

*Eastern Panhandle  
Instructional Cooperative*

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**EPIC**

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Serving the educational needs  
of the entire community

**EMPLOYEE  
HANDBOOK**

**EPIC  
2024-2025**

# WELCOME!

This employee handbook has been prepared to provide you with general information concerning your rights, responsibilities, and benefits as an employee. It is also designed to help you understand how the Eastern Panhandle Instructional Cooperative (EPIC) conducts business.

As an EPIC employee, you join an outstanding staff that demonstrates high capabilities and a strong commitment to the delivery of exceptional quality education programs for the students and citizens of West Virginia. Your professional and personal demeanor reflects upon our great state and the public's trust. EPIC expects you to demonstrate the highest standards of dedication and ethical conduct in the performance of your duties.

Every EPIC employee is expected to abide by all policies and procedures outlined in this handbook. If you have any questions, please be sure to contact your immediate supervisor, the EPIC Human Resources Director, or the EPIC Administrator.

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Serving the educational needs  
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## **Our Mission / Our Vision**

### **Mission**

**To provide high quality, cost effective,  
life-long education programs and  
services to students, schools, school  
systems and communities**

### **Vision**

**To serve the educational needs of the  
entire community**

# YOUR EMPLOYEE HANDBOOK

This Employee Handbook has been prepared to outline the consistent personnel policies of EPIC. Maintaining this handbook is an on-going process that may require frequent updating. Employees will be notified whenever revisions are made to the handbook. Specifically, the purposes of the handbook follow:

- Provide employees with information concerning their benefits, rights, and responsibilities
- Establish guidelines/procedures for day-to-day administration of personnel matters
- Ensure fairness and consistency in personnel making
- Ensure that EPIC recruits, selects, and retains the best personnel, i.e., those with high capabilities and a commitment to the mission and goals of the Eastern Panhandle Instructional Cooperative
- Provide a climate and culture of high expectations which fosters optimal staff performance and high morale
- Meet both EPIC and employee needs in providing leadership and service for high quality educational programming in West Virginia

This Employee Handbook is not intended as a detailed statement of all applicable personnel statutes, regulations, and policies. Employees may request further information from their immediate supervisor, the EPIC Human Resources Director, or the EPIC Administrator when questions arise, and more specific information is desired. In the case of any inconsistency between the content of this handbook and applicable statutes, regulations, or policies, the latter shall prevail.

This handbook does not constitute a contract for employment. The employment relationship of each employee of the Eastern Panhandle Instructional Cooperative (EPIC) is “at-will.” “At-will” means that it is for no definite period and is terminable at any time at the will of the EPIC Administrator through his/her own act, or at the recommendation of the EPIC Regional Council or program grantor if applicable, with or without notice, cause, or compensation.

References throughout this handbook to the “EPIC Fiscal Agent” or “Fiscal Agent” should be interpreted at all times as the Berkeley County Board of Education; references to “Council” or “Regional Council” should be interpreted as the Eastern Panhandle Instructional Cooperative Regional Council; and any references to “EPIC” should be interpreted as the Eastern Panhandle Instructional Cooperative.

The Eastern Panhandle Instructional Cooperative strives to provide an inclusive workplace and does not discriminate on the basis of gender, gender identity, race, color, religion, national origin, ancestry, age, disability, or any other legally protected classification in its programs, activities, or employment practices.

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# **Eastern Panhandle Instructional Cooperative (EPIC) Policies and Procedures**

## **I. Employment**

### Employment Relationship

EPIC employees are non-contractual at-will employees. At-will employees are subject to termination at any time, with or without notice, cause, or compensation. The employment relationship between EPIC and the employee may be terminated by either party. Reasons for termination by EPIC include, but are not limited to, immorality, incompetency, cruelty, insubordination, intemperance, willful neglect of duty, unsatisfactory performance, the conviction of a felony or a guilty plea of nolo contendere (do not wish to contend) to a felony charge, misuse of funds or property, violations of law or EPIC policies, lack of need, or a loss of funding.

Employees are urged to bring any concerns about working conditions, staffing issues, or otherwise to their direct supervisors. EPIC employees may also bring concerns to the attention of the EPIC Human Resources Director or the EPIC Administrator.

### Equal Employment Opportunity

EPIC is an Equal Opportunity Employer. EPIC does not discriminate on the basis of race, religion, color, sex, gender identity, sexual orientation, age, non-disqualifying physical or mental disability, national origin, veteran status, or any other basis covered by appropriate law. All employment is decided based on qualifications, merit, and business need.

### Accommodating Employees with Disabilities

EPIC will make reasonable accommodation(s) to the known physical or mental impairment(s) of a qualified individual with a disability, when necessary, to enable the qualified individual with a disability to perform the essential functions of the job. An individual with a disability has the responsibility to request an accommodation. Information concerning reasonable accommodations for disabilities may be obtained at <http://www.ada.gov/>.

## Harassment

Employees shall conduct themselves in a professional and collegial manner. EPIC strictly prohibits racial, sexual, and religious/ethnic harassment and violence. Any EPIC employee may report such behavior directly to the EPIC Human Resources Director, the EPIC Administrator, the EPIC Regional Council President, the West Virginia Human Rights Commission, or to a law enforcement agency.

EPIC will not tolerate any form of discrimination or harassment that creates an intimidating, hostile, or offensive work environment, nor any act done to cause fear of bodily harm in another. If you believe you have been subjected to discrimination or harassment on the job, you have the right to file a complaint with the EPIC Human Resources Department, the West Virginia Human Rights Commission, and/or the Equal Employment Opportunity Office.

## Business Ethics and Conduct

EPIC will comply with all applicable laws and regulations and expects its directors, officers, and employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct. All EPIC employees are expected to adhere to the requirements of the West Virginia Governmental Ethics Act, which can be found at the following website: <http://www.ethics.wv.gov/ethicsact/Pages/Overview.aspx>.

Employees and elected officials are expected to take every reasonable step to differentiate between their activities as individuals and their official positions as employees or elected officials. No person shall, in any room or school building, solicit in any manner any contribution for any party or political purpose from any employee. No officer or employee of EPIC who has charge or control of any school building, office, or room shall allow any person to enter the same to solicit or receive any political assessments from or to any EPIC employee.

## Employee Physical Examinations

To ensure that employees are qualified to perform the essential functions of the position offered, physical examinations may be required for certain positions in certain EPIC programs.

After an offer has been made to an applicant, a physical examination may be performed at EPIC or the program's expense by a health professional of EPIC's choice. If a physical exam is required, the offer of employment is contingent upon successful passage of the exam evidencing the candidate's ability to perform the essential functions of the job.

## Non-Disclosure

The protection of confidential information is vital to the interests and the success of EPIC and those served by EPIC. Such confidential information includes, but is not limited to, the following examples:

- \* proprietary information
- \* school/school system information and data
- \* student information and data
- \* employee information and data
- \* compensation data
- \* computer processes
- \* computer programs and codes
- \* financial information
- \* new materials research
- \* pending projects and proposals
- \* research and development strategies
- \* technological data

EPIC requires employees to sign a non-disclosure agreement. [See Appendix 1.](#)

## Employment Categories

EPIC categorizes employees in four categories. Job titles within these categories are subject to change at the discretion and approval of the EPIC Administrator or the EPIC Regional Council.

**REGULAR FULL-TIME** employees are those who are regularly scheduled to work EPIC's full-time schedule. Generally, they are eligible for EPIC's benefit package, subject to the terms, conditions, and limitations of each benefit program.

**REGULAR PART-TIME** employees are those who are regularly scheduled to work less than the full-time work schedule as described by specific job descriptions. Regular part-time employees are eligible for some benefits sponsored by EPIC, subject to the terms, conditions, and limitations of each benefit program.

**PART-TIME / "AS NEEDED" HOURLY** employees are those who are normally scheduled to work as needed as described by specific job descriptions. While they do receive all legally mandated benefits (such as Social Security and workers' compensation insurance), they are ineligible for all of EPIC's other benefit programs.

**CONTRACTED SERVICE** providers are those who are contracted to temporarily supplement the work force, or to assist in the completion of a specific project. Assignments in this category are of a limited duration and any alteration of the contract is contingent upon the mutual agreement of EPIC and the contractor. Contracted service providers are ineligible for any of EPIC's benefit programs.

## Background Check

All newly hired EPIC employees are required to have a criminal background check. The fingerprinting for this background check will be completed through an entity selected by EPIC. The employee may be responsible for all costs associated with this requirement. [See Appendix 2.](#)

## Tuberculin Test

Tuberculin skin tests may be required by some of the EPIC programs. If required, the test must be negative at the time of employment, as confirmed by the local health department or the employee's physician. Additional tests may be required by the Commissioner of the Bureau of Public Health if medically indicated. Positive reactors and people with a previous positive skin test must be referred to a physician for evaluation and treatment. Employees who evidence tuberculosis shall not be actively employed until the local health officer, in consultation with the Commissioner, approves a return to work.

## Certification

Employees are responsible for maintaining appropriate certification to fulfill all position responsibilities. It is advisable to complete the required renewal credit at least one year prior to the year in which the certificate expires. Certification generally expires on June 30<sup>th</sup> of the designated year. [See Appendix 3](#) for educator responsibilities regarding maintaining certification. Additional questions regarding certification can be directed to the EPIC Human Resources Director or the West Virginia Department of Education's Office of Educator Effectiveness and Licensure. <http://wvde.state.wv.us/certification>

## EPIC Education and Experience Verification

In order for an employee to be paid for his/her education, he/she must provide EPIC with verification including a copy of the high school diploma, GED or equivalent. Official college transcripts should be sent directly to the EPIC Human Resources Director via mail or e-transcript.

One year of experience for pay purposes may be credited for each year the employee has served with a local board of education, a state department of education, an institution of higher education, an education service agency and/or other experience related to the position deemed appropriate by the EPIC Administrator. In order for an employee to be paid for his/her prior years of related work experience, a Prior Experience Record must be completed, returned to EPIC, and processed by both Human Resources and Payroll. One year of service = at least 133 days of full-time work during a fiscal year. [See Appendix 4.](#)



## II. Employment Process and Related Policies

### Position Vacancy

Notices of all full-time and part-time job openings are posted/advertised in one or more of the following ways: at the EPIC job site and/or on the EPIC website; at local board of education offices and/or on their web sites; on social media; on the Teach in WV website and/or in newspaper classified ads. Normally a posting will remain open for no less than five (5) working days. Employees and perspective employees should remember that a **Notice of Position Vacancy** does not necessarily address every task or duty that might be assigned, and that additional responsibilities may be assigned as necessary.

To apply for an open position, all applicants must follow the instructions on the **Notice of Position Vacancy**. [See Appendix 5](#) for EPIC hiring forms and [Appendix 6](#) for a copy of the EPIC employment application. Misrepresentation or falsification of any information required during the application and interview process may result in denial of employment.

Employees who have a current written warning on file or a current written plan of improvement on file or are on probation/suspension are not eligible to apply for posted positions. An applicant's employer may be contacted to verify merits (including past performance), qualifications, abilities, and attendance. Any staffing limitations or other circumstance that might affect a prospective transfer may also be considered and discussed. Applicants who have been dismissed or who have had their contracts or employment term non-renewed for cause by any school system, who have recent unsatisfactory evaluations by any school system, who demonstrate unsatisfactory interview performance, and/or who receive unfavorable reference recommendations will not be eligible for consideration for employment with EPIC.

Upon the recommendation of the EPIC Administrator, the EPIC Regional Council will consider the approval of full-time and part-time staff after verifying by majority vote that such employment is necessary.

### Outside Employment

Outside employment is not prohibited as long as it does not conflict with the employee's primary employment with EPIC. Outside employment must not present a conflict of interest or prevent the employee from performing their assigned duties and must be completed during off duty hours. Employees may not hold any public office while employed by EPIC.

EPIC employees may not serve as a paid consultant/employee for county school districts outside their EPIC employment agreements. Employees who serve as consultants for other agencies or firms and receive compensation shall use Out of Calendar Leave (OCL) for the days involved. Employees shall also provide the EPIC Administrator advanced written notice of consultant agreements.

### Employment of Family Members

Employment of immediate family members of EPIC personnel, particularly those at the supervisory level is discouraged. Employment may be permissible if the family members are assigned to separate divisions, or the member is not directly supervised by the other family member. This is at the discretion of the EPIC Administrator.

## Personnel File

Necessary job-related and personal information about each employee is retained in the official personnel file maintained at EPIC. Contents may include basic employee identification, completed employment applications and other hiring related documents, position announcements, certification and training records, notices of salary adjustments, and performance evaluations.

[See Appendix 7](#) for a copy of the EPIC Personnel File Checklist. Personnel files of current and former employees are kept fifty (50) years.

It is essential that every employee assists in keeping his/her file current by providing certificates of completed education and training and other pertinent information when requested. Employees shall promptly notify their supervisors and the EPIC Administrator in writing of changes in address, telephone number, name, tax exemption, insurance beneficiary, number of dependents, certification status or other pertinent information. [See Appendix 8](#) for EPIC Change of Name, Phone Number or Address Forms.

EPIC Employee Personnel files may not be removed from EPIC outside the required release to Legal Counsel for discipline or litigation purposes.

No information in a personnel file will be disclosed to anyone outside the EPIC Regional Council or Legal Counsel without written consent from the employee or former employee specifically authorizing the release of the information unless required to do so by law. EPIC reserves the right, however, to verify basic information, such as employment status and job title, without notification to the individual involved, and to cooperate with law enforcement, public safety or medical officials who have a valid need to ascertain limited, specific information about an individual.

## Performance Expectations & Employee Code of Conduct

EPIC requires that all employees shall:

- exhibit professional behavior by showing positive examples of preparedness, communication, fairness, punctuality, attendance, language, and appearance
- contribute, cooperate, and participate in creating an environment in which all are accepted
- contribute to a safe and healthy environment, free from harassment, intimidation, bullying, substance abuse, and/or violence and free from bias and discrimination
- contribute to a culture of caring through understanding and support
- demonstrate responsible citizenship by maintaining a high standard of conduct, self-control and moral/ethical behavior, and
- comply with all Federal and West Virginia laws, policies, regulations, and procedures

## Performance Evaluations

Employees receive an annual written job performance evaluation by their supervisors. Evaluations are based upon annual goal(s) accomplishment(s) and assessment of performance. Supervisors shall review the completed evaluation form with the employee. The employee acknowledges the review by signing the evaluation form, even when in disagreement. An addendum may be attached to the evaluation. Signed evaluation forms must be submitted to the EPIC Human Resources Director by June 30 of each year.

If the employee's annual evaluation is unsatisfactory in any area, an improvement plan may be implemented; however, any time an employee's performance is unsatisfactory prior to the annual evaluation, an improvement plan may be implemented. The evaluation and improvement plan process shall not be construed as altering the at-will employment of EPIC employees.

[See Appendix 9](#) for a copy of the EPIC Evaluation Timeline/Guidelines and Form.

## **III. Work and Salary Schedules**

### Work Schedules/Workweek

EPIC employees will be advised of their work hours. Staffing needs and operational demands may necessitate variations in starting and ending times, variations in the total hours that may be scheduled each day and week, as well as which days it may be necessary to work during any specific week.

The EPIC workweek begins at 12:00 AM on Saturday and ends at midnight on the following Friday.

### Salary Administration

Compensation for EPIC employees will be determined by the EPIC salary schedule including any appropriate supplements. EPIC periodically reviews its salary administration program and may restructure it as necessary. EPIC employees are urged to remember that wages, benefits, and other forms of compensation are determined by the EPIC Administrator and must be approved by the EPIC Regional Council. [See Appendix 10](#) for a copy of the current pay tables.

## Timekeeping

Employees shall accurately monitor and report the time they work. All employees paid from more than one program budget must maintain records indicating the amount of time worked in each program.

Full-time employees paid on the EPIC Service scale are required to complete and submit a weekly record of hours worked for compliance with Fair Labor Standards Act and WV Minimum Wage Law. Employees are expected to work within the hours that are scheduled. Unless an employee is asked by the immediate supervisor to work additional hours above and beyond the regular schedule, it is not EPIC's policy to grant overtime. Employees who choose to work beyond the hours that are scheduled without prior authorization resulting in additional compensation will be reprimanded. First offense – verbal warning. Second offense – disciplinary letter in the employee personnel file. Third offense – could result in termination.

It is each employee's responsibility to certify the accuracy of all time recorded. The supervisor will review and then sign the time record before submitting it for payroll processing. In addition, if corrections or modifications are made to the time record, both the employee and the supervisor must verify the accuracy of the changes by initialing the time record. [See Appendix 10](#) for a copy of all time-keeping records used.

## Paydays

All employees are paid, and checks are distributed in accordance with the procedures and schedules adopted by the EPIC Regional Council and/or in coordination with EPIC's fiscal agent. Each paycheck will include earnings for all work performed through the end of the previous payroll period. [See Appendix 11](#) for a copy of the current payday schedule.

## Pay Deductions and Setoffs

The law requires that EPIC makes certain deductions from every employee's compensation. EPIC offers programs and benefits beyond those required by law, and eligible employees may voluntarily authorize deductions from their paychecks to cover the cost of participation in these programs. Pay setoffs are pay deductions taken by EPIC, usually to help pay off a debt or an obligation to EPIC or others.

## Salary Increase Based on Additional Education

All full-time employee requests for a salary increase based upon additional education will require an official transcript from the accredited and approved college/university in which the additional education was earned. Course work must be related to the position that the employee holds with EPIC.

The process for applying for a salary increase for additional education varies based upon the employee's pay scale and position. Please [See Appendix 4](#) for guidelines and details. Contact the EPIC Human Resources Director with any questions.

## IV. Employee Benefit Programs

### Employee Benefits

Benefit eligibility is dependent upon a variety of factors, including employee classification, the specific program you work for, and the benefit packages which may be available through the fiscal agent.

Some benefit programs require contributions from the employee. EPIC reserves the right to modify or eliminate any employee benefit(s) based upon the action of: 1) the West Virginia Legislature; 2) the EPIC Regional Council; and/or 3) EPIC's fiscal agent.

### Holidays / Closings

Full-time employees are granted paid time off in observance of approved holidays. A recognized holiday that falls on a Saturday will be observed on the preceding Friday. A recognized holiday that falls on a Sunday will be observed on the following Monday. If a recognized holiday falls during an eligible employee's paid absence (such as sick leave), holiday pay will be provided instead of the leave benefit that would otherwise have applied.

Additionally, the EPIC Regional Council may approve an EPIC calendar that includes days that the office is closed. If eligible employees are required to work or elect to work (with preapproval) on a recognized holiday or on a day that the EPIC office is closed, they may make arrangements with their immediate supervisor and/or the EPIC Administrator to "trade" the day. [See Appendix 12](#) for a copy of the approved EPIC holiday and closing schedule.

### Early Release

Employees on approved leave that occurs on an unscheduled early release day are not entitled to the early release benefit.

### Leave Expectations

It is the responsibility of each employee to monitor their accrued leave balances and report all absences to both the immediate supervisor and the EPIC Human Resources office. All absences should be reported using the appropriate leave form within 5 business days. It is the responsibility of the supervisor to monitor and verify forms submitted for employee absences. Abuse of leave benefits, including but not limited to failure to report all absences or exceeding accrued leave balances without preapproval, will lead to strict control, including but not limited to, being required to produce a physician's statement for all absences.

If an employee's attendance record suggests a problem, the immediate supervisor, EPIC Human Resources Director and/or the EPIC Administrator shall hold a conference with the employee to identify and resolve the problem. [See Appendix 13](#) for procedures for reporting leave, the EPIC Approved Leave Form, and the EPIC Fitness for Duty to Return to Work Certification form.

## Sick Leave Benefits

A full-time employee who is absent from assigned duties due to any cause authorized by EPIC shall be paid their full salary, based on the employee's regular daily rate of pay, but not to exceed the total amount of leave to which such employee is entitled. **EPIC allows full-time employees to use up to 5 of their accrued sick days for personal reasons per fiscal year with approval.** Employees are not authorized to take unexcused dock days. An employee who is approved to take unpaid sick leave must provide a doctor's note for each absence.

In accordance with current West Virginia statute, unused sick leave benefits will be allowed to accumulate. Sick leave benefits are intended solely to provide income protection in the event of illness or injury and may not be transferred to another EPIC employee. Unused sick leave benefits will not be paid to employees while they are employed or upon termination of employment. If an employee resigns or leaves a position with EPIC for any reason, all accumulated leave shall be forfeited unless the employee transfers to another entity willing to accept the transfer of such leave. Likewise, EPIC may grant accumulated leave to new employees who have been actively employed by a county, regional, state, or other eligible agency before being employed by EPIC.

**Requests for leave of more than 3 consecutive days for any reason must be approved by the program Coordinator or Director and reported to the EPIC Human Resources office as soon as possible.** Additional paperwork may be needed to approve an extended absence.

An employee who uses all available and appropriate forms of leave and is not yet able to return to work must contact the EPIC Human Resources Director to determine if they may be placed on a leave of absence until able to return to work. Being placed on a leave of absence in no way guarantees the employee a position upon becoming able to return to work. When able to return to work, they may be placed in a job if one is available for which they are qualified. When an employee is placed on a leave of absence, his/her job becomes open to be filled permanently, and the employee no longer accrues benefits of any kind nor continues to draw pay.

Paid sick leave taken for more than three consecutive days without prior authorization will require a doctor's note upon return. [See Appendix 13](#) for EPIC leave procedures and the appropriate forms.

## Out of Calendar Leave

Regular full-time EPIC employees who are hired to work a 220 or 240-day schedule are given Out of Calendar Leave (OCL) in lieu of Annual leave. OCL leave is provided to eligible employees at the start of the fiscal year and may be used for personal absences. The number of OCL days granted per eligible employee is based on the number of days worked and will be pro-rated for employees who are hired after the start of the fiscal year.

OCL leave is unpaid leave. If employment is terminated prior to the end of the fiscal year, the actual number of days worked will be used when calculating an employee's final check. If an employee's full OCL balance is not used by the end of the fiscal year, it cannot be carried over from one fiscal year to another and cannot be shared with other employees or converted to any other type of leave.

OCL leave must be reported and approved by the immediate supervisor like all other absences. Contact the EPIC Human Resources Office for Out of Calendar leave balances.

## Bereavement Leave

Employees who wish to take time off due to the death of an immediate family member should notify their supervisor immediately. EPIC defines "immediate family" as the employee's spouse, parent, child, sibling; the employee's spouse's parent, child, or sibling; the employee's child's spouse; grandparents or grandchildren. Special consideration will also be given to any other person whose association with the employee was similar to any of the above relationships.

An employee may take up to 3 days of accrued paid leave for bereavement. An Approved Leave Form ([Appendix 13](#)) should be submitted.

Bereavement leave that exceeds three days must be approved by the program Coordinator or Director and the EPIC Administrator.

## Jury Duty

A regular full-time employee shall be compensated for each day of jury service the difference between that allowed for such jury service, exclusive of travel allowance, and the employee's regular daily rate of pay. It shall be the responsibility of the employee to obtain a certificate from the clerk of the court where such jury service is rendered indicating the date(s) of service and the daily allowance. Jury duty pay will be calculated on the employee's regular daily rate of pay.

Employees must submit a copy of the jury duty summons to their supervisor immediately after it is received along with the appropriate leave form ([See Appendix 14](#)) so the necessary arrangements can be made to accommodate their absence. The supervisor will forward a copy of the paperwork to the EPIC Human Resources Office. The employee is expected to report for work whenever the court schedule permits.

Either EPIC or the employee may request an excuse from jury duty if, in EPIC's judgment, the employee's absence would create serious operational difficulties. EPIC will continue to provide all regular employee benefits for the full term of the jury duty absence.

## Witness Duty

A regular full-time employee shall be excused from work on those days which he/she is absent in response to a subpoena which requires attendance as a witness in any court or administrative proceeding as a direct result of their employment at EPIC. The employee shall be compensated for each day of absence in connection with such a subpoena the difference between the witness fee allowed by the tribunal, exclusive of travel allowance, and the employee's regular daily rate of pay. It shall be the responsibility of the employee to obtain a certificate from the clerk of the court where such witness duty is rendered indicating the date(s) of the service and the daily allowance.

Employees who are absent because they are defendants in criminal proceedings or who are parties to proceedings unrelated to EPIC business shall not be compensated for the days they are absent unless they are eligible to take available personal leave.

## Benefits Continuation (COBRA)

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage under EPIC's health plan when a "qualifying event" would normally result in the loss of eligibility. Some common qualifying events are resignation, termination of employment, or death of an employee; a reduction in an employee's hours or a leave of absence; an employee's divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

Under COBRA, the employee or beneficiary pays the full cost of coverage at EPIC's group rates plus an administration fee.

## Health Insurance

Through the West Virginia Public Employee Benefit Programs, EPIC provides health insurance benefits to regular full-time employees.

Eligible employees may participate in the health insurance plan subject to all terms and conditions of the agreement between EPIC and the insurance carrier. A change in employment classification that would result in loss of eligibility to participate in the health insurance plan may qualify an employee for benefits continuation under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

## Life Insurance

Through the West Virginia Public Employee Benefit Programs, EPIC provides a basic life insurance plan for eligible regular full-time employees. Additional supplemental and/or dependent life insurance coverage may also be purchased.

Eligible employees may participate in the life insurance plan(s) subject to all terms and conditions of the agreement between EPIC and the insurance carrier. Contact the EPIC Human Resources office for more information about life insurance benefits.

## Liability Insurance

The EPIC Regional Council and/or the EPIC Fiscal Agent may enter into a contract with a reputable private insurance firm or a state identified/appointed insurance firm or a state agency insurance provider for the purpose of purchasing liability insurance. The premium of the policy decided upon may be paid through EPIC funds.



## Workers' Compensation Insurance / Work-related Injuries

EPIC provides a comprehensive workers' compensation insurance program at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment.

**Employees who sustain any work-related injuries or illnesses MUST inform their supervisor immediately.** It is the responsibility of the supervisor to investigate a work-related injury and issue a report of the findings on the appropriate EPIC Employee Accident Report **within 24 hours** ([See Appendix 15.](#))

Neither EPIC nor the insurance carrier will be liable for the payment of workers' compensation benefits for injuries that occur during an employee's voluntary participation in any off-duty recreational, social, or athletic activity sponsored by EPIC.

All Accident / Incident Reports must be reported to the EPIC Human Resources Office **within 24 hours** of the time of the accident or incident, so the EPIC Human Resources Director may report it to the insurance company.

Employees who are off work for a work-related injury are required to submit an EPIC Fitness for Duty form ([See Appendix 13](#)) or the equivalent to the EPIC Human Resources Office before obtaining clearance to return to work.

All questions regarding work-related injuries and illnesses should be directed to the EPIC HR Director.

## **V. Administrative Procedures**

### Health and Safety

Employees are expected to follow safety instructions and to comply with procedures established to prevent accidents. An employee is responsible for immediately reporting health and safety concerns to his or her immediate supervisor. Supervisors are required to submit all employee, visitor, student, or property accident/incident reports to the EPIC Human Resources Director **within 24 hours**.

### Inclement Weather

Employees in the EPIC Administrative Office will be notified if the EPIC office is closed due to inclement weather. See [Appendix 16](#) for guidelines for closings and delays.

## Appearance

EPIC employees serve as role models for the education profession throughout the State of West Virginia. In addition, employees are responsible for representing EPIC in a professional manner regarding dress, grooming and conduct.

Employees are expected to use good judgment in determining appropriate attire. Clothing should be professional and reflect a high standard of personal hygiene. Clothing that alludes to obscenity, violence, sex or advertises alcohol, tobacco or an illegal substance is prohibited.

The immediate supervisor and job function will determine what is deemed to be appropriate attire, taking into consideration contact and interaction with EPIC employees, the public, educational community, and state agencies. Deviation from professional dress should be considered the exception rather than the norm and requires prior approval of the EPIC Administrator or immediate supervisor. Specific questions regarding personal attire should be directed to the immediate supervisor, EPIC Human Resources Director or EPIC Administrator.

## Attendance and Punctuality

EPIC expects regular attendance from all employees. Supervisors shall ensure that the work of the office and organization is able to continue when considering all leave requests. Employees are required to be on time and ready to work at the beginning of their scheduled work periods.

Employees must notify their immediate supervisor as well as the EPIC Office when any absence occurs. Foreseeable absences for more than 3 days must be pre-approved by the program director or EPIC Human Resources Director and reported to the EPIC Administrator. Unexpected absences for 3 or more days for illness will require a doctor's note upon return.

All supervisors are responsible for verifying the attendance records of all employees under their supervision at the end of each month. If an employee's attendance record suggests a problem, the EPIC Administrator, the EPIC Human Resources Director, and the immediate supervisor shall hold a conference with the employee to identify and resolve the problem.

Employees with attendance problems are subject to unsatisfactory personnel evaluations and/or disciplinary action including possible termination.

## Job Abandonment

Excepting extenuating circumstances approved by the EPIC Administrator, employees absent from work without notifying the immediate supervisor are subject to termination for job abandonment. In addition, excepting extenuating circumstances approved for medical/personal leave, employees who have had their paychecks reduced by six or more days (dock days) in a fiscal year may be terminated for job abandonment.

## Drug-Free Workplace/Tobacco Control

EPIC requires that its workplaces are free of alcohol, illegal drugs, and controlled substances by prohibiting the use, possession, purchase, distribution, sale, or presence in the body system, without medical authorization. This is applicable while employees are engaged in any work-related activity which includes performance of EPIC business during regularly scheduled workdays and meal breaks having a connection with the job or agency. The unlawful possession, use, manufacture, distribution or dispensation of alcohol, illegal drugs, or a controlled substance; the reporting to work under the influence of illegal drugs, alcohol, or a controlled substance without medical authorization; the presence of a non-medically prescribed controlled substance, illegal drugs, or alcohol in the body system; or possession of drug paraphernalia are all prohibited in the workplace. EPIC employees are required to abide by the Drug Free Workplace policy.

Employees will not be disciplined for voluntarily seeking assistance for a substance abuse problem. However, any employee charged with use, possession and/or distribution of alcohol, illegal drugs or a controlled substance at the work site and/or on state property will be subject to legal and/or administrative disciplinary procedures. EPIC employees must report any criminal drug or alcohol violation occurring in the workplace or any conviction outside of the workplace no later than 5 days after such violation or conviction occurs.

EPIC restricts the use of any tobacco product at any time by any person in any building or other property owned or operated by the West Virginia Department of Education or by a county board of education or EPIC. This policy includes private buildings, automobiles or other vehicles used for school activities and Department of Education or EPIC functions when students and staff are present. Employees are prohibited from smoking within fifteen feet adjacent of any entrance, exit, operable window, or ventilation intake of a State-owned or leased office building. ([See Appendix 17](#)) for the full EPIC Drug Free Workplace policy.

## Telephone Calls/Technology Use

All EPIC telephones are for conducting the business of the organization. EPIC recognizes that employees may have an occasional need to make or receive a personal call on a work phone. These calls shall be held to a minimum. If an employee must make a personal long-distance call while at work, a personal cell phone should be used. Personal cell phone use in the workplace should be minimal. Personal business should be conducted during breaks or lunch. Ringers should be set on vibrate or silence during the workday as a professional courtesy.

All EPIC owned technology including @k12.wv.us and @wvesc.org email addresses are for the exclusive use of employees in conducting business. These accounts should not be construed as private. Employees should not use personal email accounts to conduct work business. ([See Appendix 18](#)) for a copy of the EPIC Acceptable Use Policy agreement.

## EPIC Social Networking Guidance

EPIC has a professional image to uphold, and how we conduct ourselves online impacts this image. For the protection of your reputation, EPIC has developed recommended practices for employee use of social media for educational use and networking. ([See Appendix 19](#)) for a copy. Some EPIC programs hold employees to an even higher standard. See your specific program's handbook for details.

## EPIC Travel

EPIC will reimburse employees for reasonable business travel expenses incurred while on assignments away from the normal work location. Payment will be made through payroll. All necessary out-of-region business related travel must be approved in advance by the EPIC Administrator or designee. All necessary out-of-state business-related travel must be submitted to the immediate supervisor for approval and approved by the EPIC Administrator or designee. All requests for travel related reimbursement must be submitted on the appropriate forms with any necessary documentation attached. [See Appendix 20](#) for the EPIC travel guidelines, reimbursement form, P-card guidelines and [Appendix 21](#) for EPIC vehicle use and accident report.

## Relationships with Media

News releases regarding EPIC related activities shall be developed by the responsible office and approved by the EPIC Administrator. EPIC employees should not contact the media directly about newsworthy matters without first discussing them with the EPIC Administrator. Staff members receiving calls from the media should refer the caller to the EPIC Administrator. Staff members contacted while they are conducting meetings or workshops in the counties are expected to respond to those inquiries within their scope of work. Such information should be factual and consistent with the policies of EPIC. Staff members who wish to submit information to be shared on social media should follow the EPIC guidelines in [Appendix 22](#).

## Reporting Abuse or Neglect of Children

EPIC employees have an obligation to report suspected abuse or neglect of children they encounter in their work, and EPIC is required to have a signed acknowledgement form on file showing each employee understands their reporting requirement. Pursuant to W. Va. Code § 49-2-803(a), any medical, dental, or mental health professional, Christian Science practitioner, religious healer, school teacher or other school personnel, social service worker, child care or foster care worker, emergency medical services personnel, peace officer or law-enforcement official, humane officer, member of the clergy, circuit court judge, family court judge, employee of the Division of Juvenile Services, magistrate, youth camp administrator or counselor, employee, coach, or volunteer of an entity that provides organized activities for children, or commercial film or photographic print processor who has reasonable cause to suspect that a child is neglected or abused, including sexual abuse or sexual assault, or observes the child being subjected to conditions that are likely to result in abuse or neglect shall immediately, and not more than 24 hours after suspecting this abuse or neglect, report the circumstances to the Department of Health and Human Resources Centralized Intake at 1-800-352-6513.

In any case where the reporter believes that the child suffered serious physical abuse or sexual abuse or sexual assault, the reporter shall also immediately report to the State Police and any law-enforcement agency having jurisdiction to investigate the complaint. Any person required to report under this article who is a member of the staff or volunteer of a public or private institution, school, or entity that provides organized activities for children, facility, or agency shall also immediately notify the person in charge of the institution, school, entity that provides organized activities for children, facility, or agency, or a designated agent thereof, who may supplement the report or cause an additional report to be made. Notifying a person in charge, supervisor, or superior does not exempt a person from his or her mandate to report suspected abuse or neglect. [See Appendix 25](#) for a copy of acknowledgement form.

## VI. Leaves of Absence

A leave of absence of any kind must be approved by the EPIC Administrator. If an employee believes he/she needs to take leave of more than three consecutive days from work for any reason, paid or unpaid, he/she must contact their immediate supervisor and program director as soon as possible. Additional paperwork may be needed from the EPIC HR Director to approve your request depending on individual circumstances. Failure to notify the appropriate parties may result in disciplinary action.

### Unpaid Medical Leave

EPIC provides unpaid medical leaves of absence to eligible full-time employees who are temporarily unable to work due to a serious health condition or disability. If the employee has paid leave accrued, they will be required to use it concurrently with any medical leave of absence.

For purposes of this policy, serious health conditions or disabilities include inpatient care in a hospital, hospice, or residential medical care facility; continuing treatment by a health care provider; and temporary disabilities associated with pregnancy, childbirth, and related medical conditions.

Eligible employees may request medical leave only after having completed 365 calendar days of service. Exceptions to the service requirement will be considered to accommodate disabilities. Eligible employees should make requests for unpaid medical leave **at least 30 days in advance of foreseeable events and as soon as possible for unforeseeable events.** Use [Appendix 23](#) for the initial request.

Requests for FMLA leave and other leaves of absence will be reviewed based on individual circumstances. Additional paperwork will be provided including a health care provider's statement which must be submitted verifying the need for medical leave and its beginning and expected ending dates. Any changes in this submitted information should be promptly reported. Employees returning from medical leave must submit a Fitness for Duty form with the health care provider's verification of their ability to return to work. Reasonable accommodations may be made on a case-by-case basis to allow an employee to return with limited restriction when safety is not compromised and the restricted return does not provide hardship for the program. See [Appendix 13](#).

Eligible employees are normally granted leave for the period of the disability, up to a maximum of 12 weeks within a 12-month period. Any combination of unpaid medical leave and unpaid family leave and other accrued paid and unpaid leave may not exceed this maximum limit. Employees will be required to first use all other accrued paid and unpaid leave time before taking unpaid medical leave.

Employees who sustain work-related injuries are eligible for an unpaid medical leave of absence for the period of disability in accordance with all applicable laws covering occupational disabilities. Subject to the terms, conditions, and limitations of the applicable plans, EPIC will continue to provide health insurance benefits for the full period of the approved medical leave.

Benefit accruals, such as sick leave and holiday benefits, will continue during the approved unpaid medical leave period. So that an employee's return to work can be properly scheduled, an employee on unpaid medical leave is requested to provide EPIC with at least two weeks advance notice of the date the employee intends to return to work. When an unpaid medical leave ends, the employee will be reinstated to the same position, if it is available, or to an equivalent position for which the employee is qualified if one is available. If an employee fails to return to work on the agreed upon return date, EPIC will assume that the employee has resigned.

## Unpaid Family Leave

EPIC provides unpaid family leaves of absence to eligible full-time employees who wish to take time off from work duties to fulfill family obligations relating directly to childbirth, adoption, or placement of a foster child; or to care for a child, spouse, or parent with a serious health condition. If the employee has paid leave accrued, they will be required to use it concurrently with any family leave of absence. A serious health condition means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility; or continuing treatment by a health care provider.

Eligible employees may request unpaid family leave only after having completed 365 calendar days of service. Eligible employees should make requests for unpaid family leave **at least 30 days in advance of foreseeable events and as soon as possible for unforeseeable events**. Use [Appendix 23](#) for the request.

Employees requesting unpaid family leave related to the serious health condition of a child, spouse, or parent must submit a health care provider's statement verifying the need for unpaid family leave to provide care, its beginning and expected ending dates, and the estimated time required. Eligible employees may request up to a maximum of 12 weeks of unpaid family leave within a 12-month period. Any combination of unpaid family leave and unpaid medical leave and all other accrued paid and unpaid leave may not exceed this maximum limit. Employees will be required to first use all other accrued paid and unpaid leave time before taking unpaid family leave. Married employee couples may be restricted to a combined total of 12 weeks leave within any 12-month period for childbirth, adoption, or placement of a foster child; or to care for a parent with a serious health condition.

Subject to the terms, conditions, and limitations of the applicable plans, EPIC will continue to provide health insurance benefits for the full period of the approved family leave. Benefit accruals, such as sick leave and holiday benefits will continue during the approved unpaid family leave period.

So that an employee's return to work can be properly scheduled, an employee on unpaid family leave is requested to provide EPIC with at least two weeks advance notice of the date the employee intends to return to work. When unpaid family leave ends, the employee will be reinstated to the same position, if it is available, or to an equivalent position for which the employee is qualified if one is available. If an employee fails to return to work on the agreed upon return date, EPIC will assume that the employee has resigned.

## Military Leave

Military Leave may be taken under the terms and conditions of applicable state and federal law.

## Pregnancy-Related Absences

EPIC will not discriminate against any employee who requests an excused absence due to medical restrictions associated with pregnancy. Such leave requests will be evaluated according to the medical leave policy provisions outlined in this handbook and all applicable federal and state laws. Requests for time off associated with pregnancy and/or childbirth, such as bonding and childcare, not related to medical disabilities for those conditions will be considered in the same manner as other requests for unpaid family or personal leave.

## VII. Separation

A separation from employment occurs when an employee (1) resigns, (2) retires, (3) is laid off because of lack of work or shortage of funds, (4) is terminated from a limited term appointment, (5) transfers from one state agency to another or (6) is dismissed.

All employees who leave the employment of EPIC must complete an exit interview with the EPIC Human Resources Director or designee. (See Appendix 24) During the exit interview, the employee is required to return all assigned EPIC property, including but not limited to employee picture ID card, building access card, parking placard, building and office key(s), telephone and credit card(s) and all EPIC equipment. The employee will also be asked to forward mail to the immediate supervisor or designee and reset passwords on any electronic equipment. Failure to participate in an Exit Interview with the Human Resources office or designee and/or failure to receive clearance of EPIC property may result in a delay in processing the employee's final paycheck.

Employees may contact the EPIC Payroll/Benefits Coordinator, Public Employees Insurance Agency and the Retirement System for more complete information concerning benefits on separation.

### Resignation

Employees who plan to resign are asked to give two weeks written notice prior to their last day of work. The notice should state the reason for the resignation. This written notice of the resignation should be submitted to the EPIC Human Resources Director with a copy provided to the immediate supervisor.

### Retirement

Employees who retire may elect medical insurance coverage for themselves and their eligible dependents and optional life insurance for themselves; however, participation is NOT automatically continued at the time of retirement. The retiree must complete new enrollment cards to continue coverage. Employees considering retirement should contact the EPIC Human Resources Director.

### Dismissal

Employees who are dismissed will have all accumulated sick leave cancelled as of the effective date of the dismissal or last day worked during the separation from employment notice period.

### Death

Upon the death of an employee, annuity benefits may be available through the Retirement System to the beneficiary. (Contact the Retirement System.) Under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA), the surviving legal spouse and eligible dependents of a deceased employee who was a PEIA participant may elect to continue medical coverage at their own expense.

## **VIII. Acknowledgement**

All EPIC employees are required to familiarize themselves with any updates and changes made to the EPIC Employee Handbook. Annually, employees must sign the Employee Acknowledgement Form showing they have received access to a copy of the updated EPIC Employee handbook for the new fiscal year. This acknowledgement states they have read and understand the policies and procedures explained in it and agree to follow them.

Additionally, all EPIC employees must acknowledge understanding of their responsibility as a mandated reporter by signing the Mandated Reporting of Child Abuse and Neglect Acknowledgement form after reviewing the information provided in this handbook.

All signed Acknowledgement Forms should be submitted to the EPIC Human Resources Director annually to be kept as part of the employee personnel file. [See Appendix 25](#) for both Acknowledgement forms.



## **IX. Eastern Panhandle Instructional Cooperative (EPIC) List of Appendices**

Appendix 1	EPIC Non-Disclosure Form
Appendix 2	Background Check/Fingerprinting Instructions
Appendix 3	EPIC Annual Certification Letter
Appendix 4	EPIC Experience / Education Verification Forms
Appendix 5	EPIC Coordinator/Director Hiring Forms
Appendix 6	EPIC Employment Application
Appendix 7	EPIC Personnel File Checklists
Appendix 8	EPIC Change of Name / Change of Address Forms
Appendix 9	EPIC Employee Evaluation Timeline / Guidelines / Form
Appendix 10	EPIC Pay Tables & Time Sheets
Appendix 11	EPIC Pay Schedule Reporting Dates
Appendix 12	EPIC Calendar with Closings / Holidays
Appendix 13	EPIC Leave Procedures and Forms / Fitness for Duty
Appendix 14	EPIC Jury Duty Instructions and Form
Appendix 15	EPIC Employee Accident Report
Appendix 16	EPIC Administrative Office Inclement Weather Guidelines
Appendix 17	EPIC Drug-Free Workplace Policy & Agreement
Appendix 18	EPIC Technology Acceptable Use Policy Agreement
Appendix 19	EPIC Social Networking Guidance
Appendix 20	EPIC Travel and Reimbursement Guidelines / Forms
Appendix 21	EPIC Vehicle Use Guidelines / Vehicle Accident Report
Appendix 22	EPIC Guidelines for Submitting News for Media Sharing
Appendix 23	EPIC Initial Leave of Absence Request Form
Appendix 24	EPIC Exit Interview Form
Appendix 25	EPIC Employee Handbook and Mandated Reporting Acknowledgement Forms

**\*APPENDIX 1\***

**Eastern Panhandle Instructional Cooperative (EPIC)  
Employee Non-Disclosure Agreement**

FOR GOOD CONSIDERATION, and in consideration of being employed by EPIC, the undersigned employee hereby agrees and acknowledges:

1. That during the course of my employ, there may be disclosed to me certain confidential information but not necessarily limited to:
  - a. Technical information: Methods, processes, formulas, compositions, systems, techniques, computer programs and research projects;
  - b. Business information: Customer lists, pricing data, sources of supply, financial data and marketing, production or merchandising systems or plans.
  
2. I agree that I shall not during, or at any time after the termination of my employment with EPIC, use for myself or others, or disclose or divulge to others including future employees, any confidential information, or any other proprietary data of EPIC in violation of this agreement.
  
3. That upon the termination of my employment from EPIC:
  - a. I shall return all documents and property of EPIC, including but not necessarily limited to reports, manuals, correspondence, computer programs and all other materials and all copies thereof relating in any way to EPIC, or in any way obtained by me during the course of employ. I further agree that I shall not retain copies, notes of abstracts of the foregoing.
  
  - b. EPIC may notify any future or prospective employer or third party of the existence of this agreement and shall be entitled to full injunctive relief for any breach.

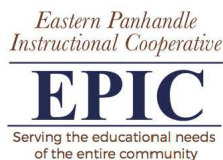
Signed this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Employee (Printed)

\_\_\_\_\_  
Employee (Signature)

Eastern Panhandle Instructional Cooperative  
109 South College Street  
Martinsburg, WV 25401

## \*APPENDIX 2\*



### EPIC New Employee Fingerprinting Procedures

Every EPIC employee must be fingerprinted as part of the hiring process.

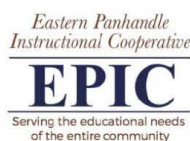
New hires are not authorized to begin working until fingerprint **results** are received by EPIC HR and approved by the EPIC Administrator.

**COST OF FINGERPRINTING:** The cost of fingerprinting for this position is approximately \$30 - \$35 (changes frequently) and is paid by the employee at the time of fingerprinting.

To set up your fingerprinting appointment, you must do so online.  
Please follow all directions below:

- Go to [www.l1enrollment.com](http://www.l1enrollment.com)
- Click on the blue box that says GET FINGERPRINTED.
- Select West Virginia
- Choose Digital Fingerprinting
- **Enter this code: 228QN5**
- Choose Schedule or Manage an Appointment
- Put in your personal information
- **Enter our Facility ID: UEWV00008 (It will come up as RESA 8. This is okay!)**
- Put in your citizenship and other personal information
- (No, you don't have an authorization code for payment.)
- Set your appointment time and location (It will let you search for facilities near you.)
- Go to your appointment and hold on to the receipt they give you showing you went.
- Email Shannon Johnson at [sdjohnson@wvesc.org](mailto:sdjohnson@wvesc.org) to let her know when you have completed your fingerprinting and submit your receipt with your other new hire paperwork.

## \*APPENDIX 3\*



Dear EPIC Educator,

This letter is a reminder that one or more of your areas of WV certification will expire on **6/30/2025**. You may visit <https://wveis.k12.wv.us/certcheck/> to see a copy of your current license. The WVDE will begin accepting renewal applications **after January 1, 2025**. Below is information that will help you prepare to submit for your renewal when you are ready.

As an educator providing services through EPIC, you are required to hold the same licensure as those educators employed directly through the county school systems. It is each educator's responsibility to meet any requirements needed to obtain or renew certification for the areas in which they are employed. That information (along with the necessary forms and fee schedule) can be found on the West Virginia Department of Education Certification website, which has recently been updated. The new link is <https://wvde.us/certification/certification-info/application-forms/>

**PLEASE NOTE: ALL current EPIC employees must choose EPIC as your "county of hire" on all certification applications. (DO NOT list the county where your classroom is located, or it will not be routed correctly, and you will have to redo it!) Pick EPIC to be EPIC! 😊**

For some areas of licensure renewal, employees will submit paper applications through me. If this is the case, please print all forms landscape mode on separate sheets of paper; and complete them in BLUE ink. Professional teachers, professional administrators, and substitute teachers will be required to submit your application and supporting documentation through an online portal. User Guides for online application can be found on the certification website linked above. Just click on "User Guide" to view.

If a copy of your transcript is needed for your renewal or conversion, you will need to have an official transcript sent to me at EPIC, so I have it for our records. This transcript may be mailed directly to EPIC (to my attention) by your college or university, submitted via e-Transcript to [sdjohnson@wvesc.org](mailto:sdjohnson@wvesc.org) or dropped off by you - as long as it is official and in a sealed envelope provided by your college/university. If you are completing an online application, the WVDE will allow me to scan in your transcript on your behalf when I go in to approve your application, so you will still send an official copy to me.

All fees associated with certification must be paid in full online at <https://wveis.k12.wv.us/certpayment/> **after** a license renewal or conversion application has been submitted to the WVDE. They will email you with instructions for submitting your payment once they are ready to approve you.

Since no educator will be allowed to work in an EPIC sponsored classroom without proper licensure, it is imperative that you know what is needed to renew your license. I've attached a "cheat sheet" to help you; but ultimately, it is your responsibility to know what to do and to get it done. If you have questions or believe the information provided is not clear or accurate, as things may change, please reach out to me while there is adequate time to complete what you need. You must meet all requirements and submit the appropriate forms, documentation, and fees **prior to the expiration date**, so please complete your online application or submit your completed paperwork to me **no later than June 25, 2025**.

If you have any questions or need assistance, please don't hesitate to contact me. I can be reached at 304-596-2663 or [sdjohnson@wvesc.org](mailto:sdjohnson@wvesc.org).

Best wishes,  
Shannon Johnson  
EPIC Human Resources Director



## General Renewal Guidelines for All

1. All certification forms can be found by going to <https://wvde.us/certification/certification-info/application-forms/>
2. Follow the instructions and/or User Guide provided to complete your form. Answer every question that is applicable. **Remember: if you are renewing, you will answer YES, you do currently work for a school system and that school system is EPIC.**
3. Wait to print your forms until you are ready to complete and submit them. (Sometimes the WVDE updates the forms, and you must submit the most recent version to be approved.)
4. Print any PAPER applications in LANDSCAPE MODE on separate sheets of paper and complete them in blue ink.
5. Payment for certification is completed AFTER you submit your application and are notified by the WVDE. They will provide you with a link and instructions for making your payment online.
6. When reviewing the instructions for your specific type of certification below, please note if you see the option to substitute coursework obtained through the WVDE e-Learning portal for hours obtained at a college/university, **information about the WVDE e-learning opportunities will be shared at the end of this document.**
7. If you are a full-time employee eligible for a salary increase due to additional course work, if you are eligible to add an endorsement to a professional teaching license with a PRAXIS test, if you have additional questions or you don't see your type of certification listed, please contact me at 304-596-2663 or via email at [sdjohnson@wvdesc.org](mailto:sdjohnson@wvdesc.org) and I will help you. 😊

## Renewal Guidelines by Certification

**To Renew a Professional Certificate for Teachers &/or Administrators:** You will submit your renewal and/or conversion ONLINE using one of the Form 4 options. (Most will select Form 4T.) There is an Applicant User Guide available to help you determine if you are eligible for a conversion or if you should renew. **You will need to provide evidence that you have completed 6 hours of related coursework credit since your last license was issued or meet one of the exemptions** (over age 60 or hold a MA+30 or higher salary class.) Your 6 hours of coursework should be shown on an official transcript from an accredited college/university submitted to me OR you may submit certificates of completion from 6 hours of related coursework obtained through the WVDE e-Learning portal or combination of the two.

**To Renew an ECCAT Authorization:** You will need to provide evidence that you have either made progress toward renewal (completed at least one required ECCAT eLearning class) if this is your first year or you have completed all requirements for a permanent authorization (if this is your second or third year.) You will submit a PAPER application to me using Form 41. Copies of all completed e-Learning course certificates should be included with your renewal application.

**To Renew a Career/Technical Certificate:** You will submit a PAPER application to me using Form V7R. **You will need to provide evidence that you have completed 6 hours of related coursework credit with a 3.0 GPA since your last license was issued or meet one of the exemptions** (over age 60 or hold a MA+30 or higher salary class.) Your 6 hours of related coursework should be shown on an official transcript from an accredited college or university OR you may submit certificates of completion from 6 hours of related coursework obtained through the WVDE e-Learning portal or a combination of the two.

**To Renew an Adult Education License:** You will submit a PAPER application to me using Form V15. **All renewals must provide evidence of 30 hours of required training for adult education AND unless you meet an exemption, you must also provide evidence that you have completed 6 hours of related coursework since your last license was issued.** (Exemption = over age 60.) Your 6 hours should be shown on an official transcript from an accredited college or university OR you may submit certificates of completion from 6 hours of related coursework obtained through the WVDE eLearning portal or a combination of the two.

**To Renew a Long-Term, Short-Term, or Restricted Substitute Teaching Permit:** You will submit your application online using one of the Form 2 options (2AR, 2SR, 2LE, 2LR.) Look to see what you have now – you can renew whatever you have now. You will not need to complete fingerprinting again for a renewal, but you will need to provide proof of completing an approved substitute renewal class or 6 hours of related coursework as shown on a transcript\* when you submit your permit application. (\*NOTE: Restricted substitutes must take a renewal class.) EPIC offers fully self-paced, online substitute teacher training classes for new and renewal candidates with open enrollment at any time. The renewal class can be completed in about 2 days for the average participant. You can visit our website [www.epicresa8.org/subteachertraining](http://www.epicresa8.org/subteachertraining) for more information and to register.

## **WVDE e-Learning Course General Information**

- The WVDE offers an e-Learning platform for eligible WV educators to take courses online. Current employees that hold a valid WV professional teaching license or an adult education license are eligible to take WVDE e-Learning courses. Those who hold long-term sub permits who are currently working as long-term or permanent subs are also eligible to take WVDE e-Learning courses.
- Pre-K Assistant Teachers (ECCATS) are eligible to take designated ECCAT classes through the WVDE e-Learning platform.
- e-Learning courses may be taken at no cost to eligible educators if only a certificate of completion is sought. (This certificate of completion would be submitted with your application for renewal in place of an official transcript.)
- Some e-Learning courses are offered with the option of paying to take them for non-degree credit that would show up on a transcript. The cost may vary by class. Details will be found in the portal.
- Certificates of completion for WVDE e-Learning courses related to your current position may only be used for certification renewal or for personal professional development. They cannot be used toward an increase in salary class unless they are taken for non-degree credit and that credit appears on an official transcript. If you have questions about this, please reach out to ask.
- Here is a link to the e-Learning website with course catalogs, instructions for registering, eligibility and more. <https://wvde.state.wv.us/elearning/>

If you have questions, please don't hesitate to contact Shannon Johnson, EPIC HR Director  
304-596-2663 / [sdjohnson@wvsc.org](mailto:sdjohnson@wvsc.org)



## EPIC EMPLOYMENT VERIFICATION

If you want to receive credit for prior experience, you **MUST** have the attached **PRIOR EXPERIENCE RECORD** completed and returned as soon as possible.

You complete the top portion of the form and sign it. Send the verification form to your previous employer to complete the remainder of the form. The **EMPLOYER** must sign the bottom portion of the form.

You may make as many copies of the **PRIOR EXPERIENCE RECORD** form as you need.

You will **NOT** be paid for years of experience until the form has been received and processed by both HR and payroll.

Prior Experience Record  
 Eastern Panhandle Instructional Cooperative (EPIC)  
 109 S. College Street  
 Martinsburg, WV 25401

Date Processed
Payroll _____ Initials _____
_____ Years Given

I, \_\_\_\_\_, do hereby grant permission to release information requested below regarding my employment with \_\_\_\_\_ (County Board/ELA). My social security number is \_\_\_\_\_.

Signature \_\_\_\_\_ 133 days = 1 yr. of experience

<u>Fiscal Year</u> (July 1 - June 30)	<u>County or ELA</u>	<u>Position</u>	<u>Number of Days Worked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the information listed above is correct according to our official records.

Signature/Title \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

For West Virginia Counties Only:  
 Our records show that \_\_\_\_\_ was employed in our county school system \_\_\_\_\_ years and has accumulated \_\_\_\_\_ days of earned sick leave against which there are no claims and which is transferable under the provision of West Virginia Code 18-7-2a.

Please mail form to: EPIC, Attention: S. Barnett, 109 South College Street, Martinsburg, WV 25401



## Eastern Panhandle Instructional Cooperative (EPIC) Education Verification



In order for an employee to be paid for his/her education, official transcripts from an accredited and approved college or university must be submitted directly to the EPIC Human Resources Director. These may be sent to Shannon Johnson at [sdjohnson@wvesc.org](mailto:sdjohnson@wvesc.org) via e-Transcript, mailed directly to EPIC (Attention: Shannon Johnson) or submitted by the employee in an original sealed envelope issued by the college/university. These original copies will be kept in the employee's personnel file.



## **Eastern Panhandle Instructional Cooperative (EPIC) Salary Increase Based upon Additional Education**

All requests for salary increases based upon additional education will require **an official transcript** from the accredited and approved college/university in which the additional education was earned. Course work must be related to the position that the employee holds with EPIC.

The process for applying for a salary increase for additional education varies based upon the employee's current salary and position classification. Please note the procedures for application below and direct any questions to the EPIC Human Resources Director. 304-596-2663

### **Full-time professional staff members who hold a valid West Virginia Professional Teaching and/or Administrator's License**

**Must apply for the salary increase through the WVDE and have that increase shown on their WV teaching or administrator's certification in order to receive the salary increase.**

Per WVBE Policy 5202, the WVDE recognizes a Bachelor's degree, BA+15, Master's degree, MA+15, MA+30, MA+45 and Doctorate degree for salary classes. Salary increases require an official completed application (Form 12) endorsed by the EPIC Administrator, an official transcript from an accredited college/university showing approved related coursework (sent to the EPIC HR Director) and payment to be made directly to the WVDE. If you submit a Form 12 online, please notify HR. Pay increases based on education will be retro-active to the date that the WVDE authorizes the increase.

### **Full-time professional staff members who do NOT hold or need to hold a valid West Virginia Professional Teaching or Administrator's License**

Must apply for the salary increase through the EPIC Human Resources office, which recognizes Bachelor's degree, BA+15, Master's degree, MA+15, MA+30, MA+45 and Doctorate degree for professional salary classes. To qualify for the MA+15, MA+30 or MA+45 salary class, applicable coursework must be graduate level, related to the position held at EPIC and earned beyond the Master's degree. Salary increases for these employees require notification of the EPIC Human Resources Director using the attached request form and an official transcript from an accredited and approved college/university showing completed coursework. Approved pay increases based on education for these applicants will go into effect on the day all paperwork is received by HR.

### **Full-time Service Personnel**

Must apply for the salary increase through the EPIC Human Resources office, which recognizes salary increases for each of the following levels of college credit related to his/her position with EPIC: 12, 24, 36, 48, 60, 72, 84, 96, 108, or 120 hours; Associate's degree, Bachelor's degree, BA+15, Master's degree, MA+15, MA+30, MA+45, MA+60 and Doctorate degree. To qualify for the MA+15, MA+30, MA+45 or MA+60 salary class, applicable coursework must be graduate level, related to the position held at EPIC and earned beyond the Master's degree. Requests for salary increases for service personnel require notification of the EPIC Human Resources Director using the attached request form and an official transcript from an accredited and approved college/university showing completed coursework related to his/her position with EPIC. Approved pay increases based on education for these applicants will go into effect on the day all paperwork is received by the HR office.

*Eastern Panhandle  
Instructional Cooperative*

**EPIC**

Serving the educational needs  
of the entire community

## Eastern Panhandle Instructional Cooperative (EPIC) Salary Increase Based upon Additional Education Request Form

This form is used for full-time professional and service employees who **do not** hold a WV professional teaching or administrator's license but wish to submit for an increased salary class based on the EPIC guidelines.

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

Program and Position \_\_\_\_\_

Current Salary Class \_\_\_\_\_

Requested Increased Salary Class \_\_\_\_\_

Official Transcript included? \_\_\_\_\_

Signature \_\_\_\_\_

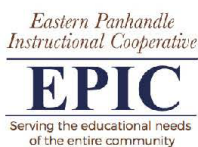
Date of Request \_\_\_\_\_

Received by HR \_\_\_\_\_ Transcript Received by HR \_\_\_\_\_ Approved by HR \_\_\_\_\_

Approved by EPIC Admin \_\_\_\_\_ Official Effective Date \_\_\_\_\_

**\*APPENDIX 5\***

POSITION # \_\_\_\_\_



**REQUEST TO POST AN EPIC POSITION FOR HIRE**

Program: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Director/Coordinator Making Request: \_\_\_\_\_

Job Title: \_\_\_\_\_ FT or PT \_\_\_\_\_

Location/County Assigned To: \_\_\_\_\_

Annual Employment Term (number of days or PT/as needed: \_\_\_\_\_

Anticipated hourly rate \_\_\_\_\_ or salary scale w/ grade \_\_\_\_\_

Is this a **NEW** or **EXISTING** position? \_\_\_\_\_

If existing, who was in it before? \_\_\_\_\_

When will their employment be terminated? \_\_\_\_\_

Where will the funds come from to pay this salary? \_\_\_\_\_

Other Info \_\_\_\_\_

\*\*\*\*\*

**ACTUAL POSTING**

Please post the job from \_\_\_\_\_ to \_\_\_\_\_ in the following ways:

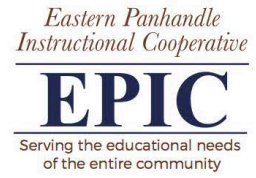
\_\_\_ EPIC website \_\_\_ Search Soft \_\_\_ Facebook \_\_\_ Twitter \_\_\_ Newspaper(s)\*

\*Please indicate the newspaper(s) you would like it to be placed in and note that your program will be charged for the expense. \_\_\_\_\_

Received by HR / Notes: \_\_\_\_\_

Updated 07/2020

**EPIC REFERENCE CHECK**



Potential Employee \_\_\_\_\_

Position \_\_\_\_\_

References contacted by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Check here if he/she is a current employee. If so, references would already be on file.

Reference #1: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Reference #2: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Additional Notes:

POSITION # \_\_\_\_\_



**NEW HIRE: REQUEST FOR APPROVAL TO OFFER EPIC EMPLOYMENT**

Program: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Director/Coordinator Making Request: \_\_\_\_\_

Position Offered to: \_\_\_\_\_

Their current email address \_\_\_\_\_ phone \_\_\_\_\_

Job Title: \_\_\_\_\_ Location(s): \_\_\_\_\_

New Hire replaces: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

Annual Employment Term (FT w/ number of days or PT/as needed: \_\_\_\_\_

**PART TIME:**

Hourly rate \_\_\_\_\_ Anticipated hours \_\_\_\_\_ per \_\_\_\_\_ NTE \_\_\_\_\_

**OR FULL TIME:**

Salary scale (prof or svc) \_\_\_\_\_ Grade if svc \_\_\_\_\_ or education level if prof \_\_\_\_\_

Anticipated Yrs of Related Experience \_\_\_\_\_ : Has this been verified yet? \_\_\_\_\_

**Cost Allocation:**

Program	% of pay	Account Code to be Charged

Current certification(s) \_\_\_\_\_ (If certification not needed write NA)

Certification Application is needed \_\_\_\_\_ (HR Director will assist/provide the paperwork.)

Candidate is eligible for \_\_\_\_\_ (HR initials)

Additional Comments: \_\_\_\_\_

EPIC Administrator Approval \_\_\_\_\_ Date \_\_\_\_\_

Updated 07/2020



**\*APPENDIX 6\***

<p align="center"><b>Eastern Panhandle Instructional Cooperative (EPIC)</b> 109 S. College Street Martinsburg, WV 25401 Phone: (304) 267-3595 Fax: (304) 267-3599</p> <p align="center"><b>APPLICATION FOR EMPLOYMENT with EPIC</b></p> <p><b>INSTRUCTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Complete and return application as specified in Job Posting.</li> <li>2. Provide copy of college transcript(s) (IF REQUIRED).</li> <li>3. Provide copy of Teaching Certificate (IF REQUIRED).</li> <li>4. Provide resume, cover letter and three references.</li> <li>5. You will be contacted if you are selected for an interview.</li> </ol> <p><b>INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.</b></p>	OFFICE USE ONLY	Date Received:	
		Date Interviewed	Interviewed By
		Salary Classification	Yrs. Exp. Verified
		Comments:	

PERSONAL	Last Name	First	Middle	Maiden
	Present Address			
	Phone Number (    )		Email Address	
	<b>Position Applying for:</b>			
	Have you ever been employed with EPIC or RESA 8? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Position Held? _____ When? _____			
	Other name(s) on records.			
	Are you under contract with another agency or employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
	Have you ever been dismissed (fired) from any job or resigned at the request of the employer or while charges against you or an investigation of your behavior was pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a full explanation must be attached.			
	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you ever been convicted of a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been investigated for involvement in a case of child abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to either of the questions above, a full explanation and copies of court documentation or other documentation must be attached to your application. An arrest or conviction record will not necessarily be a bar to employment.			

CERTIFICATION	What is your current salary classification: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> BA + 15 <input type="checkbox"/> Masters <input type="checkbox"/> MA+15 <input type="checkbox"/> MA+30 <input type="checkbox"/> MA+45 <input type="checkbox"/> PhD <input type="checkbox"/> Other _____				
	Do you hold a valid WV Teaching Certificate or any other license or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the Type and Year of Expiration or a copy:				
	Do you hold a valid Teaching Certificate or any other license or certificate in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the State(s), Type and Year of Expiration or a copy:				
	Have you ever had a license or certificate of any kind revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you in any way been sanctioned by or is any charge or complaint now pending against you by any licensing, certification or other regulatory agency or body, public or private? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If you answered yes to either of these questions, a full explanation and documentation must be attached.				

EDUCATIONAL TRAINING	High School	Name and Address of Institution				Diploma?
	College(s) Attended <small>(Attach additional pages if needed)</small>	Name and Address of Institution	Major	Minor	Dates	Degree
	Relevant Specialized Training					

R E F E R E N C E S	Name / Position or Title (Do not use relatives as references.)	Mailing Address & Email Address	Telephone
			(    )
			(    )
			(    )
			(    )

Work Experience (Please list most recent experience first.)							
	From		To		Employer / Address	Kind of Work	Reason for Leaving
	MO	YR	MO	YR			
W O R K  E X P E R I E N C E							

S I G N A T U R E	The information provided in this application for employment is true, correct, and complete.	
	I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation, and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies and other individuals and agencies.	
	I understand that if I am employed, any misstatement or omission of fact on this application may result in my dismissal.	
	_____	_____
	Date	Signature

**Eastern Panhandle Instructional Cooperative (EPIC)**  
 EPIC is an equal opportunity employer, and applicants for employment are considered solely on the basis of individual qualification and merit without regard to age, gender, race, color, religion, disability, national origin or protected class.



**\*APPENDIX 7\***

**EPIC  
Full-Time  
New Hire Checklist**

EPIC ID # _____
EPIC Email _____
Set up in WVEIS _____
Set up in POS _____

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

Position: \_\_\_\_\_

Program Location & Supervisor: \_\_\_\_\_

Employee's Current email address: \_\_\_\_\_

**Documentation**

(Please check off items as they are included in the file or are completed.)

- \_\_\_\_ Job Posting/Description Included
- \_\_\_\_ Check here if county request w/o posting
- \_\_\_\_ Application showing 3 references
- \_\_\_\_ References Checked
- \_\_\_\_ Employment Letter Signed
- \_\_\_\_ Education Verification (HS diploma or equivalent OR Official Transcripts if needed)
- \_\_\_\_ Proof of Qualification (BO license for bus drivers / HVAC Cert / WV Teacher Cert / other licensure as needed for the position.)

Salary Classification _____
Number of workdays per FY _____
# of years of experience verified _____
Salary _____

- \_\_\_\_ Criminal Record/Fingerprint Results Returned/Cleared or Vetted via WVDE
- \_\_\_\_ Copy of Driver's License
- \_\_\_\_ Copy of SS Card or Passport or Birth Certificate
- \_\_\_\_ I-9 Form Completed
- \_\_\_\_ IT 104 Completed
- \_\_\_\_ W-4 Form Completed
- \_\_\_\_ Direct Deposit Form w/ Voided Check
- \_\_\_\_ Number of Pays (20/24 if applicable)
- \_\_\_\_ Staff Emergency Form Completed
- \_\_\_\_ Non-Disclosure Agreement Completed
- \_\_\_\_ Acceptable Use Policy
- \_\_\_\_ Drug Free Workplace
- \_\_\_\_ EPIC Handbook Acknowledgement Form
- \_\_\_\_ Copy of Driving Record and/or Physical (circle if applicable)
- \_\_\_\_ Mandated Reporting Training Acknowledgement Form
- \_\_\_\_ Employee Badge Made
- \_\_\_\_/\_\_\_\_ Added to New Hire Database / Added to Personnel Action

<b>For EPIC Office Hires Only</b>
W/O complete for phone/computer set up _____
Phone # _____
Safety Training _____
P Card if applicable _____

Official Start Date \_\_\_\_\_

SDJ 5/28/2024

## EPIC Part-Time New Hire Checklist

EPIC ID # _____
EPIC Email _____
Start Date _____

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

Position: \_\_\_\_\_

Program & Location: \_\_\_\_\_

Employee's Current email address: \_\_\_\_\_

### Documentation

(Please check off items as they are included in the file or are completed.)

\_\_\_\_\_ Job Posting/Description Included

\_\_\_\_\_ Application showing 3 references

\_\_\_\_\_ References Checked

\_\_\_\_\_ Employment Letter Signed

\_\_\_\_\_ Education Verification (HS diploma or equivalent OR Official Transcripts if needed)

\_\_\_\_\_ Proof of Qualification (Class D license for van drivers / BO license for bus drivers / other certification or licensure as needed.)

Hourly Rate _____
Or Daily Rate _____
NTE _____ per _____
(ACA dictates PT employees NTE 130 hours per month)

\_\_\_\_\_ Criminal Record/Fingerprint Results Returned/Cleared or Vetted via WVDE

\_\_\_\_\_ Copy of Driver's License

\_\_\_\_\_ Copy of SS Card or Passport or Birth Certificate

\_\_\_\_\_ I-9 Form Completed

\_\_\_\_\_ IT 104 Completed

\_\_\_\_\_ W-4 Form Completed

\_\_\_\_\_ Direct Deposit Form Completed with Voided Check or Bank Verification

\_\_\_\_\_ EPIC Staff Emergency Form Completed

\_\_\_\_\_ Non-Disclosure Agreement Completed

\_\_\_\_\_ EPIC Acceptable Use Agreement

\_\_\_\_\_ EPIC Drug Free Workplace

\_\_\_\_\_ Mandated Reporting Training Complete

\_\_\_\_\_ Copy of Driving Record (if applicable – all drivers must include)

\_\_\_\_\_ Copy of Physical (if applicable)

\_\_\_\_\_ EPIC Orientation (Review how to submit timesheets / timesheet due dates / paperwork processed / Other Q&A)

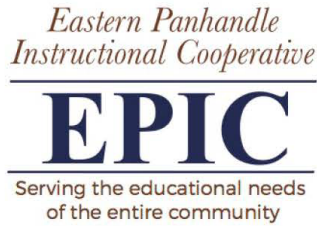
\_\_\_\_\_ Badge Made (Contact Shannon Johnson to make an appointment for a badge [sdjohnson@wvesc.org](mailto:sdjohnson@wvesc.org) / 304-596-2663)

\_\_\_\_/\_\_\_\_ Added to New Hire Database / Personnel Action

\_\_\_\_\_ Added to Time sheet Spreadsheet

SDJ 5/28/2024

**\*APPENDIX 8\***



**CHANGE OF NAME FORM**

The employee's name must match the name that is printed on the Social Security card, and a copy of the new Social Security card must be attached to this form.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Previous Name \_\_\_\_\_

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

Date \_\_\_\_\_

**PLEASE NOTE:** Completion of this form and subsequent changes made in the EPIC Human Resources DO NOT make the necessary changes regarding your retirement or health insurance benefits. You must fill out additional forms which can be obtained by contacting Sherry Barnett at 304-596-2649 or [sbarnett@wvesc.org](mailto:sbarnett@wvesc.org).

Received by \_\_\_\_\_ Date \_\_\_\_\_ Copy to Program Coordinator \_\_\_\_\_ Copy to HR \_\_\_\_\_ Copy to Payroll \_\_\_\_\_



## CHANGE OF ADDRESS or PHONE NUMBER FORM

Please neatly print the information we need to update and submit to the HR office.

Employee's Name Printed \_\_\_\_\_

Old Address or Phone  
you want changed \_\_\_\_\_  
\_\_\_\_\_

**NEW Address or Phone** \_\_\_\_\_  
\_\_\_\_\_

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

Received by \_\_\_\_\_ Date \_\_\_\_\_ Copy to Program Coordinator \_\_\_\_\_ Copy to HR \_\_\_\_\_ Copy to Payroll \_\_\_\_\_

**\*APPENDIX 9\***

**EPIC  
EVALUATIONS for FY'25  
Timeline & Guidelines**

**On or Before:**

October 25, 2024: Coordinators/Directors will distribute evaluation forms that will be used for all of your employees so they know how they will be evaluated. (Programs may use the EPIC form or whatever is appropriate for your program.)

November 29, 2024: Each employee will write/review **two SMART goals** (New employees will write goals if they have not already done so for this fiscal year. Returning employees should revisit goals written last year to determine if they are still two things they will work to achieve by the end of this fiscal year.) Progress made toward SMART goals will be part of the evaluation that will take place in the spring. (Information about setting SMART goals is attached.)

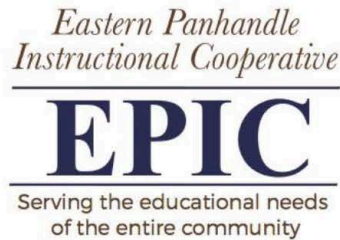
By June 30, 2025: Supervisors will evaluate and conference with all of their employees in April/May/June of 2024. All evaluations should be completed on or before June 30, 2024.

By July 25, 2025: Supervisors will submit a paper copy of all employee evaluations to the EPIC HR Director to be placed in each employee's EPIC personnel file.

Any exceptions to this timeline must be approved by the EPIC Administrator.

## EPIC Employee Evaluation Form

---



Employee Name:

Position Title:

Program/Department:

Evaluation Date:

Supervisor:

The Eastern Panhandle Instructional Cooperative (EPIC) has developed this performance evaluation process as a way to encourage workers and their supervisors to talk about issues in the workplace. This process should be used to recognize achievements, enhance professional goal setting, and identify areas for improvement.

The immediate supervisor (or designee) will mark the evaluation form for each criterion, selecting whether the employee's performance for that indicator is: D, distinguished in the standard -exhibits performance that uses proficiencies in a unique or new way; P, proficient-demonstrates ability to complete standards, at more than a minimal level; or NI, needs improvement.

**The supervisor must provide comments for any rating(s) of NI, needs improvement or D, distinguished.**

The supervisor shall conduct a conference with the employee following the completion of each Employee Performance Evaluation. The supervisor and employee shall review areas of commendation and areas of concern, and write comments and recommendations for improvement to be worked on during the next evaluative period. Resources for improvement will be discussed, as appropriate.

The supervisor and employee will review the goals established from the previous evaluative period. It is important for employees to take ownership of their learning, identifying personal goals for their work responsibilities.

The employee may make a copy of the completed document. Employee and Supervisor sign the document indicating the form has been reviewed with the employee. (A signature does not indicate that the employee is in agreement with the report.) A copy of the completed evaluation is placed in the employee's EPIC personnel file.

### Rating Scale

D - Distinguished

P - Proficient

NI - Needs improvement

## EPIC Employee Evaluation Form

<b>MAINTAINS FLEXIBILITY</b>	<b>D</b>	<b>P</b>	<b>NI</b>
Willingly accepts a variety of responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts to new situations in a positive manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays an openness to learning and applying new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively with others to achieve goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourceful and generally seeks work process improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
<b>DEMONSTRATES CREDIBILITY</b>	<b>D</b>	<b>P</b>	<b>NI</b>
Shares information with others when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts independently while keeping supervisor informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs work according to current EPIC/program specific policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secures and evaluates facts before taking action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains confidentiality when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
<b>CONSUMER SERVICE (INTERNAL &amp; EXTERNAL)</b>	<b>D</b>	<b>P</b>	<b>NI</b>
Exhibits courteous and respectful behavior to all consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to consumer's needs within agreed time frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addresses conflicts and problem situations with patience and tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains personal appearance appropriate to job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses grammatically correct and appropriate written and spoken communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
<b>AVAILABILITY FOR WORK</b>	<b>D</b>	<b>P</b>	<b>NI</b>
Employee's attendance supports the expected level of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses leave appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains good attendance record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrives at work on time and does not leave early without authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows procedures for notice when absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

**Rating Scale**

D - Distinguished

P - Proficient

NI - Needs improvement



## EPIC Employee Evaluation Form

<b>QUANTITY OF WORK</b>	<b>D</b>	<b>P</b>	<b>NI</b>
Consistently completes assignments meeting deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work output matches the expectations established by job function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists others by seeking additional work when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
<b>QUALITY OF WORK</b>	<b>D</b>	<b>P</b>	<b>NI</b>
Work results satisfy organization's goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work is organized and presented professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work product is thorough and complete with few errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
<b>USE OF TECHNOLOGY</b>	<b>D</b>	<b>P</b>	<b>NI</b>
Effectively uses technology to support completion of job duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses available technology to send and receive internal and external communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately seeks training to improve and increase skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
<b>LEADERSHIP/MANAGEMENT/WORK ENVIRONMENT</b>	<b>D</b>	<b>P</b>	<b>NI</b>
<i>For employees with supervisory responsibilities</i>			
Provides clear direction and purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Models ethical workplace behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empowers staff to achieve objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts to motivate, coach and develop staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes and distributes work among staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secures resources and audits their effective use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates and models behavioral expectations and performance standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitors, documents and evaluates employee conduct and performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides appropriate and timely feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains a safe and healthy workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Builds a team that reflects high morale, clear focus and group identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages and provides opportunities for staff to obtain and apply new skills/knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes equal opportunity and protects the rights of all employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Rating Scale**  
D - Distinguished  
P - Proficient  
NI - Needs improvement



## EPIC Employee Evaluation Form

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*Signature does not indicate that agreement with or approval of the evaluation findings.  
Employee may elect to attach written comments to performance evaluation within 5 working days.*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_ Check here if additional information is attached.

\_\_\_\_ Number of additional pages attached.

### **GOAL SETTING**

Each employee is expected to develop a minimum of two goals to guide their professional learning and implement these goals within their work responsibilities to enhance their job performance for the next evaluative period.

Goal 1:

Goal 2:

### **Rating Scale**

D - Distinguished

P - Proficient

NI - Needs improvement

**\*APPENDIX 10\***

**EASTERN PANHANDLE INSTRUCTIONAL COOPERATIVE  
PROFESSIONAL PERSONNEL SALARY SCHEDULE  
FOR THE YEAR 2024 - 2025  
200 DAYS**

<b>YEARS EXP</b>	<b>BA</b>	<b>BA15</b>	<b>MA</b>	<b>MA15</b>	<b>MA30</b>	<b>MA45</b>	<b>PHD</b>
<b>0</b>	46,628	47,508	49,518	50,400	51,325	52,086	53,257
<b>1</b>	47,221	48,122	50,130	51,035	51,936	52,697	53,868
<b>2</b>	47,836	48,734	50,744	51,646	52,551	53,312	54,483
<b>3</b>	48,442	49,339	51,348	52,252	53,153	53,916	55,088
<b>4</b>	49,312	50,210	52,221	53,123	54,027	54,788	55,959
<b>5</b>	49,924	50,825	52,832	53,737	54,639	55,400	56,574
<b>6</b>	50,538	51,436	53,447	54,349	55,253	56,014	57,185
<b>7</b>	51,150	52,051	54,058	54,963	55,865	56,626	57,800
<b>8</b>	51,764	52,665	54,673	55,578	56,479	57,242	58,411
<b>9</b>	52,379	53,277	55,287	56,189	57,094	57,855	59,026
<b>10</b>	53,180	54,080	56,088	56,993	57,895	58,655	59,829
<b>11</b>	53,794	54,692	56,703	57,607	58,509	59,270	60,441
<b>12</b>	54,409	55,306	57,317	58,219	59,124	59,884	61,055
<b>13</b>	55,020	55,921	57,929	58,834	59,735	60,496	61,670
<b>14</b>	55,608	56,508	58,543	59,445	60,350	61,110	62,281
<b>15</b>	56,345	57,246	59,307	60,209	61,114	61,875	63,046
<b>16</b>	56,933	57,833	59,919	60,824	61,726	62,486	63,660
<b>17</b>	57,520	58,421	60,507	61,412	62,340	63,101	64,272
<b>18</b>	58,108	59,009	61,094	61,999	62,955	63,716	64,887
<b>19</b>	58,695	59,596	61,682	62,587	63,566	64,327	65,498
<b>20</b>	60,069	60,970	63,055	63,960	64,940	65,701	66,872
<b>21</b>	61,231	62,132	64,218	65,123	66,102	66,863	68,034
<b>22</b>	61,819	62,720	64,805	65,710	66,690	67,451	68,622
<b>23</b>	62,407	63,307	65,393	66,298	67,277	68,038	69,209
<b>24</b>	62,994	63,895	65,981	66,885	67,865	68,626	69,797
<b>25</b>	63,732	64,632	66,718	67,623	68,603	69,363	70,534
<b>26</b>	64,319	65,220	67,306	68,210	69,190	69,951	71,122
<b>27</b>	64,907	65,807	67,893	68,798	69,778	70,538	71,709
<b>28</b>	65,494	66,395	68,481	69,385	70,365	71,126	72,297
<b>29</b>	66,082	66,982	69,068	69,973	70,953	71,713	72,884
<b>30</b>	66,669	67,570	69,656	70,560	71,540	72,301	73,472
<b>31</b>	67,257	68,158	70,243	71,148	72,128	72,888	74,059
<b>32</b>	67,844	68,745	70,831	71,736	72,715	73,476	74,647
<b>33</b>	68,432	69,333	71,418	72,323	73,303	74,064	75,235
<b>34</b>	69,019	69,920	72,006	72,911	73,890	74,651	75,822
<b>35</b>	69,607	70,508	72,593	73,498	74,478	75,239	76,410

\*\*\*Non Classroom Teachers with 20 or more years, subtract \$600 from table amount above.

**EASTERN PANHANDLE INSTRUCTIONAL COOPERATIVE  
PROFESSIONAL SUPPLEMENTAL INDEX BY CLASSIFICATION**

Coordinator	7.5%
Assistant Director	12.5%
Director	30%
Executive Director	35%

**EASTERN PANHANDLE INSTRUCTIONAL COOPERATIVE  
SERVICE PERSONNEL SALARY SCHEDULE  
FOR THE YEAR 2024 - 2025  
200 DAYS**

<b>YEARS EXP</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
0	27,270	27,480	27,930	28,490	29,050	29,710	30,060	30,820
1	27,790	28,010	28,450	29,010	29,580	30,240	30,580	31,150
2	28,120	28,360	28,810	29,370	29,930	30,590	30,910	31,500
3	28,440	28,690	29,140	29,700	30,260	30,920	31,240	31,830
4	28,800	29,020	29,460	30,020	30,580	31,250	31,590	32,170
5	29,130	29,370	29,790	30,350	30,910	31,600	31,920	32,520
6	29,480	29,700	30,160	30,710	31,270	31,930	32,280	32,850
7	29,820	30,020	30,480	31,030	31,590	32,260	32,600	33,180
8	30,150	30,380	30,840	31,390	31,950	32,610	32,930	33,530
9	30,500	30,710	31,170	31,730	32,280	32,940	33,280	33,860
10	30,830	31,040	31,490	32,050	32,600	33,280	33,620	34,190
11	31,160	31,400	31,820	32,380	32,930	33,630	33,950	34,540
12	31,510	31,730	32,170	32,740	33,300	33,960	34,300	34,870
13	31,840	32,050	32,500	33,060	33,620	34,280	34,630	35,200
14	32,170	32,410	32,860	33,420	33,980	34,640	34,960	35,550
15	32,520	32,740	33,180	33,740	34,300	34,970	35,310	35,880
16	32,850	33,090	33,510	34,070	34,630	35,320	35,640	36,240
17	33,200	33,420	33,880	34,430	34,990	35,650	36,000	36,570
18	33,530	33,750	34,200	34,750	35,310	35,980	36,320	36,900
19	33,870	34,090	34,560	35,110	35,670	36,330	36,650	37,250
20	34,220	34,430	34,890	35,450	36,000	36,660	37,010	37,590
21	34,850	35,080	35,510	36,070	36,620	37,320	37,630	38,260
22	35,210	35,420	35,870	36,430	36,980	37,650	38,000	38,580
23	35,530	35,750	36,200	36,760	37,320	37,990	38,340	38,920
24	35,860	36,100	36,550	37,110	37,670	38,360	38,670	39,290
25	36,220	36,430	36,880	37,440	38,010	38,680	39,040	39,610
26	36,540	36,760	37,200	37,780	38,350	39,020	39,360	39,950
27	36,870	37,080	37,530	38,100	38,670	39,340	39,700	40,280
28	37,200	37,410	37,870	38,440	39,010	39,680	40,040	40,620
29	37,520	37,750	38,200	38,760	39,340	40,020	40,360	40,960
30	37,860	38,070	38,540	39,100	39,670	40,340	40,700	41,290
31	38,190	38,410	38,880	39,440	40,010	40,680	41,040	41,620
32	38,530	38,740	39,200	39,770	40,330	41,020	41,360	41,960
33	38,870	39,070	39,540	40,110	40,670	41,340	41,700	42,290
34	39,190	39,410	39,880	40,450	41,010	41,680	42,040	42,620
35	39,530	39,750	40,200	40,770	41,330	42,020	42,370	42,960
36	39,870	40,080	40,540	41,110	41,680	42,350	42,710	43,280
37	40,190	40,420	40,880	41,450	42,020	42,690	43,040	43,620
38	40,530	40,740	41,200	41,770	42,340	43,020	43,370	43,960
39	40,870	41,080	41,540	42,110	42,680	43,350	43,710	44,280
40	41,190	41,420	41,870	42,440	43,020	43,690	44,040	44,620

\*\*\*If you do not have a high school diploma or GED, \$120.00 will be deducted from table amount above.

**EASTERN PANHANDLE INSTRUCTIONAL COOPERATIVE  
SERVICE PERSONNEL  
EDUCATION SUPPLEMENTS**

Type	Daily	Monthly	200 day	205 day	220 day	240 day
12 Hours	\$ 0.55	\$ 11.00	\$ 110.00	\$ 112.75	\$ 121.00	\$ 132.00
24 Hours	\$ 1.10	\$ 22.00	\$ 220.00	\$ 225.50	\$ 242.00	\$ 264.00
36 Hours	\$ 1.65	\$ 33.00	\$ 330.00	\$ 338.25	\$ 363.00	\$ 396.00
48 Hours	\$ 2.20	\$ 44.00	\$ 440.00	\$ 451.00	\$ 484.00	\$ 528.00
60 Hours	\$ 2.75	\$ 55.00	\$ 550.00	\$ 563.75	\$ 605.00	\$ 660.00
72 Hours	\$ 3.30	\$ 66.00	\$ 660.00	\$ 676.50	\$ 726.00	\$ 792.00
84 Hours	\$ 3.85	\$ 77.00	\$ 770.00	\$ 789.25	\$ 847.00	\$ 924.00
96 Hours	\$ 4.40	\$ 88.00	\$ 880.00	\$ 902.00	\$ 968.00	\$ 1,056.00
108 Hours	\$ 4.95	\$ 99.00	\$ 990.00	\$ 1,014.75	\$ 1,089.00	\$ 1,188.00
120 Hours	\$ 5.50	\$ 110.00	\$ 1,100.00	\$ 1,127.50	\$ 1,210.00	\$ 1,320.00
ASSOCIATES	\$ 2.00	\$ 40.00	\$ 400.00	\$ 410.00	\$ 440.00	\$ 480.00
BACHELORS	\$ 2.00	\$ 40.00	\$ 400.00	\$ 410.00	\$ 440.00	\$ 480.00

Contact Sherry Barnett at 304-596-2649 or [sbarnett@wvesc.org](mailto:sbarnett@wvesc.org) if you have questions about the EPIC salary schedules or supplemental information.

**EASTERN PANHANDLE INSTRUCTIONAL COOPERATIVE  
SUBSTITUTE TEACHERS SCHEDULE  
FOR THE YEAR 2024 - 2025  
Daily Rates**

**SUBI**

<b>EXP</b>	<b>BA</b>	<b>BA15</b>	<b>MA</b>	<b>MA15</b>	<b>MA30</b>	<b>MA45</b>	<b>PHD</b>
<b>0-40</b>	165.82	168.86	175.93	178.97	182.02	185.06	189.20

**SUBII**

<b>0</b>	175.26	178.67	186.50	189.93	193.36	196.40	200.91
<b>1</b>	177.60	181.02	188.86	192.28	195.71	198.75	203.26
<b>2</b>	179.96	183.37	191.20	194.63	198.06	201.10	205.61
<b>3</b>	182.31	185.72	193.56	196.98	200.41	203.45	207.96
<b>4</b>	185.63	189.04	196.88	200.31	203.74	206.78	211.28
<b>5</b>	187.98	191.40	199.23	202.66	206.09	209.13	213.64
<b>6</b>	190.33	193.74	201.58	205.01	208.44	211.48	215.98
<b>7</b>	192.68	196.10	203.93	207.36	210.79	213.83	218.34
<b>8</b>	195.03	198.44	206.28	209.71	213.14	216.18	220.68
<b>9</b>	197.38	200.80	208.63	212.06	215.49	218.53	223.04
<b>10</b>	199.74	203.15	210.99	214.42	217.84	220.88	225.39
<b>11</b>	202.09	205.50	213.34	216.76	220.19	223.24	227.74
<b>12</b>	204.44	207.85	215.69	219.12	222.54	225.58	230.09
<b>13</b>	206.79	210.20	218.04	221.46	224.89	227.94	232.44
<b>14</b>	209.14	212.55	220.39	223.82	227.24	230.28	234.79
<b>15</b>	211.49	214.90	222.74	226.16	229.59	232.64	237.14
<b>16</b>	213.84	217.25	225.09	228.52	231.94	234.98	239.49
<b>17</b>	216.19	219.60	227.44	230.87	234.29	237.34	241.84
<b>18</b>	218.54	221.95	229.79	233.22	236.64	239.69	244.19
<b>19</b>	220.89	224.30	232.14	235.57	238.99	242.04	246.54
<b>20</b>	225.64	229.05	236.89	240.32	243.74	246.79	251.29
<b>21</b>	227.99	231.40	239.24	242.67	246.09	249.14	253.64
<b>22</b>	230.34	233.75	241.59	245.02	248.44	251.49	255.99
<b>23</b>	232.69	236.10	243.94	247.37	250.79	253.84	258.34
<b>24</b>	235.04	238.45	246.29	249.72	253.14	256.19	260.69
<b>25</b>	237.39	240.80	248.64	252.07	255.50	258.54	263.04
<b>26</b>	239.74	243.15	250.99	254.42	257.84	260.89	265.39
<b>27</b>	242.09	245.50	253.34	256.77	260.20	263.24	267.74
<b>28</b>	244.44	247.85	255.69	259.12	262.54	265.59	270.09
<b>29</b>	246.79	250.20	258.04	261.47	264.90	267.94	272.44
<b>30</b>	249.14	252.55	260.39	263.82	267.24	270.29	274.79
<b>31</b>	251.49	254.90	262.74	266.17	269.60	272.64	277.14
<b>32</b>	253.84	257.25	265.09	268.52	271.94	274.99	279.49
<b>33</b>	256.19	259.60	267.44	270.87	274.30	277.34	281.84
<b>34</b>	258.54	261.95	269.79	273.22	276.64	279.69	284.19
<b>35</b>	260.89	264.30	272.14	275.57	279.00	282.04	286.54

**State Law 18A-4-7**

**SUBI** - First ten days - 80% State basic salary - No experience

**SUBII** - Eleven or more consecutive days in the same position - 80% State required salary w/ YOY

**EASTERN PANHANDLE INSTRUCTIONAL COOPERATIVE**  
**SUBSTITUTE TEACHERS SCHEDULE**  
**FOR THE YEAR 2024 - 2025**  
**Daily Rates - SUBIII**

<b>YRS EXP</b>	<b>2ND</b>	<b>BA</b>	<b>BA15</b>	<b>MA</b>	<b>MA15</b>	<b>MA30</b>	<b>MA45</b>	<b>PHD</b>
<b>0</b>	215.07	233.14	237.54	247.59	252.00	256.62	260.43	266.28
<b>1</b>	217.12	236.10	240.61	250.65	255.17	259.68	263.48	269.34
<b>2</b>	219.16	239.18	243.67	253.72	258.23	262.75	266.56	272.41
<b>3</b>	221.21	242.21	246.69	256.74	261.26	265.76	269.58	275.44
<b>4</b>	224.55	246.56	251.05	261.10	265.61	270.13	273.94	279.79
<b>5</b>	226.59	249.62	254.12	264.16	268.68	273.19	277.00	282.87
<b>6</b>	228.64	252.69	257.18	267.23	271.74	276.26	280.07	285.92
<b>7</b>	230.68	255.75	260.25	270.29	274.81	279.32	283.13	289.00
<b>8</b>	232.75	258.82	263.32	273.36	277.89	282.39	286.21	292.05
<b>9</b>	234.79	261.89	266.38	276.43	280.94	285.47	289.27	295.13
<b>10</b>	236.78	265.90	270.40	280.44	284.96	289.47	293.27	299.14
<b>11</b>	238.77	268.97	273.46	283.51	288.03	292.54	296.35	302.20
<b>12</b>	240.75	272.04	276.53	286.58	291.09	295.62	299.42	305.27
<b>13</b>	242.74	275.10	279.60	289.64	294.17	298.67	302.48	308.35
<b>14</b>	244.72	278.04	282.54	292.71	297.22	301.75	305.55	311.40
<b>15</b>	246.71	281.72	286.23	296.53	301.04	305.57	309.37	315.23
<b>16</b>	248.69	284.66	289.16	299.59	304.12	308.63	312.43	318.30
<b>17</b>	250.68	287.60	292.10	302.53	307.06	311.70	315.50	321.36
<b>18</b>	252.67	290.54	295.04	305.47	309.99	314.77	318.58	324.43
<b>19</b>	254.65	293.47	297.98	308.41	312.93	317.83	321.63	327.49
<b>20</b>	259.64	300.34	304.85	315.27	319.80	324.70	328.50	334.36
<b>21</b>	261.62	306.15	310.66	321.09	325.61	330.51	334.31	340.17
<b>22</b>	263.61	309.09	313.60	324.02	328.55	333.45	337.25	343.11
<b>23</b>	265.59	312.03	316.53	326.96	331.49	336.38	340.19	346.04
<b>24</b>	267.58	314.97	319.47	329.90	334.42	339.32	343.13	348.98
<b>25</b>	269.56	318.66	323.16	333.59	338.11	343.01	346.81	352.67
<b>26</b>	271.55	321.59	326.10	336.53	341.05	345.95	349.75	355.61
<b>27</b>	273.53	324.53	329.03	339.46	343.99	348.89	352.69	358.54
<b>28</b>	275.52	327.47	331.97	342.40	346.92	351.82	355.63	361.48
<b>29</b>	277.51	330.41	334.91	345.34	349.86	354.76	358.56	364.42
<b>30</b>	279.49	333.34	337.85	348.28	352.80	357.70	361.50	367.36
<b>31</b>	281.48	336.28	340.79	351.21	355.74	360.64	364.44	370.29
<b>32</b>	283.46	339.22	343.72	354.15	358.68	363.57	367.38	373.23
<b>33</b>	285.45	342.16	346.66	357.09	361.61	366.51	370.32	376.17
<b>34</b>	287.43	345.09	349.60	360.03	364.55	369.45	373.25	379.11
<b>35</b>	289.42	348.03	352.54	362.96	367.49	372.39	376.19	382.05

**EASTERN PANHANDLE INSTRUCTIONAL COOPERATIVE**  
**RESTRICTED SUBSTITUTE TEACHERS SCHEDULE**  
**FOR THE YEAR 2024 - 2025**  
**Restricted Substitute Daily Rates**

EXP	4TH	3RD	2ND	BA	BA15	MA	MA15	MA30	MA45	PHD
0-40	156.22	158.98	160.04	165.82	168.86	175.93	178.97	182.02	185.06	189.20



EPIC Daily and Weekly Record of Hours Worked  
In Compliance with Fair Labor Standards Act and WV Minimum Wage Law

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

Position \_\_\_\_\_

Day of the Week	Date	Beg. Time Hour/Min	Lunch Stop Time Hour/Min	Period Start Time Hour/Min	Ending Time Hour/Min	Extra Duty Hours Worked	Hours Worked	Amount of Leave Used	Type of Leave Used
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
						Total Hours			

Day of the Week	Date	Beg. Time Hour/Min	Lunch Stop Time Hour/Min	Period Start Time Hour/Min	Ending Time Hour/Min	Extra Duty Hours Worked	Hours Worked	Amount of Leave Used	Type of Leave Used
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
						Total Hours			

Actual Extra-Duty Hours Worked Must Be Listed Below

Day of the Week from Above	Date	Beg. Time	Ending Time	Total	Comp Time

S – Sick P – Personal J – Jury OCL – OCL OS – OS Day H – Holiday LWOP – Leave w/o Pay C – Comp/Trade Time
--

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Note: Any changes must be initialed by both employee and supervisor.

EPIC Daily and Weekly Record of Hours Worked  
In Compliance with Fair Labor Standards Act and WV Minimum Wage Law

Employee \_\_\_\_\_ ID# \_\_\_\_\_ Birthdate (if under 19) \_\_\_\_\_

Position \_\_\_\_\_ Employment Term \_\_\_\_\_ Check One  Full Day  Half Day

Program \_\_\_\_\_ Period Beginning \_\_\_\_\_ Period Ending \_\_\_\_\_

Date	Day	Hours Worked	Extra Duty Hours
	Mon.		
	Tues.		
	Wed.		
	Thurs.		
	Fri.		
	Sat.		
	Sun.		
Total			

Date	Day	Hours Worked	Extra Duty Hours
	Mon.		
	Tues.		
	Wed.		
	Thurs.		
	Fri.		
	Sat.		
	Sun.		
Total			

Date	Day	Hours Worked	Extra Duty Hours
	Mon.		
	Tues.		
	Wed.		
	Thurs.		
	Fri.		
	Sat.		
	Sun.		
Total			

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Office Use Only	Account Code	Amount

- S – Sick/Bereavement
- OS – OS Day
- H – Holiday
- OCL- OCL Day
- FC – Forced Closing
- J – Jury Duty
- P – Personal Leave
- LWOP – Leave Without Pay Day
- O – Other

\_\_\_\_\_  
EPIC Administrator Signature

**EPIC  
TIME REPORT FOR  
DAILY SERVICES**  
*(Please use blue ink. Do not use correction fluid.)*

**NAME:** \_\_\_\_\_

**WVEIS Employee ID:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**TYPE OF WORK PERFORMED:** \_\_\_\_\_

	<b>DATE WORKED</b>	<b>START TIME / END TIME</b>	<b>TOTAL # HOURS</b>	<b>HALF / WHOLE DAY</b>
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
5.)	_____	_____	_____	_____
6.)	_____	_____	_____	_____
7.)	_____	_____	_____	_____
8.)	_____	_____	_____	_____
9.)	_____	_____	_____	_____
10.)	_____	_____	_____	_____
11.)	_____	_____	_____	_____
12.)	_____	_____	_____	_____

\*\*\*\*\*

		<b>TOTAL HOURS</b>	
_____	X	_____	= _____
<b>(TOTAL DAYS)</b>		<b>(DAILY RATE)</b>	<b>(TOTAL EARNED)</b>

**I, the undersigned, do solemnly swear that the above time report is just, accurate and true.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**APPROVED BY EPIC SUPERVISOR**

\*\*\*\*\*

**This section for EPIC use only**

**ACCOUNT(S) TO BE CHARGED TO:** \_\_\_\_\_

File: Time Report for Daily Services  
Disc: RESA SHARE/Part-Time Emp Packet  
Revised: 07/09/2018

**EPIC  
TIME REPORT FOR HOURLY SERVICES**

*(Please use blue ink. Do not use correction fluid.)*

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WVEIS EMPLOYEE ID: \_\_\_\_\_

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

JOB TITLE: \_\_\_\_\_

DATE	HOURS WORKED	RATE PER HOUR	TYPE OF WORK PERFORMED	TOTAL EARNED
<b>TOTAL</b>				

*(Use additional sheets, if needed. Sign on the last form used.)*

*(\_\_\_\_\_ Initial here if more than 1 page is being used.)*

I, the undersigned, do solemnly swear that the above time report is just, accurate and true.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
APPROVED BY EPIC SUPERVISOR

*(This section for EPIC use only.)*

ACCOUNT(S) TO BE CHARGED TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pay through: \_\_\_\_\_ ACCOUNTS PAYABLE \_\_\_\_\_ PAYROLL VENDOR#: \_\_\_\_\_

**File: TIMESHEET.HOURLY  
Disc: RESA SHARE/Part-Time Emp Packet  
Revised: 07/09/2018**

**EPIC  
TIME REPORT FOR FEE FOR SERVICE**

*(Please use blue ink. Do not use correction fluid.)*

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WVEIS EMPLOYEE ID: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DATE	NUMBER OF SERVICES	RATE PER SERVICE	TYPE OF SERVICE AND LOCATION WHERE PROVIDED	TOTAL EARNED
<b>TOTAL</b>				\$

*(Use additional sheets, if needed. Sign on the last form used.)*

*(\_\_\_\_\_ Initial here if more than 1 page is being used.)*

I, the undersigned, do solemnly swear that the above time report is just, accurate and true.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
APPROVED BY EPIC SUPERVISOR

*(This section for EPIC use only.)*

ACCOUNT(S) TO BE CHARGED TO: \_\_\_\_\_ \$  
 \_\_\_\_\_ \$  
 \_\_\_\_\_ \$  
 \_\_\_\_\_ \$  
 \_\_\_\_\_ \$

Pay through: \_\_\_\_\_ ACCOUNTS PAYABLE \_\_\_\_\_ PAYROLL VENDOR#: \_\_\_\_\_

File: TIMESHEET.FEE FOR SERVICE  
Disc: RESA SHARE/Part-Time Emp Packet





COPY ON GREEN PAPER ONLY

EPIC  
TIME REPORT FOR  
SUBSTITUTE SERVICE PERSONNEL  
(Please use blue ink. Do not use correction fluid.)

NAME: \_\_\_\_\_

WVEIS ID: \_\_\_\_\_

HOME ADDRESS : \_\_\_\_\_

TYPE OF WORK PERFORMED: \_\_\_\_\_

DATE WORKED	START TIME/END TIME	TOTAL # HRS	HALF/WHOLE DAY	FULL-TIME EMPLOYEE ABSENT
1.) _____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____
4.) _____	_____	_____	_____	_____
5.) _____	_____	_____	_____	_____
6.) _____	_____	_____	_____	_____
7.) _____	_____	_____	_____	_____
8.) _____	_____	_____	_____	_____
9.) _____	_____	_____	_____	_____
10.) _____	_____	_____	_____	_____

\_\_\_\_\_ TOTAL HOURS

\*\*\*\*\*

$$\frac{\text{_____}}{\text{(TOTAL DAYS)}} \times \frac{\text{_____}}{\text{(DAILY RATE)}} = \frac{\text{_____}}{\text{(TOTAL EARNED)}}$$

I, the undersigned, do solemnly swear that the above time report is just, accurate and true.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
APPROVED BY EPIC SUPERVISOR

\*\*\*\*\*

This section for EPIC use only

ACCOUNT(S) TO BE CHARGED TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAY THROUGH PAYROLL

\*\*\*\*\*

OFFICE USE ONLY: EDUCATION \_\_\_\_\_

YRS OF EXPERIENCE \_\_\_\_\_ PAY GRADE \_\_\_\_\_

File: Substitute Payroll Time Sheet  
Disc: RESA SHARE/Part-Time Emp Packet  
Revised: 07/09/2018



**\*APPENDIX 11\***

**FY 25 TIME SHEET DUE DATES FOR TEMP/PT/SUPPLEMENTAL EMPLOYEES**

<u>Pay Period</u>	<u>Due @ EPIC</u>	<u>Pay Date</u>
July 1 – July 7, 2024	July 15	July 25, 2024
July 8 – July 21, 2024	July 25	August 9, 2024
July 22 – August 4, 2024	August 12	August 23, 2024
August 5 – August 18, 2024	August 26	September 10, 2024
August 19 – September 1, 2024	September 13	September 25, 2024
September 2 – September 15, 2024	September 26	October 10, 2024
September 16 – October 6, 2024	October 11	October 25, 2024
October 7 – October 20, 2024	October 25	November 8, 2024
October 21 – November 3, 2024	November 12	November 25, 2024
November 4 – November 24, 2024	December 2	December 10, 2024
November 25 – December 8, 2024	December 12	December 24, 2024
December 9 – December 22, 2024	December 31	January 10, 2025
December 23, 2024 – January 5, 2025	January 10	January 24, 2025
January 6 – January 19, 2025	January 24	February 10, 2025
January 20 – February 9, 2025	February 13	February 25, 2025
February 10 – February 23, 2025	February 26	March 10, 2025
February 24 – March 9, 2025	March 13	March 25, 2025
March 10 – March 23, 2025	March 27	April 10, 2025
March 24 – April 6, 2025	April 11	April 25, 2025
April 7 – April 20, 2025	April 24	May 9, 2025
April 21 – May 4, 2025	May 9	May 23, 2025
May 5 – May 18, 2025	May 23	June 10, 2025
May 19 – June 8, 2025	June 11	June 25, 2025
June 9 – June 30, 2025	July 1***	July 10, 2025

\*\*This is the last pay of the fiscal year. Please get timesheets in ASAP.

Please adhere to these dates unless there is a special circumstance.

Travel is paid based on the pay period it is received in. Travel must be submitted monthly.

**ALL TIMESHEETS/TRAVEL MUST HAVE YOUR EMPLOYEE ID NUMBER ON THEM AND SIGNED BY A SUPERVISOR.**



**\*APPENDIX 12\***

**EPIC FY'25  
ADMINISTRATIVE OFFICE / 240 DAY EMPLOYEES  
CALENDAR**

**2024**

<b>Thursday, July 4</b>	<b>Independence Day Holiday</b>
<b>Monday, September 2</b>	<b>Labor Day Holiday</b>
<b>Tuesday, November 5</b>	<b>General Election Day</b>
<b>Monday, November 11</b>	<b>Veterans Day Holiday</b>
<b>Thursday, November 28</b>	<b>Thanksgiving Day Holiday</b>
<b>Friday, November 29</b>	<b>Day After Thanksgiving</b>
<b>Wednesday, December 25</b>	<b>Christmas Day Holiday</b>

**2025**

<b>Wednesday, January 1</b>	<b>New Year's Day Holiday</b>
<b>Monday, January 20</b>	<b>Martin Luther King, Jr. Day Holiday</b>
<b>Friday, April 18</b>	<b>Good Friday</b>
<b>Monday, April 21</b>	<b>Easter Holiday observed</b>
<b>Monday, May 26</b>	<b>Memorial Day Holiday</b>
<b>Thursday, June 19</b>	<b>Juneteenth Holiday</b>
<b>Friday, June 20</b>	<b>West Virginia Day Holiday</b>

## \*APPENDIX 13\*

### **Employee Leave Guidelines for 240 Day Employees for FY'25**

#### **General Information**

- Our Fiscal Year (FY) runs from 7/1/2024-6/30/2025.
- **All** leave that is used must be reported to Tammy Albright using the appropriate leave form **within 5 business days**, and it must have a supervisor's approval with signature.

#### **Out of Calendar Leave (OCL)**

- Employees who work 240 days are given 21 OCL days.
- OCL balances will be pro-rated for employees who are hired after 7/1/2024.
- Out of Calendar Leave Days (OCL) are given to you up front on 7/1/2024 or on your first day of work. They cannot be shared with another employee or converted to any type of paid leave. They WILL NOT roll over into FY'26. (Use or Lose by 6/30/2025.)

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

- 13 sick and 5 personal days are provided to 240-day employees up front on 7/1/2024.
- Since employee paid leave is provided up front and is calculated based on working a set number of days for the year, employees who work fewer days may have their leave balances adjusted and/or reduced.
- Sick leave taken for more than 3 consecutive days without prior approval will require a doctor's note. Please provide a copy to Tammy Albright upon return.
- Unused sick and personal leave balances will be rolled over into the next fiscal year.

#### **Holiday Schedule**

- The EPIC office will be open between the Christmas and New Year's holidays to accommodate program and county needs.
- Office staff members are welcome to schedule OCL or other leave during this time to have additional time off over the holidays.

#### **If Employment is Terminated before the End of the Fiscal Year**

- If you separate from employment prior to the end of the fiscal year, and you have used more leave than you would have earned to date, you will be required to pay it back.
- Your actual number of days worked will be used when calculating your final check.

# Eastern Panhandle Instructional Cooperative

## Procedures for Reporting an Absence

### Pre-Approved Leave: Sick, Personal or Out of Calendar Days (3 days or less)

1. Contact your supervisor to request leave.
2. Complete the Leave Request Form.
3. Have it signed by your supervisor.
4. Submit the signed form to the EPIC office. This can be scanned and emailed to Tammy Albright at [tammy.albright@wvesc.org](mailto:tammy.albright@wvesc.org) , faxed to 304-267-3599 or the original can be sent in.
5. If your leave has been PRE-APPROVED, there is no reason to call the office on the day of the absence to tell us again. (Those employees who are in the EPIC office, please update your calendar to reflect your absence.)

### Unexpected Leave: Sick, Personal or Out of Calendar Days (3 days or less)

1. Contact your supervisor to let them know you are not reporting for work that day.
2. **Contact Tammy Albright at 304-671-9293 (cell) or 681-247-5258 (direct number) or email [tammy.albright@wvesc.org](mailto:tammy.albright@wvesc.org)** , and provide her with the following information:
  - a. Your first and last name, program, and position (stated slowly & clearly if you are calling)
  - b. The day and date of your absence
  - c. If your absence will be all day or just AM or PM
  - d. And the type of leave you are taking (sick leave, personal leave, or OCL)

**EXAMPLE:** “My name is Shannon Johnson, HR Director. I am taking a full sick day on Friday, May 9<sup>th</sup>.”

3. You must follow up by submitting a copy of the Leave Request Form **WITHIN 5 BUSINESS DAYS**. Fill it out/sign it, have your supervisor sign off and return it to the EPIC office. A signed copy can be scanned and emailed to [tammy.albright@wvesc.org](mailto:tammy.albright@wvesc.org) or you can send in the original. This documentation will be placed in your personnel file to officially record your absence.

### Extended Leave Requests / Absences of more than 3 days for any reason

1. Sick leave of more than 3 consecutive days requires a doctor’s note upon return.
2. OCL leave of more than 3 days should be approved by the immediate supervisor.
3. **All extended leaves of absence for any reason must be approved by the EPIC Administrator.**
4. You must contact the EPIC Human Resources Director to determine what is needed to request an extended leave of absence. ([sdjohnson@wvesc.org](mailto:sdjohnson@wvesc.org) / 304-596-2663)
5. Eligibility Information for your own medical, family, or military need (covered under FMLA) can be found here: <http://www.dol.gov/whd/fmla/employeeeguide.pdf>

## EPIC LEAVE FORM

EMPLOYEE'S NAME: \_\_\_\_\_ EMPLOYEE'S ID #: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ POSITION: \_\_\_\_\_

I hereby certify that I was absent or am requesting to be absent from my assigned duties on the dates and for the reasons given below; that I am eligible for these leave benefits in compliance with the provisions of the law and policies of EPIC. I further certify that I understand the policies of EPIC relating to this leave request and that this claim is in compliance with said policies. If you have been out 3 or more days, please attach a doctor's note with this form. You can put leave from 2 different months on this form. It does not have to be put on 2 forms.

Date of Absence	AM, PM or All Day	Sick, Personal, or OCL	For Sick Leave Only – Reason for absence. (If death, state relationship)

If at any time there appears to be a question as to whether a claim is eligible for payment, the employee may be asked for further information to substantiate the claim before it is approved.

SIGNED (Employee): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED (Employee's Supervisor): \_\_\_\_\_ DATE: \_\_\_\_\_

**Eastern Panhandle Instructional Cooperative (EPIC)  
FITNESS FOR DUTY TO RETURN TO WORK**

An employee who has been off work for a work-related injury or an extended leave for their own medical condition **must** present this release form to the EPIC Human Resources Director prior to returning to work.

Reasonable accommodations may be made on a case-by-case basis to allow an employee to return with limited restriction when safety is not compromised **and** the restricted return does not provide hardship for the program.

Employee's Name: \_\_\_\_\_

Program & Job Title: \_\_\_\_\_

To: Health Care Provider

Our employee (named above) has been off work for a work-related injury or for their own medical need.

As a condition of their return to work, the employee must have a medical examination and receive clearance to return to work. This form must be completed by you, the health care provider, before the employee is allowed to resume their job duties as assigned. **A copy of those primary duties is attached.** Please consider those duties when making a recommendation for return to work.

Date of Medical Examination: \_\_\_\_\_

I certify that I have examined the employee named above and have reviewed the physical requirements of their job duties. Based on that examination and review of duties, I make the following recommendation:

\_\_\_ The employee may return to work to **perform all job duties without restriction** on \_\_\_\_\_.

\_\_\_ The employee is **NOT** yet able to return to work and complete their full job duties without restriction. Their current restrictions are: \_\_\_\_\_

\_\_\_\_\_. These restrictions are needed until \_\_\_\_\_. After this date, the employee can return to full duty without restriction. If a full-duty release date is unknown at this time, the employee will be re-evaluated for a return to full duty without restriction on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Health Care Provider

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

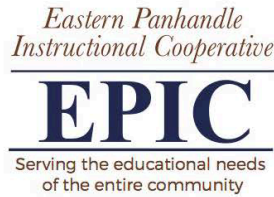
\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Type of Practice

This form may be returned to the patient to be forwarded to EPIC HR, or it may be sent directly to EPIC HR by secure FAX at 304-267-3599, by secure email [sdjohnson@wvesc.org](mailto:sdjohnson@wvesc.org) or by mail to 109 S. College Street, Martinsburg, WV 25401.

**\*APPENDIX 14\***



**Notification of  
COURT AND JURY DUTY**

I hereby certify that I have been called for court/jury duty for the time period of \_\_\_\_\_ to \_\_\_\_\_.

I have attached a copy of my official notification and understand that at the end of my period of duty, I must submit an affidavit of any payment made to me. The affidavit will be submitted to the EPIC Administrator.

I further understand that I am required to call/notify the EPIC office by 9:00 am **EACH** day that I am on duty.

Employee's Name Printed \_\_\_\_\_

Employee's Signature \_\_\_\_\_

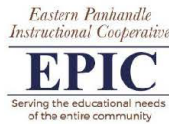
Date \_\_\_\_\_

Approved by \_\_\_\_\_  
Immediate Supervisor Date

\_\_\_\_\_  
EPIC Administrator Date



## \*APPENDIX 15\*



### FY'25 Employee Accident/Incident Reporting

- This year we are using Workpartners for our Workers' Compensation Claims.
- Please remember **all employee incidents and accidents must be reported to EPIC HR within 24 hours** even if medical attention is not sought.
- The attached Employee Accident Reporting form doesn't provide a lot of room for detail, so please attach additional information if applicable. Be sure you indicate exactly what happened and exactly what is injured (example: left lower shin or right index finger)
- If an injury was sustained and pictures of the location where it took place are important to see what happened and/or pictures of the injury itself will help with the claim, please include those pictures when you file your report.

### TO REPORT A CLAIM

1. **Report the incident/accident** to your supervisor or designee at the time it happens.
2. **Complete SECTION I of the attached Employee Accident Report** and provide a copy to your immediate supervisor or designee to be shared with EPIC HR. If medical attention is NOT sought, the report will be filed as an incident with EPIC HR.
3. **If medical attention IS sought:**
  - Please **give us** information about where you are planning to go for treatment and when. (It is recommended you call the facility first to ensure they accept workers' compensation claims. Not all medical facilities do.)
  - **Complete** the Workpartners' Workers' Compensation Authorization for Release of Protected Health Information form in this packet and submit it to EPIC HR. We will file the claim and a Claim # will be assigned.
  - **When you go to the doctor, give a copy** of the Employee Accident Form (that you completed Section I on) **to your treating Medical Provider**, and THEY will complete Section II and give a copy back to you. They should also FAX a copy to Workpartners at 412-454-8717.
  - **After you have been treated**, please contact EPIC HR to follow up and to discuss next steps. You may call Shannon Johnson at 304-596-2663 or email [sdjohnson@wvesc.org](mailto:sjohnson@wvesc.org).



## West Virginia Workers' Compensation Employees' and Physicians' Report of Occupational Injury or Disease

PLEASE PRINT OR TYPE

Section I		Employee's Claim Information	
<b>Insurer:</b>		<b>Third-Party Administrator:</b>	
1. Name: (Last): _____	(First): _____	(M.I.): _____	
2. Address:		3. Telephone: (    )    -    -	
City: _____	State: _____	Zip: _____	4. Social Security No.:    -    -
5. Date of Birth: ____/____/____	6. Sex: <input type="checkbox"/> M <input type="checkbox"/> F		7. Marital Status:
8. Date of Injury or Last Exposure: ____/____/____		9. Time You Began Work on Date of Injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
10. Date You Stopped Working Due to Injury: ____/____/____			
11. Have You Retired? <input type="checkbox"/> yes <input type="checkbox"/> no		If "yes," what was the date you retired: ____/____/____	
12. Employer's Name:		Supervisor's Name:	
Address:			
City: _____		State: _____	Zip: _____ Telephone: (    )    -    -
13. Job Title/Description:			
14. Body Part(s) Injured:			
15. Describe How Your Injury Occurred (Specify the cause, what you were doing, and equipment/objects involved):			
16. Did Injury Occur on Employer's Property? <input type="checkbox"/> Yes <input type="checkbox"/> No    Address where injury occurred:			
17. Please Identify Any Witnesses to Your Injury:			
<p>I certify that the above is true and correct to the best of my knowledge. I am aware the law provides for severe penalties if I knowingly and with fraudulent intent withhold facts or make false statements in order to obtain or increase benefits to which I am not entitled. By signing this application, I hereby authorize any physician, chiropractor, surgeon, practitioner or other healthcare provider, any hospital, including Veterans' Administration or governmental hospital, and medical service organization, any insurance company, any law enforcement or military agency, any government benefit agency including the Social Security Administration, or any other institution or organization to release to each other, any medical or other information, including benefits paid or payable, pertinent to this injury or disease, except information relative to the diagnosis, treatment and/or counseling for HIV/AIDS, psychological conditions, and/or alcohol or substance abuse, for which I must give specific authorization. A Photostat of this authorization shall be as valid as the original.</p>			
Employee's Signature: _____		Date: ____/____/____	
Section II		All Information Must Be Completed by Initial Healthcare Provider	
1. Name of Physician/Hospital:		2. FEIN/Social Security No.:    -    -	
3. Address:			
City: _____		State: _____	Zip: _____ Telephone: (    )    -    -
4. Date of Initial Treatment: ____/____/____		5. Date Patient May Return to Work: ____/____/____	
6. Have you advised the patient to remain off work 4 or more days?			
<input type="checkbox"/> Yes. Indicate dates: from    to			
<input type="checkbox"/> No. If "no," is the patient capable of <input type="checkbox"/> Full Duty <input type="checkbox"/> Modified Duty    If the patient is capable of returning to modified duty, specify any limitations/restrictions:			
7. Condition is a direct result of: <input type="checkbox"/> Occupational Injury? <input type="checkbox"/> Occupational Disease? <input type="checkbox"/> Non-Occupational Condition?			
8. Did this injury aggravate a prior injury/disease? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, explain:			
9. Description of injury or occupational disease:			
10. Body part(s) injured:		11. ICD9-CM Diagnosis Code(s) in order of severity:	
12. Name of physician referred to:		13. If the patient was hospitalized, where?	
<p>I certify the statements and answers set forth in this section are true and correct to the best of my knowledge. I am aware the law provides for severe penalties if I knowingly certify a false report or statement, withhold material fact or statement or knowingly aid or abet anyone attempting to secure benefits to which he or she is not entitled. In signing this form, I acknowledge I have been informed of my responsibilities under West Virginia's Workers' Compensation Law and agree to abide by such in the administration of services provided thereunder. I understand the submission of false statements or billing may result in prosecution under state and federal law. I further agree to release any office notes/test results immediately to the employer or their representative.</p>			
Signature: _____		Date: ____/____/____	



**WORKERS' COMPENSATION AUTHORIZATION  
FOR RELEASE OF PROTECTED HEALTH INFORMATION**

<b>Employee's Full Name</b>	<b>Claim Number</b>
<b>Address</b>	<b>Date of Birth</b>
<b>City, State Zip Code</b>	<b>Telephone Number</b>
<b>Employer</b>	

I hereby authorize the release of my protected health information (PHI) or other information relevant or potentially related to the injury or condition indicated below to WorkPartners, on behalf of UPMC Benefit Management Services, Inc. or UPMC Health Benefits, Inc., as applicable, its successors, or any of its authorized representatives (including attorneys working on its behalf) by all applicable medical practitioners, hospitals, other medical or medically related facilities, pharmacies, claims administrators, and insurers, including, but not limited to, those who administer Group Health, Short-Term Disability, Long-Term Disability, Workers' Compensation, Health and Wellness, Family Medical Leave, Disease Management, and rights under the Americans with Disabilities Act pursuant to my application for Workers' Compensation benefits.

**Description of Injury or Condition:** \_\_\_\_\_

**Date of Injury or Condition:** \_\_\_\_\_

Such disclosure may contain PHI or other information related to my Workers' Compensation medical condition or other condition(s) noted above, including, but not limited to, medical records, patient files, diagnosis, prognosis, progress notes, diagnostic and laboratory tests, treatment plan, prescriptions, wages, or earnings, provided all requests for this information are in writing.

I understand information received pursuant to this authorization may be used by WorkPartners for the investigation and determination of any applicable Workers' Compensation benefits to which I may be entitled. I understand that payment for treatment and benefits may be conditioned upon this authorization; I also understand that my healthcare provider will not condition my treatment based on this authorization. I understand this authorization is valid for the duration of my claim for Workers' Compensation, provided that such duration shall not exceed two years from the date of the signature on the following page.

I understand that WorkPartners may be required to disclose any and all facts related to my injury, illness, or disability to my employer-contracted benefit administrators or insurers (including health benefits provider(s); claims processors; case, disease, or health management companies, and insurers) to determine eligibility for health or disease management programs and for administration and operations of employer benefit plans (including but not limited to Short-Term Disability, Long-Term Disability, Workers' Compensation, coordination of care and quality assurance, health improvement, and utilization review programs).

I certify that all of the information that I have provided is, to the best of my knowledge, true, correct, and complete.



**IMPORTANT INFORMATION ABOUT YOUR RIGHTS**

- I have a right to receive a copy of this authorization.
- I may revoke this authorization at any time before its expiration date by notifying WorkPartners in writing (see #2 on the next page), but the revocation will not have any effect on any actions taken before the revocation was received by WorkPartners.
- I understand that any of my PHI received by WorkPartners may be released to others in accordance with the terms of this authorization. Re-disclosure of my PHI by WorkPartners or any other party is not protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Please return this completed and signed form by fax to 412-454-8717 or by mail to WorkPartners, PO Box 2971 Pittsburgh, PA 15230.

1. Type of records to be released (check all that apply):
- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Inpatient          | <input checked="" type="checkbox"/> Emergency department |
| <input checked="" type="checkbox"/> Outpatient         | <input checked="" type="checkbox"/> Physician/Office     |
| <input checked="" type="checkbox"/> Diagnostic testing | <input checked="" type="checkbox"/> Physical therapy     |
| <input type="checkbox"/> Other: _____                  |  |

Unless you check the box(es) immediately below, no information about alcohol/substance abuse, HIV/AIDS or behavioral health will be disclosed:

- YES, disclose information related to alcohol/substance abuse
- YES, disclose Information Related To HIV/AIDS
- YES, disclose Behavioral Health Information

2. I may revoke this authorization by notifying:

UPMC Insurance Services Division  
 Attn: Chief Privacy Officer  
 600 Grant Street  
 Pittsburgh, PA 15219  
 HealthPlanCPO@upmc.edu

**THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING.**

_____ Signature of Employee	_____ Date of Employee's Signature	_____ Employee's Date of Birth or Claim Number
--------------------------------	---------------------------------------	---

OR, if applicable –

_____ Signature of Parent, Legal Guardian or Authorized Representative	_____ Date of Parent, Legal Guardian or Authorized Representative's Signature	_____ Description of Authority to Act for the Employee (i.e., Parent, Legal Guardian or Authorized Representative)
---	--	---

***A copy of this completed, signed and dated form must be given to the member or other signator.***

<b>Official Use Only</b>		
_____ Received	_____ Processed By	_____ Log #



**Provider Information:** please use additional sheets of paper as needed

---

Primary Care Physician Name: \_\_\_\_\_

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

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

---

Treating Provider Name: \_\_\_\_\_

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

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

---

Treating Provider Name: \_\_\_\_\_

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

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

---

Diagnostic Testing Provider: \_\_\_\_\_

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

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

---

Patient Name (print): \_\_\_\_\_

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

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



## Workers' Compensation Temporary Prescription ID Card West Virginia - Commercial

### To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

**Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.**

### Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 800.945.5951.

### To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of \$150. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance or exposure medications, call Express Scripts at 888.786.9640.

### Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control WC
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury

**Express Scripts**

**ID#:** \_\_\_\_\_  
Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

**Date of Injury:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM/DD/YYYY

**Group #:** KYHA  
\_\_\_\_\_

**Employee Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Thank you** for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

*Please see other side for a list of participating retail network pharmacies.*

### Employee Information

	M	
First		Last
Street Address or PO Box		
City	State	ZIP

### Employer Name

---



**Workers' Compensation Temporary Prescription ID Card**  
**West Virginia - Commercial**

**Participating Retail Network Pharmacies**

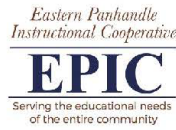
AccessHealth Pharmacy  
Adkins Pharmacy  
Beckley Pharmacy  
Bond's Drug  
Bypass Pharmacy  
CAMC Pharmacy  
Community Care  
CVS

Drug Emporium  
Food Lion  
Fruth Pharmacy  
Giant Eagle  
Greenbrier Med Arts  
Hart's Pharmacy  
Kroger  
Medicine Shoppe

Miller's Pharmacy  
Reed's Pharmacy  
Rite Aid  
Sam's Club  
Valley Pharmacy  
Walgreens  
Wal-Mart  
Weis



## \*APPENDIX 16\*



### Inclement Weather Guidelines for EPIC Administrative Office Employees

#### NOTIFICATION

1. The decision to close the EPIC office or to operate on a delay due to inclement weather will be made solely by the EPIC Administrator regardless of any county school system's delay or closing status.
2. If our EPIC office is closed or we will be operating on a delay due to inclement weather, a "Notify Me" message will be sent to all staff members who have signed up to receive them.
3. [You may use this link to sign up for the "Notify Me" closing/delay messages.](#)
4. The delay or closure message will be sent the night before or as early as a decision is made by the EPIC Administrator.

#### DELAYED OPENINGS & EARLY DISMISSALS

1. If our office is on a delayed start, coming in at the delayed start time does not affect your ability to take your full lunch or leave at your regular scheduled time.
2. Decisions to close the EPIC office are at the discretion of the EPIC Administrator and not contingent on any school system's decision to dismiss early.
3. If our office is planning to close early, an email or "Notify Me" message will be sent to the office staff.
4. If your home county closes early due to inclement weather and we remain open, and you need to leave early to pick up your children and/or you want to leave early for safety reasons, you should notify your immediate supervisor and use OCL or personal leave.
5. If our office is open, but it is decided that we will close early, those employees already on leave are not entitled to any kind of early release benefit.

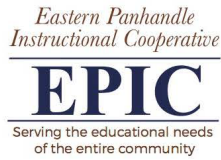
#### ADDITIONAL NOTES

1. If your position requires you to follow a county school calendar, to work a different program schedule, or to follow different closing/delay/early dismissal guidelines, please see your supervisor for guidance regarding the inclement weather policies for your program.
2. If our office is closed due to snow accumulation, please do not report to the office and park in the EPIC lot so that the snow may be fully removed before we reopen.

UPDATED 1/26/2023



## \*APPENDIX 17\*



### EPIC Drug-Free Workplace Policy

#### Section 1.      General

- 1.1      Scope – This policy applies to all employees of Eastern Panhandle Instructional Cooperative, (EPIC)
- 1.2      Authority – Drug Free Workplace Act 1988 West Virginia Constitution Article XII, 2, West Virginia code 18-2-5 of the Drug-Free Workplace Policy 1461.
- 1.3      Effective Date – May 17, 2021

#### Section 2.      Purpose

To provide for a Drug-Free Workplace for all persons employed by EPIC.

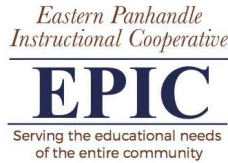
#### Section 3.      Definition

- 3.1      Alcohol: Alcoholic beverages and any other intoxicating liquid, which contains alcohol.
- 3.2      Contractor: Any department, division, unit, or any person responsible for the performance work under a contract.
- 3.3      Controlled Substance: A federally regulated substance listed in the Controlled Substance Act (21 U.S.C. 812) and West Virginia Code 60A-2-201, et seq., (Which may be amended from time to time), when taken into the body, may impair one's mental faculties and/or physical performance.
- 3.4      Conviction: A finding of guilty (including a plea of nolo contendere) or the imposition of a sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State Criminal Drug Statutes.
- 3.5      Criminal Drug Statute: A criminal statute involving the manufacture, distribution, dispensation, use, or possession of any controlled substance.
- 3.6      Drug-Free Workplace: A worksite where work is performed in connection with the employee's EPIC employment. The workplace shall include facilities, property, buildings, offices, structures, automobiles, trucks, trailers, other vehicles, and parking areas, whether owned or leased by the agency or participating county boards of education.
- 3.7      Employee: Any person who works full-time, part-time, or under contract, including management or temporary staff who are directly engaged in the performance of work pursuant to the mission of EPIC.

- 3.8 Federal Agency: An agency as that term is defined in 18 U.S.C. 6.
- 3.9 Grantee: Any department, division, unit, or any person responsible for the performance of work under the provisions of a federal grant.
- 3.10 Illegal Drug: Any drug, which is not legally obtainable and/or is being used in a manner or for a purpose other than as prescribed.
- 3.11 Intoxicants: Any intoxicating substances such as inhalants.
- 3.12 Legal Drug: Prescribed drugs and over-the-counter drugs which have been legally obtained are being used solely for the purpose for which they were manufactured or as prescribe by a physician.
- 3.13 Look-Alike Drugs: Tablets or capsules that are made to look like real drugs and roughly imitate their effects. They usually contain varying amounts of legal substances such as caffeine, ephedrine, phenylpropanolamine or aspirin and other non-controlled ingredients.
- 3.14 Work Day: For purposes of this policy, the work day includes all times when an employee is engaged in any work-related activity which includes performance of business during a regularly scheduled work day, meal break and/or any occasion having a connection with any EPIC employee's duties and at all times the employee is on any premises of the workplace.

Section 4.      Content

- 4.1 It is the policy of EPIC to ensure that its workplaces are free of illegal drugs and controlled substances by prohibiting the unlawful manufacture, distribution, dispensation, possession or use, without medical authorization, of illegal or controlled substances and/or alcohol; the reporting to work under the influence of a non-medically prescribed controlled substance or alcohol; or possession of non-medically prescribed paraphernalia.
- 4.2 The policy is applicable while employees are engaged in any work-related activity, which includes performance of agency business during regularly scheduled workdays, meal breaks, and/or occasions having a connection with the job or the agency.
- 4.3a Employees who are in violation of the provisions of the Drug-Free Workplace Act shall be subject to disciplinary action up to and including termination and/or may be required to satisfactorily participate in a drug rehabilitation or assistance program. Resources shall be provided in accordance with the EPIC Employees Insurance Agency Guidelines
- 4.3b State or county agencies who are contractors or grantees of federal contracts or grants are subject to suspension of payments and termination of the contract or grant for violations of any of the requirements of a drug-free workplace if the number of drug-related convictions of employees indicates that the employer hasn't made a good faith effort to maintain a drug-free workplace.
- 4.4 As a condition of employment with EPIC, employees must:
  - 4.4.a Abide by the terms of this policy; compliance is mandatory.
  - 4.4.b Notify their supervisor or department head of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction.
  - 4.4.c Sign the Drug-Free Workplace Verification Statement



## EPIC DRUG-FREE WORKPLACE VERIFICATION STATEMENT

With my signature, I certify that I have received a copy of the EPIC Drug-Free Workplace policy, and I have read and understand it.

As an employee of EPIC, I agree to comply with this Drug-Free Workplace Policy, which states that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance and/or alcohol is prohibited in the workplace. Additionally, I shall not report for work while under the influence of alcohol and /or any illegal drug.

The workplace shall be defined as a work site where work is performed in connection with the employee's EPIC employment. The workplace shall include but not be limited to facilities, property, buildings, offices, structures, automobiles, trucks, trailers, other vehicles, and parking areas, whether owned or leased by the agency or entity.

The policy is applicable while employees are engaged in any work-related activity, which includes performance of agency business during regularly scheduled workdays, meal breaks, and/or occasions having an official connection with the job or the agency.

In addition, I understand that, as a condition of employment, I shall notify my supervisor of any criminal drug or alcohol violation occurring in the workplace or any conviction outside of the workplace, no later than five days after such violation or conviction occurs.

If I have any questions at all about this policy, I understand it is my responsibility to contact my immediate supervisor, EPIC HR, or the EPIC Administrator so that I may get clarification.

\_\_\_\_\_  
Employee Name (Printed)

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

\_\_\_\_\_  
Date

07/01/2021



# **ALL SMOKING IS PROHIBITED**

**BOTH INDOORS AND WITHIN 15 FEET  
OUTSIDE ANY ENTRY/EXIT FOR  
FACILITIES OF THE STATE OF WEST  
VIRGINIA**

In Accordance with State Policy  
“Smoking Restrictions in the Workplace”

The policy and posters are available at:

[www.personnel.wv.gov/rules/policies/Pages/default.aspx](http://www.personnel.wv.gov/rules/policies/Pages/default.aspx)

You may call 304-558-3950, extension 57209, to request that forms be emailed to you

## \*APPENDIX 18\*

### **EPIC Technology Acceptable Use Policy**

EPIC believes in the educational benefits to students and employees through access to various online services. The intent of EPIC is to provide access to the Internet and online services in order to further the goals and objectives of its services.

Employees, staff and students of EPIC programs will follow these network etiquette guidelines while using technology:

1. Be polite. Do not write or send abusive messages to others.
2. Use proper English and appropriate language; do not swear; do not use vulgarities or other inappropriate language.
3. Do not reveal personal information about another individual without their permission, including pictures and phone numbers.
4. Notify the appropriate authority of any dangerous or inappropriate information or messages encountered.
5. Illegal activities and privacy and safety violations of the Children's Online Privacy Protection Act (COPPA) and the Children's Internet Protection Act (CIPA) are strictly prohibited.

#### **Employee/Staff/Student User Responsibilities**

As the user of technology resources provided by EPIC Programs, each employee must read, understand, and accept the following rules and guidelines stated in this section.

1. I understand that all technology use must be for educational/work purposes, whether on school property or at another location.
  - I will use EPIC technology resources and telecommunications for purposes that support the program goals.
  - I will not allow any non-EPIC staff member to use my assigned devices at any time.
  - I will not use EPIC technology to view, create, modify, or disseminate obscene, objectionable, violent, pornographic, or illegal material.
  - I will not use EPIC technology for commercial or for-profit purposes that include, but are not limited to, home, businesses, gambling, advertising, political lobbying, or soliciting.
  - I will not use EPIC technology to send unsolicited, offensive, abusive, obscene, harassing, or other illegal communications.
2. I understand that employees have access to confidential information and files and that I am responsible for protecting the confidentiality of these data.
  - I will log off, lock or shut down the computer when not using it and/or I leave my work area.
  - I will not allow students, parents, or unauthorized people access to my accounts or sensitive information.
  - I will not reveal any personal information about any student or employee while on the Internet. This information includes but is not limited to home address, telephone number, and age.
  - I will not attempt to learn other employees' passwords without their permission.
  - I will not copy, change, read, or use files that belong to other employees without their permission.

3. I understand copyright laws protect a variety of materials including those found on the Internet.
  - I will not install any unauthorized software, on EPIC equipment. Unauthorized software is defined as software outside the legal licensing agreement created by the author of the program.
4. I understand the importance of maintaining the technology that I use for my job.
  - I will not attempt to bypass or disable any security or antivirus software installed on my computer or on the network.
  - I will inform the IT Manager about problems with technology and follow the work order process.
  - I will maintain my computer by allowing periodic updates when prompted, including Windows, Office and antivirus updates.
  - I will protect my data by backing up periodically and/or keeping all files in OneDrive.
  - I will not remove or attach any devices to the network without the prior approval of the EPIC IT Manager.
  - I will not knowingly create or introduce any virus to EPIC equipment.

**User Responsibilities for Employees Who Supervise Students Using Technology**

1. A staff member is required to be present and able to provide adequate supervision when any student is using the Internet or network resources.
2. All student use of the Internet must be authorized by an EPIC educator and must support the educational learning goals and objectives.
3. As part of all Internet lessons and periodically during other technology lessons, acceptable use of technology and telecommunications should be reviewed.
4. All students must have a signed EPIC Acceptable Use Agreement Form on file at their location before they can access any technology.
5. Staff members who observe a student violating the EPIC Acceptable Use Policy must report the student to an administrator according to the procedures in place at their site.

All EPIC employees who use technology on the job are required to acknowledge they have read and understand the rules and regulations shown above. A copy of this signed agreement will be placed in the employee's personnel file.

Employee First and Last Name (please print) \_\_\_\_\_

I have read the EPIC Technology Acceptable Use Policy and agree to follow the rules and regulations shown above. I understand that failure to comply with the above rules as a user and/or a supervisor may result in revocation of access privileges and/or disciplinary actions involving local, county, state or federal agencies. Further, I understand that I should assume no privacy in relation to email correspondence or files included in my Office 365 account.

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



## \*APPENDIX 19\*

### **Eastern Panhandle Instructional Cooperative (EPIC) Social Networking Guidance**

Social networks are a popular way for people to connect with others around the globe. For individuals, social networking sites provide opportunities for staying in touch with family and friends and for connecting with people and places around the world. Professional networking sites have also become a valuable resource for many employees who use them to engage in professional development and to share best practices and resources to improve job performance.

EPIC has a professional image to uphold and how we conduct ourselves online impacts this image. As reported by the media, there have been instances of employees demonstrating misconduct while engaging in inappropriate dialogue about their workplace or posting pictures and videos of themselves engaged in inappropriate activity online. Mistakenly, some feel that being online shields them from having their personal lives examined. However, online identities are very public and can cause serious repercussions if behavior is careless.

For the protection of your reputation, EPIC recommends the following practices for employees when engaging in social media:

#### GENERAL NETWORKING

- Remember that those who are classified as “friends” on your social networking site may have the ability to download and share your information with others.
- It is strongly recommended that you not “friend” your students or accept their request to “friend” you on social networking sites, especially if they are minors.
- Visit your privacy settings and at a minimum, select “only friends” to limit who can see your posts.

#### POSTING

- Post only what you want the world to see. Once you post something, even if you remove it later, it may still be available online.
- Do not say or do anything you would not say or do in an educational setting in front of your supervisor. (Remember that all online communications are stored and can be monitored.)
- Weigh whether a particular posting puts your effectiveness as an employee at risk.
- Do not discuss co-workers or students.
- Do not post images that include students or meeting participants without release forms on file. Minors require a parent consent.

#### RISKS

- Due to security risks, be cautious when installing external applications that work with the social networking site. They may install software on your computer that you don't want.
- Run updated malware protection to avoid infections of spyware and adware.
- Be careful not to fall for phishing scams that arrive in your email or on your social network requiring you to click on a link to go to a fake login page.
- If a staff member learns of information on a social networking site that falls under the mandatory reporting guidelines, they must report it as required by law.



## \*APPENDIX 20\*

Eastern Panhandle Instructional Cooperative (EPIC)

Travel and Travel Reimbursement Policy

Effective July 1, 2018

Revised June 6, 2023

1. PURPOSE:

The purpose of this policy is to establish procedures for travel and travel reimbursements for all employees of the Eastern Panhandle Instructional Cooperative (EPIC).

2. APPLICABILITY:

Procedures apply to all employees of EPIC.

3. DEFINITIONS:

“Travel” means an event or occurrence approved by an employee’s immediate supervisor or designee that is necessary for an employee to work in another location other than the primary work location.

4. PROCEDURES:

- a. Travel may be authorized only for official business and only if EPIC has the financial resources to reimburse the traveler for travel expenses. Any travel that has not been previously approved by a supervisor or designee will not be eligible for reimbursement.
- b. Prior to traveling for EPIC related business, each employee must submit a travel request form to the EPIC Administrator. This form is located on the EPIC website at [www.epicresa8.org](http://www.epicresa8.org). Attach an agenda, if one has been provided, to the request form.
- c. Requests for travel reimbursements must be signed by the employee and immediate supervisor prior to submittal for payment.
- d. Approval to travel shall be secured in advance by the employee. Under no circumstances should an employee travel without proper approval.
- e. Employees are responsible for submitting a travel expense account settlement form, with all required attachments, to their supervisor for signature no later than the end of the month they traveled.
- f. It will not be the policy of EPIC to pay travel that is held for more than 1 month at a time. Travel must be submitted at the end of each month unless you have prior approval from the EPIC Administrator.

- g. Reimbursement of travel expenses paid from federal, state, and private grants shall be governed by the terms and conditions of the grant if they differ from those contained in this policy; otherwise, this policy shall govern such reimbursement.
- h. Consultants, Contractors and non-employees are not required to use these rules and regulations, at EPIC's discretion. All consultant and contractor travel should be included as part of the consulting/contractor fee agreement.

## 5. MODES OF TRANSPORTATION:

### a. Air Transportation

- i. Allowable reimbursement for commercial airline travel shall include the actual expense or cost for the least expensive logical fare via the most direct route, or a reasonable alternative route if it results in lower fare. Travelers may not specify a particular airline to accumulate mileage or promotional plans, such as frequent flyer programs, if it results in a higher airfare.
- ii. In order to receive reimbursement, the traveler must submit the original invoice along with itinerary or other proof of travel with expense form.
- iii. If a change in the cost of airfare is incurred, the charge is reimbursable if the traveler is directed by EPIC to change his or her travel plans, or if other extenuating circumstances arise. Increased or extra charges incurred due to the traveler's negligence will be considered a personal expense of the traveler and shall not be reimbursed.
- iv. Deliberately causing increased costs or delays to obtain personal gratuities, such as denied boarding compensation, frequent flier points or mileage, or similar benefits, is prohibited. In addition, conversion of airline tickets for personal benefit, such as downgrading tickets, return unused tickets for cash, credit, or personal airline tickets, or similar actions, is prohibited. Any credits, rebates or refunds resulting from these actions must be returned to EPIC.

### b. Ground Transportation

- i. The traveler may use an EPIC-owned vehicle, rental vehicle or a privately-owned vehicle for ground transportation. When using a privately-owned vehicle for travel it must be pre-approved by the EPIC Administrator by submitting the appropriate travel request form. There must also be funds to support the travel in the designated budget.
- ii. The operator (traveler) of a vehicle must possess a valid operator's license. The operator is personally responsible for any fines and/or penalties resulting from citations, charges, or warrants attributable to operator negligence. Such fines and/or penalties shall not be a reimbursable expense.
- iii. In cases where a traveler chooses to drive rather than fly while on business, reimbursement will be based on actual in transit expenses (mileage, hotels, parking, meals, etc.), not to exceed the lowest available

commercial airfare plus local transportation, and parking (where required) to and from the airport.

c. EPIC-owned Vehicles

- i. Use of an EPIC-owned vehicle must be requested through the appropriate channels. They are for “official business use” only and must be operated by an employee of EPIC.

d. Privately-Owned Vehicles

- i. The reimbursement rate for the use of a privately-owned vehicle shall be the federally approved reimbursement rate and can be found at <https://www.gsa.gov/travel-resources> and then selecting “POV Mileage.”
- ii. Privately-owned vehicles may be used when traveling on EPIC business and pre-approved by the EPIC Administrator. Reimbursement will be made at the current standard rate per mile, excluding normal daily commuting mileage, for actual miles traveled using the shortest practicable route to the point of arrival at the traveler’s destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.), and no additional reimbursement will be made.
- iii. Receipts are not required for reimbursement of mileage for using privately-owned vehicles. However, a completed travel reimbursement request must be completed and signed by the individual claiming reimbursement and their immediate supervisor.
- iv. When a privately-owned vehicle is used for travel purposes, the traveler cannot turn in receipts for fuel purchased during the trip. The mileage reimbursement that is paid to the traveler includes the cost of any fuel purchased.

6. LODGING:

a. Reimbursement

- i. Reimbursement for a single occupancy shall be at the least expensive single room rate available.
- ii. Charges incurred due to the failure of the traveler to timely cancel the facility will be considered the personal expense of the traveler and not eligible for reimbursement.
- iii. Lodging may be paid for using a p-card, EPIC check (if a purchase order is done in advance and check printed), personal credit card (then reimbursed).
- iv. Overnight lodging costs will be limited to time required for meetings. Any extended stay, either prior to or after a meeting, will be the sole responsibility of the traveler.

b. Receipts

- i. Receipts and meeting agendas are required for lodging reimbursement and shall be attached to the request for reimbursement. The hotel/motel invoice or folio shall be the official document utilized for reimbursement to the traveler.

7. MEALS/TRAVEL and EXPENSE ACCOUNT - DOCUMENTATION: When an expense account is submitted for payment after a trip, the following documentation is necessary:

- a. Receipts for hotel bills.
- b. Receipts for public conveyance.
- c. Mileage from office to point of destination at the rate paid per mile by the State of WV.
- d. Mileage from point of destination on return trip at the rate paid per mile by the State of WV.
- e. Cab fare, if cab is used.
- f. Toll receipts, if traveling toll road or bridge.
- g. Cost of necessary business phone calls (this is generally on your hotel bill.)
- h. Registration fee receipts, if there is a fee.
- i. Parking receipts.
- j. When using a rental car, receipts for the vehicle and gasoline receipts must be turned in.
- k. Meals and incidentals (receipts are NOT required) will be reimbursed based upon the Federal Per diem rates. The General Services Administration (GSA) establishes per diem rates for destinations within the lower 48 Continental United States (CONUS). There are 319 Non-Standard Areas (NSAs) that have per diem rates higher than the standard CONUS rate. Here is the website to see what your rate would be for your destination: [www.gsa.gov/travel/plan-book/per-diem-rates](http://www.gsa.gov/travel/plan-book/per-diem-rates) When you are on the site, you put in the current fiscal year, the state/city or zip. You will scroll down to Meals & Incidentals rates and breakdown. For your first and last day of travel you will put the amount listed for that day. The days in-between you will use the M&IE total for each day.

8. REGISTRATION FEES:

- a. Fees or charges for attendance at conferences, meetings, seminars, and/or workshops, as well as event-related materials, are reimbursable expenses to the traveler. Reimbursement for registration fees at meetings or conferences are allowable and must be supported by a receipt. Employees should verify acceptable payment methods before the conference. If approved, the registration can be direct billed. A purchase order shall be issued.
- b. Receipts are required for reimbursement. The receipt documentation provided by the event sponsor shall be sufficient for reimbursement.

9. OTHER EXPENSES

- a. Travelers may incur miscellaneous business-related expenses for which reimbursement may be made, if appropriate. Receipts are required. Such expenses and reimbursement may include, but are not limited to: baggage handling, tolls, and parking fees.

## 10. EXCEPTIONS

- a. Any exceptions to this policy must be requested by the traveler and approved by the EPIC Administrator.

# EPIC TRAVEL REQUEST FORM

A FULLY COMPLETED REQUEST MUST BE SUBMITTED TO  
THE EPIC ADMINISTRATOR FOR ALL OVERNIGHT TRAVEL  
AT LEAST 2 WEEKS IN ADVANCE

EMPLOYEE NAME: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

EVENT TITLE: \_\_\_\_\_

DESTINATION (address): \_\_\_\_\_

EVENT START DATE: \_\_\_\_\_

EVENT END DATE: \_\_\_\_\_

EVENT START TIME: \_\_\_\_\_

EVENT END TIME: \_\_\_\_\_

TRAVEL DATE REQUIRED?  NO

YES – 1 DAY BEFORE LEAVE TIME: \_\_\_\_\_

YES – 1 DAY AFTER LEAVE TIME: \_\_\_\_\_

TYPE OF TRANSPORTATION (EPIC VEHICLE, PERSONAL VEHICLE, OTHER - PLEASE SPECIFY): \_\_\_\_\_

PURPOSE OF MEETING/EVENT: \_\_\_\_\_

YOUR ROLE IN THE MEETING/EVENT: \_\_\_\_\_

INCLUDE A BRIEF DESCRIPTION OF THE MEETING/EVENT and HOW IT RELATES TO YOUR PROGRAM: \_\_\_\_\_

\_\_\_\_\_

WHO WILL YOU SHARE THIS INFORMATION WITH AND WHEN? \_\_\_\_\_

\_\_\_\_\_

HOW WILL YOU USE THIS INFORMATION TO HELP YOUR PROGRAM? \_\_\_\_\_

\_\_\_\_\_

PLEASE NOTE: FOR CONSIDERATION, AN AGENDA SHOULD BE ATTACHED TO THIS REQUEST. IF YOU DON'T HAVE ONE PRIOR TO THE EVENT/MEETING, YOU SHOULD ATTACH SOME KIND OF DOCUMENTATION OF THE EVENT/MEETING AND THEN PROVIDE AN AGENDA WHEN YOU RETURN. IN ADDITION, A PRINTOUT OF BUDGET LINE ITEMS THAT WILL BE PAYING FOR THIS TRAVEL (581, 582, etc.) IS REQUIRED. PLEASE PROVIDE AN ESTIMATE OF HOW MUCH WILL BE SPENT FROM EACH LINE ITEM. YOUR REQUEST MAY NOT BE APPROVED UNLESS ALL SUPPORTING DOCUMENTATION IS PROVIDED. ONCE APPROVED, THIS FORM WILL BE RETURNED TO YOU AND SHOULD BE SUBMITTED WITH YOUR TRAVEL REIMBURSEMENT AFTER THE EVENT/MEETING.

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date Submitted \_\_\_\_\_

Received by EPIC Administrator \_\_\_\_\_

Approved

Not Approved



EASTERN PANHANDLE INSTRUCTIONAL COOPERATIVE  
 109 S. College St.  
 Martinsburg, WV 25401  
 EXPENSE ACCOUNT

Updated 1/1/2024

Name: \_\_\_\_\_ Account: \_\_\_\_\_ Total: \$ -  
 Address: \_\_\_\_\_ Account: \_\_\_\_\_ Total: \$ -  
 Employee ID or \_\_\_\_\_  
 vendor # \_\_\_\_\_ Account: \_\_\_\_\_ Total: \$ -  
 Month, Yr: \_\_\_\_\_ Account: \_\_\_\_\_ Total: \$ -  
 Account: \_\_\_\_\_ Total: \$ -  
 TOTAL: \$ -

Mileage rate 0.670  
 Effective 1/1/2024

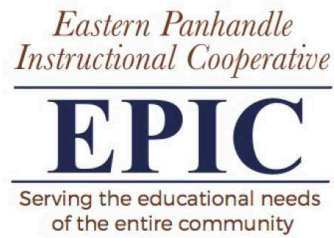
DATE	TRAVEL DESTINATION (TO-FROM), PURPOSE / REASON - BE SPECIFIC	OTHER EXPENSES DESCRIPTION (ie. gas, car wash, etc.)	MILEAGE	AMOUNT	HOTEL	MEALS	OTHER EXPENSES	TOTAL
				\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -
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				\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS FOR THE MONTH(S) OR TRIP(S):			0	\$ -	\$ -	\$ -	\$ -	\$ -

STATE OF WEST VIRGINIA, COUNTY OF BERKELEY TO WIT: I THE UNDERSIGNED, DO SOLEMNLY SWEAR THAT THE ABOVE EXPENSE ACCOUNT IS JUST, ACCURATE AND TRUE AND IS CLAIMED FOR CASH EXPENDED FOR THE PURPOSE NAMED IN THIS STATEMENT.  
 PLEASE ATTACH ALL ORIGINAL HOTEL, REGISTRATION, PARKING, TOLL, ITEMIZED MEAL, AND OTHER RECEIPTS

SIGNATURE (PLEASE SIGN IN BLUE INK)

APPROVED BY





**Eastern Panhandle Instructional Cooperative  
PCARD APPROVED EXPENSES  
FOR TRAVEL**

- HOTEL ROOM PAYMENTS
- REGISTRATION FEE PAYMENTS
- AIRLINE TICKET PAYMENTS
- VEHICLE RENTAL PAYMENTS
- GASOLINE
- OTHER TRANSPORTATION TICKETS
- HOTEL BUSINESS PHONE OR INTERNET USAGE

If you have questions about what you can charge to your P card,  
please contact the Finance Director or EPIC Administrator.

## \*APPENDIX 21\*

# Eastern Panhandle Instructional Cooperative (EPIC) Vehicle Use Guidelines

### **To reserve an EPIC vehicle:**

1. Go to [googlecalendars.com](http://googlecalendars.com) to check the schedule and see what vehicles are available.
2. Enter the User Name: `resaoffice`, and the Password: `resa3595`
3. Go to the monthly view and look at the dates to see which vehicles are available.
4. Put your name and the vehicle on the calendar for all the dates you plan to use it.
5. Be sure to check the calendar to see when the next person may have reserved the same vehicle so you are sure to have it back when the next person needs it.

### **When you are ready to use the vehicle:**

1. There are binders for all vehicles located at the front desk at the EPIC office. Take the corresponding binder for that vehicle with you.
2. The keys are located inside the binder.
3. You will also find a spreadsheet that you will need to list vehicle usage information; e.g. your name, dates, mileage, your program, etc.
4. In the pocket of each binder are copies of the Vehicle Invoice. Each time you use a vehicle you must fill out one of these forms (or have your department secretary do it) and return it to Tammy Albright when you return the binder/keys to the shelf.
5. Go to the Berkeley County Special Education offices on Queen Street to get the vehicle. They are parked in that lot.

### **If you have an accident**

1. Stop where you are and contact the police if there is another vehicle involved.
2. Get all of the information you can about the other driver, what happened, your location, etc. Complete the Accident Report form located in your binder if possible – it gives you all the questions you need to answer.
3. Contact the EPIC Administrator to report the accident and submit the Accident Report form to the EPIC Human Resources Director within 48 hours.

### **When you are ready to return the vehicle:**

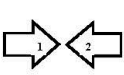

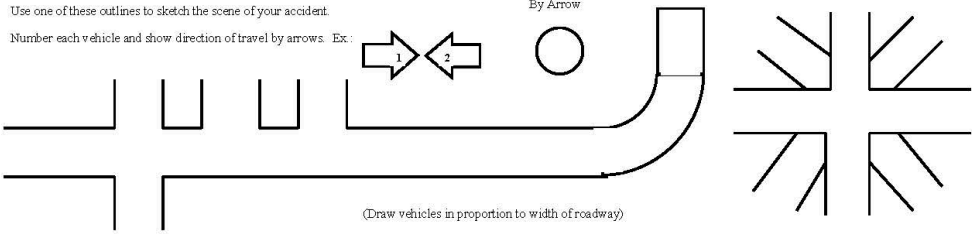
1. You need to fill the vehicle with gas after you use it, and record the fuel information either on the Fuel Record form or on the spreadsheet located in the vehicle binder.
2. Clean out any trash/paper/dirt/etc. so the car is clean for the next person.
3. While cleaning, do a mini inspection of the vehicle. If you notice any lights on the dash, or the vehicle isn't running properly, is due for inspection or an oil change, please report that information to Tammy Albright when you return the binder.

UPDATED 6/2018

**Eastern Panhandle Instructional Cooperative**  
**VEHICLE ACCIDENT REPORT**  
 Read Carefully, Fill Out Completely and Return the Original to the EPIC Office

<b>T I M E</b>	Date of Accident: _____ 20____		Hour: ____AM ____PM					
	Day of Week: _____							
<b>L O C A T I O N</b>	<input type="checkbox"/> CITY <input type="checkbox"/> RURAL		PLACE WHERE ACCIDENT OCCURRED					
	County: _____		City or Town: _____					
	ROAD ON WHICH ACCIDENT OCCURRED: _____ <small>(Give name of street or highway number (US or Street))</small>							
_____ AT IT'S INTERSECTION WITH: _____		(Name of intersecting street or highway number)						
OR								
<input type="checkbox"/> NOT AT INTERSECTION <small>(Check and complete one)</small>		_____ feet north—south _____ feet east—west	of _____ <small>Show nearest intersecting street or highway, house number, curve, bridge, railroad crossing, alley, driveway, culvert, milepost, underpass, numbered telephone pole, or other identity landmark. Show exact distance, using two directions and two distances if necessary.</small>					
<b>D R I V E R</b>	VEHICLE NO 1—EPIC OWNED		VEHICLE 2					
	_____ _____ _____ _____ Odometer reading of vehicle at accident scene _____		Driver's Name _____ Address _____ City and State _____ Phone Number _____ Driver's License _____ Insurance Name: _____ Policy # _____ <small>(if vehicle driven by other than owner)</small> Owner's Name: _____ Address: _____ City and State: _____					
<b>V E H I C L E S</b>	VEHICLE NO 1—EPIC OWNED		VEHICLE NO 2					
	Make _____ Year _____ # _____ State _____ Tag _____		Type of Vehicle _____ VIN # _____ Vehicle _____ State _____ Tag _____ Describe Vehicle Damage _____ _____					
<b>I N J U R I E S</b>		Name	Address	Age	Sex	Injured	Hospitalized	Killed
	Driver							
	Passenger(s)							
	Other							
<b>W I T N E S S E S</b>	NAME		ADDRESS		REMARKS			
Law Enforcement Agency Investigating: _____								
(Attach copy of Police Report to this Vehicle Accident Report if Applicable)					Was citation issued: ____ Yes ____ No			

**TURN THE PAGE—COMPLETE BOTH SIDES**

<b>M O V E M E N T</b>	<b>VEHICLES</b> 1 2 <input type="checkbox"/> <input type="checkbox"/> Going straight ahead <input type="checkbox"/> <input type="checkbox"/> Meeting in curve <input type="checkbox"/> <input type="checkbox"/> Passing <input type="checkbox"/> <input type="checkbox"/> Entering intersection <input type="checkbox"/> <input type="checkbox"/> Being passed <input type="checkbox"/> <input type="checkbox"/> Making right turn <input type="checkbox"/> <input type="checkbox"/> Making left turn <input type="checkbox"/> <input type="checkbox"/> Pulling from curb or loading zone <input type="checkbox"/> <input type="checkbox"/> Pulling into curb or loading zone <input type="checkbox"/> <input type="checkbox"/> Backing <input type="checkbox"/> <input type="checkbox"/> Stopped in traffic lane _____ (Specify other) (Specify other e.g. slowing or stopping/parked/hit in rear/changing lanes, sideswipe/opposite way/head-on into opposite lane/skidding/U-turning/merging/non-collision/struck fixed object)		<b>PEDESTRIAN</b> <input type="checkbox"/> <input type="checkbox"/> Walking with traffic <input type="checkbox"/> <input type="checkbox"/> Walking against traffic <input type="checkbox"/> <input type="checkbox"/> Coming from behind parked vehicle <input type="checkbox"/> <input type="checkbox"/> Crossing at intersection <input type="checkbox"/> <input type="checkbox"/> Crossing not at intersection <input type="checkbox"/> <input type="checkbox"/> Alighting from a vehicle <input type="checkbox"/> <input type="checkbox"/> Working in roadway <input type="checkbox"/> <input type="checkbox"/> Playing in roadway <input type="checkbox"/> <input type="checkbox"/> Not on pavement _____ (Specify other)		<b>PASSENGER</b> <input type="checkbox"/> <input type="checkbox"/> Boarding vehicle <input type="checkbox"/> <input type="checkbox"/> Alighting from vehicle <input type="checkbox"/> <input type="checkbox"/> Caught in doors <input type="checkbox"/> <input type="checkbox"/> Seated <input type="checkbox"/> <input type="checkbox"/> In motion inside vehicle <input type="checkbox"/> <input type="checkbox"/> Crossing roadway to bus <input type="checkbox"/> <input type="checkbox"/> Crossing roadway from bus _____ (Other—describe) <b>NUMBER PASSENGERS ON BOARD</b> _____					
	<b>C O N D I T I O N S</b>	<b>DRIVERS AND PEDESTRIAN</b> 1 2 PED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Influenced by alcohol <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asleep or fatigued <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sick <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Influenced by medication <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not known		<b>VEHICLES</b> 1 2 <input type="checkbox"/> <input type="checkbox"/> Defective brakes <input type="checkbox"/> <input type="checkbox"/> Defective steering <input type="checkbox"/> <input type="checkbox"/> Defective lights <input type="checkbox"/> <input type="checkbox"/> Defective tires <input type="checkbox"/> <input type="checkbox"/> No defects _____ (Specify other)		<b>WEATHER</b> <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> Raining <input type="checkbox"/> <input type="checkbox"/> Snowing <input type="checkbox"/> <input type="checkbox"/> Sleet <input type="checkbox"/> <input type="checkbox"/> Fog _____ (Specify other)				
		<b>ROADWAY</b> <input type="checkbox"/> <input type="checkbox"/> Paved <input type="checkbox"/> <input type="checkbox"/> Under repair <input type="checkbox"/> <input type="checkbox"/> Holes or ruts <input type="checkbox"/> <input type="checkbox"/> Slippery <input type="checkbox"/> <input type="checkbox"/> Muddy <input type="checkbox"/> <input type="checkbox"/> Icy or snowy <input type="checkbox"/> <input type="checkbox"/> No defects		<b>V E H I C L E S P E E D</b>		<b>VEHICLES</b> 1 2 <input type="checkbox"/> <input type="checkbox"/> MPH <input type="checkbox"/> <input type="checkbox"/> MPH Exceeding legal limit <input type="checkbox"/> <input type="checkbox"/> MPH <input type="checkbox"/> <input type="checkbox"/> MPH Safe speed <input type="checkbox"/> <input type="checkbox"/> MPH <input type="checkbox"/> <input type="checkbox"/> MPH Estimated speed when danger noticed <input type="checkbox"/> <input type="checkbox"/> MPH <input type="checkbox"/> <input type="checkbox"/> MPH Estimated speed at moment of impact				
<b>C O N T R I B U T I N G F A C T O R S</b>	<b>OPERATORS</b> 1 2 1 2 <input type="checkbox"/> <input type="checkbox"/> Did not have right-of-way <input type="checkbox"/> <input type="checkbox"/> Improper backing <input type="checkbox"/> <input type="checkbox"/> Following too closely <input type="checkbox"/> <input type="checkbox"/> Improper traffic lane <input type="checkbox"/> <input type="checkbox"/> Failure to signal intentions <input type="checkbox"/> <input type="checkbox"/> Improper parking <input type="checkbox"/> <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> <input type="checkbox"/> Lack of tire chains <input type="checkbox"/> <input type="checkbox"/> Improper passing _____ <input type="checkbox"/> <input type="checkbox"/> Improper turning (Specify other) <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signs or signals					<b>INDICATE ON THIS DIAGRAM WHAT HAPPENED</b> Use one of these outlines to sketch the scene of your accident. Number each vehicle and show direction of travel by arrows. Ex: 		Indicate North By Arrow 		At what distance was danger first noticed? _____ feet
	(Draw vehicles in proportion to width of roadway)									

DRIVERS ACCOUNT OF ACCIDENT: \_\_\_\_\_

(Refer to vehicles by number)  
 Use this space for listing additional injured persons. Also explain questions not fully answered by checking in the boxes provided.  
 (If more space is needed use another form or sheet of paper the same size.)

\_\_\_\_\_ I could have avoided the accident  
 Accidents involved in this year: \_\_\_\_\_ I could not have avoided the accident  
 Total accidents for all years: \_\_\_\_\_

Suggestions for PREVENTING future accidents of this type: \_\_\_\_\_

\_\_\_\_\_  
**Driver's Signature**

\_\_\_\_\_  
**EPIC Administrator's Signature**

Updated 6/2018

## **Eastern Panhandle Instructional Cooperative (EPIC) Guidelines for Submitting News/Articles for Media Sharing**

Each time an EPIC program does something newsworthy, we want to share it with the public! If it is just a quick picture and a blurb or a flyer advertising something your program is doing, send it in so it can be shared on our Facebook page or “tweeted” on Twitter. Our Twitter account is @Easternepic.

If you have something share, please send it electronically to [sdjohnson@wvesc.org](mailto:sdjohnson@wvesc.org)

1. If it is to be shared on social media, just please note that in the body of your email along with confirmation that you have consent from anyone pictured to share it on social media. Remember, those under 18 require parent permission. If it is a flyer you want shared, please send it in a pdf format.
2. If it is an article you want to be submitted to a newspaper:
  - a. Please attach it as a word document.
  - b. If you include a picture (highly recommended) it should also be attached to the email in jpg format.
  - c. In the body of the email, please provide the following information:
    - i. The county/counties you would like to have the article sent to and specific newspapers you want contacted
    - ii. The title and author of the article
    - iii. Confirmation you have consent from anyone in the picture(s) to share their photos. Remember, those under 18 require parent permission.
  - d. Your article will be proofread, given to the EPIC Administrator for approval, and then submitted to the newspaper(s) in the county/counties you have requested on behalf of your program and EPIC.

**\*APPENDIX 23\***

## EPIC Family Medical Leave Act (FMLA) Initial Leave Request Form

Please complete this form and submit it to the EPIC HR Director as soon as you believe you will need to take a medical leave for your own health concern or to care for a family member. Once received, she will provide you with an eligibility form and instructions on how to proceed.

Employee's Name \_\_\_\_\_ WVEIS ID # \_\_\_\_\_  
Job Title \_\_\_\_\_ Full/Part Time? \_\_\_\_\_ Date of hire \_\_\_\_\_  
Program & Location \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Request is for intermittent or continuous leave? \_\_\_\_\_  
Requested start date \_\_\_\_\_ Anticipated end date \_\_\_\_\_  
Additional Information: \_\_\_\_\_

### Reason for Leave of Absence Request

Own illness (not work related)       Care for an ill parent/spouse/child  
 Pregnancy disability  
 to care for a newborn/adopted child / Date of birth/placement \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

**In accordance with the Family Medical Leave Act Policy, eligible employees may request to take up to 12 weeks of FMLA protected leave in a 12 month period. Submitting this form does not mean you are approved; it is the first step in the process. Please read the information below, sign and return to the HR Director.**

I understand that once I submit this form, I will receive an Eligibility Notice from the HR Director. If I am eligible for FMLA leave, I will be **required to complete additional paperwork** that must be submitted to the EPIC HR Director in order to determine whether or not my actual request is approved.

If my leave is approved, I understand any time away from work will be charged against my 12 week leave maximum under FMLA, and I am required to use all paid time available to me prior to going into an unpaid leave status. In the event that I go into an unpaid status while on leave, I understand that EPIC will continue to pay their portion of my health insurance premiums, but I must make arrangements to pay my portion. I also understand that if I have any questions at all, I should contact the EPIC HR Director, Shannon Johnson at 304-596-2663 or [sdjohnson@wvsc.org](mailto:sdjohnson@wvsc.org).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Updated 2/2019



# Your Employee Rights Under the Family and Medical Leave Act

## What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

## Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

## How do I request FMLA leave?

Generally, to request FMLA leave you **must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

## What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

## Where can I find more information?

Call **1-866-487-9243** or visit [dol.gov/fmla](http://dol.gov/fmla) to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION  
UNITED STATES DEPARTMENT OF LABOR

SCAN ME





**\*APPENDIX 24\***

**EPIC EXIT CONFERENCE**

FOR: \_\_\_\_\_ Position: \_\_\_\_\_

RESIGNATION LETTER RECEIVED or  
INVOLUNTARILY TERMINATED \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_

**KEYS**  
LOCATIONS RETURNED \_\_\_\_\_  
VEHICLE TYPE \_\_\_\_\_

**ID BADGE RETURNED** \_\_\_\_\_

**CELL PHONE RETURNED** \_\_\_\_\_  
NUMBER ASSIGNED \_\_\_\_\_

**CHARGE CARDS**  
SPECIFIC CARDS RETURNED \_\_\_\_\_  
\_\_\_\_\_

**EPIC EQUIPMENT/TOOLS/SOFTWARE**  
SPECIFIC EQUIP/TOOLS RETURNED \_\_\_\_\_  
\_\_\_\_\_  
SPECIFIC SOFTWARE RETURNED \_\_\_\_\_  
Technology (iPad/phone) reset to factory \_\_\_\_\_  
\_\_\_\_\_

**EMAIL FORWARDED TO** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_

Why are you leaving? \_\_\_\_\_  
\_\_\_\_\_

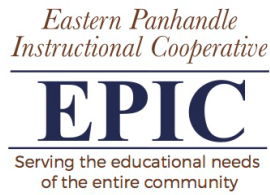
What could EPIC have done to keep you employed? \_\_\_\_\_  
\_\_\_\_\_

PERSON CONDUCTING EXIT \_\_\_\_\_ / \_\_\_\_\_  
DATE

EMPLOYEE EXITING EPIC (Signature) \_\_\_\_\_ / \_\_\_\_\_  
DATE

COBRA INFORMATION FOR CONTINUING INSURANCE AND INFORMATION REGARDING RETIREMENT CONTRIBUTIONS WILL BE PROVIDED TO YOU. QUESTIONS ABOUT EITHER SHOULD BE DIRECTED TO SHERRY BARNETT AT 304-596-2649 OR [SBARNETT@WVESC.ORG](mailto:SBARNETT@WVESC.ORG)

**\*APPENDIX 25\***



## **Employee Acknowledgement Form**

I, \_\_\_\_\_, have read and understand the contents of this  
(Please Print Name Legibly)

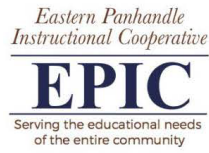
Employee Handbook and acknowledge that I am expected to follow the policies and procedures outlined in it. I understand that the contents may change, but I will be apprised of any changes as they occur. If at any time I do not understand the contents of this Employee Handbook or the expectations placed on me as an EPIC employee, I will contact my immediate supervisor or the EPIC Administrator for clarification. Further, as an at-will employee, I understand that signing this acknowledgement form does not constitute a contract for employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

EPIC Administrator's Signature \_\_\_\_\_

Received by HR \_\_\_\_\_



**RELATING TO MANDATED REPORTING OF CHILD ABUSE AND NEGLECT**

W. Va. Code §49-2-803

Persons mandated to report suspected abuse and neglect; requirements.

My signature below indicates that I have received a copy of W. Va. Code §49-2-803 Persons mandated to report suspected abuse and neglect; requirements.

I acknowledge that I have read and understand W. Va. Code §49-2-803.

Print Name \_\_\_\_\_

Program \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by EPIC HR \_\_\_\_\_

## Relating to mandated reporting of child abuse and neglect

W. Va. Code §49-2-803

Persons mandated to report suspected abuse and neglect; requirements.

[http://www.wvlegislature.gov/Bill\\_Status/bills\\_text.cfm?billdoc=SB465%20SUB%20ENR.htm&yr=2018&sessType=RS&i=465](http://www.wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=SB465%20SUB%20ENR.htm&yr=2018&sessType=RS&i=465)

### W. Va. Code §49-2-803

(a) Any medical, dental, or mental health professional, Christian Science practitioner, religious healer, **school teacher or other school personnel, social service worker,** child care or foster care worker, emergency medical services personnel, peace officer or law-enforcement official, humane officer, member of the clergy, circuit court judge, family court judge, employee of the Division of Juvenile Services, magistrate, youth camp administrator or counselor, **employee, coach or volunteer of an entity that provides organized activities for children,** or commercial film or photographic print processor who has reasonable cause to suspect that a child is neglected or abused, including sexual abuse or sexual assault, or observes the child being subjected to conditions that are likely to result in abuse or neglect shall immediately, and **not more than 24 hours** after suspecting this abuse or neglect, report the circumstances to the Department of Health and Human Resources.

W. Va. Code §49-2-803 (a) [continued]

In any case where the reporter believes that the child suffered serious physical abuse or sexual abuse or sexual assault, the **reporter shall also immediately report to the State Police and any law-enforcement agency having jurisdiction to investigate the complaint.** Any person required to report under this article who is a member of the staff or volunteer of a public or private institution, school, entity that provides organized activities for children, facility, or agency **shall also immediately notify the person in charge of the institution, school, entity** that provides organized activities for children, facility, or agency, or a designated agent thereof, who may supplement the report or cause an additional report to be made: Provided, That notifying a person in charge, supervisor, or superior does not exempt a person from his or her mandate to report suspected abuse or neglect.

W. Va. Code §49-2-803

(b) County boards of education and private school administrators shall provide all employees with a written statement setting forth the requirements contained in this section and shall obtain and preserve a signed acknowledgment from school employees that they have received and understand the reporting requirement.

## W. Va. Code §49-2-803

(c) Nothing in this article is intended to prevent individuals from reporting suspected abuse or neglect on their own behalf. In addition to those persons and officials specifically required to report situations involving suspected abuse or neglect of children, any other person may make a report if that person has reasonable cause to suspect that a child has been abused or neglected in a home or institution or observes the child being subjected to conditions or circumstances that would reasonably result in abuse or neglect.

## W. Va. Code §49-2-803

(d) The provisions of this section are not applicable to persons under the age of 18.

## Changes to Note

- The code reduces from 48 hours to 24 hours the period in which a mandated reporter is required to report suspected abuse or neglect.
- A mandated reporter must now directly report known or suspected abuse and neglect to DHHR and the State Policy and law enforcement agency.
  - This duty can not be discharged by merely “causing a report to be made.”
  - More than one report must be made if multiple people expect the abuse.
  - Must notify your school administrator. The school administrator may sit with/assist [support] you while you make the call to DHHR.

## Contacting DHHR

When you suspect abuse or neglect you should report your concerns to the county office of the Department of Health and Human Resources where you live.

Martinsburg Regional Office of DHHR: 304-267-0100

**Reports can also be made to the Abuse and Neglect Hotline**

**1-800-352-6513**

**7 days a week, 24 hours a day**

If it is an emergency, call 911.

More information at

<https://dhr.wv.gov/bcf/Pages/default.aspx>



## Contacting Law Enforcement

### **WV State Police**

- 304-724-7986 [Troop 2 Headquarters – Kearneysville, WV]
- 304-267-0001 [Martinsburg Detachment]

**Berkeley County Office of the Sheriff** 304-267-7000

**Jefferson County Office of the Sheriff** 304-728-3205

**Morgan County Office of the Sheriff** 304-258-1067

### **Martinsburg Police Department**

- 304-264-2100