOL	1174_ATHLETICS
2711 STATE VOCATIONAL EDUCATION	
2811_TITLE IV_PART A_STUDENT SUPPORT	

OBJECT:

- 330_PROFESSIONAL SERVICES
- 430_REPAIRS, MAINTENANCE
- 510_STUDENTTRANSPORTATION
- 580_STAFF TRAVEL
- 610_GENERAL SUPPLIES
- 731_COMPUTER EQUIP< \$5,000
- 733_COMPUTER EQUIP> \$5,000
- 735_FURNITURE EQUIP> \$5,000
- 737_FURNITURE EQUIP > \$5,000
- 810_DUES AND FEES

FUNCTIONS:

- 1105_PRE-KINDERGARTEN
- 1110_KINDERGARTEN
- 1120_ELEMENTARY
- 1130_MIDDLE SCHOOL
- 1140_HIGH SCHOOL
- 1910_ATHLETICS
- 1920_ACTIVITY
- 2540_PRINT SHOP
- 2620_MAINTENANCE
- 2720_TRANSPORT SERVICES

GREENVILLE PUBLIC SCHOOL DISTRICT
REQUEST FOR BUDGET REVISION 23-24

SCHOOL: T.L. WESTON

DEPARTMENT: MAINTENANCE

FUND	ACCOUNT NUMBER	ACCOUNT NAME	CURRENT REMAINING BUDGET	INCREASE <small>Enter Positive Number</small>	DECREASE <small>Enter Negative Number</small>	REVISED REMAINING BUDGET	EXPLANATION
1120	900-2620-000-430-001	REPAIRS MAINTENANCE	15,000.00	5,000.00	0.00	20,000.00	TO PURCHASE PPE EQUIPMENT FOR T.L. WESTON
1120	900-2620-000-737-001	FURN. EQUIP >\$5,000	30,000.00	0.00	-5,000.00	25,000.00	
			0.00	0.00	0.00	0.00	
			0.00	0.00	0.00	0.00	
			0.00	0.00	0.00	0.00	
			0.00	0.00	0.00	0.00	
			0.00	0.00	0.00	0.00	
			0.00	0.00	0.00	0.00	
			0.00	0.00	0.00	0.00	
			0.00	0.00	0.00	0.00	
			0.00	0.00	0.00	0.00	
			0.00	0.00	0.00	0.00	
	TOTALS		45,000.00	5,000.00	-5,000.00	45,000.00	

DIRECTOR/SUPERVISOR: _____

Date: _____

BUSINESS MGR. APPROVAL: _____

Date: _____

SUPERINTENDENT APPROVAL: _____

Date: _____

OTHER APPROVAL: _____

Date: _____

Transmittal Report
Receipt Summary Sheet

<School Name>
BOYD ELEMENTARY

<Principial Name>
B. SIMS

For the Month Ending: SEPTEMBER 2023

Financial Accounting Data

DATE	RECEIPT NUMBER	RECEIPTED FROM	FUND CODE	GENERAL LEDGER CODE	FUNCTION & OBJECT CODE	AMOUNT
9/15/2023	12345	JANE DOE	1155	900	1920-000-610	100.00
9/16/2023	12346	JOHN DOE	1155	900	1920-000-510	50.00
TOTAL OR SUB-TOTAL					\$150.00	

PROPOSED GIFT TO INDIVIDUAL SCHOOLS OR DISTRICT

Gifts to individual schools which meet the following criteria may be considered for approval. A full description of the proposed gift and a statement of its educational benefits shall be submitted on this form prior to consideration for acceptance of any gift to an individual school or to the Greenville Public School District.

Criteria: A gift to be acceptable shall:

- 1. Become the property of the Greenville Public School District*
- 2. Be compatible with the District's goals, vision and mission.*
- 3. Not create an imbalance in educational programming for the school level involved.*
- 4. Not incur a district responsibility to replace when lost, stolen or outmoded*
- 5. Be paid for in full by the donor with no outstanding balance.*
- 6. Be a new item; however, under certain circumstances, consideration may be given to the acceptance of a used item.*

Description: Give a brief description of the proposed/donated gift

(Note: If any item requires an inventory tag, you must include the brand name, serial number and model number.)

Use of the Gift: List the educational benefits expected from the use of the gift.

Recommendation: It is recommended that approval be granted to Greenville Public School District to accept the described gift.

Name of Donor

Address of Donor

Date of Recommendation

Signature of Principal/Administrator

APPROVED _____

DONATION

BOARD APPROVAL DATE

DENIED _____

Submit all forms to Business Manager

PURCHASING PROCESS/PROCEDURES

- All requisitions will be generated from the requestor on a formatted excel spreadsheet.
 - All new vendors must submit a W-9 form to be added to our accounting system.
 - A vendor request form and sam.gov documentation should be uploaded
- It is the responsibility of each school/department secretary/bookkeeper to key in requisitions via “School Connect.”
- All requisitions must be signed/authorized by the building administrator and/or department head. These duties are usually performed daily.
- Requisitions must reference back to your building’s School Improvement Plan. This must be added in the comment section of the requisition.
- The first line on the requisition should be a summary of the items being purchased. This is what the board will see on the claims docket.
- Once the Purchase Requisition has been approved by the building administrator, the following personnel must review and approve: This process takes place electronically through the accounting software:
 - Purchasing Clerk
 - Funding Code Administrator(if applicable)
 - Business Manager
 - Superintendent
- Once a requisition is upgraded to a purchase order, the purchasing clerk will place the order for the department if the order has not been previously made.
- If purchase order requires quotes, said quotes must be uploaded and attached to the requisition. (See Purchasing Guidelines below)
- Other items that must be listed on requisition if applicable: State Contract Number, Bid Number, and Express Products List (EPL). (See Purchasing Guidelines below)
- For in-district travel reimbursements, the travel log must be attached to the requisition. The log must be signed by principal/supervisor, Business Manager and Superintendent.
- Requisitions for Services
 - If applicable, a copy of the board approved contract must be uploaded and attached to the requisition.
 - Only the Board of Trustees can legally bind a contract.
 - All requisitions coded to “330” for Professional Services and some “430” Maintenance Services will require a consultant or vendor contract.
- Shipping must be included on requisitions
- Sales tax should only be added on items purchased for resale.
- Requisitions for fixed assets should include the intended room # and shipped to the GPSD warehouse. Large items can be shipped directly to school/department, but must contact Fixed Assets Clerk to assign fixed asset code.
- Budget Issues

- The computer accounting system will allow a requisition to be processed only if there are sufficient funds available in the budget account code.
- If there are not enough monies in a budget code, you will need to prepare a budget revision form. (See Budget Section)
- You will be notified via email when budget revision is complete.
- Status of requisition approval flow-through can be tracked in “School Connect”

VENDORS

- In order to add a new vendor, a “signed” W-9 must be obtained from the vendor and attached, along with, the sam.gov printout to the New Vendor Request form

PURCHASE ORDERS

AN ELECTRONICALLY SIGNED PURCHASE ORDER BY THE SUPERINTENDENT IS REQUIRED TO MAKE ANY AND ALL PURCHASES FOR THE GREENVILLE PUBLIC SCHOOL DISTRICT

- After a requisition has been approved, the requestor will receive two copies of the purchase order:
 - Yellow-receiving report
 - Blue-school’s file copy
- The purchase order is the document that legally authorizes the purchase of the goods or services.
- Only the approved items on the PO can be ordered/purchased.
- The PO must be processed and signed before the actual order is made. Any order made without an approved purchase order results in the employee placing the order becoming financially responsible for that order.
- A purchase order will not be issued after the invoice has been received with the exception of board approved agreements, maintenance bills and utilities

Lifecycle of your Purchase Order

Purchase Decision - Create Requisition



Route for Department Approval
(Principal, Business Manager & Superintendent)



Reviewer Intervenes as Needed
(Purchasing Clerk)



Converts Requisition to a PO



PO To Vendor



Department/School Records Receipt of Goods (Do not sign/date until you have received all of your items)



Receives Invoice. All invoices should be mailed to the CO. If you receive them please send them in ASAP. We cannot pay your PO without it.



Department Performs Matching
-AP Clerk:
Yellow, Pink & Invoice



Resolves Match Exceptions and Pays Vendor



Reconciles General Ledger





Jennifer Fox
Accounts Payables Clerk

*412 South Main Street
PO Box 1619
Greenville, MS 38702-1619
Phone 662.334.7011 Fax 662.334.3480
Email jenefox@gpsdk12.com*

ACCOUNTS PAYABLE CALENDAR FY 2023-2024 SCHOOL YEAR

<u>Board Meeting Date</u>	<u>Cut-Off date for Docket Items</u>
07/25/2023	07/14/2023
08/22/2023	08/11/2023
09/26/2023	09/15/2023
10/24/2023	10/13/2023
11/16/2023	11/03/2023
12/14/2023	12/01/2023
01/23/2024	01/12/2024
02/27/2024	02/16/2024
03/26/2024	03/15/2024
04/23/2024	04/12/2024
05/28/2024	05/17/2024
06/20/2024 (Budget Hearings)	06/14/2024
06/25/2024	06/14/2024

** *All Purchase Orders and Invoices must be submitted to AP by 12 noon on or before the cut-off date in order to placed on monthly docket. ALL PO'S MUST ACCOMPANY AN INVOICE IN ORDER TO PROCESS PAYMENT. ***

Greenville Public School District Bid Process and Procedures

ADDENDUM TO PURCHASES AND THE AMOUNT IN WHICH THEY FOLLOW:

Quotes Process and Procedures

- Purchases less than \$5,000
 - Will not be required to have quotes nor submitted for bids.
- Purchases over \$5,000 but not over \$75,000
 - Will be required to obtain at least two quotes.
 - Quotes are not to be broken down if same vendor is offering the same services or supplies.

Bid Process and Procedures

- Purchases \$75,000 and greater
 - Bid Specification Package will be formulated based on scope of work reviewed by internal sources (if applicable).
 - Bid Specifications will be advertised in three (3) different networks:
 - Newspaper for two (2) consecutive weeks
 - Greenville Public School District website
 - Mississippi Contract Procurement website
 - Submitted Bid packages will be submitted to the Purchasing Clerk at the Greenville Public School Central Office, opened and reviewed three (3) days after bids close in the Business Office at 10:00 a.m. with the following staff present:
 - Business Manager
 - Director of Curriculum Elementary/Secondary
 - Purchasing Clerk
 - Assistant Business Manager in the absence of one of the other parties.
 - Approved bid will be submitted to the Superintendent for submission to the Greenville Public School Board of Trustees for approval or rejection.
 - Business Manager will forward a letter to vendors informing them of approval or rejection of stated bid packages.

Greenville Public School District will follow policies DJED and SB 2923 based on the most restrictive.

GREENVILLE PUBLIC SCHOOL DISTRICT

VERIFICATION OF DEBARMENT / EXCLUSION PROCESS

Note: Secretaries, Bookkeepers, Director of State & Federal Programs, Director of Special Education, Business Manager, Assistant Business Manager, and the Purchasing Clerk will obtain access to **SAM (System for Award Management)** at <https://www.sam.gov/portal/SAM/#1#1>.

○ NEW VENDORS

- Prior to conducting business with a new vendor, a W-9 has to be secured from the vendor and a Vendor Request Form must be completed by requestor (GPSD Secretary, Bookkeeper, Etc.). The employee listed above who makes initial contact with the vendor will access the SAM website and complete a search for the vendor by both the business name and the personal name, if applicable. It is imperative that an asterisk “*” be placed at the end of the business and personal name prior to initiating the search.
 - When submitting documentation for a new vendor, the requestor (GPSD Secretary, Bookkeeper, etc.) must attach the W-9 and the printout from SAM to the Vendor Request Form and submit this complete documentation to the GPSD Purchasing Clerk.
 - If the vendor is **not** listed in **SAM**, then the GPSD Purchasing Clerk will enter the W-9 into the automated purchase order system and the purchasing process can begin.
 - If the vendor is **not** listed as “**Exclusion**”, then the GPSD Purchasing Clerk will enter the W-9 into our automated purchase order system and the purchasing process can begin.
 - If the vendor is listed as “**Exclusion**”, then the W-9 will not be entered into the automated purchase order system. The purchasing process ends.

○ CURRENT VENDORS

- Prior to conducting business with the vendor for the current school year, the employee listed above who is responsible for entering the purchase requisition from the school-level or central office level will access the **SAM** website and complete a search for the vendor by both the business name and the personal name. It is imperative that an asterisk “*” be placed at the end of the business and personal name prior to initiating the search.
 - If the vendor is not listed in **SAM**, then the purchase requisition can be entered into the automated purchase order system and the purchasing process can begin. The purchasing clerk will verify that the vendor is no listed as “**Exclusion.**”
 - If the vendor is not listed as “**Exclusion**”, then the purchase requisition can be entered into the automated purchase order system and the purchasing process can begin. The purchasing clerk will verify that the vendor is not listed as “**Exclusion.**”
 - If the vendor is listed as “**Exclusion**”, then the purchase requisition **cannot** be entered into the automated purchase order system. The purchase process ends here.
 - The employee listed above who is responsible for entering purchase requisitions into the automated purchase order system will email the “**Exclusion**” printout which identifies the vendor as being labeled as “**Exclusion**” to the business manager, assistant business manager, and the purchasing clerk. The purchasing clerk will remove the vendor from the automated purchase order system.

It is the responsibility of all employees in the notation above, in addition to the employee initiating the purchase requisition in the automated purchase order system, to randomly select vendors and verify that they are not labeled as "Exclusion".

Greenville Public School District
Business Office
412 South Main Street
Greenville, MS 38701
Phone: 662-334-3842
Fax: 662-334-2902

Vendor Request Form

Name of Vendor: _____

Address of Vendor: _____

City, State: _____ Zip Code: _____

Social Security #: _____ *OR* Tax ID#: _____

Is Vendor Listed in "SAM"? Yes No

If "Yes", is Vendor Listed as "Exclusion?" Yes No

Date Requested: _____

Requested by: _____

Upon completion, please email to the business office at wTownsend@gpsdk12.com, and lLewis@gpsdk12.com

To be completed by GPSD Business Office:
Vendor Code: _____
Date Assigned: _____

***Remember to attach the SAM Printout to the Vendor Request Form

Revised 7

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <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) ▶ _____ Note: 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 not 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) ▶ _____	4 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>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 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									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

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.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

District: Greenville Public School District
Section: D - Fiscal Management
Policy Code: DJEIB - Acceptance of Gifts From Vendors or Suppliers

Acceptance of Gifts From Vendors or Suppliers

The Greenville Public School District School Board believes that all employees should maintain integrity with students, colleagues, parents, patrons, vendors, and businesses when accepting gifts, gratuities, favors, and additional compensation. No matter how well-meaning or well-intentioned a gift, the potential exists for impropriety or the appearance of impropriety to be present because of the existence and acceptance of the gift.

Acceptance of modest entertainment such as a meal or refreshments in connection with attendance at conferences, training events, professional meetings and events sponsored by industrial, technical, professional, or educational associations is not considered a gift.

Definition of Gift: Any gratuity, discount, gift card, food or drink item, entertainment, loan, honoraria for speaking engagements, or other tangible or intangible item having monetary value.

Prohibition: No board member or employee shall solicit any personal favor, gift, gratuity, or offer of entertainment directly or indirectly from a supplier, vendor, or service providers who is doing or seeking to do business with the school district. Board members or school employees shall never accept gifts during the bidding process, in the waiting period for renewal of a contract or agreement, or at a time when negotiations with vendors, suppliers, or service providers are ongoing.

Reporting: Any gift(s) accepted personally by any employee of the school district from any supplier or vendor shall be reported to the employee's immediate supervisor, who shall report acceptance of such gift(s) to the superintendent who shall bring the issue before the board at the board's next regular meeting.

The school board must formally approve acceptance of all personal gifts to school board members and employees from suppliers, service providers and vendors.

Tax Liability: All cash or gift cards redeemable for cash are taxable to the employee, even when given as a gift. Non-cash gifts of minimal value, such as a holiday turkey, mostly are not taxable for employees if they are under \$100 per year. Any gifts worth more than \$100 is taxable.

Professional Staff: School employees shall neither accept nor offer gratuities, gifts, or favors that impair professional judgment or to obtain special advantage. This standard shall not restrict the acceptance of gifts or tokens offered and accepted openly from students, parents, or other persons or organizations in recognition or appreciation of service.

Ethical Conduct: Ethical conduct includes, but is not limited to, the following

- a. Insuring that institutional privileges are not used for personal gain

- b. Insuring that school policies or procedures are not impacted by gifts or gratuities from any person or organization

Unethical Conduct: Unethical conduct includes, but is not limited to, the following:

- a. Soliciting students or parents of students to purchase equipment, supplies, or services from the educator or to participate in activities that financially benefit the educator unless approved by the local school board.

- b. Tutoring students assigned to the educator for remuneration unless approved by the local school board

LEGAL REF.: Mississippi Educators' Code of Conduct: Standard 8. Remunerative Conduct

Adopted Date: 5/25/2021

Approved/Revised Date: 5/25/2021

District: Greenville Public School District

Section: D - Fiscal Management

Policy Code: DJED - Bids and Quotations

BIDS AND QUOTATIONS

The school district shall comply with all applicable provisions of the Mississippi Code of 1972 Annotated including but not limited to § 31-7-13 as amended, and with all other applicable federal and state laws and regulations relating to bids.

PERSONAL LIABILITY

Any school board member, the superintendent, any employee or agent of this school board, who appropriates or authorizes the expenditure of any money to an object not authorized by law, shall be liable personally for up to the full amount of the appropriation or expenditure as will fully and completely compensate and repay such public funds for any actual loss caused by such appropriation or expenditure, to be recovered by suit in the name of the school board or in the name of any person who is a taxpayer suing for the use of the school board, and such taxpayer shall be liable for costs in such case. In the case of the school board, only the individual members of the board who voted for the appropriation or authorization for expenditure shall be liable under this subsection.

No individual member or officer of this school board, employee or agent of this school board shall let contracts or purchase commodities or equipment except in the manner provided by law; nor shall this school board ratify any such contract or purchase made by any individual member, officer, employee or agent thereof, or pay for the same out of public funds unless such contract or purchase was made in the manner provided by law; provided, however, that any vendor who, in good faith, delivers commodities or printing or performs any services under a contract to or for the school board shall be entitled to recover the fair market value of such commodities, printing or services, notwithstanding some error or failure by this school board to follow the law, if the contract was for an object authorized by law and the vendor had no control of, participation in, or actual knowledge of the error or failure by this school board.

The individual members, officers, employees or agents of this school board as defined in Section 31-7-1 causing any public funds to be expended, any contract made or let, any payment made, in any manner whatsoever, contrary to or without complying with any statute of the State of Mississippi, regulating or prescribing the manner in which such contracts shall be let, payment on any contract made, purchase made, or any other payment or expenditure made, shall be liable, individually, and upon their official bond, for compensatory damages, in such sum up to the full amount of such contract, purchase, expenditure or payment as will fully and completely compensate and repay such public funds for any actual loss caused by such unlawful expenditure.

In addition to the foregoing provision, for any violation of any statute of the State of Mississippi prescribing the manner in which contracts shall be let, purchases made, expenditure or payment made, any individual member, officer, employee or agent of this school board who shall substantially depart from the statutory method of letting contracts, making payments thereon, making purchases or expending public funds shall be liable, individually and on his official bond, for penal damages in such amount as may be assessed by any court of competent jurisdiction, up to three (3) times the amount of the contract, purchase, expenditure or payment. The person so charged may offer mitigating circumstances to be considered by the court in the assessment of any penal damages.

Any sum recovered under the provisions hereof shall be credited to the account from which such unlawful expenditure was made. Except as otherwise provided, any individual member of the school board as defined in Section 31-7-1 shall not be individually liable under this section if he

District: Greenville Public School District

Section: D - Fiscal Management

Policy Code: DJEA - Purchasing Authority

PURCHASING AUTHORITY

"Purchasing agent" shall mean superintendent. Pursuant to the authority granted by Section 37-39-15, Mississippi Code 1972 as amended, this school board hereby designates other individuals as "purchasing agents" subject to the limitations set forth below.

1. In addition to the superintendent the school board hereby designates the deputy superintendent and business manager as "purchasing agents" with general authority to negotiate for and purchase the commodities and services necessary for the operation of the school district, within the limits of budget categories and purchasing law.

BONDING REQUIREMENT

This district shall comply with Mississippi Code Section ' 37-39-21 as it relates to bonding requirements. The positions of principal may be covered by blanket bond, but the position of purchasing agent requires individual bond. (Attorney General Opinion, Middleton, 4-26-96)

INDIVIDUAL BOND:

A new bond in an amount not less that required by law shall be secured at the beginning of each new term of office or every four(4) years whichever is less.

BLANKET BOND:

A new bond in an amount not less than that required by law for public employees shall be at the beginning of each new term of office of the public or appointed official by whom they are employed, if applicable, or at least every four (4) years concurrent with the normal election cycle of the Governor. ' 25-1-15

GENERAL AUTHORITY

All agencies and governing authorities shall purchase their commodities and printing; contract for garbage collection or disposal; contract for solid waste collection or disposal; contract for sewage collection or disposal; contract for public construction; and contract for rentals as herein provided. Nothing in this section shall be construed as authorizing any purchase not authorized by law. ' 31-7-13

LEGAL REF.: MS CODE as cited and ' 37-39-1 *et seq.*

CROSS REF.: Policies DJED Bids and Quotations

Last Review Date: 8/25/2020

Review History:

Adopted Date: 6/28/2011

Approved/Revised Date: 8/25/2020

voted against payment for contracts let or purchases made contrary to law and had his vote recorded in the official minutes of the school at the time of such vote, or was absent at the time of such vote. ' 31-7-57

LEGAL REF.: MS CODE as cited

CROSS REF.: Policies DJE-E Purchase Law Policies

DJEA Purchasing Authority

DJEG Purchase Orders and Contracts

Last Review Date: 8/25/2020

Adopted Date: 6/28/2011

Approved/Revised Date: 8/25/2020

District: Greenville Public School District
Section: D - Fiscal Management
Policy Code: DJEG - Purchase Orders and Contracts

PURCHASE ORDERS AND CONTRACTS

One of the most important aspects of control over expenditures is an efficient and effective system of purchasing. Each school district shall establish a purchasing system. A well designed system of purchasing will include:

1. Requisitions (2 part)
2. Purchase Orders (3 part)
3. Receiving Reports (2 part)
 - a. Purchase requisitions are documents filled out by requesting departments/divisions/schools or teachers requesting that the purchasing department buy the items requested. A requisition is the device by which management realizes that there is a need for materials.
 - b. Purchase orders are documents issued by the school district to vendors ordering the items requested by departments/divisions/schools or teachers. A purchase order is the device by which management places an order. Accepting a purchase order by a vendor effects a legally binding contract. The purchase order gives the vendor authority to ship the required items and binds the district for payment.
 - c. Receiving reports are documents documenting the fact that the materials ordered were actually received.

Using the documents above, the purchasing process could work as follows:

1. The school district could utilize purchase requisitions to be prepared by school district personnel whenever there is a request for materials. All requisitions should require approval by next higher level of administration than the person actually requesting the material. Once approved this requisition should be forwarded to the central office.
2. When a properly prepared and approved requisition is received by the central office, it should be reviewed to ensure that the requisition amount will not exceed the budget for that particular area. All requisitions should be subjected to public purchasing law requirements. A determination should be made as to whether or not quotes or bids shall be obtained prior to the actual placing of the order, in accordance with public purchasing laws.
3. Once the public purchasing law requirements are fulfilled, a purchase order should be issued, the issuance of which is official notice to the vendor that you desire for the vendor to fill that order.
4. When ordered materials are received, either a receiving report shall be prepared by the person receiving the material or by central receiving, or, in the absence of a receiving report, the vendor's invoice shall be signed by the person receiving the material.
5. Prior to paying any claim, the accounts payable clerk should match the following documents:
 - a. Purchase requisitions

- b. Purchase order
 - c. Receiving report (or vendor invoice signed by personnel indicating receipt of the material)
 - d. Vendor invoice (where receiving reports are used).
6. Any employee that secure items without following this process will be responsible for the secured items.

All purchase orders shall be prenumbered and controlled. Receiving reports, if utilized, shall be prenumbered and controlled. Requisitions do not require prenumbering.

A purchase order log shall be maintained by purchase order number. This log will allow for follow-up on unfilled orders as well as allowing for the school district to determine the dollar value of outstanding purchase orders. The purchase order log shall, at a minimum, contain the following information: purchase order number, date issued, vendor name, description and amount. In lieu of the purchase order log, the district may maintain a file copy of purchase orders which are in numerical sequence.

Encumbrance accounting, if utilized, is discussed under the budgeting section of this manual. Account codes are provided for in the coding sections of this manual.

Open purchase orders to vendors are acceptable if items have been bid and the bids properly accepted by the school board in their official minutes.

Open purchase orders to vendors are only good for the duration of the bid and no bid shall exceed two fiscal years. This bid should be for a period, established by the school board, to ensure budgetary control over the purchase of such commodities.

Centralized purchasing is recommended for all districts. It is the most efficient and effective means of handling purchasing. With centralized purchasing, a purchasing department headed by a purchasing agent makes all purchases for the district. By purchasing in this way, one department can specialize in the purchase function. Also better internal control exists when purchases cannot be made by many people at many different locations.

School boards shall establish policies concerning school district purchasing. Included in these policies, the board shall identify those items, if any, it is exempting from purchase order requirements (e.g., lunchroom foods that are purchased at bid price and delivered daily, purchases of certain items from student club funds, purchases made daily for the transportation department and purchases of monthly services such as utility bills and phone bills).

Purchasing policies and procedures shall be approved by the school board and recorded on its official minutes.

PUBLIC PURCHASING LAWS

Mississippi public school districts must make purchases in accordance with the Mississippi Code of 1972, Annotated. Additional procedures, requirements, and regulations are to be found in the Financial Accounting Manual for Mississippi Public School Districts, prescribed by the Office of the State Auditor. The Manual includes a "Quick Reference Index of School Related Laws" that indicates the most significant code sections affecting purchasing are 31-7-1, 31-7-12, 31-7-13, and 37-39-1 et seq.

PURCHASING DOCUMENT FORMATS

The forms and formats presented on pages D-4 through D-7 in the Manual are provided only as

guides in implementing a school district purchasing system. The actual forms and formats to be utilized are to be determined by the district.

REMINDER: Purchases made from federal funds are also subject to applicable federal regulations.

NOTE: The Mississippi public purchasing laws have been amended by the Legislature each year for the past few years. To keep current, each district needs to obtain and review a copy of any amended public purchasing laws as soon as possible after the bill making the change is passed. These amended code sections may be obtained from the Secretary of State. If the legislative bill number is known, the amended law may also be obtained by calling the Senate Docket Room at (601) 359-3229 or the House Docket Room at (601) 359-3358. Also, bill status may be obtained online at the State Legislature website: <http://www.ls.state.ms.us/>

LEGAL REF.: MS CODE as cited

CROSS REF.: Policy DJE - Purchasing

Last Review Date: _____

Review History:[1/1/1900][1/1/1901]

Adopted Date: 6/28/2011

Approved/Revised Date:

District: Greenville Public School District

Section: D - Fiscal Management

Policy Code: DJEJ - Payment Procedures

The Greenville Public School District Board of Trustees has the power, authority, and duty to make orders directed to the superintendent of schools for the issuance of pay certificates for lawful purposes on any available funds of the district and to have full control of the receipt, distribution, allotment and disbursement of all funds provided for the support and operation of the district whether such funds be derived from state appropriations, local ad valorem tax collections, or otherwise. MS Code §37-7-301

The Superintendent of Education is hereby authorized to pay claims which are found to be legal and proper and in an amount not greater than the following:

- Utility Bills (no limit on amount)
- Travel expenses, athletics, credit cards, fuel services, reimbursements of meals/supplies and food services (\$10,000 per claim)
- Insurance premiums after policy adoption by the board (limited to amount originally approved by the school board)
- CDL reimbursement (limit \$500)
- Refund of Performance Bonds (limited to amount originally approved by the school board)
- Amounts due under the district's contract with ESS to provide substitute employees

Said claims will then be ratified by the Board of Trustees at their next regularly scheduled board meeting.

Claims shall continue to be processed in the most efficient and cost effective manner. The Board of Trustees specifies that only those items determined to be time sensitive in nature, as advised by the Business Manager and approved by the superintendent, will be paid in this manner.

LEGAL REF: MS Code as cited

Mississippi Public School Accountability Standards

Adopted Date: 4/28/2020

Approved/Revised Date: 4/26/2022



Travel



GREENVILLE PUBLIC SCHOOL DISTRICT TRAVEL PROCESS

ALL TRAVEL PAPERWORK MUST BE SUBMITTED FOR VIRTUAL & IN-PERSON to the Business Office so that it can be processed before date of attendance.

Travel Approval/Requisition (Pre-Travel)

- Before Travel Checklist
- Field Trip Approval and Transportation Request form
- Conference Registration Confirmation
- Conference Proposed Agenda/Registration or Notification of the Conference
- Hotel Reservation (if applicable). Each employee shall reserve a single room with host hotel or hotel of their choice in which the hotel fee does not exceed host hotel daily rate or the state hotel listing rate. **If out of state accommodations are required, it is the employee's responsibility to ensure all applicable taxes are applied to hotel fee.** Employees are to contact Travel/Records Clerk regarding payment status.
- Mapquest printout for mileage verification from place of work to conference site or home to conference site, whichever is shorter distance.
- Employee Absentee Statement- Employee must work 1/2 a day, if conference is taking place the next day at 8:00 a.m.; if conference begins at 10:00 a.m. or after, employee is expected to travel same day if conference is a two hour or less drive.
- There should be one travel packet submitted per individual traveling.
- The business office will make all rental reservations. A rental vehicle must be used for 1-3 day trips. **All rental vehicles are expected to be returned within the approved rental time (barring any extenuating circumstance). Take all rental vehicles to the Maintenance shop to be refueled before returning them to Enterprise(The Transportation Director should be notified 24 hour in advance for refueling and will be available the day of refueling until 6:00 p.m.) . The Exxon Mobil gas card is to be used only when refueling district fleet vehicles. If employee decides to use personal vehicle after rental vehicle has been reserved and the district is charged for the rental fee, the financial responsibility will become that of the employee.**
- If an employee chooses to utilize their own vehicle for travel, it has to be noted on the travel requisition for approval (**Check box in highlighted area of Travel Approval/Requisition form**). The employee will be reimbursed the rental rate per day and the cost of one gas receipt for mileage 150 or less one way, two gas receipts 150 -300 miles one way , over 300 miles one way three gas receipts Mileage per diem for the use of an employee's personal vehicle will be allowed for trips greater than 3 days or when more economical than using a rental vehicle and a district fleet vehicle is not available.
- Obtain the necessary authorizations for requested travel. The **Superintendent** must approve all school level travel. **The Director of Federal Programs and the Director of Special Services** must sign off on the **Travel Requisition and Special Absence Form** when funds are used from **their departments**.
- Copies of the POs will be submitted back to the schools/sites authorizing travel.
- Approved travel requisitions are processed by the Travel/Insurance Clerk and **must have an appropriate expenditure code on paperwork to be processed.**

Travel Expense Voucher (Post-Travel)

- After Travel Checklist
- A Purchase Order will be issued in the name of the employee for transportation costs, meals and incidentals if applicable.

- The following documentation must accompany the Travel Expense Voucher:
 - Yellow copy of Purchase Order signed by employee
 - Conference Agenda
 - Hotel Bill with \$0 balance
 - Rental Car receipt and any incidental receipts
- Costs for transportation and meals (meals are paid only for overnight stay) will be paid prior to travel and incidentals will be paid upon receipt of proper documentation in the Accounts Payable office after travel.
- A separate Purchase Order will be issued to the Conference Vendor and Hotel. **Payments will be mailed to vendors prior to travel when timely requests are made and approved.** If Travel requests are timely made and approved and checks are printed prior to travel, the employee will need to pick up checks from the Travel/Insurance Clerk. If requests are untimely made and approved and a check was not printed prior to travel, the employee will have to pay for these expenses and be reimbursed (with proper documentation) after the travel.
- **After Travel Voucher must be submitted within five (5) days after travel.**

It is the responsibility of each employee to make sure their travel is approved before they travel.

Revised 7.23.2021

GREENVILLE PUBLIC SCHOOL DISTRICT
Request for Field Trip Approval and Transportation Request

School: _____ Date of Request: _____ Dept. _____

Date of Trip: _____ Trip Supervisor: _____

Destination: _____ Number of people traveling: _____

Purpose for trip: _____

School Departure Time: _____ Destination Arrival Time: _____

Destination Departure Time: _____ School Arrival Time: _____

Trip Supervisor's Signature _____

Field Trip Request: Approved: _____ Disapproved: _____

Principal's Signature: _____

Field Trip Request: Approved: _____ Disapproved: _____

Superintendent or Deputy Superintendent's Signature: _____

DISTRICT TRANSPORTATION IS NOT NEEDED FOR THIS TRIP

For Transportation Division

Driver(s) 1. _____ # _____ 2. _____ # _____

3. _____ # _____ 4. _____ # _____

Bus Driver's Report

Beginning Mileage: _____ Ending Mileage: _____ Total Mileage: _____

Driver's Pay: _____ Total Charge: _____

School Departure Time _____ School Arrival Time _____ Total Hours _____

Comments _____

Signature(s) _____

Note: This application should be prepared in duplicate with one copy being retained in the school file and the other copy being sent to the office of the Deputy Superintendent, Greenville Public School District. Upon approval of the trip, the school principal will be notified by email, fax, mail or telephone.

This form must be in the Director of Transportation's Office FIVE (5) days before the DATE OF THE TRIP.

Greenville Public Schools
Staff- BEFORE Travel Checklist

Instructor

Meeting/ Conference

Date of Meeting/ Conf...

The following items must be completed and submitted to the Building Administrator/Site Director four (4) weeks before travel for each individual traveling:

- ____ 1. GPSD Travel Approval & Requisition (Excel format)
 - All "Transportation Type" will be Rental unless authorized by Director
 - A rental car must be used for 1-3 day trips. Prior to returning the rental car to Enterprise, take the car to Maintenance shop to be refueled (even if after hours). All rentals are expected to be returned within the approved rental time.
 - There will be only one (1) mileage per diem payment per trip for every three (3) individuals traveling on the same trip and using the same funding code. In cases where this is a gender mix, additional mileage and hotel will be permitted.
 - Meal allowances are not given for 1 day trips
 - Return of this form with Superintendent's signature documents approval for travel. Trips are not to be made without receiving this completed form.
- ____ 2. Copy of Hotel Reservation with confirmation number, if applicable
 - There will be a two person (same gender) occupancy per room if attending the same conference.
- ____ 3. Copy of Registration including name of organizations, address, and fee.
- ____ 4. Copy of agenda of meeting
- ____ 5. Copy of Employee Verification Statement (get from Secretary)
- ____ 6. Special Absence Form (MUST include GTC goal and strategy for training)
- ____ 7. Make a copy of ALL paperwork submitted BEFORE submission for your own records.

All of the above items have been completed and submitted.

Instructor Signature

Date Submitted

Building Administrator Signature

Date Received

GREENVILLE SCHOOL DISTRICT

Travel Approval & Requisition

Date of Request: []

(Type in gray boxes)

At least 3 weeks prior to conference date

Must be accompanied with Hotel Reservation, Proposed Agenda and Registration Confirmation

One form per employee traveling

Employee Name: []
Address: []
Phone Number: []
GPSD Location: []
Place/Conference: []
Purpose: []
Date of Departure: [] Date of Return: []

Substitute required? YES [] NO []
If yes, enter # of days: [] days x [] = [] (based on retired sub) = [] Maximum Sub Cost

Transportation Type
Personal Auto [] 0.65 x [] total miles Amount \$ -
School Auto [] \$ -
Flight (attach reservation) [] \$ -
Rental (attach reservation) [] \$39.00 x [] days \$0.00
BUS (attach reservation) [] Use []
Commuting with: Employee Name: [] \$ -
Transportation Total \$ -

Meals
Breakfast Lunch Dinner Max Daily Total Daily Total
IN-State: 9 + 13 + 24 = \$46

Out-of-State: see travel clerk
Date: [] [] []
\$ - PO#

Hotel
Name Address [] PO#

Registration Fee
Name Address []

Total Request Amount \$ -
Expenditure Code []

I am requesting funds from The Office of Federal Programs on this school related travel. () yes () no

I am not requesting any reimbursement on this school related travel. Signature & Date

If approved, a Purchase Order will be issued in the employee's name and returned to the employee.
The PO serves as the permission to travel. It is the responsibility of each employee to make sure their travel is approved before they travel.

Table with columns: Signatures, Date, Approved, Denied. Rows for Requestor, Principal/Supervisor, Curriculum Director, Business Manager, Superintendent, Federal Programs Director.

Greenville Public Schools
Staff-AFTER Travel Checklist

Instructor

Meeting/ Conference

Date of Meeting/ Conference

The following items must be completed and submitted to the Building Administrator/Site Director **two (2) school days** after returning from travel for each individual traveling: (Failure to do will result in disciplinary action)

____ 1. GSPD Travel Expense Voucher (use amounts and items from Travel Approval & Requisition form)

____ 2. Yellow and Blue copies of purchase order signed and dated by employee (sign in front of Secretary)

____ 3. Copy of Hotel Bill with \$0 balance

____ 4. Rental Car receipt

____ 5. Copy of agenda of meeting/ conference

____ 6. Copy of GSPD Request for Field Trip Approval & Transportation Request (field trips only)

____ 7. Copy of event registration

____ 8. Copy of meal receipts (field trip –students only)

____ 9. Any other travel supporting documents

____ 10. Make a copy of ALL paperwork submitted BEFORE submission for your own records.

All of the above items have been completed and submitted.

Instructor Signature

Date Submitted

Building Administrator Signature

Date Submitted

TRAVEL EXPENSE VOUCHER

GREENVILLE PUBLIC SCHOOLS

GREENVILLE, MISSISSIPPI

IN ACCOUNT WITH
GREENVILLE PUBLIC SCHOOLS

Actual expenses incurred on trip for or on behalf of the Greenville Public Schools,
Greenville, Mississippi.

FOR TRIP TO _____

DATE OF TRIP _____

PURPOSE OF TRIP: _____

EXPENSE SUMMARY

	Total
1 Transportation	\$ -
2 Meals.....	\$ -
3 Hotel Bill(Attach Bill).....	\$ -
4 Registration.....	\$ -
5 Pre Travel Expenses Paid.....	\$ -
6 Expenses Accrued.....	\$ -
(Ex: gas, resort fees, registration not paid, luggage fees, etc)	
(ATTACH AGENDA, HOTEL INFORMATION, ETC.) TOTAL TRIP COST	\$ -
7 Total Amount Reimbursed to Employee.....	\$ -

SIGNED _____

DATE _____

APPROVED _____

District: Greenville Public School District

Section: D - Fiscal Management

Policy Code: DJD - Expense Reimbursements

EXPENSE REIMBURSEMENTS

Administrative personnel and others who have first been authorized by the superintendent to travel in the performance of their duties shall be advanced or reimbursed their expenses by the school district for such travel as indicated below:

For each mile actually and necessarily traveled in the employee's automobile or other private motor vehicle, the same rate of pay per mile as set by the Mississippi Department of Finance and Administration **or state contracted rental rate with the lessor amount being applied for travel.** Non-administrative employees are expected by the board to car pool and room together where appropriate where three (3) or more employees are traveling to the same destination. In such an event only one (1) travel expense allowance at the authorized rate per mile shall be allowed for any one (1) trip.

When such travel is done by means of a public carrier or other means not involving a private motor vehicle, the employee shall receive as travel expense the actual fare or other expenses incurred in such travel; .

Employees shall be reimbursed for other actual expenses such as meals(**per diem**), lodging and other necessary expenses incurred in the course of such travel, subject to limitations placed on meals for intrastate and interstate official travel by the Mississippi Department of Finance and Administration and rules and regulations adopted by the Mississippi Department of Audit.

Current reimbursements are as follows:

1. single standard room rate for accommodations
2. maximum daily reimbursement for meals for in state and out of state travel as defined by the State Department of Finance and Administration.
3. Mileage for private vehicle, *see above.
4. actual registration fees
5. actual fare or other expenses incurred in travel by public carrier
6. incidental expenses -- reasonable gratuities; parking, etc.

The superintendent shall comply with the rules and regulations of the Mississippi Department of Audit regarding itemized expense accounts upon return of the employee.

REGARDING TRAVEL ADVANCES

1. The superintendent ONLY is authorized to approve travel advances.
2. The superintendent shall comply with all rules and regulations of the Mississippi Department of Audit regarding travel advances.
3. The superintendent shall comply with the Mississippi Department of Finance and Administration daily limits on expenditures for meals.
4. All official travel must be preapproved.
5. Persons receiving advances must be officers or employees of the school district.
6. Travel advances may not be used for personal expenses or for any purpose other than the actual expenses of the authorized travel.

7. Accounting for any travel advance shall be made within five (5) working days after the end of the month in which the official travel was made.
 - a. Any money not used for travel related expenses shall be repaid the school district at this time.
 - b. The travel reimbursement form prescribed by the Mississippi Department of Finance and Administration shall be completed and submitted at this time for all money not refunded the school district.
- c. Actual receipts for all travel expenses except meals and travel in personal vehicles are to be included.

LEGAL REF.: MS CODE ' 25-3-41

CROSS REF.: Policy DI Accounting and Reporting

Last Review Date: _____
Review History:[1/1/1900][1/1/1901]

Adopted Date: 6/28/2011
Approved/Revised Date: 4/23/2019



Payroll



PAYROLL PROCESS AND GUIDANCE FOR TIME REPORTS AND ABSENTEE FORMS

- All time reports must have the following attached: weekly:
 - Absentee forms-indicate on form the following (**FFCRA, FMLA, Maternity Leave etc.**)
 - All documentation per employee must be compiled together and emailed at the same time of the week of absence
 - Absentee forms must be completed in its entirety (ex. Cause of absence, beginning and ending date, number of days etc.)
 - Employee must sign if the leave is not for an extended period of time. If it is, please send in the absentee form weekly with a copy of excuse or applicable documentation.
- Ensure that the absentee form matches the leave input in time and attendance
- Make sure leave time is for half or full day
- Make sure the employee's name matches the name in the payroll system. Please refrain from using nicknames or surnames that are not on file
- Time Reports are due on or before the deadline on the schedule for payroll timesheet cutoff
- All missed punches are to be submitted daily
 - No missed punches are to be submitted with a in/out punch unless there is a faulty clock and IT has been notified(provide work order) or unless there is a new hire who has not been imaged or received a clock number
- If an employee is out four consecutive days and it is not FFCRA related, please notify payroll and Human Resources
- NO absentee form should be submitted for an employee that has been approved to work from home, but the WFH documentation should be attached to time reports weekly

Direct Deposits/Tax Information /Address Change

- **ANY changes to employees direct deposit should be submitted two weeks (or earlier) in advance before payroll is processed (ex. Bank information, dependent information, W-4 changes, change in address)**

GREENVILLE PUBLIC SCHOOL DISTRICT
PAYROLL OFFICE
TEL: (662) 334-7009 / (662) 334-7014
P.O. Box 1619 Greenville, MS 38702-1619
FAX: (662) 334-3480

2023 - 2024

SCHEDULES FOR SUBS' PAYROLL, ABSENCE REPORTING,
TIMESHEET CUTOFFS & PAYDAYS

<u>PERIOD COVERED</u>	<u>TIMESHEETS DUE</u>	<u>PAYDAYS</u>
07/02/23 - 07/29/23	08/04/23	08/31/23
07/30/23 - 08/26/23	08/30/23	09/29/23
08/27/23 - 09/30/23	10/04/23	10/31/23
10/01/23 - 10/28/23	11/01/23	11/30/23
10/29/23 - 11/25/23	11/29/23	12/20/23
11/26/23 - 12/30/23	01/05/24	01/31/24
12/31/23 - 01/27/24	01/31/24	02/29/24
01/28/24 - 02/24/24	02/28/24	03/28/24
02/25/24 - 03/30/24	04/05/24	04/30/24
03/31/24 - 04/27/24	05/01/24	05/23/24
04/28/24 - 06/01/24	06/05/24	06/28/24
06/02/24 - 06/29/24	07/05/24	07/31/24
06/30/24 - 07/27/24	07/31/24	08/30/24
07/28/24 - 08/24/24	08/28/24	09/30/24



**GREENVILLE PUBLIC SCHOOL DISTRICT
SPECIAL ABSENCE REQUEST**

Name _____ Date _____ Department or School/Position _____

Date(s) of Requested Absence: Beginning _____ Ending _____

Total Day(s) Requested _____

Note: When requesting personal leave, this form must be completed and returned to the principal or immediate supervisor not less than three (3) days prior to the requested absence. Requests for absence in all other categories, except sick, should be at least seven (7) days prior to the date of the anticipated absence, or as soon as the employee knows that an absence is needed.

CAUSE OF ABSENCE (Please Check)

Sick Leave _____	Personal Leave _____	Vacation Leave _____	School-Related Leave _____	Jury Duty _____	Military Leave _____	Bereavement Attach Obituary _____
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***SCHOOL RELATED LEAVE/PROFESSIONAL DEVELOPMENT**

Specify the name of the training/meeting: _____

Cost of meeting _____ Funding Code _____

Employee Signature _____ Date _____

(To be completed by Immediate Supervisor)

Date Request Received: _____

Action of Supervisor: _____ Approved _____ Date _____ Not Approved _____ Date _____

Immediate Supervisor Signature _____ Date _____

(To be completed by Business Office)

Date Request Received: _____ Are funds available? _____ Yes _____ No _____

Signature/Title _____ Date _____

(To be completed by Superintendent/Designee)

Date Request Received: _____

Actions by Superintendent: _____ Approved _____ Not Approved _____

Signature _____ Date _____

Use This Report for All Employees

DISTRIBUTION: White/Payroll, Blue/Curriculum, Green/Human Resources, Pink/Federal Programs, Canary/Immediate Supervisor, Goldenrod/Employee

**GREENVILLE PUBLIC SCHOOL DISTRICT
MISSED PUNCH EDIT REPORT**

Date of Missed Punch _____

Employee Name _____

Employee Number _____

**Location at time of
Missed Punch** _____

**Job Type at time of
Missed Punch** _____

Time of Missed Punch **in:** _____
PLEASE INDICATE (AM OR PM) **out:** _____
 in: _____
 out: _____

Reason for Missed Punch _____
Unacceptable reasons if Supervisor/Designee not on site:
Clock did not take Don't Know ID Refused Clock Error

Reason Approved _____
Supervisor Signature

Reason Unapproved _____
Supervisor Signature

Employee Signature/Date _____

Date Edit Entered _____

Entered By _____

District: Greenville Public School District

Section: G - Personnel

Policy Code: GBRCB - Timeclock Procedures

STAFF TIME RECORDS

The work week for the Greenville Public School District begins on Sunday and ends on Saturday. Time records for every district employee shall be maintained through the use of time clocks and time attendance software. All time records will be maintained at the Payroll Office.

Employees shall furnish all information requested for accurate time records and shall record the exact time of arrival and departure from work in the time clock system.

CONSEQUENCES FOR FAILURE TO CLOCK IN/OUT PER SCHEDULED PAY PERIOD

Employee failure to clock in/out may result in the following consequences:

First Incident(non valid reason), the employee will receive a verbal warning regarding clocking expectations and be reminded of district requirements from supervisor- warning shall be noted on missed punch edit form

Second Incident(non valid reason)written warning from supervisor; the employee will have a letter of reprimand which will be placed in employees file at school/site-warning shall be noted on missed punch edit form

Third Incident(non valid reason) written warning from superintendent with warning being placed in employee personnel file in Human Resources-warning shall be noted on missed punch edit form

Fourth Incident(non valid reason)written notice of (1/2) day dock in pay-notice shall be noted on missed edit form

Fifth Incident(non valid reason) written notice of full day dock in pay upon review by Superintendent which may also include further disciplinary action-notice will be noted on missed punch edit form

At the start of each pay period , all employees will begin with zero incidents. Previous incidents will remain in the employee's file as indicated above.

Employees should clock in/out and submit a missed punch form immediately upon realization of failure to clock in/out, then address the documentation with their supervisor. Any failure to clock in/out must be documented by the supervisor. If the supervisor deems the situation as an emergency, the supervisor must submit documentation for approval by the business office/superintendent for the occurrence to not be recorded as an incident.

Any time unaccounted for will be docked from his/her payroll check for that pay period. If the employee makes a correction for the unaccounted time for which he/she has been docked, reimbursement may be issued with the following month's payroll:

1. An employee's pay may be docked for failure to submit a leave request which results in time reported as not worked.
2. An employee's pay may be docked for failure to submit missed punch or leave form, which results in time reported as not worked.

Adopted Date: 5/25/2021

Approved/Revised Date: 5/25/2021

District: Greenville Public School District
Section: G - Personnel
Policy Code: GBRI - Absence From Duty

ABSENCE FROM DUTY

1. DEFINITIONS

Licensed employee – any employee of the Greenville Public School District required to hold a valid license by the Commission on Teacher and Administrator Education, Certification and Licensure and Development

Full-time employee – any person employed by the district on a regular basis and working the number of hours designated for that position

Immediate family member – a spouse, parent, stepparent, sibling, child, stepchild, or other legal dependent, unless otherwise specified herein or by applicable law

2. SICK LEAVE

a. At the beginning of each school year, each full-time employee shall be credited with the number of days of sick leave, with pay, indicated below, for absences caused by illness, or physical disability of the employee or the employee's immediate family member. Leave will be credited as follows:

Unlicensed, full-time employees scheduled to work 180-186 days:

- 5 sick days with full pay
- 10 extended sick days with partial payment at the rate of 70% of the employee's rate of pay

Unlicensed, full-time employees scheduled to work 187-204 days:

- 7 sick days with full pay
- 10 extended sick days with partial payment at the rate of 70% of the employee's rate of pay.

Licensed, full-time employees scheduled to work 187-204 days:

- 7 sick days with full pay
- 10 extended sick days with partial payment in the amount of the employee's daily rate of pay minus the established substitute amount of licensed employee compensation paid in the district

Unlicensed, full-time employee scheduled to work 205 days or more:

- 7.5 sick days with full pay
- 13 extended sick days with partial payment in the amount of the employee's daily rate of pay minus the established substitute amount

Licensed, full-time employees scheduled to work 205 days or more:

- 7.5 sick days with full pay
- 13 extended sick days with partial payment in the amount of the employee's daily rate of pay minus the established substitute amount of licensed employee compensation paid in the district

Notwithstanding anything in this policy to the contrary, the following applies:

a. All licensed employees and teacher assistants shall be credited with a minimum sick

leave allowance, each year, of seven (7) days with pay. A full-time employee who begins work after the specified start date for a position will be credited with pro rata number of sick days, with pay, depending upon the number of days remaining in the district's work calendar.

b. Any unused portion of the total sick leave allowance shall be carried over to the next school year and credited to such such employee (whether licensed or unlicensed) if the employee remains employed in the district. In the event any licensed employee or teacher assistant transfers from one public school district in Mississippi to another, any unused portion of the total sick leave allowance credited to such licensed employee or teacher assistant shall be credited to such licensed employee or teacher assistant in the computation of unused leave for retirement purposes under Section 25-11-109, Mississippi Code of 1972. Accumulation of sick leave allowance in the school district shall be unlimited.

c. No deduction from the pay of such employee (whether licensed or unlicensed) may be made because of absence of such employee caused by illness or physical disability of such person until after all sick leave has been used unless said absence is not supported by proper documentation (i.e. doctor's excuse).

d. For the first ten (10) days of absence of a licensed or unlicensed employee who works less than 205 days 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 employee the established substitute amount of employee compensation paid in the school district, necessitated because of the absence of the employee as a result of illness or physical disability. Thereafter, the regular pay of such absent employee shall be suspended and withheld in its entirety for any period of absence because of illness or physical disability during the school year. For the first thirteen (13) days of absence of a licensed or unlicensed employee who works more than 205 days because of illness or physical disability, in any school year, in excess of the sick leave allowance credited to such employee, there shall be deducted from the pay of such employee the established substitute amount of employee compensation paid in the school district, necessitated because of the absence of the employee as a result of illness or physical disability. Thereafter, the regular pay of such absent employee shall be suspended and withheld in its entirety for any period of absence because of illness or physical disability during the school year.

d. Full-time employees may use up to three (3) days of sick leave for the death of an immediate family member. For purposes of this paragraph 2.d., the term "immediate family member" shall mean spouse, parent, stepparent, sibling, child, stepchild, grandchild, grandparent, son-in-law or daughter-in-law, mother-in-law, or father-in-law, and the term "child" shall mean a biological, adopted or foster child or child for whom the employee stands or stood in loco parentis. Supporting documentation, such as an obituary or death certificate, must be provided.

e. Absences of full-time employees due to work related-injuries must be reported and accrued sick days must be used for such absences.

f. All rights to compensation shall cease as of an employee's date of death, even if all accrued leave has not been exhausted.

3. PERSONAL AND VACATION LEAVE ALLOWANCE

At the beginning of each school year, all full-time employees (licensed and unlicensed), scheduled to work 187 days or less shall be credited with two (2) personal leave days, with pay, for absences caused by personal reasons during the year. All full-time employees scheduled to work 188-225 days will be credited each year with seven (7) personal leave days, with pay, and full-time employees scheduled to work 226 days or more will be credited each year with twelve (12) personal leave days, with pay. Such personal leave shall not be taken on the first day of the school

term, the last day of the school term, on the day previous to a holiday or a day after a holiday, the first or last day of the employee's contract term, or on any day that state or district tests or assessment are scheduled to be administered, except as follows:

a. Personal leave may be taken on the first day of the school term, the last day of the school term, or on a day prior to or after a holiday, the first or last day of the employee's contract term, on any day that state or district tests/assessments are scheduled to be administered, if on such day an immediate family member of the employee is being deployed for military service.

b. Personal leave may be taken on a day prior to or after a holiday, if on such day, the employee has either a minimum of ten (10) years of experience as an employee of this school district, or a minimum of thirty (30) days of unused, accumulated leave that has been earned in this school district, if such leave is approved by the superintendent of schools.

c. Personal leave may be taken on the first day of the school term, the last day of the school term, or on a day prior to or after a holiday, the first or last day of the employee's contract term, or on any day that state or district tests or assessments are scheduled to be administered, if on such day, the employee has been summoned to appear for jury duty or as a witness in court.

d. Personal leave may be taken on the first day of the school term, the last day of the school term, on a day prior to or after a holiday if, on the applicable day, an immediate family member of the employee dies or funeral services are held. Any day of the three (3) bereavement days may be used at the discretion of the employee, and are not required to be taken in consecutive succession.

For purposes of this section 3d, the term, "immediate family member" means spouse, parent, stepparent, child or stepchild, grandparent, mother-in-law, father-in-law, or sibling, including a stepbrother or stepsister.

Personal leave may be used for professional purposes, including absences caused by attendance of such licensed employee at a seminar, class, training program, professional association or other functions designed for educators. No deduction from the pay of an employee may be made because of absence of such employee caused by personal reasons until after all personal leave allowance credited to such employee has been used. However, the superintendent, in his or her discretion, may allow an employee additional personal leave under the condition that there shall be deducted from the salary of such employee the actual amount of any compensation paid to any person as a substitute, necessitated because of the absence of the employee. Any unused portion of the total personal leave allowance up to five (5) days shall be carried over to the next school year and credited to such employee if the employee remains employed in the school district.

A full-time employee who begins work after the specified start date for a position will be credited with a pro rata number of personal days, with pay, depending upon the number of days remaining in the district's calendar.

Vacation leave granted to either licensed or non-licensed employees shall be synonymous with personal leave. Employees are encouraged to use earned personal and vacation leave. Personal and vacation leave may be used for vacations and personal business, as scheduled and approved by the school district. The time for taking personal or vacation leave, except when such leave is taken due to illness, shall be determined by the employee's immediate supervisor. Accrued personal leave may be used for an illness in the employee's immediate family. Unused vacation or personal leave accumulated by licensed and unlicensed employees in excess of the maximum five (5) days that may be carried over from one year to the next shall 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 Miss. Code Section 25-3-93. 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 Miss. Code Sections 25-3-93 and 25-3-95. Notwithstanding anything in this policy to the contrary and as provided in Miss. Code Section 37-7-307, in no event shall the personal, vacation and sick leave granted to employees exceed the leave provisions provided in Miss. Code Sections 25-3-93 and 25-3-95.

4. PROFESSIONAL LEAVE ALLOWANCE

Each full-time employee shall be credited with a professional leave allowance, with pay for each day of absence caused by reason of such employee's statutorily required membership and attendance at a regular or special meeting held within the State of Mississippi of the State Board of Education, the Commission on Teacher and Administrator Education, Certification and Licensure and Development, the Commission on School Accreditation, the Mississippi Authority for Educational Television and the meetings of the state textbook rating committees or other meetings authorized by board policy.

All professional development leave, including organizational conferences, instructional sessions and in-district meetings must be pre-approved by the building level administrator and the superintendent. Proper paperwork for instructional staff must be submitted to the designated office at least fifteen (15) business days prior to the scheduled event. The proper paperwork includes a completed travel requisition with required attachments. Requests for professional development leave for non-instructional employees must be submitted to the immediate supervisor at least fifteen (15) business days prior to scheduled event.

Professional leave taken without approval will be charged against an employee's personal leave balance. If no personal leave is available, the employee will be docked a full day's pay for each day of absence.

Short Term Professional Leave – Summer study for improvement or equivalent professional pursuits shall be allowed, without pay, to year round, 12-month, licensed employees, if approved by the superintendent and provided the employee's contract is in force for the following year.

Long Term Professional Leave – Upon recommendation of the superintendent and with approval of the school board, a 12-month, licensed employee serving as an administrator or supervisor may apply for a leave of absence for full-time academic study. The applicant must meet the following criteria:

- Holds at least an "AA" Mississippi educator license;
- Has completed at least five (5) years of teaching and/or administrative experience, as defined by law, with the last three (3) years of experience in the Greenville Public School District;
- Has attained an overall rating of at least satisfactory on all the employee's evaluations for the prior year and any evaluations completed during the current year;
- Has been accepted in a graduate program of study leading to an "AAA" license or enrolled in a doctoral program; and
- Will be engaged in full-time academic study, defined as requiring the completion of a minimum of nine (9) semester or twelve (12) quarter hours of college credit each academic period and remaining in good standing in the graduate program.

Long-term professional leave shall not exceed two consecutive summers and one academic year. The employee shall not be entitled to receive any compensation from the district during the study period and such employee shall return to the position vacated or shall be assigned to an equivalent position for which the employee qualifies. Failure to comply with these conditions nullifies any obligation of the district.

5. RETIREMENT

Upon retirement from employment, each licensed and non-licensed employee shall be paid for not more than thirty (30) days of unused accumulated leave earned while employed by the district. 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 non-licensed 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 Miss. Code Section 25-11-103 (e). Any remaining lawfully credited unused leave, for which payment has not been made shall be certified to the Public Employees' 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 an licensed or unlicensed employee at termination or separation from service for any purpose other than for the purpose of retirement.

6. RULES AND REGULATIONS

Any employee, licensed or unlicensed, absent due to illness or injury for four (4) or more consecutive school days or on the first or last day of the school term, shall furnish to his or her immediate supervisor a certificate of an appropriate physician, dentist or other medical practitioner as to the illness of the absent employee. Failure to provide such certificate shall result in 100% loss of pay.

Any materially false statement made by a licensed or unlicensed employee as to the cause of absence shall result in 100% loss of pay, or entry on the work record of the employee, or other appropriate penalties, as determined by the superintendent.

If the absence of a licensed or unlicensed employee is caused by an optional dental or medical treatment or surgery that could, without medical risk, have been provided, furnished or performed at a time when school was not in session, then such employee may be required to forfeit accumulated or future sick leave, as determined by the superintendent.

Leave may be taken by an employee (licensed or unlicensed) only in increments of *one-half* day or whole days. The minimum leave that may be taken is one-half day in any given workday. The following schedule shall be used for charging and paying leave for licensed and salaried employees:

Time Worked by Employee During Workday:	Leave Charged and Paid Employee:
0 – 1 hour 59 minutes	1 whole day
2 – 5 hours 59 minutes	½ day leave
6 hours and above	0 leave required (Prior Approval by Superintendent Required)

Leave will be charged and paid to unlicensed, hourly employee based upon the number of hours the employee is scheduled to work each day for the position in which the employee serves. An unlicensed, hourly employee will be charged and paid for leave each day the number of hours necessary to ensure that the employee is paid for an entire work day for the position in which the employee serves. For example, if an unlicensed, hourly employee works in a position that is scheduled to work 8 hours each day, and the employee works 4 hours, the employee will be charged and paid for 4 hours of leave, so as to ensure that the employee is paid for a total 8-hour workday.

Any absence from work resulting from illness, injury, physical disability, natural disaster, weather or other good cause as set forth in this policy shall be reported to the employee's supervisor as soon as possible. In order to validate the absence, a supervisor may request the appropriate information

and documentation to verify the cause of an absence. Absence reports and accompanying documentation must be received by the payroll department by the end of the pay period in which the absence(s) occurred for the employee to be paid timely.

7. PAYMENT OF SUBSTITUTE EMPLOYEES

All substitute employees shall be paid wholly from district funds. The board, in its 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.

8. SABBATICAL

After two years of continuous employment in the Greenville Public School District, a sabbatical leave for one year, without pay, except for state funded sabbaticals, may be granted by the superintendent, with Board approval, for the following purposes:

- a. Advanced study in an accredited college or university;
- b. Employment that will result in improvement of the staff member's professional competence for the position in the school district;
- c. Educational travel that will improve staff member's competence in the position held in the district; and
- d. Endeavors that will lead to professional improvement.

9. DONATION OF LEAVE

For the purposes of this policy, the following words 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 district 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 and 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.

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

- The employee donating the leave (the "donor employee") shall designate the employee who is to receive the leave (the recipient employee) and the amount of unused accumulated personal leave and sick leave that is to be donated, and shall notify the school district superintendent, or his designee, of the employee's designation.

- The maximum amount of unused accumulated personal leave that an employee may donate to any other employee may not exceed a number of days that would leave the donor employee with fewer than seven (7) days of personal leave remaining, and the maximum amount of unused accumulated sick leave that an employee may donate to any other employee may not exceed fifty percent (50%) of the unused accumulated sick leave of the donor employee.

- An employee must have exhausted all of his or her available personal leave and sick leave before he or she will be eligible to receive any leave donated by another employee. Eligibility for donated leave shall be based upon review and approval by the donor employee's supervisor.

- Before an employee may receive donated leave, he or she must provide the school district superintendent, or his or her designee, with a physician's statement that states that the illness meets the criteria for a catastrophic injury or illness established under this policy, the beginning date of the catastrophic injury or illness, a description of the injury or illness, a prognosis for recovery and the anticipated date that the recipient employee will be able to return to work.

- Before an employee may receive donated leave, the superintendent shall appoint a review committee to approve or disapprove donations of leave, including the determination that the illness is catastrophic within the meaning of this policy.

- If the total amount of leave that is donated to any employee is not used by the recipient employee, the whole days of donated leave shall be returned to the donor employees on a pro rata basis, based on the ratio of the number of days of leave donated by each donor employee to the total number of days of leave donated by all donor employees.

-Donated leave shall not be used in lieu of disability retirement.

10. JURY DUTY

The Greenville Public School District shall provide leave with pay for employees who are called for or who serve on juries. The district shall not seek to recover jury fees from employees who serve on juries. A copy of the summons for jury duty must be attached to the staff absence report. The district reserves the right to verify attendance through the court clerk's office. When excused from jury duty prior to 1:00 p.m. on any day, the employee must report to work at the district.

Employees under subpoena to provide testimony or to testify in court hearings for non-district matters must use their personal leave. Absences extending beyond accrued personal leave will result in loss of pay. The district shall provide leave with pay for employees who serve as witnesses on behalf of the district in any district employment or other administrative proceeding or in any court hearing or proceeding.

11. POLITICAL LEAVE

Any employee who becomes a candidate for elected political office must refrain from all forms of political activity during working hours and may not use any school facilities or other school resources for political purposes. Any employee planning to become a candidate for political office may request a leave of absence for campaign purposes, provided such request is made prior to announcing or filing qualifying papers, whichever is sooner. The board may grant or deny the request, considering the amount of leave time requested and the nature of the employee's duties. If granted, political leave shall be without pay. No compensation shall be paid during such leave and no sick or personal leave will be earned during the period for which leave is granted. Employees who take leave for political campaigning must return to work immediately upon conclusion of the leave time or forfeit their employment. Any licensed employee who becomes a candidate or who is elected to public office may request a release from contract. An employee who requests release from contract shall cease to be a district employee upon the request being granted.

12. ADMINISTRATIVE LEAVE WITH PAY IN THE EVENT OF EMERGENCY CLOSURES

The school board may, in its discretion, provide administrative leave with pay for all employees in

the event of declared emergency closures.

CROSS REF.: Policies GBRIA Family and Medical Leave Act
GBRID Military Leave

Last Review Date:11/17/2022

Review History:

Adopted Date: 6/28/2011

Approved/Revised Date: 11/17/2022

District: Greenville Public School District
Section: G - Personnel
Policy Code: GBRIA - Family and Medical Leave Act

FAMILY AND MEDICAL LEAVE

I. GENERAL

I. Definition

a. "Eligible employee" means one who is employed at a school facility where at least 50 persons are employed, either there or within a 75 mile radius of that school facility as measured by road miles by the shortest route possible; and who has been employed for at least 12 months by the school district as of the date leave commences, and who has also provided at least 1250 hours of service during the 12 month period. Fifty-two (52) weeks of casual, intermittent or occasional employment qualifies as "at least 12 months". School district employees exempt from FLSA requirements are presumed to have worked 1250 hours.

b. "Employee's spouse" means a husband or wife as defined or recognized in the state where the individual was married and includes individuals in a same-sex marriage or common law marriage. Spouse also includes a husband or wife in a marriage that was validly entered into outside of the United States if the marriage could have been entered into in at least one state.

c. "Employee's son or daughter" means biological child, adopted child or foster child, legal ward or the child for whom the employee is standing in loco parentis who is either under the age of 18 or above the age of 18 and incapable of self-care because of a mental or physical disability.

d. "Employee's parent" means biological, step or foster parent or an individual who now stands or who stood in loco parentis to an employee when the employee was a child (not to include parents-in-law).

e. Employee's immediate family member" means spouse, son or daughter or parent as defined hereinabove.

f. For the purposes of FMLA, "serious health condition" means an illness, injury, impairment or physical or mental condition that involves either in-patient care (overnight stay) in a hospital, hospice or residential medical care facility or continuing treatment by a health care provider.*

2. Leave Provisions

a. An eligible employee is entitled to 12 unpaid work weeks of leave during any 12 month period for any one or more of the following reasons.

i. The birth of a son or daughter, and to care for the newborn child (within 12 months of birth).

ii. The placement of a child with the employee for adoption or foster care (within 12 months of placement).

iii. To care for the employee's spouse, son, daughter, or parent with a serious health condition (not parent "in-law").

iv. Because of the employee's own serious health condition which makes the employee unable to perform the functions of his/her job.

v. Service Member Exigency Leave: For absences caused by an active duty exigency when the employee's spouse, child, or parent is a service member.

b. An eligible employee is entitled to 26 unpaid work weeks of leave during any 12-month period for::

Military Caregiver Leave: To care for the employee's spouse, child, parent, or next of kin (if the employee is the nearest blood relative) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness incurred in the line of duty on active duty.

The Greenville Public School District uses the following method for determining the "12 month period": "a rolling 12 month period measured backward from the date the employee uses FMLA leave.

c. Spouses have a 12 week aggregate leave limit except for personal illness or the illness of a child or the other spouse; that is, if each spouse took 6 weeks of leave for the birth of a child, each could later use an additional 6 weeks due to personal illness or to care for a sick child.

d. Brother and sister employees have an aggregate limit of 12 weeks to care for their parent.

e. Special rules apply to this school district which allow it to require eligible instructional personnel only to take FMLA leave on an intermittent or reduced leave schedule, or to take leave near the end of a semester. Instructional employees are only those employees whose principal function is to teach and instruct students in a class, small group or individual setting. Instructional employees include teachers, teacher aides, and assistant teachers who actually teach, coaches, driver's ed instructors and special ed assistants such as signers. All other eligible employees may request intermittent leave or leave on a reduced leave schedule to care for a family member or for the employee's own serious health condition.*

3. Notice Requirement

a. School district employees must provide this district at least 30 days advance notice before FMLA leave is to begin if the need for the leave is foreseeable based on an expected birth, placement for adoption or foster care or planned medical treatment for a serious health condition of the employee or family member.

b. Due to lack of knowledge of a medical emergency, notice must be given as soon as is possible and in accordance with Policy GBRI.

c. Failure to give 30 days notice for foreseeable leave may result in the denial of the taking of FMLA leave until at least 30 days after the date the employee provides notice.*

II. REQUIRED CERTIFICATION

1. Eligible employees shall provide the superintendent certification of a serious health condition for his/her own serious health condition or that of a family member. The certification, to be signed by the health care provider,* shall be attached to the required written notice or submitted in a timely manner which shall be no more than three (3) working days after providing written notice. No leave period may begin without the approval of the superintendent. No approval shall be granted by the superintendent without the required written notice and certificate.

2. The certification is to include the following:

a. The date of which the serious health condition in question began.

b. The probable duration of the condition.

c. Appropriate medical facts regarding the condition.

d. A statement that the employee is needed to care for a spouse, parent or child (along with estimate of the time required) or that the employee is unable to perform his/her functions, and, in the case of intermittent

leave, the duration of treatment to be given.

e. Signature of health care provider.

3. The school district may require that a second opinion be obtained at the school district's expense. The second opinion may not be provided by a health care provider employed by this school district. In the event of conflicting opinions, the school district may pay for a third and final provider to offer a binding decision.

4. The school district may require subsequent written recertification on a reasonable basis.

III. EMPLOYMENT BENEFITS PROTECTION

1. An employee who completes a period of leave and has complied fully with the terms of this policy shall be returned either to the same position he/she had before the taking of leave or to a position which is genuinely equivalent (as compared to a comparable or similar job) in pay, benefits, and other terms and conditions of employment.

2. Taking of leave shall not result in the loss of any previously accrued seniority or employment benefits. Except for health benefits, no other benefits will accrue during the leave period.

3. The school district may exempt from the restoration requirement in paragraph 4.1 above a key employee who is in the highest paid 10 percent of this district's workforce within a 75 mile radius of the school facility if restoring the key employee would cause substantial and grievous injury to the classroom and instructional program or the operation of the district.

4. The school district shall notify the key employee of its intent not to restore him/her at the time of the request for leave or when the determination is made. If the leave has begun, the key employee shall have the option of deciding whether or not to return to work after receiving the notice. An employee who is not restored shall be considered to be on leave for the duration of his/her leave period.*

5. Health benefits shall continue through an employee's leave period, even for key employees who have been notified that reinstatement will be denied. The school district shall recover health coverage premiums paid for an employee who fails to return from leave except as follows:

a. No recovery will be made from a key employee who has chosen to take or continue leave after receiving notice of nonreinstatement.

b. No recovery will be made from an employee who fails to return from leave if the reason is the continuation, recurrence, or onset of a serious health condition, or something else beyond the employee's control, all of which is subject to the certification requirement in Section II, above.

IV. PROHIBITED ACTS

This school district shall not interfere with or restrain an eligible employee's right to exercise the provisions of this policy.* This policy shall take effect and be in force from and after August 5, 1993. An employee's service prior to this effective date shall be counted in determining whether the employee is eligible for leave.

LEGAL REF: Family and Medical Leave Act of 1993

CROSS REF.: Policies GBRI--Absence from Duty
GBRID--Military Leave

Last Review Date: 2/23/2021

Review History:

Adopted Date: 6/28/2011

Approved/Revised Date: 2/23/2021

District: Greenville Public School District

Section: G - Personnel

Policy Code: GBRID - Military Leave

MILITARY LEAVE

Mississippi law on the subject of employees called to military service is covered in Title 33, Military Affairs, of the Mississippi Code 1972, ' 33-1-21

The law provides that state employees and employees of "any county, municipality or other political subdivision" are entitled to a leave of absence from their respective duties for periods not to exceed 15 days without loss of pay, time, annual leave or efficiency rating when ordered to military duty.

Districts do not have to pay such employees after the 15-day absence, but all other benefits are to remain intact until the employee "is relieved from duty."

Employees released from military service have 90 days to apply for reemployment and cannot be discharged "without cause" within one year after reinstatement to their school district positions. 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, and 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.

LEGAL REF.: MS CODE as cited; Uniformed Services Employment And Reemployment Rights Act of 1994 (USERRA)

CROSS REF.: Policies GBRI - Absence From Duty

GBRIA - Family and Medical Leave Act

Last Review Date: 2/23/2021

Review History:

Adopted Date: 6/28/2011

Approved/Revised Date: 2/23/2021

FMLA PROCEDURES

1. Employee must qualify for FMLA if the following applies
(Must be employed at least 12 months and have 1250 hours)

2. If leave is unforeseeable, the immediate Supervisor MUST contact HR/Payroll (via email) within three days of learning of need for leave.

3. A letter will be mailed from Payroll notifying employee if he/she qualified for FMLA

4. Documentation must be submitted to HR(Mrs.Collins)/Payroll(Mrs. Burke) from Physician that applies the definition of a serious health condition(injury, impairment, hospice, inpatient care, hospital

5. When planning medical treatment, employee must consult with HR and work to schedule leave as not to disrupt district's operations

6. Employee is required to provide medical certification by health care provider for family member or ill employee
(District may require recertification on monthly basis)

7. An employee shall be reinstated to same or an equivalent position with equivalent benefits, pay, and other terms and conditions of employment when returning from FMLA



Incident Report

The purpose of this report is to provide the administrator with an efficient approach to assessing and resolving situations. Incident reports **MUST** be completed on the **SAME** day that the incident occurs or as soon as incident is reported

Please print legibly using black or blue ink. **(District Form)**

Reporting Person: _____ Position: _____

Date of Incident: _____ Today's Date: _____

Person filing report should complete items 1-6 listed below:

1. Who (Persons Involved)? _____,
_____,

2. What (Type of Incident)? _____

3. When? _____

4. Where did the incident occur? _____

5. Why is this report being filed? _____

6. Witnesses: _____,

Report Narrative (Written Account of What Happened)

Administrative Action:

Building Administrator/ Date

MWCC - WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER/ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE
		JURISDICTION	JURISDICTION CLAIM NUMBER	
		INSURED REPORT NUMBER		
SIC CODE	EMPLOYER FEIN	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION # PHONE #

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS & PHONE NO)		POLICY PERIOD TO	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)	
		<input type="checkbox"/> CHECK IF APPROPRIATE SELF INSURANCE		
CARRIER FEIN	POLICY/SELF-INSURED NUMBER		ADMINISTRATOR FEIN	

AGENT NAME & CODE NUMBER

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
ADDRESS (INCL ZIP)		SEX	MARITAL STATUS		OCCUPATION/JOB TITLE
		<input type="checkbox"/> MALE (M) <input type="checkbox"/> FEMALE (F) <input type="checkbox"/> UNKNOWN (U)	<input type="checkbox"/> UNMARRIED/SINGLE/DIVORCED (U) <input type="checkbox"/> MARRIED (M) <input type="checkbox"/> SEPARATED (S) <input type="checkbox"/> UNKNOWN (K)	EMPLOYMENT STATUS	
PHONE	# OF DEPENDENTS			NCCI CLASS CODE	
RATE	PER: <input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> OTHER:	#DAYS WORKED WEEK	FULL PAY FOR DAY OF INJURY?		<input type="checkbox"/> YES <input type="checkbox"/> NO
			DID SALARY CONTINUE?		<input type="checkbox"/> YES <input type="checkbox"/> NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK	<input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	<input type="checkbox"/> AM <input type="checkbox"/> PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
CONTACT NAME/PHONE NUMBER			TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED		
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO			TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE		
COUNTY 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 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? WERE THEY USED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL (NAME & ADDRESS)	INITIAL TREATMENT NO MEDICAL TREATMENT (0) <input type="checkbox"/> MINOR: BY EMPLOYER (1) <input type="checkbox"/> MINOR CLINIC/HOSP (2) <input type="checkbox"/> EMERGENCY CARE (3) <input type="checkbox"/> HOSPITALIZED > 24 HRS (4) <input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED (5) <input type="checkbox"/>
WITNESSES (NAME & PHONE #)			
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE	PHONE NUMBER



**Mississippi School Boards
Association Workers'
Compensation Trust (MSBA)**

Employee Name: _____

Date of Injury: _____ SSN: _____

Injured Worker Instructions



On your first Pharmacy visit, please give this notice to any pharmacy listed on this insert. This will expedite the processing of your approved workers' compensation prescriptions, based on the parameters established by **Mississippi School Board**. With the CorVel pharmacy program, you do not need to complete any paperwork or claim forms. Simply present this CorVel First Fill Prescription Form to the pharmacy. You should not incur any costs or co-pays at the pharmacy and you will be allowed up to a 14-day supply of most medications.

Notice to Injured Worker and Pharmacy

This temporary First Fill card is only valid if used within 30 days of the reported date of injury. Temporary eligibility through this program allows for a one-time fill of prescription medications. For assistance with processing claims please contact the CorVel Pharmacy Department at **(800) 563-8438**.

Pharmacy Instructions

For assistance processing claims please contact the CorVel Pharmacy Department at **(800) 563-8438**. Please use the BIN, PCN, and RxGroup number below to process an online/electronic claim to CorVel:

	
BIN:	004336
PCN:	ADV
RxGroup:	RXFFWC7761554
Member ID:	See below to generate ID

To generate member ID: The Injured Worker's 9 digit social security number plus 8 digit date of injury will be used as their 17 digit **member identification number** when processing their First Fill Prescription:
XXXXXXXXMMDDYYYY

Below is a sample listing of some of the over 62,000 Participating Pharmacies in the CorVel Network. Please call **(800)563-8438** for a participating pharmacy near you.

CostCo Pharmacy	H.E.B. Pharmacies	Meijer Pharmacy	Smith's Food & Drug Centers
CVS	Hy-Vee Pharmacy	Publix Pharmacy	Target Pharmacy
Duane Reade	Ingles Pharmacy	Raley's Drug Center	Von's Pharmacy
Drug Mart	Kroger Pharmacy	Rite Aid Pharmacy	Wal-Mart Pharmacy
Fred's Pharmacy	Longs Drug Store	Safeway Pharmacy	Walgreens Pharmacy
Giant Eagle Pharmacy	Marc's Pharmacy	Sav-On Drug Store	Wegman Pharmacy



Opioid Safety: What you need to know

Opioid misuse and abuse is a growing concern in our country. You may be taking (or have taken) a prescribed opioid such as oxycodone or hydrocodone to help relieve pain. Drugs like these are generally safe when taken exactly as directed for a limited period, but can become harmful—even fatal—if misused. It's important to be informed about the risks and benefits of opioid medication use should your doctor prescribe them to manage your pain.

Prescription opioids can help to manage short-term pain that may occur after a surgery or recent injury. But they may not work as well to manage chronic pain long-term. In addition, you're more likely to overdose or become addicted when using opioids for a long time. An overdose can cause serious health problems or even death. There may be other treatments available with less serious risks. Work with your doctor to find the safest, most appropriate ways to manage your condition.



As many as

1 in 4

taking prescription
opioids struggle with
addiction when opioids
are used long-term.¹

Safety tips to consider when you are prescribed opioid medication:

- Always take your medication exactly as instructed by your doctor.
- Never share your opioids with others.
- Avoid alcohol and certain medications that may interact with your opioids.
- Review your medication list with your doctor or pharmacist.
- Follow up regularly with your doctor.
- Store opioids in a secure place, ideally a locked location.
- Dispose of unused opioids properly. Check with your pharmacy regarding safe disposal methods.

Please note: Some insurance plans may allow opioid fills with a limited day supply. Please call **CorVel Pharmacy Solutions at 800-563-8438** with any questions regarding your plan.

1. Prescription opioid overdose data. U.S. Centers for Disease Control and Prevention. Last updated August 1, 2017. <https://www.cdc.gov/drugoverdose/data/overdose.html>. Accessed January 10, 2018.

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

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**HIPAA AUTHORIZATION FOR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

I, _____, authorize the health care providers identified in paragraph 2 below to disclose protected health information (“PHI”) about me as described in this Authorization:

1. The information to be disclosed is all medical documentation, including but not limited to medical history, consultation, prescription, or treatment, copies of hospital records, radiology reports, test results, x-ray, MRI, CT Scan and myelogram films or plates, clinic notes, including diagnostic and prognosis related to my work- related injury of _____ (“work injury”).
2. _____ and any other health care provider or facility who treats me for my work injury (“Identified Health Care Providers”) may disclose the above-described information to CorVel Corporation and/or Vocational Case Manager or Medical Case Manager employed by CorVel Corporation.
3. This disclosure is made for the following purposes: As requested by the individual for workers’ compensation purposes.
4. I understand that the Identified Health Care Providers are not conditioning my treatment, payment, enrollment, or eligibility for benefits on whether I agree to sign this authorization.
5. I understand that the information disclosed pursuant to this authorization may no longer be protected by the federal health privacy rule and may be subject to re-disclosure by the recipient.
6. I understand that I have the right to revoke this authorization in writing at any time by sending a letter to the Privacy Officer of the Identified Health Care Provider and that the effective date of my revocation will be the date the Privacy Officer receives it. I further understand that any revocation will be effective only to the extent that Identified Health Care Providers has not already taken action in reliance on this authorization.
7. This Authorization shall expire twelve months from the date of signature.

Name of Employer (School)

Printed Name (Employee)

Signature (Employee)

Date

Witness

Relationship to Employee (supervisor, Principal etc)

Date

NOTICE OF PHYSICIAN CHOICE

Employee's Name: _____

Employer's Name: _____

Injury Date: _____

I am claiming to have sustained an injury involving my _____.
(indicate part of body)

I am _____ am not _____ claiming that my medical condition is work related.
(check one)

If work related:

I understand that under the Mississippi Workers' Compensation Law I have the right to choose one (1) physician to render treatment to me. I can either accept the physician to whom I am sent by employer or choose someone else on my own.

I also understand that any referral to any other doctor must be made by my one chosen physician.

I also understand that my employer (or workers' compensation carrier) must approve any physician change and that if I change doctors without their authorization, I will be responsible for the medical expenses for the unauthorized treatment.

With that understanding, I state as follows:

- I accept as my choice of physician my employer's suggested physician to provide treatment and that choice is Dr. _____

- I elect to choose my own physician to provide treatment and that choice is Dr. _____

Employee's Signature

Date

Witnessed By: _____

Copy to Employee, Employer and CorVel (within 24 hours)
CorVel Fax #: 866-434-4720

**WORKERS' COMPENSATION
EXAMINATION AND WORK STATUS FORM**
Mississippi School Boards Association
Workers' Compensation Trust

To be Completed by Employer	
Claimant _____	SS# _____
Address _____	Date of Birth _____
City & State _____	Zip Code _____
Job Title _____	Phone _____
School: _____	
DATE & TIME OF ACCIDENT/INJURY _____	
NATURE OF INJURY _____	
Employee's Signature _____	Date _____
Authorized Signature _____	Date _____

PHYSICIAN TO COMPLETE	
DATE OF SERVICE _____	
CURRENT COMPLAINT _____	
DIAGNOSIS _____	
Work Status:	
_____ Temporarily Unable to Return to Work	
_____ Return To Work On _____	
_____ Restrictions As Follows _____	
_____ Return to Work No Restrictions	
Date of Follow-up Appointment (if applicable) _____	
PHYSICIAN'S SIGNATURE _____	DATE _____
PHYSICIAN'S ADDRESS _____	
PHONE # _____	

****PLEASE FAX FORM TO THE CLAIMS ADMINISTRATOR, CORVEL CORPORATION
Fax Number: 1-866-434-4720 Telephone: 601-863-2740**

To obtain a Pre-certification of Medical Necessity: Call 1-800-278-6602

**Mississippi School Board Association
Workers' Compensation Trust**

Voluntary Witness Statement

Date Occurred: _____ Time Occurred: _____

Name of School/Address of School: _____

Name of Person Giving Statement: _____

Home Address: _____

Work Phone: () _____ Alt Phone: () _____

Statement is in regard to (name of person(s) involved in incident, if known):

Location of Occurrence: _____

Did you see the incident occur: Yes or No (circle one)

Written Statement: Please describe in detail what you witnessed on the above date:

I have read this statement and I affirm to the truth and accuracy of the facts contained herein.
This statement was completed at :

(location) _____ on the ____ day of _____, 20__ at _____ am/pm

Signature Person Making Statement

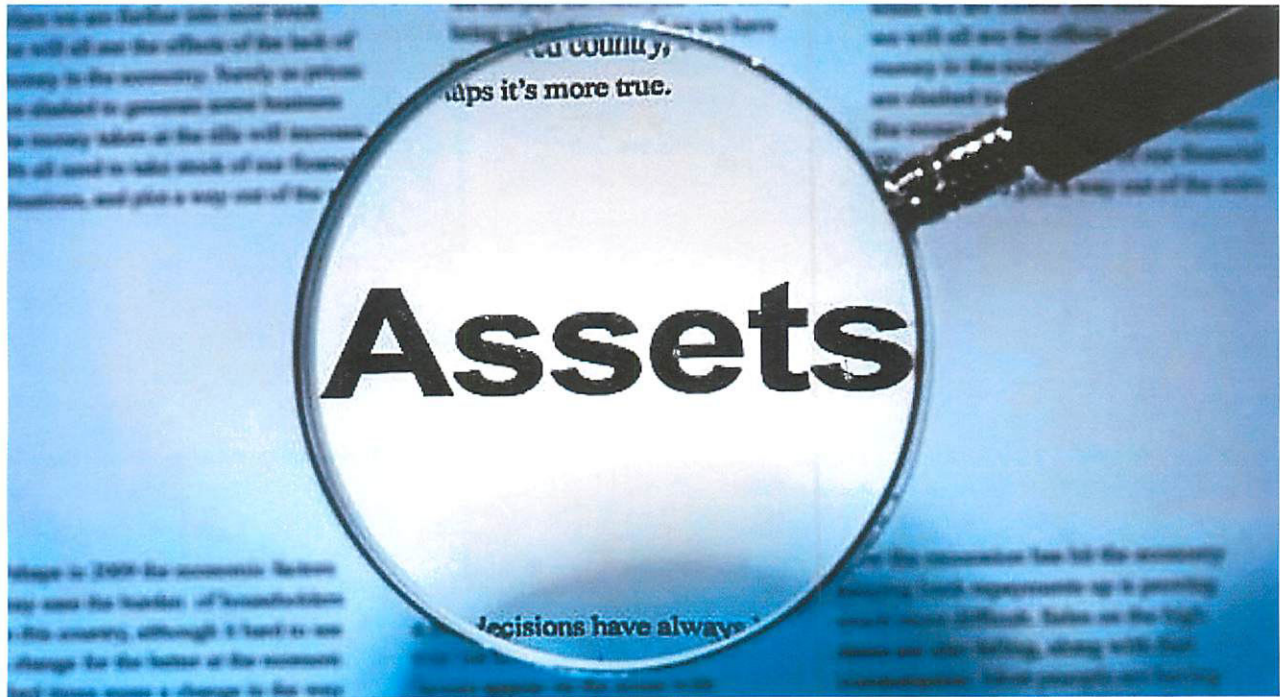
Date:

Witness to Statement/Title

Date



Fixed Assets



FIXED ASSET PROCEDURES

GUIDELINES

Capitalized fixed assets are defined as assets (with a useful life of greater than one year) that have a historical cost of at least \$1,000 and all assets (regardless of cost) that are considered highly walkable. The highly walkable items are:

- Computers and computer equipment (greater than \$250)
- Cameras and camera equipment (greater than \$250)
- Televisions (greater than \$250)
- Two way radio equipment
- Lawn maintenance equipment
- Chain saws
- Air compressors
- Welding Machines
- Generators
- Motorized vehicles

In other words, any item costing \$1,000 or more automatically qualifies as a fixed asset. Any of the ten items shown on the highly walkable list automatically qualifies as a fixed asset. This also applies to fixed assets (valued at their fair market value) that are donated to the school district. Any fixed asset that is the personal property of an individual and not the property of the school district should be clearly labeled as such and not included as a district fixed asset.

The Business Office will conduct a 100% inventory audits twice a year. Generally the audit will occur prior to Christmas break, and again prior to all employees leaving for Summer break.

All fixed assets are to be tagged with “Greenville Public School District” bar code tags. For heavy items, the tag should be placed on the upper right side or right front of the item. For light items, the tag should be placed near the serial number. Tag placement should allow room for the use of a bar code scanner for inventory purposes. If, for any reason, a property tag is removed or damaged, please use a permanent ink marker to label the item with the asset number as well as “Property of GPSD.”

Upon the acceptance of any donated item considered a fixed asset, with a fair market value of one thousand dollars (\$1000) or more must be accompanied should be taken the GPSD Warehouse to be tagged.

When an item is moved within a school/department, the secretary/bookkeeper must be notified by way of “**Transfer of Assets**” form. The secretary/bookkeeper will then update the asset location in “School Connect”. All room numbers and location codes must be kept accurate at all times. When an item is permanently transferred from one school or department to another, a “**Relocation of Asset**” form must be completed and submitted to the District Purchasing Bookkeeper. If the transfer is temporary, the ‘sending’ school or department should keep a “**Fixed Asset Check-Out**” form on file until the fixed asset is returned.

Items purchased with Education Enhancement Funds (EEF) **must** remain at the school location from which the purchase was made in the event a teacher transfers to another school location.

Any fixed asset found to be beyond repair, stolen, or replaced by the vendor must be submitted to the district office on a **“Fixed Asset Deletion Form,”** a **“Report of Stolen Assets”** (accompanied by police report) form, or a **“Report of replaced Asset”** form. Items should be stored until approval has been granted from the school board for them to be removed from inventory. **It is only after the item has been approved by the board to be removed from inventory that you may submit a work order to maintenance to dispose of the item.** Once school board approval has been granted, the secretary/bookkeeper will be notified.

The responsibility for the physical custody of the fixed assets is assigned to the principal/department head. Any employee having custody and responsibility of any fixed asset will exercise due professional care in managing, maintaining and controlling the fixed asset. If an employee is negligent in this duty, he/she may be held personally liable for fixed assets that are damaged or missing. Whomever is held liable for missing fixed assets, will be assessed the historical cost of that asset.

District: Greenville Public School District
Section: D - Fiscal Management
Policy Code: DM - Fixed Assets Policy

FIXED ASSETS POLICY

This policy shall comply with all policies and procedures listed in the Fixed Assets Policies and Procedures Manual and shall adhere to the codes set forth by the State of Mississippi, including but not limited to:

EQUIPMENT AND SUPPLIES RECORDS (INVENTORY OF FIXED ASSETS)

Recording:

Equipment will be valued at historical cost or fair market value at the date of donation or purchase. Equipment costing \$1,000 or more and highly walkable items, which have a useful life of more than one year, will be recorded on the fixed assets inventory of the district. Highly walkable items include, but are not limited to:

- Televisions (greater than \$250)
- Cameras and camera equipment (greater than \$250)
- Cellular telephones
- Two-way radio equipment
- Weapons
- Lawn maintenance equipment
- Computers and computer equipment (greater than \$250)
- Chain saws
- Air compressors
- Welding machines
- Generators
- Motorized vehicles

Cameras, camera equipment, computers, and computer equipment valued between \$250 and \$499 and purchased or received before July 1, 2008 will not be recorded on the fixed asset inventory of the district. Weapons, lawn maintenance equipment, chain saws, air compressors, welding machines, generators, an motorized vehicles valued between \$1 and \$499 and purchased or received before July 1, 2008 will not be recorded on the fixed asset inventory of the district.

All district owned land and buildings will be capitalized and recorded on the fixed assets inventory of the district.

Infrastructure will not be capitalized as fixed assets.

Depreciation:

Assets will be capitalized and depreciated as required by the State Auditor's Office. Donated Assets: Assets which are donated to the School District will be recorded at the fair market value at the date of donation if \$1,000 or more, and will be acknowledged by the School Board in the official minutes of the district.

Inventory:

The Finance Director or his or her designee is responsible for assigning tag numbers and recording

fixed assets on the inventory.

The inventory will be verified at least annually by the building level administrators.

The building level administrators are responsible for notifying the Designated Fixed Assets manager (*Ex: Business Manager*) of any transfers, disposals, donations, and /or other adjustments to fixed assets at their location.

All deletions from fixed assets shall receive Board approval.

Annual Inventory:

Annual Physical Inventory Policy - a physical inventory will be taken at least annually.

Accountability:

The building level administrators will accept responsibility for fixed assets at their location by signing a statement or the actual inventory signature line. They will also accept responsibility for tagging individual assets received at their location during the current fiscal year.

The building level administrators shall have the person in custody of the fixed assets accept responsibility by signing a statement or the actual inventory signature line. See the attached Fixed Asset Assurance Form.

If an item is missing, the person who signed for being responsible for the item will be held personally and financially liable, unless a properly executed police report is filed in a timely manner.

Last Review Date:

Review History: [1/1/1900] [1/ 1/ 190 I]

[OM - Fixed Asset Accountability....pdf](#)

Adopted Date: 6/28/2011

Approved/Revised Date: 6/25/2019

FIXED ASSET FORMS

The following forms are used in maintaining the Fixed Asset system:

Fixed Asset Warehouse Inventory Form (form FA-1) – This form must be completed when a fixed asset is purchased that is being issued from the warehouse.

Fixed Asset Disposal (form FA-2) – This form must be submitted and approved by the school board before a fixed asset may be removed from inventory. No item may be disposed of prior to school board approval. Items reported stolen must also be accompanied by a police report. A *Board Agenda Request* form shall accompany all *Fixed Asset Disposal* forms. It should be completed in full with a short description of why the item should be removed from inventory.

Lost or Stolen Property Affidavit (form FA-3) – This form must be prepared, notarized and submitted to the school board for any fixed assets lost or stolen.

Relocation & Transfer of Asset Form (form FA-4) – This form is to be used when an item is transferred to another location whether it will be returned to the original location, or it is a permanent transfer. Items returned to the manufacturer for repair or items loaned to another location for short-term use require this form. It is the responsibility of the sending location to complete and maintain this form.

Fixed Asset Hand Receipt (form FA-5) – This form must be submitted by the department/building leader or their designee upon new employee hiring.

Fixed Assets Inventory Verification (form FA-6) – This form must be completed by any employee at the beginning of the year and at the end of the year for a complete inventory of his or her room.

Fixed Asset Disposal of Technology Request (form FA-7) – This form must be submitted to approve the removal of fixed assets from inventory for school board recognition. All technology equipment must be approved by the Director of Technology or Designee prior to disposal.

Fixed Asset Donation (form FA-8) – This form must be submitted upon acceptance of any donated item considered a fixed asset. Any donated item valued at five hundred (\$500) or more at the time of donation must be accompanied by an Agenda Request form for school board recognition. All technology equipment must be approved by the Director of Technology or the Technology Coordinator prior to acceptance of the donation.

SCHOOL/ DEPARTMENT _____

P.O. # _____

QUANTITY: _____

GPSD ID#	Manufacturer/ Device Name	Model #:	Item Description:	Service Tag / Serial Number:

SIGNATURE OF WAREHOUSE PERSONNEL OR DESIGNEE:

PRINT Name	Signature	Date Signed

DO NOT WRITE BELOW THIS LINE**(TO BE COMPLETED BY SCHOOL/DEPARTMENT) Receiving Party:**

PRINT Name	Signature	Date Signed

IS A FEDARL PROPERTY TAGGING REQUIRED FOR THIS PROPERTY? CHECK (ONE):
_____ YES _____ NO

LOCATION OF ASSET (Room# / Office) _____

**(TO BE COMPLETED BY FIXED ASSET CLERK OR DESIGNEE)
THIS ASSET HAS BEEN ENTERED INTO GPSD INVENTORY SYSTEM**

PRINT Name	Signature	Date Entered:

ONE COPY – FIXED ASSETS CLERK ONE COPY – WAREHOUSE

FIXED ASSET DISPOSAL FORM

School/Department Name: _____
DATE: _____

MUST BE ACCOMPANIED BY AN AGENDA REQUEST FORM WHEN SUBMITTED FOR BOARD APPROVAL

GPSD Asset #	Manufacturer/Device Name	Service Tag / Serial Number:	Item Description:	ASSET CONDITION (FILL IN ONE) WORKING OR NON- WORKING

PLEASE NOTE: Items reported stolen must be accompanied by a Lost & Stolen form. (Any questions contact **FIXED ASSET CLERK** for the Greenville Public School District **Larry Lewis II @ llewis@gpsdk12.com**)

PRINT Principal/Director Name	SIGN Principal/Director Name
-------------------------------	------------------------------

DO NOT WRITE BELOW THIS LINE TO BE COMPLETED BY THE BUSINESS OFFICE.

FOR OFFICIAL USE ONLY

METHOD OF DISPOSAL:					
SOLD	JUNKED	LOST	STOLEN	CATASTROPHE	RETURNED TO VENDOR FOR CREDIT (Write the Replaced by asset # below)

OTHER: _____

BUSINESS MANAGER: _____

AMOUNT OF SALE: _____

DATE OF SALE: _____

Date Of Approval by School Board: _____

School/Department Name: _____
Address: _____
Location Of Property: _____
Date: _____
Police/Sheriff Report Number: _____

GPSD Asset #	Manufacturer/Device Name	Service Tag / Serial Number	Item Description:	Cost or Value

TOTAL VALUE OF ADDITIONS

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.

PLEASE NOTE: Any questions contact FIXED ASSET CLERK for the Greenville Public School District Larry Lewis II @ llewis@gpsdk12.com

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

PRINT Employee Responsible for Property Name	SIGN Employee Responsible for Property Name
PRINT Principal/Director Name	SIGN Principal/Director Name

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above-named 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

POLICE REPORT MUST BE ATTACHED

Please complete and return this form along with required documentation to the Business Office.

RELOCATION & TRANSFER OF ASSET FORM

School/Department Name: _____

DATE: _____

Please fill out the fields below to request a transfer equipment from location-location or from room-room within the same location.

ASSET TRANSFERRED FROM: _____

ASSET TRANSFERRED TO: _____

GPSD Asset#	Manufacturer/Device Name	Model #:	Item Description:	Service Tag / Serial Number:

ESTIMATED DATE OF RETURN: _____

REASON FOR TRANSFER:

SIGNATURE OF PERSON SENDING:

PRINT Name	Signature	Date Signed
		/ /

Receiving Party:

PRINT Name	Signature	Date Signed
		/ /

FOR OFFICIAL USE ONLY (TO BE COMPLETED BY FIXED ASSET OFFICE)

The Fixed Asset office was notified of the TRANSFER of the property identified above

Fixed Asset Coordinator: _____

Fixed Asset Signature: _____

DATE: _____

TO: FIXED ASSETS CLERK
FROM: _____

(EMPLOYEE’S NAME)

School/Department Name: _____

ROOM #/ OFFICE # _____

Date: _____

This is to verify that I have the equipment listed below and assume responsibility for loss or damage due to negligence on my part. I am using the assets listed below to conduct official school business.

GPSD Asset #	Manufacturer/Device Name	Service Tag / Serial Number	Item Description:	Cost or Value

By signing by the designated items on this printout, I am accepting personal and financial responsibility if lost, damaged or stolen due to my negligence. If computers, I agree not to install unauthorized copies of software, used either for personal or business purposes, and adhere to software copyright infringement laws.

I agree to report and document any change in status of the equipment I am accountable for. If stolen, I agree to immediately report such theft to my supervisor and have the appropriate parties obtain a properly executed police report.

PRINT Employee Responsible for Property Name	Signature Employee Responsible for Property Name	Date Signed
PRINT Principal/Director Name	SIGN Principal/Director Name	Date Signed

TO: FIXED ASSETS CLERK **FROM:** _____
 (EMPLOYEE'S NAME)

School/Department Name: _____

Room # / Office #: _____

On this verification form. Please **VERIFY THAT ALL** of the objects on your fixed asset sheet are present and properly labeled in your classroom. For each item that is present, initial it or check it off. Check All closets, under counters, etc. for any fixed assets. **REMEMBER** that at the end of the fiscal year (2023-2024), you will be held financially responsible for any missed obligations. (Note: Items should be present that were taken out of the classrooms.) All items must be tagged with the appropriate GPSD.

Any items on your inventory that **aren't** currently in your classroom should be listed below. Also, the inventory sheet must contain a list of any additional items in your classroom that have GPSD tags. Please also note whether a GPSD tag is required. This must be returned by Friday, Friday, August 25, 2023.

MISSING ITEMS (ITEMS ON YOUR FIXED ASSET SHEET BUT NOT IN YOUR ROOM)

GPSD Asset #	Manufacturer/Device Name	Service Tag / Serial Number	Item Description:

ADDITIONAL ITEMS (ITEMS NOT ON YOUR FIXED ASSET SHEET BUT IS LOCATED IN YOU ROOM)

GPSD Asset #	Manufacturer/Device Name	Service Tag / Serial Number	Item Description:

PRINT Employee Responsible for Property Name	Signature Employee Responsible for Property Name	Date Signed
PRINT Principal/Director Name	SIGN Principal/Director Name	Date Signed

FIXED ASSET DISPOSAL OF TECHNOLOGY

School/Department Name: _____

DATE: _____

MUST BE ACCOMPANIED BY AN AGENDA REQUEST FORM WHEN SUBMITTED FOR BOARD APPROVAL

GPSD Asset #	Manufacturer/Device Name	Service Tag / Serial Number:	Item Description:	ASSET CONDITION (FILL IN ONE) WORKING OR NON- WORKING

PLEASE NOTE: Items reported stolen must be accompanied by a Lost & Stolen form. (Any questions contact FIXED ASSET CLERK for the Greenville Public School District **Larry Lewis II @ llewis@gpsdk12.com**)

PRINT Principal/Director Name	SIGN Principal/Director Name
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DO NOT WRITE BELOW THIS LINE TO BE COMPLETED BY THE BUSINESS OFFICE.

FOR OFFICIAL USE ONLY

METHOD OF DISPOSAL:

SOLD	JUNKED	LOST	STOLEN	CATASTROPHE	RETURNED TO VENDOR FOR CREDIT (Write the Replaced by asset # below)

OTHER: _____

SIGNATURE OF Director of Technology OR DESIGNEE

Print Name	Signature	Date Signed
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BUSINESS MANAGER: _____

AMOUNT OF SALE: _____

DATE OF SALE: _____

Date Of Approval by School Board: _____

FIXED ASSET DONATION FORM

SCHOOL / DEPARTMENT _____

ROOM # / OFFICE # _____

DATE OF DONATION _____

DONATED BY _____

GPSD ID#	Manufacturer/ Device Name	Model #:	Item Description:	Service Tag / Serial Number:

(TO BE COMPLETED BY SCHOOL/DEPARTMENT) Receiving Party:

PRINT Name	Signature	Date Signed

(ANY DONATION VALUED AT FIVE HUNDRED DOLLARS (\$500) OR MORE MUST BE ACCOMPANIED BY AN AGENDA REQUEST FORM FOR BOARD ACKNOWLEDGEMENT.)

VALUE AT TIME OF DONATION: _____

PLEASE NOTE: ALL TECHNOLOGY EQUIPMENT (COMPUTERS, PRINTERS, ETC.) MUST BE APPROVED BY THE DIRECTOR OF TECHNOLOGY OR DESIGNEE PRIOR TO ACCEPTANCE OF DONATION.

PRINT Name	Signature	Date Signed

(TO BE COMPLETED BY FIXED ASSET CLERK OR DESIGNEE)
THIS ASSET HAS BEEN ENTERED INTO GPSD INVENTORY SYSTEM

PRINT Name	Signature	Date Entered: