

AVON LAKE CITY SCHOOLS

"CHILDREN FIRST"

2011-2012

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This booklet has been prepared by the Avon Lake City School's Treasurer's/Business Office for use by the Avon Lake City Schools Staff and may be revised as needed.

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NONDISCRIMINATION

The Avon Lake City Schools Board of Education is an equal opportunity employer and as such prohibits discrimination because of race, color, religion, sex, handicap or national origin. The Board of Education has also by formal resolution indicated its intention to comply with all provisions of Title IX of the Education Amendments, 1972.

Title IX Coordinator: Superintendent
Avon Lake City Schools
175 Avon Belden Rd.
Avon Lake, OH 44012
440-933-6210

Section 504 Coordinator: Barbara Dalglish, Pupil Personnel
Avon Lake City Schools
175 Avon Belden Rd.
Avon Lake, OH 44012
440-933-4829

Title VII Coordinator Superintendent
Avon Lake City Schools
175 Avon Belden Rd.
Avon Lake, OH 44012
440-933-6210

MISSION STATEMENT

The mission of the Avon Lake City Schools, a district committed to personalized educational excellence, is to challenge all students and develop their individual goals through community partnerships, resources, and technologies which will produce responsible and compassionate citizens.

DRUG FREE SCHOOL & WORKPLACE

The Avon Lake City Schools believe in and participate in a drug-free school and work place. We firmly believe that students and employees have the right to attend school and work in a drug-free environment.

CONFIDENTIALITY

In the best interest of students and staff, remember that you may have knowledge or information that should remain confidential in nature. To repeat information or breach the confidentiality that is placed in you by the nature of your position adversely affects the well-being of the children we serve and the colleagues we work with.

COMMERCIAL/PRIVATE ENTERPRISE

Private interest and commercial enterprises have no right to interfere with the school progress. No distribution of advertising materials or presentation of any business enterprises are permitted without approval of the building principal or written consent from the superintendent and shall be consistent with state law. For all activities involving the receipt of money, a proper accounting must be maintained.

COPY MACHINES

There are many copy machines available in the district. These are very expensive for both the use and maintenance cost. Everyone is aware each building is responsible for the costs of their machine. Staff members must use their assigned code to use the machine. Please observe the rules for operating the various machines and use for school business only.

Private use is discouraged and should be emergency use only. This must be approved by your supervisor and paid for at the rates posted **at time of use**.

COPYRIGHT LAWS

The Copyright Law of the United States governs the making of copies of photocopies or other reproductions of copyrighted material.

KEYS

Staff are to treat keys/name badges to our facilities with the respect and responsibility they deserve as they open millions of dollars in buildings and equipment. Do not lend them or lose them. Get damaged keys/name badges replaced as soon as possible. If you lose keys, please report it immediately to your supervisor. You should consider the cost to re-key those locks that the keys operate. All keys in your possession are to be recorded with your supervisor as issued to you, not duplicated, loaned, or lost.

TELEPHONES

The use of telephones in the district is for school business. **ALL** long distance calls are to be noted according to your building procedures. If an absolutely necessary personal long distance phone call needs to be made from a school phone, you must use a credit card, phone card or call your party collect.

PURCHASE ORDERS

Avon Lake City Schools uses funds and account groups to report on our financial position. Fund accounting is designed to demonstrate legal compliance and to aid financial management by segregating transactions related to certain school functions or activities.

The budgetary process is prescribed by provisions of the Ohio Revised Code and entails the preparation of certain forms/documents within an established timetable. As part of our formal budgetary control, purchase orders are required **BEFORE** a commitment is made to attend a conference or purchase supplies or equipment. This is true for student activity purchases and also for supplies and equipment used in your classroom. The Treasurer's/Business Office cannot make a payment without a purchase order in place prior to the purchase. **The purchase order initiates the purchase of all items (supplies, equipment, professional leave reimbursements, items requested for approval, etc.)**

The Avon Lake City Board of Education will not be responsible for any item or items purchased without a purchase order.

To initiate a purchase order, please use a Request for Requisition Form. Check with your building secretary for the location of them in your building. The following information will be necessary in order to complete the form.

- 1) Date
- 2) Company or Person, their complete address and Tax ID Number.
- 3) Deliver to
- 4) Quantity
- 5) Catalog number if available and description of item(s)
- 6) Unit Price
- 7) Total Amount (please include shipping and handling, but do not include sales tax)
- 8) If you have an order form from a catalog or any other attachments, please attach it to the Requisition.
- 9) Account to be charged:
The amount of items for each account is unlimited. If more than one account is used, please note on the Request for Requisition what items are charged to which accounts.
- 10) Please sign after completing the Requisition Form and return to your building office.

Building Secretaries will pass the Request for Requisition Form on to the Principal for approval and then enter the requisition into our computer system.

After the request for requisition is entered into our computer system, a copy will be printed and signed by the Principal. The printed requisition will be forwarded to the District Purchasing Agent for approval and then to the Treasurer's/Business Office. **This process can take between 5-10 working days depending on the schedules of all parties. Please allow time for the completion of this process.**

When the Treasurer's/Business Office receives the Requisition Form, they will then generate the official Purchase Order. One copy of the Purchase Order will be directly sent (or faxed) to the vendor unless you

notify us otherwise. You will receive back a copy of the Purchase Order. When all items or services have been received to your satisfaction, please notify the Bursar's Office or your building secretary to issue payment. **This copy is very important since it is the authorization for the Treasurer's/Business Office to issue payment. We CANNOT issue payment without your approval!**

Please remember that all invoices MUST be sent to the Treasurer's/Business Office. Ohio Revised Code requires us to issue payment from **original invoices** only. We cannot issue payment from statements nor receipt stubs - it must be an itemized invoice. Payment of bills/invoices will be accomplished as soon as possible after receiving the signed OK to pay copy of the purchase order indicating that all items have been received and accepted. **The Treasurer's/Business Office processes checks on the 15th and the last day of the month.**

If you need a check at a certain time, please notify the Treasurer's/Business Office two weeks prior to the date that the check is needed. This notification should be IN WRITING and the Requisition/PO should already be processed.

See Appendix - Form 1
Form 2

Request for Requisition Form
Purchase Order Form

PETTY CASH

A District Petty Cash Fund has been established in the Treasurer's/Business Office and will be used for purchases of **\$50.00 or less** with the **PRIOR** approval of the Building Principal or Class/Club Advisor.

- 1) The Petty Cash Voucher should be completed with the date and signature of the principal and advisor prior to the purchase.
- 2) When the item is purchased you will pay cash for the item and receive a sales receipt, cash register tape or itemized billing for the purchase.
- 3) The proof of payment (sales receipt, cash register tape or itemized billing) will be stapled to the **BACK** of the Petty Cash Voucher. (Multiple receipts under \$50.00 may be attached to one voucher)
- 4) The remaining items on the voucher must be completed, including to whom paid, budget account number for the charge, dollar amount, individual to be reimbursed.
- 5) The Petty Cash Voucher Form, with the proof of purchase attached, will then be forwarded to the Treasurer's/Business Office.
- 6) A check will be issued to reimburse the individual.
- 7) Checks will not be issued to vendors from petty cash.
- 8) All checks will be made out to employees or designee only.
- 9) Sales Tax is non-refundable.
- 10) Must be submitted within 90 days.

If it is not possible for you to pay for a purchase of less than \$50.00, a purchase order **MUST** be issued. **The purchase CANNOT be split into two or more amounts of less than \$50.00 each. The same is true for purchases on two separate days. Any amount over \$50.00 IS THE RESPONSIBILITY OF THE PURCHASER.**

The Auditors discourage frequent use of Petty Cash, if you purchase small amounts on a regular basis, we suggest you consider a purchase order to yourself.

See Appendix Form 3 Petty Cash Form

GUIDELINES FOR PROFESSIONAL TRAVEL CERTIFIED and CLASSIFIED STAFF

Professional travel and expenses will be approved by the Superintendent/designee.

- 1) Professional Leave Application must be completed by staff members that are interested in a conference/meeting. If several people are attending the same conference/meeting, they should all be listed on the same application. The white copy is kept by the building administrator, the yellow copy is kept by the employee. HR Kiosk must also be completed.

- 2) A requisition needs to be processed by your building secretary or appropriate person for each staff member that needs reimbursed for expenses (meals, mileage, lodging, etc.) A copy of the Professional Leave form must be attached to the requisition. Please note: if grant monies will be used – the professional leave application and requisition will need approval from the Superintendent/designee.

- 3) A requisition for the registration needs to be completed separately if an ALCS check is to be sent for your registration. A copy of the Professional Leave Form and any instructions for registering MUST be attached.

- 4) Mileage is paid at the IRS approved mileage rate. Travel within Lorain and Cuyahoga Counties is NOT reimbursed.

- 5) Meals are reimbursed. Alcohol and tips are NOT reimbursed. Receipts MUST be attached to the Expense Voucher Form. Daily limit of \$35.00.

- 6) Lodging is reimbursed. Receipts MUST be attached to the Expense Voucher Form. Tax will not be reimbursed.

- 7) Approved Expense Vouchers are sent to the Treasurer's Office.

See Appendix Form 4 – Professional Leave Application
Form 5 – Expense Voucher for Attendance of Professional Meetings

LEAVES - SICK, PERSONAL, VACATION, & UNPAID

The misuse of any leave can be grounds for dismissal and criminal charges for theft in office could be filed against you.

All leave requests should be completed using HR Kiosk. AESOP should also be completed to request a substitute for your position if necessary.

You will find HR Kiosk on www.avonlakecityschools.org under Staff Links. See the Appendix for a "How to Create a Leave Request".

SICK LEAVE

Please refer to your ALEA/OAPSE agreements for more details and specific guidelines.

BEREAVEMENT LEAVE

Please see your contract/handbook for details on what family members are covered.

PERSONAL LEAVE

Please refer to your ALEA/OAPSE agreements, Administrative Handbook or the Secretary/Administrative Assistant/Supervisor Handbook for more details and specific guidelines.

JURY DUTY

If you receive notification that you are called for jury duty, please HR Kiosk and AESOP as soon as the Court System notifies you. You will receive your salary for the days you serve as a juror. ALEA members need to forward the check received from the courts to the Treasurer's/Business Office.

VACATION LEAVE (11 & 12 month employees only)

Please refer to your ALEA/OAPSE agreements, Administrative Handbook or the Secretary/Administrative Assistant/Supervisor Handbook for more details and specific guidelines.

UNPAID LEAVE

Unpaid leave can only be used when you have depleted personal days and/or vacation (if applicable). Permission to use unpaid leave is at the discretion of your immediate supervisor/administrator.

An approved leave request in HR Kiosk **DOES NOT GUARANTEE THAT YOU HAVE PERSONAL LEAVE, SICK LEAVE, OR VACATION DAYS LEFT.** You will find your balances for Personal Leave, Sick Leave and Vacation on your pay stub or direct deposit form. **It is your responsibility to be aware of your balances.**

If you need to cancel or change a requested leave, **you must do this by using HR Kiosk.**

GENERAL PAYROLL INFORMATION

First Pay

Before anyone can be paid by Avon Lake City Schools he/she must be hired by the Board of Education. Employees are paid on the 15th and last day of each month (a schedule is distributed with the first paycheck in September). Every attempt is made to pay you on the next scheduled pay date after you begin working. However, on occasion coordination of the board meeting date when approval for hiring takes place, the employee's start date, and paperwork processing can cause an unavoidable delay in the first pay.

Payroll errors

We strive to make sure that errors do not happen, however, there are times when we do have to deal with this situation. **All errors will be corrected on the payroll that follows the pay in which the error occurred.**

STRS/SERS

All School districts in Ohio pay into either State Teachers Retirement System for certified staff or School Employees Retirement System for classified staff. We do not pay into Social Security for retirement purposes. 10% of your annual salary is paid to either STRS or SERS toward your retirement. This benefit is pre-taxed so that your annual salary is decreased for income tax purposes. The Board of Education is required to pay 14% of your annual salary into either STRS or SERS

Mandatory Deductions

By law you are required to pay the following deductions:

State Teachers Retirement System (certified staff) 10% of gross per pay

School Employees Retirement System (classified staff) 10% of gross per pay

Federal taxes

State taxes

City taxes – Avon Lake City Income Tax – 1.5% of gross per pay

Medicare – 1.45% of gross per pay – Avon Lake City Schools matches amount

ALEA (if under contract) or OAPSE (if hired July 1, 2006 and if under contract)

Other City Income Taxes

Avon Lake City Schools only collects and pays city taxes to the City of Avon Lake. If you live in another city that requires you to pay city income tax, you will need to make arrangements with your local city income tax department.

Ohio School District Income Tax

If you live in a school district that collects a school district income tax, you must let our payroll office know this information. If the rates change at any time it is your responsibility to notify the payroll department of that change.

School Employees Lorain County Credit Union

Staff who wish to participate in one of the many programs including savings accounts, money market accounts, checking accounts, Christmas Club, loans, etc. that they offer. Please call the Treasurer's Office for information.

Tax Shelter Annuities/Deferred Compensation – 403b/457 Plans

Please call the Treasurer's Office for information and a complete list of vendors.

NAME/ADDRESS/TELEPHONE NUMBER CHANGE

Name and address changes are very important to keep up to date. Please notify the Treasurer's/Business Office if your name or address changes during the school year.

Appendix – Form 10 ALCS Name/Address/Telephone Change Form

TIMEKEEPING / TIME CLOCKS

Hourly employees, including tutors, non-teaching substitutes and teacher substitutes are required to clock in at the beginning of their shift and clock out at the end of their shift. Time clocks are available in each school building and the bus garage. Employees can clock in or out from any location during their workday.

Payroll paperwork must be completed and turned in before new employees will be assigned a Payroll ID Number.

CLOCK IN

Press green CLOCK IN button then:

Touch your school ID card to the right side of the time clock.

Or, at the cursor enter your Payroll ID # using the numbers on the keypad then press the YES/ENTER button to accept/save.

CLOCK OUT

Press red CLOCK OUT button then:

Touch your school ID card to the right side of the time clock.

Or, at the cursor enter your Payroll ID # using the numbers on the keypad then press the YES/ENTER button to accept/save.

JOB CODE – WORKING A DIFFERENT POSITION

Follow the CLOCK IN instructions above. If you have more than one JOB CODE, after you successfully enter your Payroll ID # a JOB CODE screen will appear with a list of job codes for you to choose from. To toggle through the list press the red CLOCK OUT button or the (.) period key and the position will change. Press the YES/ENTER button to accept/save the appropriate JOB CODE.

If you change positions during your work day your JOB CODE will have to be changed. Press the JOB CODE button then enter your Payroll ID #. Enter the new job codes then press YES/ENTER to accept/save. If you do not know the JOB CODE, press the (.) period button to view a list of your available job codes.

VIEW HOURS

You can view your hours worked for the current week (Sunday through Saturday) only. Press the HOURS button then enter your Payroll ID # using the numbers on the keypad. Press YES/ENTER

and Hours Summary will be displayed. Press 0 for Details or NO/ESC to exit. The Details screen gives your JOB CODE and the hours you clocked in for during the current week. To move through the days of the week, press the green CLOCK IN button to move back a day at a time and the red CLOCK OUT button to move forward a day at a time.

ACCRUAL

You can view your accrued hours (actual balance) for sick leave, personal leave and vacation (if you are entitled to vacation). Press the ACCRUAL button then enter your Payroll ID # using the numbers on the keypad. Press YES/ENTER and the display will advise what date the ACCRUAL is updated through. Then press any button and your balances will be displayed by category. Sick leave will be first, followed by personal leave then vacation (if you are eligible). Press YES/ENTER to move through the categories.

If you have problems with the time clock or forget to punch in and/or out please contact the building secretary to make the corrections.

DIRECT DEPOSIT INFORMATION

If you are a regular contracted employee your direct deposit notice (Form 11) is distributed to the building you are assigned to. The distribution will remain in effect for the entire school year or until you change buildings. You may elect to have your direct deposit e-mailed to your home or school e-mail address. If you choose to have it e-mailed you will not receive a paper copy.

If you are a substitute employee your direct deposit notice will be mailed to your home. During the summer months all employees' direct deposit notices are mailed to their homes or e-mailed to their listed e-mail address.

Please make sure that you contact the Treasurer's Office (933-5163) if you have moved during the school year to update your address.

Your direct deposit notice contains important information. It tells you if you are being paid for something extra on a particular paycheck (**See #A**). It details your personal leave (PERBAL), sick leave (SICKBAL), and vacation balances (VACBAL) (**See #B**).

If one of the balances reads 2.50, that is equal to 2.50 days if you are certified staff and 2.50 hours if you are support staff. Your sick leave, vacation, and personal leave all work the same. All of these are posted current to the last payroll prior to the stub you are looking at. For example, on the August 31st pay stub, your leave, personal and sick, would be posted through August 15th (a delay of one payroll period).

Please be aware of your balances. **YOU ARE RESPONSIBLE IF YOU USE LEAVE THAT YOU HAVE NOT EARNED.** Please check HR Kiosk for your leave balances. .

The exemptions that you claim for tax purposes are listed at the bottom of your pay stub. "EX FED M 02" This means that you claim married with 2 exemptions for Federal taxes and 2 exemptions for state taxes (**See #C**).

The deduction breakdowns are listed on your pay stub in per pay amounts (**See #D**) as well as year-to-date totals (**See #E**). Deduction abbreviations are also listed (**See #F**).

DIRECT DEPOSIT GUIDELINES

1. You may choose several banks and accounts if necessary. This will not affect the credit union deductions that you may already have in place.
2. **You are responsible for any change in banks or closing of accounts.** The Treasurer's/Business Office must be notified in writing of these changes immediately, (15 days prior to payroll distribution). Failure to do so may result in your funds being delayed up to two (2) weeks until the error can be corrected.
3. Your funds will be available at 8:00 a.m. the day of payroll.
4. All employees must have their pay set-up for direct deposit.
5. You may elect to have your direct deposit e-mailed to your home or school e-mail address. If you choose to have it e-mailed you will not receive a paper copy.

Appendix – Form 11 ALCS Direct Deposit Form

CHILD ABUSE

All school employees having a reason to believe that a child has suffered an injury or other condition of such nature as to reasonably indicate abuse or neglect, must immediately report such information to the Children's Services Board or the County Department of Human Services exercising the children's services function, or a municipal or county peace officer in the county in which the child resides or where the abuse or neglect was incurred. Failure to report child abuse is a fourth degree misdemeanor. When a school employee reports a suspect incident or child abuse to children's services, the incident shall be reported to the building principal or the employee's supervisor as soon as possible.

STUDENT ACTIVITIES

If you are a student activity advisor, there is a short handbook for easy reference outlining procedures. Please check with your principal or building secretary. **If you don't have a copy of this handbook and you are an activity advisor, please contact the Treasurer's/Business Office for a copy.**

MEDICAL, DENTAL, VISION AND LIFE INSURANCE

Open enrollment for medical, dental and vision insurance is October 10 through October 31. Open enrollment is when covered and non-covered employees may elect their medical plan. Selections made during the open enrollment period will be effective January 1 – December 31 following the open enrollment period.

An Avon Lake City Schools staff member may be covered by the benefit plan through qualifying events as defined by C.O.B.R.A. In addition, a staff member who loses coverage because of termination of a spouse's coverage for any other reason shall be covered. Upon a qualifying event occurring, the staff member shall immediately notify the Treasurer's/Business Office in writing. Coverage will take effect upon the first of the following month after notification.

Dependent coverage elected by an employee at the time the employee coverage is elected, will commence on the date of the employee's coverage becomes effective. If a change in family status occurs (i.e.: marriage, divorce, birth, adoption) coverage becomes effective on the date of the "event".

Please notify the Treasurer's/Business Office of any changes that would affect your insurance. Examples would include:

- 1) Name Change
- 2) Address Change
- 3) Marital Status Change
- 4) Birth of a child
- 5) Adoption
- 6) Death
- 7) Child turns 19 years of age or graduates (child obtains their own insurance)
- 8) Retirement/Resignation

FLEXIBLE SPENDING – SECTION 125

A Flexible Benefit Plan allows you to pay for qualifying expenses and/or your insurance premium on a pre-tax basis. Expenses that qualify are those relating to out of pocket medical expenses not covered by insurance or any other source. You may choose to pay for these benefits through a Salary Reduction Agreement/Flexible Spending – Section 125. The Open Enrollment Period is October 1st – October 31st with an effective date of January 1st. The maximum allowed is \$2,400.00 per calendar year.

HIPAA – HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT OF 1996

The Health Insurance Plan Portability Act of 1996 requires Avon Lake City Schools to notify employees regarding policies and procedures. A copy of this notification follows:

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date of Notice: April 14, 2004

Avon Lake City School District's group health plan ("Health Plan") is required by law to take reasonable steps to ensure the privacy of your Individually Identifiable Health Information, regardless of form, whether oral, written or electronic ("PHI"), and to inform you about:

- Sec. 1** Health Plan's Uses and Disclosures of PHI;
- Sec. 2** Your PHI privacy rights;
- Sec. 3** Health Plan's duties concerning PHI;
- Sec. 4** Your right to file a complaint with Health Plan and the Secretary of the U.S. Department of Health and Human Services; and
- Sec. 5** The person or office to contact for further information about Health Plan's privacy practices and procedures.

Section 1. Health Plan's Uses and Disclosures of PHI

All Uses and Disclosures by Health Plan will be made only with your written authorization, which you may revoke at any time in writing, except as follows:

Required PHI Uses and Disclosures

Health Plan is required to Disclose all books, records, accounts, and other sources of information, including PHI, to the Secretary of the U.S. Department of Health and Human Services in order to allow the Department to investigate or determine Health Plan's compliance with the privacy regulations.

Uses and Disclosures for which Your Authorization is not Required

Health Plan may Use or Disclose PHI, without your authorization, to carry out its own "Payment" and "Health Care Operations" (see definitions below). Health Plan may Disclose PHI, without your authorization, to Health Care Providers for Treatment. Health Plan may Disclose PHI, without your authorization, to other Covered Entities and providers for their Payment activities. Health Plan may Disclose PHI, without your authorization, to other Covered Entities participating in its organized health care arrangement for Health Care Operations or to other Covered Entities having a relationship with you for limited purposes. Health Plan also may Disclose PHI, without your authorization, to the Plan Sponsor so that the Plan Sponsor will be able to carry out Health Plan administration functions, such as Health Plan's Payment and Health Care

Operations. The Plan Sponsor has amended its plan documents to protect your PHI. Health Plan contracts with individuals and/or entities (Business Associates) to perform various functions on its behalf or to provide certain types of services. To perform these functions or to provide the services, Health Plan's Business Associates will receive, create, maintain, Use or Disclose PHI, but only after Health Plan requires the Business Associates to agree in writing to contract terms designed to appropriately safeguard your PHI.

"Treatment" is the provision, coordination or management of Health Care and related services. It includes but is not limited to consultations and referrals between one or more of your providers. (Example: Health Plan may disclose to a specialist the name of your primary physician so that they may confer concerning your health.)

"Payment" includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations). (Example: Health Plan may disclose to a doctor whether you are eligible for coverage and what percentage of the bill will be paid by the Health Plan.)

"Health Care Operations" include but are not limited to quality assessment and improvement, reviewing competence or qualifications of Health Care professionals, underwriting, premium rating insurance activities relating to creating or renewing insurance contracts, disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. (Example: Health Plan may use information about your claims to audit the accuracy of its claims processing functions.)

Use or Disclosure of your PHI is also allowed without your authorization under the following circumstances:

- (1) When required by law;
- (2) When permitted for purposes of public health activities, including when you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law;
- (3) When authorized by law to report information about abuse, neglect or domestic violence to public authorities or if Health Plan, in the exercise of professional judgment, believes Disclosure is necessary to prevent serious harm to you or another. If Health Plan makes such a Disclosure you will, unless informing you poses a risk of harm, be promptly informed that such a report has been made;
- (4) To public health oversight agency(ies) for oversight activities authorized by law, including Uses or Disclosures in: audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions and other necessary and appropriate oversight activities;
- (5) When required for judicial or administrative proceedings in response to an order of court, or subpoena, discovery request or other lawful process when satisfactory assurance is given;
- (6) For law enforcement purposes, when required by law;
- (7) In response to a law enforcement official's request for identification/location information (including Disclosure of information about an Individual who is or is suspected to be a victim of a crime but only if the Individual agrees to the Disclosure or Health Plan is unable to obtain the Individual's agreement because of emergency circumstances and the

- law enforcement official makes all required representations and Disclosure is in the best interests of the Individual as determined by the exercise of Health Plan's best judgment);
- (8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or fulfilling other duties authorized by law. Also, Disclosure is permitted to a funeral director, consistent with applicable law, as necessary to carry out his duties with respect to the decedent;
 - (9) For research if a review or privacy board determines your authorization is not necessary and the researcher(s) provide all required representations;
 - (10) To organ procurement organizations or similar entities for the purpose of facilitating donation or transplantation;
 - (11) When consistent with applicable law and standards of ethical conduct if Health Plan, in good faith, believes the Use or Disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the Disclosure is to a person reasonably able to prevent or lessen the threat;
 - (12) When authorized for specialized government functions; and
 - (13) When authorized by and to the extent necessary to comply with worker's compensation or other similar programs established by law.

Uses and Disclosures that Require Your Written Authorization

Your written authorization generally will be required before Health Plan may Use or Disclose psychotherapy notes about you from your psychotherapist.

Your written authorization generally will be required before Health Plan may Use or Disclose your PHI for Marketing purposes.

Your written authorization will be required for all other Uses and Disclosures of your PHI except as otherwise set forth in this Notice or as required or permitted by law.

Uses and Disclosures that Require You be given an Opportunity to Agree or Disagree

Health Plan may Disclose PHI to your family members, other relatives or close personal friends if: (a) the PHI is directly relevant to a family member's or friend's involvement with your care or payment for your care; and (b) you have agreed to the Disclosure, have been given an opportunity to object and have not objected, or are unavailable to ask and Health Plan has determined, in the exercise of its professional judgment, that the Disclosure is in your best interests.

Section 2. Your Rights

All of your rights discussed below may be initiated by your written request to Health Plan, directed to the person and at the address indicated in Section 5 below. Health Plan may require your completion of an applicable form for each request.

Right to Request Restrictions on PHI and Disclosures

You may request that Health Plan restrict Uses and Disclosures of your PHI other than as set forth above. However, Health Plan is not required to agree to your request.

Right to Receive Confidential Communications

Health Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if you clearly state that Disclosure of all or part of your PHI could endanger you.

Right to Amend PHI

You have the right to request that Health Plan amend your PHI or a record about you in a Designated Record Set, subject to certain exceptions, for as long as the PHI is maintained in the Designated Record Set.

"Designated Record Set" includes the medical records and billing records about Individuals maintained by or for a covered Health Care Provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a Health Plan; or other information used in whole or in part by or for Health Plan to make decisions about Individuals.

Health Plan will act on your request as soon as reasonably possible, but no later than 60 days after your request. If the request is denied, in whole or in part, Health Plan must provide you with a written denial explaining the basis for the denial, a description of how you may exercise review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services. You or your personal representative may submit to Health Plan a written statement disagreeing with the denial or require that your request and the denial be provided with any further Disclosures of your PHI.

Right to Inspect and Copy PHI

You have the right to inspect and obtain a copy of your PHI contained in a Designated Record Set, subject to certain exceptions, for as long as Health Plan maintains the PHI. The requested information will be provided to you as soon as reasonably possible, but no later than 60 days after your request. If access is denied, you or your personal representative will be provided with a written denial explaining the basis for the denial, a description of how you may exercise review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

Right to Receive an Accounting of PHI Disclosures

You have the right to receive an accounting of Disclosures by Health Plan of your PHI during the six years prior to the date of your request. The form and substance of the accounting to be given you will be in accordance with legal requirements. Health Plan will act on your request as soon as reasonably possible, but no later than 60 days after your request. If you request more than one accounting within a 12-month period, Health Plan will charge a reasonable, cost-based fee for each accounting after the first one.

A Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before he/she will be given access to your PHI. Evidence of authority may take one of the following forms:

- a notarized power of attorney;
- a court order of appointment of the person as the conservator or guardian of the Individual; or
- being the parent of a minor child.

Health Plan retains discretion to deny access to your PHI to a personal representative if there are any safety concerns.

Section 3. Health Plan's Duties

Privacy Notice

Health Plan is required by law to maintain the privacy of PHI and to provide participants with notice of its legal duties and privacy practices. This Notice is effective beginning April 14, 2004 and Health Plan is required to comply with the terms of this Notice. However, Health Plan reserves the right to change its privacy practices and to apply any such change to any PHI received or maintained by Health Plan prior to the date of such change. If a privacy practice is changed, a revised version of this Notice will be provided to all past and present participants for whom Health Plan still maintains PHI. Any revised version of this Notice will be distributed, by mail or e-mail (but only if e-mail delivery is offered by Health Plan and you agree to such delivery) within 60 days after the effective date of any material change to Uses or Disclosures, Individual rights, duties of Health Plan or other privacy practices stated in this Notice.

Minimum Necessary Standard

When Using or Disclosing PHI or when requesting PHI from another Covered Entity, Health Plan will make reasonable efforts not to Use, Disclose or request more than the minimum amount of PHI necessary to accomplish its intended purpose(s). However, the minimum necessary standard will not apply in the following situations:

- Disclosure to or requests by a Health Care Provider for Treatment;
- Uses or Disclosures made to you;
- Uses or Disclosures made pursuant to your authorization;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or Disclosures that are required by law; and
- Uses or Disclosures that are required for Health Plan's compliance with legal regulations.

This Notice does not apply to information that has been de-identified. "De-identified information" is information that does not identify an Individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an Individual.

Section 4. Your Right to File a Complaint with Health Plan or DHHS Secretary

If you believe that your privacy rights have been violated, you may file a complaint with Health Plan by sending your complaint in writing to Avon Lake City School District Group Health Plan, Attention: Treasurer, Avon Lake City School District, 175 Avon Belden Road, Avon Lake, Ohio 44102-1698.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. Health Plan will not retaliate against you for filing a complaint.

Section 5. Whom to Contact at Health Plan for More Information

If you have any questions regarding this Notice or the subjects addressed in it, or if you would like to make requests of Health Plan or receive sample forms for the exercise of your legal privacy rights, you may contact Health Plan as follows: Treasurer, Avon Lake City School District, 175 Avon Belden Road, Avon Lake, Ohio 44102-1698, phone: (440) 933-5163.

Conclusion

PHI use and disclosure by Health Plan is regulated by a federal law known as HIPAA (Health Insurance Portability and Accountability Act of 1996). You may find these rules, as well as the capitalized terms not defined in this Notice, at 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations. If a Use or Disclosure required or permitted by this Notice is prohibited or materially limited by state privacy or other applicable laws, Health Plan may be required to follow those state or other applicable laws. You have the right to obtain a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically.

PUBLIC'S RIGHT TO KNOW

The Board supports the right of the people to know about the programs and services of their schools and makes efforts to disseminate appropriate information. Each principal is authorized and expected to keep the school's community informed about the school's programs and activities. The release of information of Districtwide interest is to be coordinated by the Superintendent.

Business of the Board is discussed and decisions are made at public meetings of the Board, except such matters as are properly discussed in private executive sessions.

The official minutes of the Board, its written policies, its financial records and all other public records are open for inspection in the Treasurer's office during the hours when the administration offices are open.

Records pertaining to individual students and other confidential materials are not released for inspection by the public or any unauthorized persons, either by the Treasurer, Superintendent or other persons responsible for the custody of confidential files. Only that information deemed "directory information" may be released from an individual student's file, and only after complying with the regulations prepared by the

administration for the release of such information. Student records that consist of "personally identifiable information" generally are exempt from disclosure. Student directory information, however, is released unless the parents have affirmatively withdrawn their consent to release in writing.

Any individual who wants to obtain a copy of a public record may request to have the record duplicated on paper, on the same medium on which the record is kept or on any other medium the Superintendent/designee determines that the record can reasonably be duplicated as an integral part of normal operations.

The District may ask that the request be put in writing. However, the District must notify the requestor that it is not mandatory to do so.

The District provides an opportunity for a records requestor making an ambiguous or overly broad request to revise the request by informing the requestor of the manner in which records are maintained.

If a public records request is denied, the District provides an explanation with legal authority as to the reason for the denial of the request.

If the person seeking the copy makes a choice under this provision, the District must provide the record in accordance with that choice if available to the District. A fee may be charged for copies. The District may require the fee charged for copies be paid in advance.

The number of mail requests sent to any one person is limited to 10 a month unless the person certifies in writing that the records, or the information in them, will not be used for commercial purposes.

The Board's public records policy is posted in a conspicuous location in the central office and in all other District buildings and employee handbooks provided by the District.

ACCIDENTS ON THE JOB

All accidents involving staff, students or visitors are to be reported on an Incident / Accident Report Form. This form should be filled out and signed by your building administrator, building nurse or supervisor and forwarded to the Treasurer's/Business Office as soon as possible. **Timeliness is VERY important.**

Some accidents / injuries are covered by Workers' Compensation. The most important thing is to receive appropriate medical attention as quickly as possible. Please notify the School Nurse, Building Principal, Supervisor or Building Secretary immediately of your injury so you can secure a Sheakley UniComp, Inc. card. This card will provide you with the appropriate information to process your claim.

All worker's compensation claims must be reported to OhioComp Management at 1-888-247-4800 for treatment of work related injuries and illnesses.

See Appendix Form 12 - Accident Report Form

Use of School Facilities Application and Permit Process

The **Application for the Use of School Facilities Forms** are available in the main office of each building in the district. The application must be completed with *(email address of originator, if applicable)* and returned to the building principal where use of the building will take place.

After the building principal signs and approves the application, send the approved application to:

Building Secretaries

All Buildings, except the High School

OR

Judi Kostelansky
Treasurer's/Business Office
(440) 933-5163 EXT. 1519

Performing Arts Center

OR

Avon Lake High School Main Office
440-933-6290

High School

A **Permit for the Use of School Facilities** will then be completed and any costs applied where applicable. The Permit for the Use of School Facilities will be sent via email or U.S. mail to the originator, the building custodian, and the building principal.

Current forms are subject to change.

See Appendix Form 13 Application/Permit for the use of School Facilities

FIELD TRIPS

Field trips **MUST** be arranged a **minimum of ten (10) school days in advance**. Please make sure that all necessary information is completed on the Bus Trip Permits.

Failure to follow the above guidelines jeopardizes the trip arrangements being formalized. Your building principal **MUST** approve a field trip. Chaperones are a must on all field trips.

This process is currently in transition, please watch for future updates.

See Appendix 14 - Bus Trip Permits

WHO TO CALL or SEND INTEROFFICE MAIL

If you have questions/interoffice mail

Accident Reports	Tina Oster Denise Augustine or Denise Holcomb	Ext. 1525 – Treasurer’s/Business Office Ext. 1521 – Treasurer’s/Business Office Ext. 1518 933-5163
Building Use	ALHS Main Office for H.S. Building Secretary, All Bldgs.except H.S. Judi Kostelansky, Performing Arts	Ext. 1519, Treasurer’s/Business 933-5163
Bus Routes	Sue Cole	Ext. 1592 - Bus Garage 933-9802
Certified Staff/Personnel	Debby Hill	Ext. 1514 – Supt. Office 933-6210
AESOP	Karen Beech	Ext. 1650
Curriculum K - 6	Dave Jones	Ext. 1512 – Supt. 933-6210
Curriculum 7 – 12	Greg Ludwig	Ext. 1526 - Business Office 933-5163
EMIS/Pupil Accounting	Laura Wismer	Ext. 1506 – Pupil Services Office 933-4829
Field Trips	Sue Cole	Ext. 1592 - Bus Garage 933-9802
HR Kiosk	Ginny Hansen Autumn Streng or Denise Holcomb	Ext. 1524 - Treasurer’s/Business Office Ext. 1520 - Treasurer’s/Business Office Ext. 1518 933-5163
Insurance questions	Ginny Hansen Autumn Streng or Denise Holcomb	Ext. 1524 - Treasurer’s/Business Office Ext. 1520 - Treasurer’s/Business Office Ext. 1518 933-5163
Leave questions	Bldg. Adm./Supervisor first then Treasurers Office	
LPDC Forms	Kris Simecek Debby Hill Julie Appleton	Ext. 1513 – Superintendent Office Ext. 1514 Ext. 1515 933-6210
Payment of bills /Invoices OK’s to Pay	Nancy Daniels	Ext. 1523 – Treasurer’s/Business Office 933-5163

Payroll OR Name/address change	Ginny Hansen, Denise Augustine, or Denise Holcomb	Ext. 1524 – Treasurer's/Business Office Ext. 1521 – Treasurer's/Business Office Ext. 1518 933-5163
Petty Cash	Judi Kostelansky	Ext. 1519 – Treasurer's/Business Office 933-5163
Purchase Orders	Nancy Daniels or Autumn Streng	Ext. 1523 – Treasurer's/Business Office Ext. 1520 933-5163
Special Education Concerns	Marlene Eiermann	Ext. 1505 – Special Education Office 933-4829
Student Activity	Autumn Streng or Denise Holcomb	Ext. 1520 – Treasurer's/Business Office Ext. 1518 933-5163
Support Staff/Personnel	Tina Oster Denise Augustine or Greg Ludwig	Ext. 1525 – Treasurer's/Business Office Ext. 1521 – Treasurer's/Business Office Ext. 1526 933-5163
Teacher Licensure/ Transcripts	Kris Simecek	Ext. 1513 – Supt. Office 933-6210
Technology	Scott Wuensch	Ext. 1177 – 933-6290
Uniform Allowance	Ginny Hansen	Ext. 1524 – Treasurer's/Business Office 933-5163