

MARLETTE COMMUNITY SCHOOLS

MARLETTE ELEMENTARY SCHOOL

MARLETTE JR/SR HIGH SCHOOL

EMPLOYEE HANDBOOK

2022-2023



**“EDUCATING, INSPIRING AND PREPARING
INDIVIDUALS FOR THEIR FUTURE”**

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INTRODUCTION

This handbook has been prepared to give employees important information concerning a variety of topics. Please take time to review the information thoroughly. **An acknowledgement will be required each year.** Employees can complete Appendix K or email Deanna King at dking@marletteschools.org to confirm they have read and understand this handbook. Any questions should be directed to the Superintendent's Office.

The Board of Education does not discriminate on the basis of race, color, national origin, sex, (including sexual orientation or transgender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities.

COMMUNICATION

Staff will receive most District communication via email. All employees will be issued a District email. Employees who do not have access to a computer may use one of the computers in either school library. Please request login information from the Superintendent's Office. Employees should check their email at least once per week.

CONTRACTS/PAY RATES

All salaried employees, or those who fall under a group agreement, will be given a contract at the time of their employment. New contracts will be distributed to employees upon approval.

Individual hourly employees will be notified of their hourly rate of pay at the time of hire.

Teachers who are anticipating, or have a degree change, should contact the Superintendent's Office as soon as they are aware of the change for budgeting purposes. Teachers must submit the Credit Verification Form (Appendix I) and have original transcripts sent to the Superintendent's Office to verify the degree change. Salary changes will not be made until approved by the Superintendent.

PAYROLL

Payroll is conducted on a bi-weekly basis. All employees hired after July 1, 2017 must sign up for direct deposit of payroll checks. All other employees are encouraged to sign up for direct deposit of their payroll checks as soon as possible. Direct deposits are transmitted Thursday and printed checks are dated Friday of the payroll week. Any financial institution may be chosen.

Payroll sheets are due in the Superintendent's Office by noon on the Friday before a payroll date.

Salaried staff on the school year pay schedule may choose a 21-pay schedule or a 26-pay schedule. The 26-pay schedule provides payment during the summer months.

Employees who use more than one timecard should number each card used (i.e. 1 of 2, 2 of 2, etc.).

Checks will be distributed on Thursday afternoon or Friday morning, depending on the department. Employees with direct deposit can access their payroll information via the Skyward Employee website (finance.marletteschools.org). Please contact Deanna King at ext. 44923 for login information. Checks will be mailed during break periods. **Do not cash checks prior to the date of the check.**

It is important for the district to maintain up to date contact information on all employees. Please report all address changes and phone number changes as soon as possible to Deanna King, ext. 44923.

CERTIFICATION

All certified employees must provide the District with original transcripts and their teaching certificate upon employment. Para-professionals must provide proof of certification by showing successful completion of WorkKeys or a college transcript showing an associate's degree.

Certificates must be renewed by June 30 in the year in which they expire.

EMPLOYEE BENEFITS

Insurance (health, dental, vision, life) benefits are granted as per contracts. Coverage will begin the first of the month following employment, unless otherwise stated. Identification cards for coverages are mailed by the provider once the application has been processed.

All health care benefit changes are done online by the employee. Instructions for the site are found on the District Web Site under Employee Resources. Please note: if an employee leaves the employ of the District prior to the full payment of the calculated cost of insurance, they will be responsible for the amount owed spread over the number of pays remaining before their termination date.

The District will hold an open enrollment period each October for employees to make changes to their health care benefits and optional coverages with MESSA. Information will be distributed from the Superintendent's Office prior to the open enrollment period each year. Changes made during this time period will become effective January 1. The cost for health care benefits and optional coverages will be deducted over 26, 21 or 20 pays, as applicable per employee group.

Employees eligible for the board paid annuities must choose a company from the approved list. The list can be found at <https://www.tsacg.com/individual/plan-sponsor/michigan/marlette-community-schools/>. Contributions will be made monthly during the school year (divided over 10 months). Employees eligible for the cash option may choose to invest in a tax-deferred 403(b) or 457(b) plan with an approved company, or take the cash, which is then taxable. Cash Option monies will be added to payroll and distributed over 20 or 26 pays depending upon the employee classification. Twenty-pay distributions will begin with the second pay in September and conclude with the first pay in June.

Again it is important to maintain current contact information for benefit plans. Address changes, beneficiary changes, family status changes, etc. should be reported as soon as possible using the online site(s).

OPTIONAL INSURANCES

Employees are eligible for optional coverages through MESSA, MEA Financial and AFLAC. Deductions for these benefits will be taken over 26, 21 or 20 pays, as applicable per employee group. MESSA coverages can be added at the time of enrollment and during open enrollment each year using MESSA's online enrollment process. MEA Financial and AFLAC coverages may be added at any time. Contact information can be obtained from Deanna King at ext. 44923.

REIMBURSABLE BENEFITS

Employees eligible for reimbursable benefits should review their contract for procedures.

All requests for reimbursement should be submitted on the applicable form (Appendix B-D). Receipts must be included with all requests for reimbursements. Sales tax will not be reimbursed. Tax exempt certificates can be obtained from the offices. Reimbursements must be submitted within 30 days of incurring the expense.

TAX DEFERRED CONTRIBUTIONS

All employees are eligible to make contributions to a tax deferred plan. The District offers 403(b) and 457(b) plans, and with some companies, the Roth 403(b) plan. Employees may enroll, change or stop contributions online or by submitting the applicable form to the Superintendent's Office. Participating companies, forms and online options can be found at <https://www.tsacq.com/individual/plan-sponsor/michigan/marlette-community-schools/>.

LEAVE TIME/ABSENCES

Leave time is granted as per the contract. Leave days and vacation days (if applicable) may be pro-rated based upon the date of hire. Balances are printed on pay check stubs or can be found in Skyward Employee Access.

Teachers and para-pros will sign up for substitutes with ESS, using the Willsub system. Employees will be assigned an ID number and PIN to set up their account with Willsub. Training is available on-line with a tutorial and General Web How To's. Employees will have the ability to customize their substitute requests through the system. Principals will give specifics of procedures used with the system.

A Request for Leave is to be filled out and given to the Supervisor prior to the absence. If the leave is an emergency, please follow the procedure for your employment classification for reporting an absence. An Employee Absence Report must be filled out immediately upon return, if a Request for Leave was not completed prior to the leave.

Teachers and para-pros do not need to complete an Employee Absence Report (after an absence) if they used Willsub for the leave.

Leave time is paid by a full day or a half day.

Employees completing a time sheet or time card should record all absences on the form with the appropriate absence code. If a day is left blank and no code is written or an absence form is not submitted for the payroll, the employee will not receive pay for that day.

Employees whose contract allows for the use of leave days as compensation for "snow days" must note this on their timesheet/card during the pay period in which the "snow day(s)" occurred. If it is not recorded, payment will not be made. Please refer to the contract for the number of sick leave days that can be used for snow days. It is the employee's responsibility to track the number of leave days they have used.

If an employee is planning a long-term leave of absence, a discussion should be held with their immediate supervisor as soon as possible, giving the date the leave will begin and end (if available). A teacher should provide the initial lesson plans for the classroom for the time period they will be gone. FMLA paperwork will be processed, as applicable.

Teacher Comp Time Use Procedure

Notice should be given to the principal of the intent to use comp time at least 48 hours in advance. The principal may approve a shorter timeline in the event of an emergency or extenuating circumstances.

A teacher using comp time must arrange for their own coverage and notify the principal and secretary as to how the classroom will be covered.

Lesson plans should be provided to the substitute when the teacher utilizes comp time, as is expected for any other absence.

Completed paperwork for the earning OR utilization of comp time must be completed in the payroll period it was earned or utilized and given to the building secretary.

Professional Development Procedure

Employee wishing to attend a conference for professional development will complete the Conference Request Form (Appendix E) and submit to their principal. All necessary information pertaining to the conference should be attached to the original request (i.e. PO request, registration information, hotel request/location, etc.).

The principal will review the conference request and approve or deny the professional development. If approved, it will be forwarded to the superintendent with all supporting documentation. If the supporting documentation is insufficient, the request will be returned to the employee.

Once the superintendent reviews the request, a copy will be returned to the employee. After the employee returns from the conference, the form can be completed with expense information for reimbursement (as applicable). All receipts must be attached, as well as proof of attendance at the conference. Expenses will not be reimbursed until all supporting documentation has been turned in.

RETIREMENT INFORMATION

All employees of K-12 public school districts are members of the Office of Retirement Services (ORS). Employees should set up their MiAccount as soon as possible and review periodically for accuracy. MiAccount shows earnings, service credit and other employment/retirement information. Employees can also run retirement compensation scenarios with the system. MiAccount can be found at www.michigan.gov/orsmiaccount. ORS will send information to new employees. Employees may contact ORS at 1-800-381-5111 if login information has been lost.

The District pays into each employee's retirement account a set percentage established by ORS. The contribution rate is updated on October 1 of each year.

Employees who are Pension Plus, DC or PHF participants will have contributions sent to Voya Financial via ORS. Voya Financial will contact employees with plan information.

Employees with retirement questions should log into MiAccount, visit the web site (<http://www.michigan.gov/ors>) or call 1-800-381-5111.

ELECTRONIC LOCK SYSTEM/KEYS

An electronic lock system is used for entry to the building(s). Julie Quade (ext. 44429), Superintendent's Office, distributes all fobs/keys for the district.

Please note the following:

- If a fob is used for entrance after school hours, make sure all windows and exterior doors are secure prior to leaving the building.
- Make sure the building is empty before leaving.
- If the fob is lost or stolen, please contact Julie Quade immediately.

- The fob must be returned when employment ends.
- Do not allow others to use the fob.
- Room keys will be distributed at the time of employment.
- If problems occur with the fob, please contact Julie Quade.

DISTRICT WEB SITE / APP

The District web site (marletteschools.org) has links to Office of Retirement, Michigan Department of Education, employee health care plans, Board of Education information, payroll forms and miscellaneous forms.

All employees should download the MCS App. It is used for notifications, including school closings. It can be found in the App Store.

TRUSTED AGENCY ACCOUNT PROCEDURES

The following procedures have been established for Trusted Agency accounts. All forms can be found in the Appendix (F-H).

- A purchase order is required for all purchases. Please contact Julie Quade (ext. 44429) with the required information using either the Purchase Order Request Form, or an email with all required information. All athletic purchase orders must be approved by the Athletic Director first.
- Account holders will receive an account balance at the end of each month. Purchase orders may appear on the spreadsheet since they are an encumbrance against the account.
- Deposits must include a breakdown of cash and checks using the Deposit Worksheet, or something similar with the required information. Please roll all coins. Wraps can be obtained from the Superintendent's Office. If the deposit contains a large amount of coin, the depositor can make arrangements to drop it off at the District's financial institution to be counted. The depositor's signature is also required.
- Requests for checks must be made in writing using the Check Request Form, or via email with the required information. Check requests should be made seven (7) days in advance and have corresponding receipts or other documentation attached.

VOLUNTEERS

Many volunteer screenings take place at the beginning of the school year. The volunteer screening process is real-time and updates are not generated without another screening. Therefore, volunteers must be rescreened prior to all field trips. It is the teacher's responsibility to provide a list of chaperones to the Superintendent's Office **at least** 1 week prior to the field trip. If a volunteer is found to be unable to attend a field trip, time is needed to contact that volunteer prior to the day of the field trip.

A list of volunteers who regularly work in classrooms must also be provided to the Superintendent's Office so periodic screenings can be done.

SAFETY AND HEALTH PROGRAM GUIDELINES

It is the goal of Marlette Community Schools to provide a safe and healthy work place for all employees. The district asks that all employees follow safe and healthy work practices, obey safety and health rules and regulations, and work in a manner that maintains high safety and health standards. The district will provide and maintain, safe and healthy working conditions, and

will establish and insist upon work methods and practices that promote a safe and healthy workplace at all times. Developing a positive employee environment with open communication, employee involvement and participation, and respect will help the Marlette Community Schools achieve high safety and health performance.

All employees of the District will be required to complete health and safety training through the online site SafeSchools according to their job classification. Directions will be given to each school employee as to the required training.

COVID-19 Safety and Protocols

Employees will follow all protocols as outlined in the District's COVID-19 [Preparedness and Response Plan](#) and the MCS Exposure Control Plan (copy of plan available upon request from Superintendent's Office).

Safety and Health Committee

Marlette's Administrative Team will act as the district's Safety and Health Committee and will be responsible for overseeing the district's safety program. Safety and health issues will be discussed as part of the monthly administrative meetings. The Administrative Team consists of the following: superintendent, business manager, building principals and counselors, building and grounds/maintenance supervisors, food service director, technology coordinator, bus mechanic, athletic director, assistant transportation director, and special services director.

Superintendent's Office Responsibilities

It is the Superintendent's Office's responsibility to maintain up-to-date copies of the Safety and Health plans, procedures and programs, as well as the necessary documentation. It is also the superintendent's office's responsibility to provide training and safety information for staff.

Supervisor Responsibilities

It is each supervisor's responsibility to identify potential hazards, identify methods to control or eliminate the hazards, ensure employees engage in safe and healthy work practices, and ensure employees receive safety and health training to do their work.

Employee Responsibilities

It is the employee's responsibility to engage in safe and healthy work practices and to participate in safety and health training activities. Employees are also responsible for reporting potential hazardous situations to their immediate supervisor.

Safety and Health Program

Marlette Community Schools Safety and Health Program consists of the following plans. All plans are on file in the Superintendent's Office and can be reviewed upon request.

- Blood Borne & Infectious Diseases Exposure Control Plan
- Integrated Pest Management Plan
- Hazard Communication Program (Right to Know)
- Lockout/Tagout Procedures
- Personal Protective Equipment Plan
- Asbestos Plan
- Emergency Safety Response Plan
- Other programs as designated by supervisors

ACCIDENTS

All employee accidents must be reported to the immediate supervisor immediately. An accident report is to be completed as soon as possible and given to the supervisor for their signature. Accident report forms can be found in the building offices and on the District's web site. If medical treatment is needed, please contact Deanna King (ext. 44923) to arrange for an appointment at the District's approved medical provider. In emergency situations, go to Marlette Regional Hospital Emergency immediately.

All student accidents must also be reported immediately. Complete the student accident report and give to the building principal for review and signature. The form will then be sent to the Superintendent's Office for processing. If the incident involves an athlete, the Athletic Director should also sign the form.

Please provide as much detail as possible since accident reports may have to be submitted to our liability carrier.

WEIGHT ROOM WAIVER

Employees who wish to use the weight room must read and complete the Weight Room Waiver and Release of Liability in Appendix J.

EMERGENCY MEDICAL TREATMENT

An Emergency Medical Authorization Permit is included in the Appendix (A) of this handbook. This can be updated as often as needed. A copy will be kept in a confidential file in the building office or superintendent's office. Employees are encouraged to complete the form on an annual basis. The District will maintain each employee's authorization for treatment until a new form is submitted.

MEDICARE CREDITABLE COVERAGE INFORMATION

Important Notice about Your Prescription Drug Coverage and Medicare *This notice applies to you only if you and/or your dependents are eligible for Medicare.*

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Marlette Community Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

MESSA's actuaries, Willis Towers Watson, have determined that the prescription drug coverage offered by the Marlette Community Schools is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. **Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current Marlette Community Schools coverage will be affected

If you do decide to join a Medicare drug plan and drop your current Marlette Community Schools coverage, be aware that you and your dependents **will not** be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with Marlette Community Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Marlette Community Schools changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov.

Call 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048.

Call your State Health Insurance Assistance Program (see page 125 of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	August 4, 2022
Name of Entity/Sender:	Marlette Community Schools
Contact--Position/Office:	Deanna L. King, Superintendent’s Office
Address:	6230 Euclid St., Marlette, MI 48453
Phone Number:	989-635-4923

DISTRICT POLICIES

All policies listed in the Employee Handbook will now be linked directly to the District’s policy website. It is the employee’s responsibility to review these policies annually.

Personnel Records – Policy 8320

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EK7Q4AB8EC>

Video Surveillance and Electronic Monitoring - Policy 7440.01

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EK6U4AB8D0>

Freedom of Speech in Non-Instructional Settings – Policy 3310

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EJZ54AB7D6>

Staff Ethnicity – Policy 3210

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=BM4JDX4CB633>

Criminal History Record Check – Policy 8142

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EK7H4AB8E5>

Fair Labor Standards Act (FLSA) – Policy 6700

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EK6C4AB8C0>

Military Leave – Policy 4437.01

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EK2S4AB80B>

Student Supervision and Welfare – Policy 3213

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EJYU4AB7CD>

Bullying and Other Aggressive Behavior Towards Students – Policy 5517.01

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EK474AB838>

Drug Free Workplace – Policy 3122.01

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EJYB4AB7BC>

Anti-Harrasment – Policy 3362

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EJZ64AB7D7>

Privacy Protection of Fully Insured Group Health Plans – Policy 4419.02

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EK2P4AB808>

Family & Medical Leaves of Absence (FMLA) – Policy 4430.01

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EK2R4AB80A>

Federal Group Health Continuation (COBRA) – Administrative Guideline 4421

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EKE94AC56B>

Nondiscrimination and Access to Equal Educational Opportunity – Administrative Guideline 2260

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=CDNKUB5337D5>

Section 504/ADA Prohibition Against Discrimination Based on Disability, Including Procedures for the Identification, Evaluation, and Placement of Students Suspected of Having a Disability, and the Right to FAPE – Administrative Guideline 2260.01A

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=CDNKUC5337F0>

Section 504/ADA Parents' Procedural Rights, Including Due Process Hearing – Administrative Guideline 2260.01B

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=B5EKAH4AC4E6>

Section 504/ADA Prohibition Against Discrimination Based on Disability – Policy 2260.01

<http://go.boarddocs.com/mi/marlt/Board.nsf/goto?open&id=CDNKS8529E61>

APPENDIX A

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Please complete each year if there is new information.

Should I become incapacitated and unable to authorize the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, I authorize the individuals listed below to act on my behalf.

This authorization is valid until such time as I withdraw the authorization.

Authorized Person _____

Telephone Number _____

Authorized Person _____

Telephone Number _____

Doctor Preferred _____ Telephone _____

Doctor's Address _____

Dentist Preferred _____ Telephone _____

Dentist's Address _____

Insurance Company _____ I.D. No. _____

Important Medical Information

Allergies _____

Current Medications or Treatments _____

Previous Operations or Hospital Confinements _____

Other: _____

Name (Print or type) _____

Date of Birth _____

Number Street Apt# City State Zip _____

Signature _____ Date _____

This authorization will be maintained in a secure file in the Principal's Office and the Superintendent's Office until such time that it is needed and/or updated. Authorizations will be destroyed upon receipt of new information.

APPENDIX B

**Marlette Community Schools
Expense Reimbursement Guidelines**

1. **Receipts must be itemized.** Reimbursement will be denied for expenses not accompanied by an itemized receipt. Please note: the final credit card receipt is not acceptable. It must be itemized. The only exception is for parking, taxis, and tolls (see below). Sales tax will not be reimbursed. Tax Exempt Certificates can be obtained from the offices. Receipts must be submitted within 30 days of expense.

2. If the receipt includes your full credit card number, you may submit a redacted copy. (Cover the number with black marker or correction tape and make a photocopy.)

Permissible Expenses	Excluded Expenses
<p>Accommodations</p> <ul style="list-style-type: none"> • If sharing with someone who is not an employee of the Marlette Community Schools, but is attending the same event, the reimbursement will equal the total cost divided by the number of people sharing the room. 	<ul style="list-style-type: none"> • Movies • Personal telephone calls • Extra charges for additional guests in the room (i.e. spouse) • Any non-approved expenses.
<p>Mileage</p> <ul style="list-style-type: none"> • The miles submitted should be the lesser of the distance from the actual starting point (work or home) to the destination. 	<ul style="list-style-type: none"> • Gasoline unless travel is by rental car or district-owned vehicle.
<p>Meals</p> <ul style="list-style-type: none"> • Reimbursement amount as per contract. • One person may pay for and be reimbursed for meals for all members of the group as long as <u>all names are listed</u> on the itemized receipt and the total does not exceed the aggregate amount for the group. 	<ul style="list-style-type: none"> • Alcohol and any tax associated with its cost. • Meals covered through the registration fee (i.e. if a meal is provided, no additional reimbursement will be provided). • Meals on the first or last day outside the necessary travel time (i.e. lunch but no dinner expense for a conference that ended at noon).
<p>Parking, Taxis, Tolls</p> <ul style="list-style-type: none"> • If itemized receipts are not available, submit an itemized list. 	
Registration Fees	

Marlette Community Schools Purchase Order Request

Account _____

Vendor Name _____

Vendor Address _____

Vendor Phone _____

Vendor Fax _____

Vendor Email _____

Purchase Order will be:

_____ Called in

_____ E-mailed to _____

_____ Faxed to _____

_____ Mailed to _____

Ship to _____

Purchase Order Amount _____

Please attach a detailed list if necessary.

Signature _____

Signature

Date

Athletic Requests Only

Athletic Director Approval _____

Signature

Date

APPENDIX G

Marlette Community Schools
Check Request

Account _____

Vendor Name _____

Vendor Address _____

Vendor Phone _____

Vendor Fax _____

Vendor Email _____

Check Amount _____

Date Needed _____

Check Description _____

Check will be picked up _____

Mail Check _____

Signature _____ Date _____

APPENDIX H

Marlette Community Schools
Deposit Worksheet

Date of Deposit _____

Deposit Account _____
Name of Group

Deposit Description _____

Currency	Number	Total Amount
\$100		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		
Coin		
\$1		
\$.50		
\$.25		
\$.10		
\$.05		
\$.01		
Check Total		
Please list checks on reverse side.		
Total Deposit		

Marlette Community Schools Credit Verification Form

Employee's Name _____

Current Degree & Credit _____ Pending Degree & Credit _____

Date	Course Number	Credit Issuing University	Number of Credits Earned	Approved By

Employee Signature _____

Date Submitted _____

Approved By Superintendent _____

Effective Date of Change _____

**MARLETTE COMMUNITY SCHOOLS
WEIGHT ROOM
WAIVER AND RELEASE OF LIABILITY**

IN CONSIDERATION OF the risk of injury that exists while participating in USE OF THE MARLETTE COMMUNITY SCHOOLS WEIGHT ROOM (hereinafter the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge MARLETTE COMMUNITY SCHOOLS, located at 6230 Euclid St, Marlette, Michigan 48453, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize Marlette Community Schools to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the Marlette Community Schools official or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE MARLETTE COMMUNITY SCHOOLS AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST MARLETTE COMMUNITY SCHOOLS FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of Marlette Community Schools, its agents, and employees.

I agree that this Release shall be governed for all purposes by Michigan law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, _____ and Marlette Community Schools agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

<u>Emergency Contact</u>	<u>Contact Relationship</u>	<u>Contact Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND THAT I AM SIGNING IT OF MY OWN FREE WILL.

Participant's Name: _____

Participant's Address: _____

Signature: _____

Date: _____

ACKNOWLEDGEMENT OF EMPLOYEE

MARLETTE COMMUNITY SCHOOLS 2022-2023 SCHOOL YEAR

I, _____, have read the Marlette Community Schools' Employee Handbook and understand the information contained therein.

Furthermore, (please check the following to acknowledge)

_____ I acknowledge that the District has provided me with sufficient information concerning any toxic materials I may encounter on District property while performing my duties. I believe I have been adequately informed about what these materials are, how they are identified, and the possible effects they may have on my health.

_____ I have reviewed and understand MCS Policy 3362 – Harassment of Staff or Applicants.

Bloodborne Pathogens Options

_____ I wish to be inoculated with the Hepatitis B vaccine as provided for by the School District. I have been adequately informed about the availability, need for, and the nature of the Hepatitis B vaccination, as well as the consequences of not being immunized.

-OR-

_____ I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive this vaccination series at no charge to me.

-OR-

_____ I have already had the vaccination series.

Employee Signature _____

Date Signed _____