

**KLAWOCK CITY SCHOOL DISTRICT  
DRUG-FREE WORKPLACE CERTIFICATION**

Please be advised that as a recipient of Federal Grant Funding, the Klawock City School District has been required to certify that it maintains a Drug-Free Workplace. In compliance with the provisions of the Drug-Free Workplace Act of 1988, and regulations adopted there under, you are hereby notified as follows:

- 1) Klawock City School District prohibits employees of unlawful distribution, dispensation, possession or use of a controlled substance in the Workplace.
- 2) Employees convicted of any criminal drug statute in Klawock Schools Workplace must notify Klawock School Superintendent within five (5) days of conviction.
- 3) Within 30 days of employee drug notification, Klawock School District may take personnel action against the employee up to and including termination or require employee rehabilitation on a Klawock School District approved program.

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

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Employee Signature Acknowledging Receipt of Notice

## KLAWOCK CITY SCHOOL DISTRICT

### STAFF ACCESS TO NETWORKED INFORMATION RESOURCES

Staff will employ electronic mail on a daily basis at work as a primary tool for communications. The district may reply upon this medium to communicate information, and all staff will be responsible for checking and reading messages daily.

The network is provided for staff and students to conduct research and communicate with others. Communications over the network are often public in nature; therefore general rules and standards for professional behavior and communications will apply.

Electronic mail and telecommunications are not be utilized by employees to share confidential information about students or other employees because messages are not entirely secure.

Network administrators may review files and communications to maintain system integrity and to ensure that staff members are using the system responsibly. Users should not expect that files stored on district computers or servers will be private.

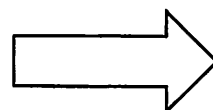
The following behaviors are not permitted on district networks:

- 1) Sharing confidential information on students or employees
- 2) Sending or displaying offensive materials or pictures
- 3) Assisting a campaign or election of any person to any office or for the promotion of or opposition to any ballot proposition
- 4) Using obscene language
- 5) Harassing, insulting or attacking others
- 6) Engaging in practices that threaten the network (e.g., loading files that may introduce a virus)
- 7) Violating copyright laws
- 8) Using others' passwords
- 9) Trespassing in others' folders, documents or files
- 10) Intentionally wasting limited resources
- 11) Employing the network for personal/commercial purposes
- 12) Violating regulations prescribed by network provider
- 13) Promoting, supporting or celebrating religion or religious institutions
- 14) Allowing students to use the Internet without direct adult supervision.

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

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

Each employee will be given copies of this policy and procedures and will sign an acceptable use agreement before establishing an account or continuing their use beyond September 30<sup>th</sup>, 2009.



## **Staff Access to Networked Information Resources**

With the spread of telecommunications throughout the modern workplace, the Board recognizes that employees will shift the ways they share ideas, transmit information, and contact others. As staff members are connected to the global community, their use of new tools and systems brings new responsibilities as well as opportunities.

The Board expects that all employees will learn to use electronic mail and telecommunications and apply them daily in appropriate ways to the performance of tasks associated with their positions and assignments. Toward that end, the Board directs the Superintendent to provide staff with training in the proper and effective use of telecommunications and electric mail.

Communication over networks should not be considered private. Network supervision and maintenance may require review and inspection of directories or messages. Messages may sometimes be diverted accidentally to a destination other than the one intended. Privacy in these communications is not guaranteed. The district reserves the right to access stored records in cases where there is reasonable cause to expect wrongdoing or misuse of the system. Courts have ruled that old messages may be subpoenaed, and network supervisors may examine communications in order to ascertain compliance with network guidelines for acceptable use.

The Board directs the Superintendent to specify those behaviors which are permitted and those which are not permitted, as well as appropriate procedures to guide employee use. In general, employees are expected to communicate in a professional manner consistent with state laws governing the behavior of the school employees and with federal laws governing copyrights. Electronic mail and telecommunications are not to be utilized to share confidential information about students or other employees.

The Board encourages staff to make use of telecommunications to explore educational topics, conduct research, and contact others in the educational world. The Board anticipates that the new systems will expedite the sharing of effective practices and lessons across the district and will help staff stay on the leading edge of practice by forming partnerships with others across the nation and around the world.

The Network Supervisor will report inappropriate behaviors to the employee's supervisor who will take appropriate disciplinary action. Any other reports of inappropriate behavior, violations, or complaints will be routed to the employee's supervisor for appropriate action. Violations may result in a loss of access and/or disciplinary action. When applicable, law enforcement agencies may be involved.



# Klawock City School District

P.O. Box 9 Klawock, Alaska 99925 907-755-2220 Fax: 907-755-2913

Michelle Beito  
K -12 Principal

Jim Holien  
Superintendent

## **KLAWOCK CITY SCHOOL DISTRICT 403 (b) Acknowledgement**

I understand that I, as an eligible employee of the Klawock City School District, have the opportunity to enroll in a 403(b) retirement plan.

At this time    ( ) I have enrolled in a 403 (b) plan  
                      ( ) I have chosen NOT to enroll in a 403 (b) plan

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATED:

\_\_\_\_\_  
PRINTED NAME

**KLAWOCK CITY SCHOOL DISTRICT  
DRIVING RECORD RELEASE FORM**

I hereby authorize the Department of Public Safety, Division of Motor Vehicles, to release my driving record to the insurance carrier named below:

Davies-Barry Insurance  
100 Main Street  
Ketchikan, Alaska 99901

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

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Any accidents/tickets in last three years? Circle One: Yes or No If yes, please explain:

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

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

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

**Please attach a copy of valid driver's license to this form**

In accordance with Alaska State Law, your signature on this form allows the insurance company to request a copy of your driving record from the Department Of Motor Vehicles.

-optional-

### POST HIRE QUESTIONNAIRE FOR SECOND INJURY FUND QUALIFICATION

The purpose of this questionnaire is to preserve the Employer's right to obtain Second Injury Fund reimbursement if you suffer a work-related injury while employment. If the resulting disability is greater due to aggravation of a pre-existing condition, or because the injury combines with the pre-existing condition, the Employer may be able to obtain reimbursement from the Fund for some of the workers' compensation benefits paid to you. The completed questionnaire will be retained in your confidential medical file. You may update the information at any time.

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Have you ever had, or do you now have, any of the following conditions? *Note: this list is derived from Alaska Statute 23.30.205. PLEASE COMPLETE BOTH COLUMNS.*

YES	NO		YES	NO	
___	___	EPILEPSY	___	___	DIABETES
___	___	MUSCULAR DYSTROPHY (any form)	___	___	HYPERINSULINISM
___	___	PARKINSON'S DISEASE	___	___	TUBERCULOSIS
___	___	POLIOMYELITIS residuals	___	___	LOSS OF SIGHT one or two eyes
___	___	CEREBRAL PALSY	___	___	VISION LOSS greater than 75%
___	___	CEREBRAL VASCULAR ACCIDENT(Stroke)	___	___	bilaterally, uncorrected
___	___	MULTIPLE SCLEROSIS	___	___	VARICOSE VEINS
___	___	CHRONIC OSTEOMYELITIS	___	___	THROMBPHLEBITIS
___	___	RUPTURED (HERNIATED) INTERVETEBRAL	___	___	ARTERIOSCLEROSIS
___	___	DISC (SPINAL DISK OR H.N.P.)	___	___	CARDIAC DISEASE of any kind
___	___	ANKYLOSIS OF JOINTS (Fused joints)	___	___	SILICOSIS
___	___	OSTEOPOROSIS	___	___	COMPRESSED AIR SEQUELAE
___	___	ARTHRITIS of any kind	___	___	HEAVY METAL POISONING
___	___	SPONDYLOLISTHESIS	___	___	IONIZING RADIATION INJURY
___	___	HEMOPHILIA	___	___	AMPUTATION foot, leg, arm, hand

Have you ever had, or do you now have any condition, disease or injury which resulted in 200 weeks or more of inability to work? *The 200 weeks need not be continuous. If your answer is yes, please briefly describe the condition or injury.* \_\_\_\_\_

Have you ever had a permanent impairment rating of 35% of the whole person or greater? *If your answer is yes, please state the condition or injury which led to the rating.* \_\_\_\_\_

READ CAREFULLY, SIGN AND DATE:

I understand that the Employer is relying on me to be honest in my answers, and that concealment of a qualifying condition may result in the Employer having to pay more for workers' compensation benefits than it would if I had disclosed a qualifying condition. I have answered the above questions to the best of my knowledge. I understand that this information will be kept in my confidential medical file and will be used for workers' compensation purposes only.

Signed \_\_\_\_\_

Dated \_\_\_\_\_



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name KLANVOLL CITY SCHOOL DISTRICT		4. Employer Identification Number (EIN) 01-1200105	
5. Employer address PO BOX A		6. Employer phone number 801-765-2220	
7. City KLANVOLL	8. State UT	9. ZIP code 84025	
10. Who can we contact at this job? YODEAN ARMOUR			
11. Phone number (if different from above)		12. Email address yodean.armour@knavollschool.com	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

Yodean Armour

DMR