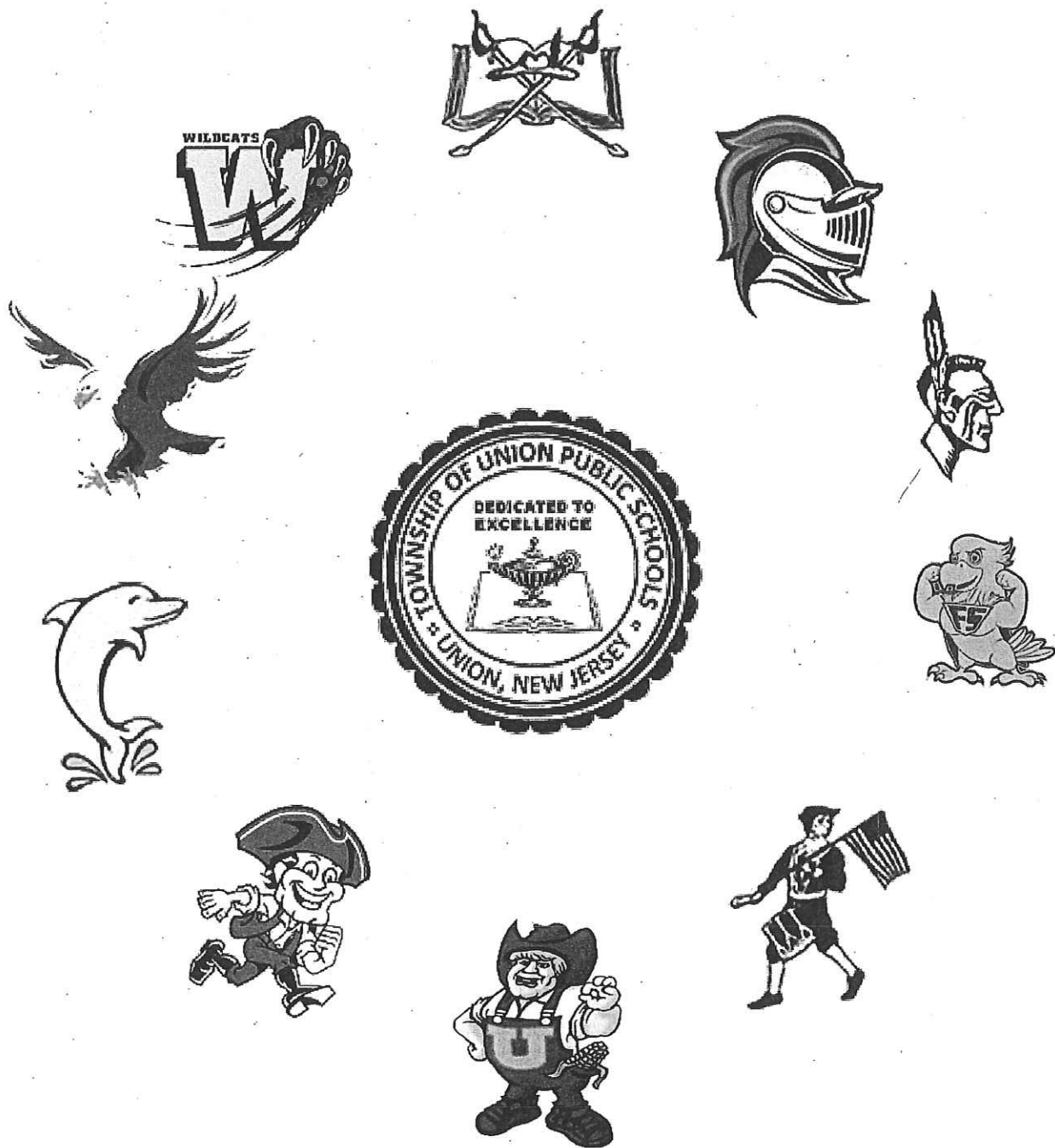


**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**



EMPLOYEE HANDBOOK

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**



EMPLOYEE HANDBOOK

TOWNSHIP OF UNION PUBLIC SCHOOLS

UNION, NEW JERSEY

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TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY

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TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY

ABOUT THE TOWNSHIP OF UNION SCHOOL DISTRICT

The Township of Union Public School system is a preschool through grade twelve district. Located in northern-central Union County, Union, New Jersey, has a resident population of approximately fifty-six thousand. The Township of Union is bordered by the Union County municipalities of Elizabeth, Hillside, Kenilworth, Roselle Park, and Springfield, and the Essex County communities of Irvington, Maplewood and Millburn. There are ten schools currently in operation: six kindergarten through grade four elementary schools; one elementary school which houses all of the district's grade five students; two middle schools, grades six through eight; and one comprehensive high school grades nine through twelve. The annual operating budget for the district is approximately one hundred twenty-five million dollars. The district employs over 1200 staff and support personnel. The current enrollment of students in the district is approximately 7675. The Township of Union Public Schools is dedicated to providing quality education that meets the needs of a diverse population.

Mission Statement

The mission of the Township of Union Public Schools is to build on the foundations of honesty, excellence, integrity, strong family, and community partnerships. We promote a supportive learning environment where every student is challenged, inspired, empowered, and respected as diverse learners. Through cultivation of students' intellectual curiosity, skills and knowledge, our students can achieve academically and socially, and contribute as responsible and productive citizens of our global community.

Gregory A. Tatum
Superintendent

Dear New Employee,

It is my pleasure to welcome you to the Township of Union Public Schools. Our district prides itself on our ability to offer an excellent educational program to our students as well as providing an outstanding array of co-curricular activities.

You will find our school community to be composed of supportive stakeholders: board of education members, staff, parents, and of course students.

We look forward to you becoming a vital member of our ranks.

Sincerely,

Gregory A. Tatum

Gregory Tatum
Superintendent

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

Board of Education Members

The Township of Union Public Schools is a Type II school district. We have a nine member Board. The members are as follows:

Vito Nufrio

Nancy Minneci

Ronnie McDowell

Kalisha Morgan

Kim Ruiz

Linda Richardson

Sharon Sherry Higgins

Nellis Regis Darby

Mary Lynn Williams

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

DISTRICT ADMINISTRATION

Superintendent's Office

Chief School Administrator: Gregory Tatum
Executive Administrative Asst. : Julia Vicidomini (908) 851-6407

Assistant Superintendent: Gerry Benaquista
Confidential Administrative Asst. : Elizabeth Esposito (908) 851-6406

Assistant Superintendent: Annie Moses
Confidential Administrative Asst: Suan Lam (908) 851-6422

HR/ Certifications, Benefits/Substitutes

Personnel Manager/ PR Coordinator Akua Boakye (908) 851-6399
Administrative Assistant Tori Kruse (908) 851-6554

Certificates and Benefits Donna Carlin (908) 851-6401

Receptionist/PR TBD (908) 851-6420

District Substitutes
Residency/Registration/Aesop Donna Hubbard (908) 851-6403

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

Business Office

Business Administrator/Board Secretary: Gregory Brennan
Executive Administrative Assistant Diane Cappiello (908) 851-6404

Assistant School Business Administrator: Manny Vieira
Confidential Administrative Assistant Margaret Alago (908) 851-6405

Accountants **Fernanda Manochio (908) 851-6859**
Antonella Melchionna (908) 851-6409

Accounts Payable **Jane Kalisch (908) 851-6408**

Payroll **Lynn Pisciotta (908) 851-6412**
Marisol Martinez (908) 851-6413

Operations and Maintenance

Supervisor of Maintenance Barry Loessel
Administrative Assistant Ginger Frain (908) 851-6426

Transportation

Supervisor of Transportation Gail Calderone
Administrative Assistant Tracey Kessock (908) 851-6374

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

DIRECTORS AND SUPERVISORS

Directors

Special Services	Kim Conti	(908) 851-4426
Special Projects : Data and Reporting	Ann Hart	(908) 851-6528
Information Technology	Sandra Paul	(908) 851-4422
Director of Title Funds	Maureen Guilfoyle	(908) 851-6553
Asst. Director of Instructional Technology	Craig Wojcik	(908) 851-3025

Department Supervisors

Phys Ed/Nurses/Health/Athletics	Linda Ionta	(908) 851-6508
Social Studies: 5-12; Business: 9-12	Robert Ghiretti	(908) 851-3021
English Language Arts: 5-12	Randi Moran	(908) 851-6558
Mathematics: 5-12	Jeremy Cohen	(908) 851-6556
Career Ed: 9-12; World Lang/ESL: K-12	Yvonne Lorenzo	(908) 851-6535
Art/Music: K-12	Ron Rago	(908) 851-4415
ELA & SS: PreK-4	Maureen Corbett	(908) 851-4425
Math & Science: PreK - 4	Theresa Matthews	(908) 851-4416
School Counseling: K-12	Nicole Ahern	(908) 851-6814
Special Services : PreK - 8	Latesha Jenkin	(908) 851-4424
Special Services: 9-12	Joseph Seugling	(908) 851-6536

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

SCHOOL ADMINISTRATION

Union High School		
Principal	Corey Lowery	(908) 851-6533
Vice Principal	Terrell Rutty	(908) 851-6858
	Althea Bossard	(908) 851-6510
	Kimberly Osty	(908) 851-6537
	Shawn Paterno	(908) 851-6512
Kawameeh Middle School		
Principal	Jason Malanda	(908) 851-6573
Vice Principal	David Shaw	(908) 851-6576
Burnet Middle School		
Principal	Tommy Harrell	(908) 851-6497
Vice Principal	Sharon Drayton	(908) 851-6489
	Kira Baskerville	(908) 851-4693
Battle Hill School		
Principal	Mark Hoyt	(908) 851-6486
Connecticut Farms School		
Principal	Michelle Warren	(908) 851-6475
Franklin School		
Principal	Latee McCleod	(908) 851-6456
Hannah Caldwell School		
Principal	Kathryn DiGiovanni	(908) 206-6101
Vice Principal	Vincent Rettino	(908) 851-4895
Livingston School		

TOWNSHIP OF UNION PUBLIC SCHOOLS

UNION, NEW JERSEY

Principal	Benjamin Kloc	(908) 851-6446
Washington School		
Principal	Thomas Matthews	(908) 851-6465
Vice Principal	Laurie Roof	(908) 851-4689
Jefferson School		
Principal	Laura Damato	(908) 206-6103
Vice Principal	Gina Calderone	(908) 851-6567

2018 - 2019 School Address Listings

District Code (39-5290)

Battle Hill Elementary School (080)

Address: 2600 Killian Place
Principal: Mark Hoyt ext. 6486
Fax: (908) 851-4414
Secretaries:
L. Finnerty ext. 6481
K. Wojcik ext. 6480

Burnet Middle School (060)

Address: 1000 Caldwell Avenue
Principal: Tommy Harrell ext. 6497
Fax: (908) 851-0295
Secretaries:
A. Rapke ext. 6490
D. Senkiw ext. 6491

Franklin School (100)

Address: 1500 Lindy Terrace
Principal Latee Walton-McCleod ext. 6456
Fax: (908) 810-0710
Secretaries:
Y. Wright ext. 6450
L. Delguercio ext. 6451

Connecticut Farms School (090)

Address: 875 Stuyvesant Avenue
Principal: Michelle Osborne-Warren ext. 6475
Fax: (908) 687-5305
Secretaries:
A. Collucci ext. 6471
N. Erdman ext. 6470

Hannah Caldwell School (083)

Address: 1120 Commerce Drive
Principal: Kathy DiGiovanni ext. 6101
Fax: (908) 206-9282
Secretaries:
E. Nemezio ext. 6100
C. Costello ext. 6102

Jefferson School (085)

Address: 155 Hilton Avenue, Vauxhall
Principal: Laura Damato ext. 6103
Fax: (908) 687-8464
Secretaries:
D. Murphy ext. 6561
B. Watson ext. 6560

Kawameeh Middle School (070)

Address: 490 David Terrace
Principal: Jason Malanda ext. 6573
Fax: (908) 687-5741
Secretaries:
M. Filippone ext. 6570
A. Melillo ext. 6575

Livingston School (130)

Address: 960 Midland Boulevard
Principal: Ben Kloc ext. 6446
Fax: (908) 810-0417
Secretaries:
D. Lupo ext. 6440
M. Conforti ext. 6441

Union High School (050)

Address: 2350 North Third Street
Principal: Corey Lowery ext. 6533
Fax: (908) 687-5204
Secretaries:
Q. Tagart ext. 6500
C. Abraham ext. 6501

Washington School (140)

Address: 301 Washington Avenue
Principal : Tom Matthews ext. 6465
Fax: (908) 810-1012
Secretaries:
M. DiNardo ext.6460
T. Cucciniello ext. 6461

Hamilton School

Address: 1231 Burnet Avenue

Special Services, Special Projects

S. Wolkstein ext. 6416

M. Malang ext. 4415

K. Manzo ext. 6552

C. Weber ext. 6478

Township of Union Public Schools

Gregory E. Brennan
School Business Administrator/Board Secretary

Welcome

It is our privilege to welcome you to the Township of Union Public Schools. We wish you success in your new position, and we hope that you quickly feel at home. The business office staff is here to assist you on a regular basis. We hope that your experience here will be challenging, enjoyable, and rewarding. Again, welcome!

Gregory E. Brennan
School Business Administrator/Board Secretary

Township of Union Public Schools / Administration / Business Office

The Township of Union Public Schools is dedicated to providing the highest quality program for all students while maintaining fiscal responsibility. The Business Office provides necessary financial, accounting, and record-keeping services to support the educational program. The department is responsible for all aspects of school district money management, including budgeting, accounting, payroll, accounts receivable, accounts payable, and purchasing. In addition, the department manages food services, student transportation, and oversees the District's insurance and risk management program.

Business Office Staff:

Gregory Brennan
Business Administrator/Board Secretary
908-851-6411

Diane Cappiello
Executive Administrative Assistant to the Business Administrator
908-851-6404

Manuel Vieira
Assistant Business Administrator
908-851-6419

Margaret Alago
Confidential Administrative Assistant to the Assistant Business Administrator
908-851-6405

Township of Union Public Schools

Gregory E. Brennan
School Business Administrator/Board Secretary

Jane Kalisch
Accounts Payable Bookkeeper
908-851-6408

Fernanda Manochio
Accountant
908-851-6859

Antonella Melchionna
Accountant
908-851-6409

Lynn Pisciotta
Payroll
908-851-6412

Marisol Martinez
Payroll
908-851-6413

Gail Calderone
Transportation Supervisor
908-851-6447

Barry Loessel
Supervisor Of Buildings and Grounds
908-851-6427

Michael Sacco
Food Service Manager (Aramark)
908-851-6429

TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY

In addition to the medical, dental, and pension information you may have already returned to the Personnel Department, listed below are some other services that are available to you.

1. Direct Deposit-mandatory for all district employees
2. 403 B Tax Shelter and Disability Insurance (*see attached*). This list identifies those companies participating in the Union Township payroll program. This is voluntary deduction. If you wish to start a tax shelter or insurance, please contact the company directly and they will notify the Payroll Department
3. Summer Payment Plan-Voluntary deduction. Ten percent (10%) of your gross monthly salary would be withheld from your gross paycheck each month. This amount will be distributed to you during the months of July and August in four (4) equal installments according to the regular payroll schedule. (You may register prior to August 29th in order to be eligible for the following school year.)

If you have any questions, please do not hesitate to call Lynn Pisciotta at extension 6412 and Marisol Martinez at extension 6413

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

Approved Retirement Savings and Insurance providers

Provider	Contact Information
AXA EQUITABLE (403B)	TOM FOLEY (732) 452-7276 DAVID J. LYNCH (732) 585-2451 GUY FALZARANO (732) 906-4804
VALIC (403B)	TOM HANNAN (908) 337-2979
LSW (403B)	STEVE LARKIN (609) 510-1307
LINCOLN INVESTMENT (403B)	BILL BLANCHE (800) 528-8924
PRUDENTIAL (NJEA Disability Insurance Provider)	Megan Kelley (212) 658-6663 John Magrini 732-918-2000 ex28
AFLAC (Disability, Flexible Spending, Other supplemental Insurances)	VINCENT MORELLI (201) 697-0203
NJ Manufacturers (Car Insurance)	Erica Rosso (609) 883-1300 x 7282
Met Life (403B)	Nancy Clemente 732-616-8937
ABMM FINANCIAL (403B)	Yu Chou/Eric Lindstrom 908-656-2208
Colonial Life Insurance	Lauren Perri (856) 983-9600 ext 101
New York Life Insurance	Anita Brock (251) 441-6554
Met Life Car Insurance	Maria Ortiz (813) 983-5706
Security Benefit (403B)	David Fazendeiro (908) 228-8400

DOCULIVERY

Quick-Start Guide

This guide provides you with the basic quick-start information needed to log in and access your electronic documents in no time at all. The instructions below highlight the steps for logging into the Doculivery system with a unique User ID and Password to access your online pay stubs and setup notification options with just a few quick clicks!

Getting Started

1. Point your internet browser to the following url:

www.Doculivery.com/systems3000-union

2. Enter your User ID. **1**

Your USER ID is:

Your initial User ID is your last name plus the last four digits of your SSN.

3. Enter your initial Password. **2**
You will be required to change your password upon initial log in.

Your initial PASSWORD is:

Your initial password is the last four digits of your SSN.

4. Click the Log In button. **3**
5. Once you have logged in and changed your password, please make a note of your new password for future reference.
6. Once logged in, you will see the main screen which is organized by tabs. Click on the Pay Stubs tab **4** to see a list of all pay dates for which you have a pay stub. To see the entire pay stub for a particular date click on the view icon in the Click To View column on the left side of the screen. **5**

Setting Up Notification Options

1. Click on the Pay Stubs tab **4**. On the right side of the screen, select the appropriate bar **6** to setup email or text message notifications.

PLEASE LOG-IN TO THE DOCULIVERY SYSTEM.

User ID help information will appear here when you visit the url noted in step one.

User ID: **1**

Password help information will appear here when you visit the url noted in step one.

Password: **2**

3
Log In

4
Pay Stubs
Messages
Manage Your Account

CLICK TO VIEW	PAY DATE	PAY BEGIN DATE	PAY END DATE
5	07/24/2006	07/10/2006	07/21/2006
	07/10/2006	06/26/2006	07/03/2006
	06/26/2006	06/12/2006	06/23/2006
	06/12/2006	05/29/2006	06/09/2006
	05/29/2006	05/15/2006	05/26/2006
	05/01/2006	04/17/2006	04/28/2006

CURRENT NOTIFICATION OPTIONS

Email my new paystub [tylerr@natpay.com] (as HTML). [Remove](#)

Email my new paystub [tylerr@natpay.com] (as HTML). [Remove](#)

Text Message of Categories by sending a text message to the phone number: (813) 222-0333 (ATTN) [Remove](#)

Email my new paystub [123@abc.com] (as HTML). [Remove](#)

Notify me when my paystub is delivered by sending a text message to the phone number: (260) 437-5979 (VERIZON WIRELESS) [Remove](#)

Notify me when my paystub is delivered by sending an email to the email address: test@test.com [Remove](#)

6

Add Another Email Delivery Option

Add Another Email Notification

Add Another Text Message Notification

Add Detailed Text Messaging

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

Personnel Department

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

Absences from Work

The **Frontline Aesop Absence Management** service is available to you 24 hours a day, 7 days a week and can be accessed anywhere via Internet. If you are going to be absent you must enter your absence using AESOP. All absences must be entered into Aesop by 7:00 a.m. After 7:00 a.m, absences must be reported directly to the Building Principal.

<http://www.frontlinek12.com/aesop>.

- Here, you will be able to enter absences, check your absence schedule, update personal information, and exercise other features such as uploading your lesson plans for substitutes to view online.

Important Notes:

You will need your ID Number and Pin Number

This information was sent to you via email in a welcome letter.

If you have not received this information, please contact Donna Hubbard at 908-851-6403.

*When entering an absence, please wait until you receive a confirmation number before you close your Internet browser window. Your transaction is not complete until you receive a confirmation number.

Please watch this Basic training video on how to use Aesop

<http://help.frontlinek12.com/aesop/knowledgebase/employee-web-basic-training-video/>

If you have any questions, concerns, or comments; please contact Donna Hubbard by phone or email as listed below.

Donna Hubbard

(908) 851-6403

dhubbard@twpunionschools.org

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

Leave of Absence

<http://www.twpunionschools.org/Departments--Offices/Personnel-/-Current-Employees/Leaves-and-Benefits/Leave-of-Absence/index.html>

Leave of Absences Procedures

Employees must give at least 30 days notice of intent to take leave when the circumstances for the leave are foreseen. In the event of an emergency the employee should give as much notice as possible preferably at least two (2) business days.

- Please submit a letter of request addressed to Mr. Tatum. Please forward the request directly to the Personnel Department. Be sure to include the following:
- Your name, current position and location
- Intended dates of leave
- Expected return date
- Reason for leave
- It is important when taking a leave to input the leave dates and type of leave via AESOP, i.e. (FMLA, SICK, etc.) This will ensure your days are charged accurately.

Maternity Leave

Please inform the Personnel Department after the birth of your child.

- Please notify Elizabeth Esposito via email, and cc Akua Boakye, Donna Carlin, Donna Hubbard
- Eesposito@twpunionschools.org (Elizabeth Esposito)
- Dcarlin@twpunionschools.org (Donna Carlin)
- Aboakye@twpunionschools.org (Akua Boakye)
- Dhubbard@twpunionschools.org (Donna Hubbard)

******* You have 30 days from the birth of your child to add him/her to your health insurance policy.**

*** You must forward a copy of his/her Birth Certificate and Social Security card to Donna Carlin as soon as it becomes available.**

TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY

Please Note that a **Return From Leave Form** must be Completed and submitted upon your return.

Please send a copy to Donna Carlin in Personnel and another copy to Lynn Pisciotta in Payroll.

This will ensure the accuracy of years of service as well as reinstatement to active payroll status.

RETURN FROM LEAVE FORMS CAN BE OBTAINED IN THE MAIN OFFICE OF YOUR BUILDING.

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

RETURN FROM LEAVE FORM

Upon return from a leave of absence, all employees must complete this form.

Please forward a copy to Ms. Donna Carlin in the Personnel Department. Another copy should be sent to Lynn Pisciotta in the Payroll Department. The completion and submission of this form will insure the accuracy of years of service in the district as well as reinstatement of the employee to active payroll status.

Employee Name _____

School/ Department _____

Date of Return _____

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

EMPLOYEE ADDRESS AND/OR NAME CHANGE

NEW INFORMATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Telephone # () _____ - _____

PREVIOUS INFORMATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Telephone # () _____ - _____

Please forward all changes to **Donna Carlin**- Personnel Department
(Admin. Building)

Health Insurance

TOWNSHIP OF UNION PUBLIC SCHOOLS

UNION, NEW JERSEY

MARCH 1, 2019 - FEBRUARY 28, 2020

PLANS	SINGLE		FAMILY		MEMBER SPOUSE		MEMBER/CHILD	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
OMNIA	\$795.12	\$9,541.44	\$1,987.76	\$23,853.12	\$1,788.95	\$21,467.40	\$1,113.14	\$13,357.68
EPO	\$997.48	\$11,969.76	\$2,493.65	\$29,923.80	\$2,244.26	\$26,931.12	\$1,396.45	\$16,757.40
DA 15	\$1,130.42	\$13,565.04	\$2,826.05	\$33,912.60	\$2,543.45	\$30,521.40	\$1,582.56	\$18,990.72
DA 20	\$1,176.67	\$14,120.04	\$2,941.60	\$35,299.20	\$2,647.42	\$31,769.04	\$1,647.32	\$19,767.84
POS	\$1,170.56	\$14,046.72	\$2,926.40	\$35,116.80	\$2,633.75	\$31,605.00	\$1,638.80	\$19,665.60
DELTA DENTAL	\$31.87	\$382.44	\$84.91	\$1,018.92				

HEALTH AND DENTAL INSURANCE PREMIUM SHARING CALCULATION

The higher of the 2 calculations is what you will pay for your health and dental insurance benefits:

1. Either 1.5% of your annual salary or
2. Health and Dental Benefits Contribution Percentage of premium (see charts)

Percentage time the annual cost of your coverage premium (based on salary) equals your annual contribution (if the number is greater than calculation 1)

Divide your annual contribution by 20 pays (10 month employee) or 24 pays (12 month employees). This is the amount of the medical and dental deduction on your paystub

SINGLE COVERAGE		MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE		FAMILY COVERAGE	
Salary Range	Contribution Rate	Salary Range	Contribution Rate	Salary Range	Contribution Rate
Less than 20,000	4.50%	Less than 25,000	3.50%	Less than 25,000	3.00%
20,000-24,999.99	5.50%	25,000-29,999.99	4.50%	25,000-29,999.99	4.00%
25,000-29,999.99	7.50%	30,000-34,999.99	6.00%	30,000-34,999.99	5.00%
30,000-34,999.99	10.00%	35,000-39,999.99	7.00%	35,000-39,999.99	6.00%
35,000-39,999.99	11.00%	40,000-44,999.99	8.00%	40,000-44,999.99	7.00%
40,000-44,999.99	12.00%	45,000-49,999.99	10.00%	45,000-49,999.99	9.00%
45,000-49,999.99	14.00%	50,000-54,999.99	15.00%	50,000-54,999.99	12.00%
50,000-54,999.99	20.00%	55,000-59,999.99	17.00%	55,000-59,999.99	14.00%
55,000-59,999.99	23.00%	60,000-64,999.99	21.00%	60,000-64,999.99	17.00%
60,000-64,999.99	27.00%	65,000-69,999.99	23.00%	65,000-69,999.99	19.00%
65,000-69,999.99	29.00%	70,000-74,999.99	26.00%	70,000-74,999.99	22.00%
70,000-74,999.99	32.00%	75,000-79,999.99	27.00%	75,000-79,999.99	23.00%
75,000-79,999.99	33.00%	80,000-84,999.99	28.00%	80,000-84,999.99	24.00%
80,000-94,999.99	34.00%	85,000-99,999.99	30.00%	85,000-89,999.99	26.00%
95,000 and over	35.00%	100,000 and over	35.00%	90,000-94,999.99	28.00%
				95,000-99,999.99	29.00%
				100,000-109,999.99	32.00%
				110,000 and over	35.00%

**TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY**

WHO DO I CONTACT IF....

CONCERN	CONTACT	DEPT/LOC	EMAIL
I need to request a leave of absence?	Elizabeth Esposito	Personnel	eesposito@twpunionschools.org
I have questions about pension and/or retirement?	Lynn Pisciotta	Payroll	lpisciotta@twpunionschools.org
I need to change my personal information (name, address, contact info)?	Donna Carlin	Personnel	dcarlin@twpunionschools.org
I need to file an affirmative action or harassment complaint?	Gerry Benaquista Akua Boakye	Personnel	gbenaquista@twpunionschools.org aboakye@twpunionschools.org
I have a question about teacher certification?	Donna Carlin	Personnel	dcarlin@twpunionschools.org
I have a question about substitute certification/teaching?	Donna Hubbard	Registration/Sub	dhubbard@twpunionschools.org
I have a question about tuition reimbursement?	Suan Lam	Central Office	slam@twpunionschools.org
I need a new district ID?	Vinny Rettino	Hannah Caldwell	vrettino@twpunionschools.org
I have a question about Frontline or Registration for PD?	Ann Hart	Special Projects	ahart@twpunionschools.org
I need help with our SIS, Genesis?	Ann Hart	Special Projects	ahart@twpunionschools.org

TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY

I need help with login information for EdConnect, I-Ready, Think Central, MyPerspectives/Ready Gen?	Ann Hart	Special Projects	ahart@twpunionschools.org
I need information on district email?	Help Desk	IT	helpdesk@twpunionschools.org
I have computer hardware related issue?	Help Desk	IT	helpdesk@twpunionschools.org
I have a question about absences and using Aesop?	Donna Hubbard	Central Office	dhubbard@twpunionschools.org
I have questions about Loan Forgiveness?	Julia Vicidomini	Central Office	jvicidomini@twpunionschools.org
I want training on Google resources during my PLC?	Craig Wojcik	IT	cwojcik@twpunionschools.org
I want to know about movement on the salary guide?	Suan Lam	Central Office	slam@twpunionschools.org
I want to be a mentor	Akua Boakye	Central Office	aboakye@twpunionschool.org

Family and Medical Leave Act

FAMILY MEDICAL LEAVE ACT (FMLA) FAMILY LEAVE INSURANCE (FLI)

In accordance with the 1993 Family Medical Leave Act, The Union Township Board of Education allows eligible employees to take 12 weeks of unpaid job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. The 12 weeks are per calendar year, and do not have to be taken consecutively (FMLA can be taken on an Intermittent basis)

- Twelve work weeks of leave in a 12-month period for:
 - The birth of a child and to care for the newborn child within one year of birth;
 - The placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
 - To care for the employee's spouse, child, or parent who has a serious health condition;
 - A serious health condition that makes the employee unable to perform the essential functions of his or her job;
 - Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or
- Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

Eligible Employees

Employees are eligible if they have worked for a covered employer, with at least 50 employees, for at least one year and for at least 1,250 hours over the previous 12 months.

Important Notices and Forms to be Reviewed and Completed

Employee Rights and Responsibilities Under the Family and Medical Leave Act

Employee Rights and Responsibilities Under the Family and Medical Leave Act (Spanish)

FMLA Fact Sheet

Family Leave Insurance of New Jersey Brochure

Certification of Health Care Provider for U.S. Department of Labor Employee's Serious Health Condition (Family and Medical Leave Act) Form WH-380-You must pick up this form in the Personnel Department as there is a section the employer must complete prior.

Certification of Health Care Provider for U.S. Department of Labor Family Member's Serious Health Condition (Family and Medical Leave Act) Form WH-380-F

For additional information contact the Personnel Department or visit:

US Department of Labor Wage and Hour Division

Family Leave Insurance (FLI)

Under the Family Leave Insurance provision of the New Jersey Temporary Disability Benefits Law, cash benefits may be payable for up to six (6) weeks to bond with a newborn or newly adopted child or to provide care for a seriously ill family member.

- Bond with a child during the first 12 months after the child's birth, if the covered individual or the domestic partner or civil union partner of the covered individual, is a biological parent of the child, or the first 12 months after the placement of the child for adoption with the covered individual.
- Care for a family member with a serious health condition supported by a certification provided by a health care provider. Claims may be filed for six consecutive weeks, for intermittent weeks or for 42 intermittent days during a 12 month period beginning with the first date of the claim.

Child means a biological, adopted, or foster child, stepchild or legal ward of a covered individual, child of a domestic partner of the covered individual, or child of a civil union partner of the covered individual, who is less than 19 years of age or is 19 of age or older but incapable of self-care because of mental or physical impairment.

To Apply: 1. You cannot apply for FLI until your first day of unpaid leave.

2. Submit your application to Personnel with *Employee Sections* completed. The Personnel Department will complete the *Employer Sections*. We will then forward you the entire completed application to send in to the State directly. Remember, it is the employee's responsibility to submit to the State. We obtain a copy for our records only.

3. For further details please visit <http://lwd.state.nj.us/labor/fli/fliindex.html>


APPLICATION FOR FAMILY LEAVE INSURANCE BENEFITS (FL-1)



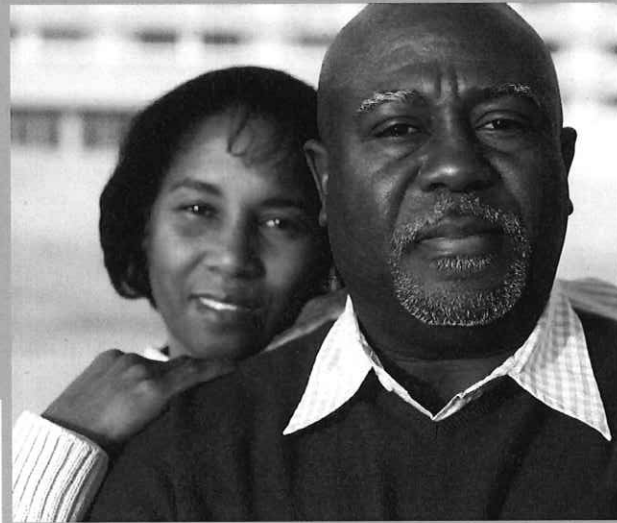
NEED TIME?

The title 'NEED TIME?' is rendered in large, bold, black letters with white cutouts. Through these cutouts, a man's face is visible on the right side, and a baby's face is visible on the left side. The background of the entire page is a light, textured grey.

The Employee's Guide to
the Family and
Medical Leave Act



UNITED STATES DEPARTMENT OF LABOR



An Introduction to the Family and Medical Leave Act

When you or a loved one experiences a serious health condition that requires you to take time off from work, the stress from worrying about keeping your job may add to an already difficult situation.

The Family and Medical Leave Act (FMLA) may be able to help. Whether you are unable to work because of your own serious health condition, or because you need to care for your parent, spouse, or child with a serious health condition, the FMLA provides unpaid, job-protected leave. Leave may be taken all at once, or may be taken intermittently as the medical condition requires.

This guide provides a simple overview of how the FMLA may benefit you. In your time of need, sometimes you just *need time*.

This Guide Explains:

- Who Can Use FMLA Leave?
- When Can I Use FMLA Leave?
- What Can the FMLA Do for Me?
- How Do I Request FMLA Leave?
- Communication with Your Employer
- Medical Certification
- Returning to Work
- How to File a Complaint
- Website Resources

Who Can Use FMLA Leave?

In order to take FMLA leave, you must first work for a covered employer. Generally, private employers with at least 50 employees are covered by the law. Private employers with fewer than 50 employees are not covered by the FMLA, but may be covered by state family and medical leave laws. Government agencies (including local, state and federal employers) and elementary and secondary schools are covered by the FMLA, regardless of the number of employees.

If you work for a covered employer, you need to meet additional criteria to be eligible to take FMLA leave. Not everyone who works for a covered employer is eligible.

First, you must have worked for your employer for at least 12 months. You do not have to have worked for 12 months in a row (so seasonal work counts), but generally if you have a break in service that lasted more than seven years, you cannot count the period of employment prior to the seven-year break.

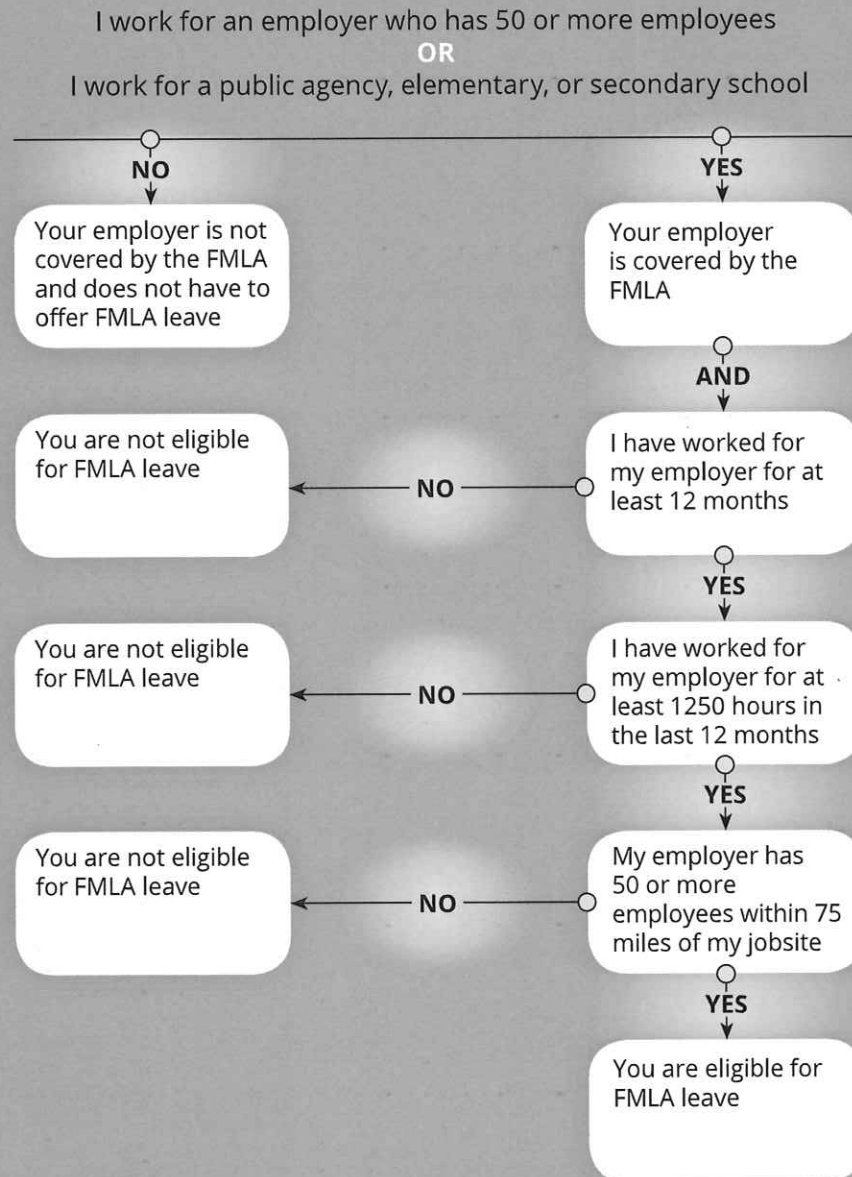
Second, you must have worked for the employer for at least 1250 hours in the 12 months before you take leave. That works out to an average of about 24 hours per week over the course of a year.

Lastly, you must work at a location where the employer has at least 50 employees within 75 miles of your worksite. So even if your employer has more than 50 employees, if they are spread out and there are not 50 employees within 75 miles of where you work, you will not be eligible to take FMLA leave.

Airline Flight Attendants/Flight Crew Employees

Due to non-traditional work schedules, airline flight attendants and flight crew members are subject to special eligibility requirements under the FMLA. You meet the hours of work requirement if, during the 12 months prior to your need for leave, you have worked or been paid for at least 60% of your applicable monthly guarantee, and have worked or been paid for at least 504 hours, not including personal commute time, or time spent on vacation, medical or sick leave.

Am I Eligible for FMLA Leave?



When Can I Use FMLA Leave?

If you work for an employer that is covered by the FMLA, and you are an eligible employee, you can take up to 12 weeks of FMLA leave in any 12-month period for a variety of reasons, including:

Serious Health Condition

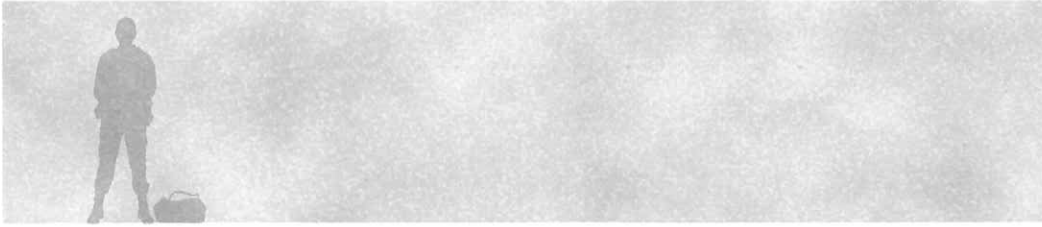
You may take FMLA leave to care for your spouse, child or parent who has a serious health condition, or when you are unable to work because of your own serious health condition.

The most common serious health conditions that qualify for FMLA leave are:

- 1) conditions requiring an overnight stay in a hospital or other medical care facility;
- 2) conditions that incapacitate you or your family member (for example, unable to work or attend school) for more than three consecutive days and require ongoing medical treatment (either multiple appointments with a health care provider, or a single appointment and follow-up care such as prescription medication);
- 3) chronic conditions that cause occasional periods when you or your family member are incapacitated and require treatment by a health care provider at least twice a year; and
- 4) pregnancy (including prenatal medical appointments, incapacity due to morning sickness, and medically required bed rest).

Military Family Leave

The FMLA also provides certain military family leave entitlements. You may take FMLA leave for specified reasons related to certain military deployments. Additionally, you may take up to 26 weeks of FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness.



Expanding Your Family

You may take FMLA leave for the birth of a child and to bond with the newborn child, or for the placement of a child for adoption or foster care and to bond with that child. Men and women have the same right to take FMLA leave to bond with their child but it must be taken within one year of the child's birth or placement and must be taken as a continuous block of leave unless the employer agrees to allow intermittent leave (for example, a part-time schedule).

Parent

Parent means a biological, adoptive, step or foster father or mother, or any other individual who stood *in loco parentis* to the employee when the employee was a child. This term does not include parents-in-law.

Son or Daughter

Son or daughter (or child) means a biological, adopted, or foster child, stepchild, legal ward, or child of a person standing *in loco parentis*, who is either under age 18, or age 18 or older and "incapable of self-care because of a mental or physical disability" at the time that FMLA leave is to commence.

Spouse

Spouse means a husband or wife as defined or recognized in the state where the individual was married and includes individuals in a common law marriage or same-sex marriage.

In Loco Parentis

A person stands *in loco parentis* if that person provides day-to-day care or financial support for a child. Employees with no biological or legal relationship to a child can stand *in loco parentis* to that child, and are entitled to FMLA leave (for example, an uncle who cares for his sister's children while she serves on active military duty, or a person who is co-parenting a child with his or her same-sex partner). Also, an eligible employee is entitled to FMLA leave to care for a person who stood *in loco parentis* to that employee when the employee was a child. (See *Administrator's Interpretation No. 2010-3 and Fact Sheets 28B and C.*)

What Can the FMLA Do for Me?



If you are faced with a health condition that causes you to miss work, whether it is because of your own serious health condition or to care for a family member with a serious health condition, you may be able to take up to 12 weeks of job-protected time off under the FMLA.

If you take FMLA leave, your employer must continue your health insurance as if you were not on leave (you may be required to continue to make any normal employee contributions).

As long as you are able to return to work before you exhaust your FMLA leave, you must be returned to the same job (or one nearly identical to it). This job protection is intended to reduce the stress that you may otherwise feel if forced to choose between work and family during a serious medical situation.

Time off under the FMLA may not be held against you in employment actions such as hiring, promotions or discipline.

You can take FMLA leave as either a single block of time (for example, three weeks of leave for surgery and recovery) or in multiple, smaller blocks of time if medically necessary (for example, occasional absences due to diabetes). You can also take leave on a part-time basis if medically necessary (for example, if after surgery you are able to return to work only four hours a day or three days a week for a period of time). If you need multiple periods of leave for planned medical treatment such as physical therapy appointments, you must try to schedule the treatment at a time that minimizes the disruption to your employer.

FMLA leave is unpaid leave. However, if you have sick time, vacation time, personal time, etc., saved up with your employer, you may use that leave time, along with your FMLA leave so that you continue to get paid. In order to use such leave, you must follow your employer's normal leave rules such as submitting a leave form or providing advance notice. Even if you don't want to use your paid leave, your employer can require you to use it during your FMLA leave. For example, if you are out for one week recovering from surgery, and you have two weeks of paid vacation saved up, your employer can require you to use one week of your vacation time for your FMLA leave. When you use paid leave for an FMLA-covered reason (whether at your request or your employer's), your leave time is still protected by the FMLA.

How Do I Request FMLA Leave?

To take FMLA leave, you must provide your employer with appropriate notice. If you know in advance that you will need FMLA leave (for example, if you are planning to have surgery or you are pregnant), you must give your employer at least 30 days advance notice. If you learn of your need for leave less than 30 days in advance, you must give your employer notice as soon as you can (generally either the day you learn of the need or the next work day). When you need FMLA leave unexpectedly (for example, if a family member is injured in an accident), you **MUST** inform your employer as soon as you can. You must follow your employer's usual notice or call-in procedures unless you are unable to do so (for example, if you are receiving emergency medical care).

While you do not have to specifically ask for FMLA leave for your first leave request, you do need to provide enough information so your employer is aware it may be covered by the FMLA. Once a condition has been approved for FMLA leave and you need additional leave for that condition (for example recurring migraines or physical therapy appointments), your request must mention that condition or your need for FMLA leave. If you don't give your employer enough information to know that your leave may be covered by the FMLA, your leave may not be protected.

You do not have to tell your employer your diagnosis, but you do need to provide information indicating that your leave is due to an FMLA-protected condition (for example, stating that you have been to the doctor and have been given antibiotics and told to stay home for four days).

Communication with Your Employer

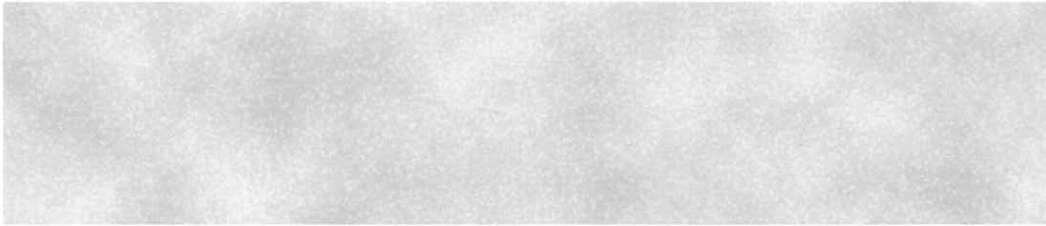
Ongoing communication between you and your employer will make the FMLA process run much more smoothly. Each of you has to follow guidelines about notifying the other when FMLA leave is being used.

You will need to inform your employer if your need for FMLA leave changes while you are out (for example, if your doctor determines that you can return to work earlier than expected). Your employer may also require you to provide periodic updates on your status and your intent to return to work.

Your employer must notify you if you are eligible for FMLA leave within five business days of your first leave request. If the employer says that you are not eligible, it has to state at least one reason why you are not eligible (for example, you have not worked for the employer for a total of 12 months).

At the same time that your employer gives you an eligibility notice, it must also give you a notice of your rights and responsibilities under the FMLA. This notice must include all of the following:

- A definition of the 12-month period the employer uses to keep track of FMLA usage. It can be a calendar year, 12 months from the first time you take leave, a fixed year such as your anniversary date, or a rolling 12-month period measured backward from the date you use FMLA leave. You need to know which way your employer measures the 12-month window so that you can be sure of how much FMLA leave you have available when you need it.
- Whether you will be required to provide medical certification from a health care provider.
- Your right to use paid leave.
- Whether your employer will require you to use your paid leave.
- Your right to maintain your health benefits and whether you will be required to make premium payments.
- Your right to return to your job at the end of your FMLA leave.



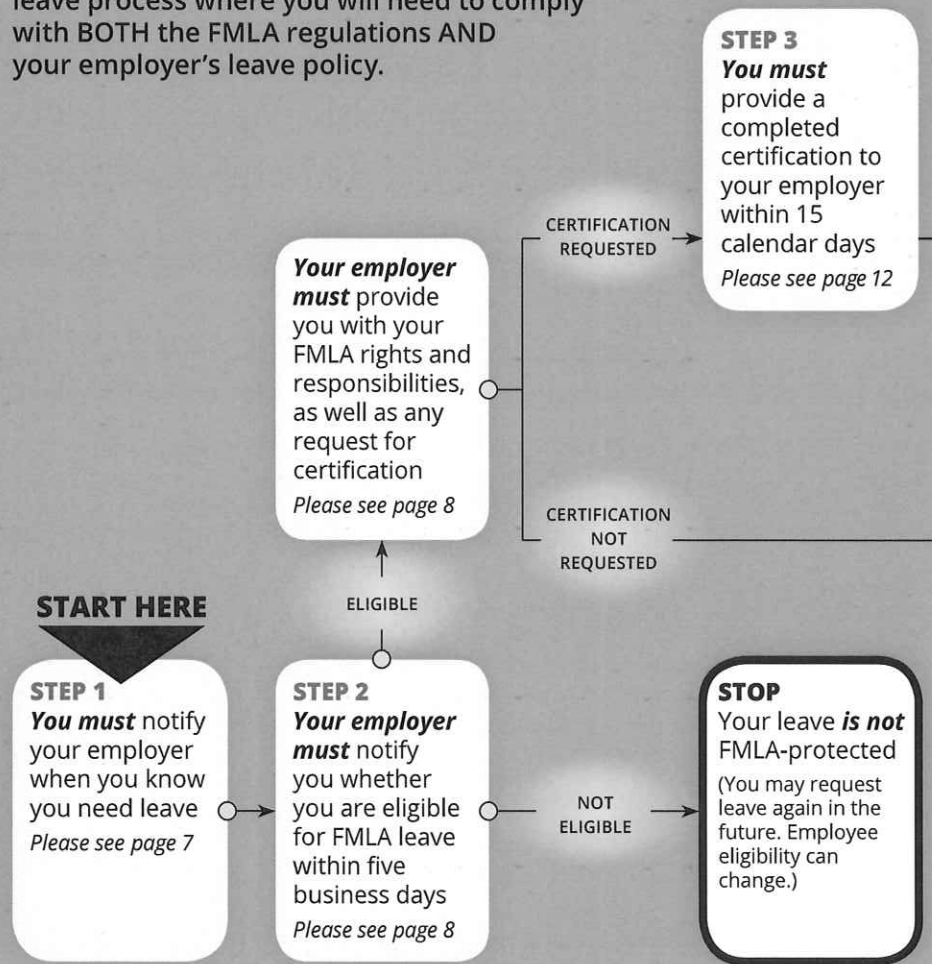
When your employer has the information necessary to determine if your leave is FMLA protected, it must notify you whether the leave will be designated as FMLA leave and, if possible, how much leave will be counted against your FMLA entitlement. If your employer determines that your leave is not covered by FMLA, it must notify you of that determination.

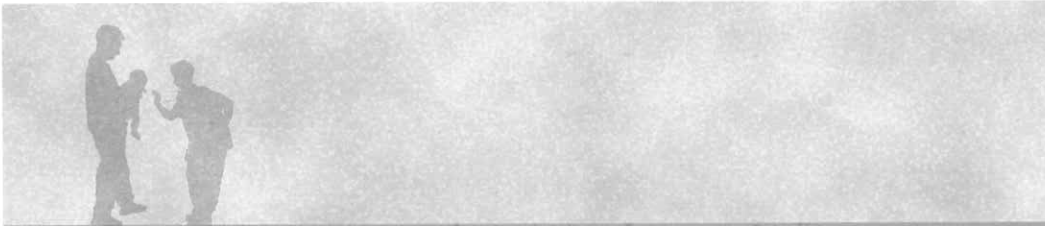


The FMLA Leave Process

This flowchart provides general information to walk you through your initial request for FMLA leave step by step, and help you navigate the sometimes complicated FMLA process.

Please note, it is **ESSENTIAL** for you to be familiar with your employer's leave policy. There are several instances throughout the FMLA leave process where you will need to comply with **BOTH** the FMLA regulations **AND** your employer's leave policy.

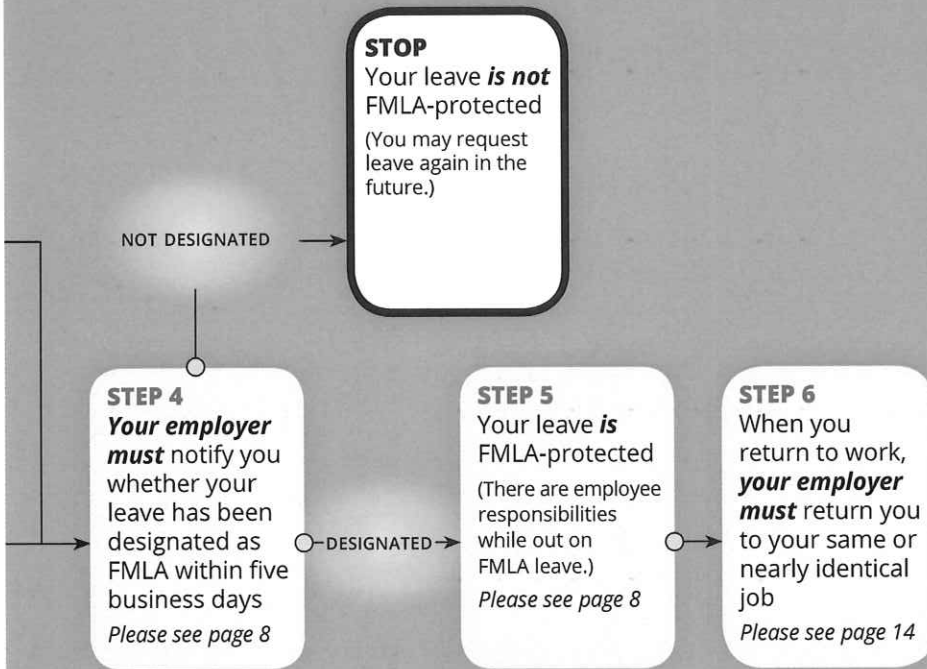




YOUR RESPONSIBILITY



YOUR EMPLOYER'S RESPONSIBILITY



Medical Certification

If your employer requests medical certification, you only have 15 calendar days to provide it in most circumstances. You are responsible for the cost of getting the certification from a health care provider and for making sure that the certification is provided to your employer. If you fail to provide the requested medical certification, your FMLA leave may be denied.

The medical certification must include some specific information, including:

- contact information for the health care provider;
- when the serious health condition began;
- how long the condition is expected to last;
- appropriate medical facts about the condition (which may include information on symptoms, hospitalization, doctors visits, and referrals for treatment);
- whether you are unable to work or your family member is in need of care; and
- whether you need leave continuously or intermittently. (If you need to take leave a little bit at a time, the certification should include an estimate of how much time you will need for each absence, how often you will be absent, and information establishing the medical necessity for taking such intermittent leave.)

If your employer finds that necessary information is missing from your certification, it must notify you in writing of what additional information is needed to make the certification complete. You must provide the missing information within seven calendar days.

If your employer has concerns about the validity of your certification, it may request a second opinion, but it must cover the cost. Your employer may request a third opinion if the first and second opinion differ, but it must cover the cost.

If your need for leave continues for an extended period of time, or if it changes significantly, your employer may require you to provide an updated certification.

Certification at a Glance



YOUR EMPLOYER MAY REQUIRE YOU TO:

- Correct any deficiencies in your certification identified by your employer within seven days
- Obtain a 2nd medical opinion if your employer doubts the validity of your certification
- Obtain a 3rd medical opinion if the 1st and 2nd opinions differ

YOUR EMPLOYER MAY DENY FMLA LEAVE IF YOU FAIL TO PROVIDE A REQUESTED CERTIFICATION



YOUR RESPONSIBILITY



YOUR EMPLOYER'S RESPONSIBILITY



Returning to Work

When you return to work, the FMLA requires that your employer return you to the same job that you left, or one that is nearly identical.

If you are not returned to the exact same job, the new position must:

- involve the same or substantially similar duties, responsibilities, and status;
- include the same general level of skill, effort, responsibility and authority;
- offer identical pay, including equivalent premium pay, overtime and bonus opportunities;
- offer identical benefits (such as life insurance, health insurance, disability insurance, sick leave, vacation, educational benefits, pensions, etc.); and
- offer the same general work schedule and be at the same (or a nearby) location.

Please keep in mind that if you exhaust your FMLA leave entitlement and are unable to return to work, your employer is not required to restore you to your position.

SPECIAL CIRCUMSTANCES:

Key Employees

Certain *key employees* may not be guaranteed reinstatement to their positions following FMLA leave. A *key employee* is defined as a salaried, FMLA-eligible employee who is among the highest paid 10 percent of all the employees working for the employer within 75 miles of the employee's worksite.

Teachers

Special rules apply to employees of local education agencies. Generally, these rules apply when you need intermittent leave or when you need leave near the end of a school term.

Please visit our website for more complete information.

How to File a Complaint

The U.S. Department of Labor's Wage and Hour Division (WHD) is responsible for administering and enforcing the Family and Medical Leave Act for most employees.

If you have questions, or you think that your rights under the FMLA may have been violated, you can contact WHD at 1-866-487-9243. You will be directed to the WHD office nearest you for assistance. There are over 200 WHD offices throughout the country staffed with trained professionals to help you.

The information below is useful when filing a complaint with WHD:

- your name
- your address and phone number (how you can be contacted)
- the name of the company where you work or worked
- location of the company (this may be different than the actual job site where you worked)
- phone number of the company
- manager or owner's name
- the circumstances of your FMLA request and your employer's response

Your employer is prohibited from interfering with, restraining, or denying the exercise of FMLA rights, retaliating against you for filing a complaint and cooperating with the Wage and Hour Division, or bringing a private action to court. You should contact the Wage and Hour Division immediately if your employer retaliates against you for engaging in any of these legally protected activities.

**To contact the WHD office nearest you, visit:
www.dol.gov/whd/america2.htm**

Website Resources

Visit the Wage and Hour Division website at www.dol.gov/whd/fmla for resources containing information about the FMLA, including:

- Key News
- General Guidance
- Fact Sheets
- e-Tools
- Posters
- Forms
- Interpretive Guidance
- Law
- Regulations



Please refer to *The Employee's Guide to Military Family Leave under the Family Medical Leave Act (WH1513)* for more specific information about taking FMLA leave under the provisions for military family leave.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243

www.dol.gov/whd

WH1506 06/15

PROFESSIONAL DAY
REQUEST
INFORMATION

UNION TOWNSHIP PUBLIC SCHOOLS
Union, New Jersey
Administration Building

MEMORANDUM

TO: **TO ALL STAFF MEMBERS**
FROM: Julia Ponce-Vicidomini, Executive Administrative Assistant
RE: Professional Day Request
DATE: October 2018

Employees are allowed two (2) out of district Professional Development Workshops per school year. The board will reimburse a portion of one (1) workshop registration fee and it is the responsibility of the employee to cover the other in its entirety.

When submitting a request for professional day (forms available in your main office) please be sure to submit the form with all needed information and documentation. You must give detailed information about the workshop you wish to attend. Your building principal and/or supervisor must sign and approve the request before it is submitted to the Superintendent's Office. **It is important you include backup information detailing the workshop you wish to attend or your request will be returned to you and board approval will be delayed.** This includes the registration form, workshop notification publication/email, fees, etc. All requests will be returned if submitted without backup documentation that speaks to the details of the requested workshop.

All requests must be received thirty (30) days in advance of the workshop date.

Once your reimbursement has been approved by the board you will receive a memo from the Superintendent's office via email.

If you have any questions regarding the process of requesting to attend a Professional Development Workshop/Conference please feel free to contact me at (908)851-6407.

PROFESSIONAL DAY REQUEST FORM

All professional day requests must be pre-approved by the Board of Education. This procedure will be strictly enforced. If you are not requesting reimbursement, you are not eligible to receive any money regardless of the funding source. Therefore, no payment to the employee will be processed. All paid requests will be processed according to 6A:23A-7.1 et seq. and BOE policy and will not exceed annual maximum thresholds.

Name: _____ School: _____

Title/Position: _____

I am requesting permission to attend: (Itinerary, which includes date, time, location, and applicable fees, must be attached to this request. Failure to provide such documentation will result in your request being returned to you, which can delay timely submission and board approval.)

Name of Conference/Workshop: _____

Date(s) of attendance: _____ Location: _____

Reason for attendance: _____

Number of Professional Days used this school year _____

Registration \$ _____
Out-of-State Travel Expenses \$ _____
Out-of-State Hotel Expenses \$ _____
Meals/Incidental Expenses \$ _____
Total Cost \$ _____

(Note: under \$25 not eligible for reimbursement)

___ I am requesting reimbursement.
___ I am not requesting reimbursement.
___ Total cost is to be paid through Purchase Order.

REQUESTS MUST BE SUBMITTED THIRTY (30) DAYS IN ADVANCE OF THE DATE OF THE CONFERENCE TO THE SUPERINTENDENT'S OFFICE.

Staff Member's Signature: _____ Date of Request: _____

DISPOSITION BUILDING LEVEL

___ Approve ___ Disapprove

Signature Supervisor/Director: _____ Date: _____

___ Approve ___ Disapprove

Signature Principal: _____ Date: _____

FOR OFFICIAL USE ONLY:

Registration \$ _____
Out-of-State Travel Expenses \$ _____
Out-of-State Hotel Expenses \$ _____
Meals/Incidental Expenses \$ _____
Total Approved Amount \$ _____

___ Total approved amount will be reimbursed.
___ Total approved amount will be paid by purchase Order
___ Purchase Order# _____

DISPOSITION SUPERINTENDENT'S LEVEL

___ Approve ___ Disapprove

Comments: _____

Signature Superintendent/Designee: _____

Date: _____

Received in Office:

BOE APPROVAL DATE: _____

Superintendent/White Principal/Pink Supervisor/Yellow Employee/Gold

*Refer to instructions on back for completion of this form.

INSTRUCTIONS FOR COMPLETION OF THIS FORM

Name: Employee Requesting Professional Day

School: Indicate location assigned

Position: Title (Example: Teacher)

Name of Conference/Workshop: Title of Conference or Workshop
(Must include supporting document)

Dates of Attendance:

Location: Physical location of workshop

Reason for Attendance: Explanation required

Total Cost: Indicate the cost to attend the conference or workshop. Specify your request for reimbursement or if funding will be coming from a budgeted account. (Funding through purchase order is for district required workshops or previously budgeted workshops by an administrator.)

Signatures: All signatures must be obtained or request will be returned, which can delay timely submission and board approval.

Total Approved Amount: For Official Use ONLY: Indicates the amount the Superintendent's Office has approved for purchase order payment or reimbursement.

Disposition Superintendent's Level: Signature required

Received in Office: Will be stamped in the Superintendent's Office when received.

A WRITTEN REPORT OF THE PROFESSIONAL DAY MUST BE COMPLETED WITHIN FIVE DAYS OF THE PROFESSIONAL DAY AND SENT TO THE PRINCIPAL, SUPERVISOR, AND SUPERINTENDENT.

REIMBURSEMENT AMOUNT WILL BE PROCESSED AFTER BOARD OF EDUCATION APPROVAL, ATTENDANCE AT CONFERENCE/WORKSHOP, AND ONLY WITH APPROPRIATE DOCUMENTATION AND PROOF OF ATTENDANCE.

Employees are permitted up to two (2) professional days per school year as per board policy. Reimbursement will only be permitted for one (1) of the workshops granted.

Failure to submit this form fully completed and with proper back up documentation will result in the return of your request, which can delay timely submission and board approval.

The superintendent's office reserves the right to deny your request for professional day if it is received after the deadline for submission of board agenda items as set forth by the business office.

UNION TOWNSHIP PUBLIC SCHOOLS
Union, New Jersey
Administration Building

MEMORANDUM

TO:
FROM: Gregory Tatum, Superintendent
DATE:
RE: Conference/Workshop Attendance

Your attendance at the Conference/workshop on was approved with expenses limited to \$.

Expenses: Registration \$_____: Travel \$_____: Hotel \$_____: Meals and Incidental Expenses \$_____.

After your attendance, **within 30 days**, please submit to me the following:

1. A typed or neatly printed and signed voucher **with approved amount only** (ask your main office for the voucher)
2. Confirming receipts covering your expenses
3. The **white** copy of your form "Report on Professional Day"
4. A copy of your approved form "Request for Professional Day"
5. Proof of attendance at the conference

Please call Julia Vicidomini at extension 6407 with any questions you may have.

No vouchers will be processed for payment after June 16, 2017.

Pursuant to regulations, reimbursement claims not received before June 30th of each year will be forfeited.

VENDOR NO.

DATE:

**B
I
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T
O**

**BOARD OF EDUCATION
TOWNSHIP OF UNION**

COUNTY OF UNION
2369 MORRIS AVENUE • P.O. BOX 3139
UNION, NEW JERSEY 07083-1939
(908) 851-6408, 6409 or 6410 • FAX (908) 964-1462

BUDGET YEAR

PURCHASE ORDER NUMBER

THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

**VOUCHER
PLEASE SIGN & RETURN**

The regular meeting of the Board is generally held on the Third Tuesday of the month. To be approved for payment, bills must be presented at least 30 days prior to the regular meeting.

VENDOR:

SHIP TO:

Your Name

Building / Department

P.O. TYPE		MISC. DESCRIPTION		
		<input type="checkbox"/> Partial <input type="checkbox"/> Complete		
QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
		Title of Workshop Date of Workshop Location of Workshop		Total Approved Amount <u>Only</u>

VENDOR'S CERTIFICATION & DECLARATION

I declare that the goods or services itemized in this bill have been delivered or rendered; that no bonus has been given or received by any person or persons within the knowledge of this claimant; and that the above bill is true and correct.

X Your Signature
 SIGNATURE & TITLE _____ DATE _____

Is Your Company Incorporated? Yes No

FEDERAL TAX I.D. NO. or SOCIAL SECURITY NO. _____

PAYMENT RECORD

CHECK NO. _____

DATE PAID _____

APPROVED BUSINESS ADMIN./BOARD SECRETARY _____

ORDER INVALID UNLESS SIGNED BY THE BUSINESS ADMINISTRATOR/BOARD SECRETARY

 BUSINESS ADMINISTRATOR/BOARD SECRETARY DATE _____

VENDOR ACCEPTANCE CERTIFIES COMPLIANCE WITH FEDERAL AND STATE REGULATIONS REGARDING EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, AGE, SEX AFFECTIONAL OR SEXUAL ORIENTATION, MARITAL STATUS, FAMILIAL STATUS, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES; ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT OF ANY INDIVIDUAL OR NON-APPLICABLE DISABILITY.

TUITION
REIMBURSEMENT
PROCEDURE
INFORMATION

TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY

Tuition Reimbursement Procedure

***Workshop reimbursement**

Please Refer to your Collective Bargaining Agreement

Attached is a sample of Request form and Voucher for Reimbursement

Township of Union Public Schools
Union, New Jersey
ADMINISTRATION BUILDING

MEMORANDUM

TO: TO ALL STAFF MEMBERS

FROM: Mr. Gregory A. Tatum, Supt.

RE: TUITION REIMBURSEMENT PROCEDURE

The procedure for requesting course approval is as follows:

Before a semester begins, the three-part Request for Tuition Reimbursement approval forms must be filled out (including a description of course from the college catalogue and returned to **Ms. Suan Lam** at the **Administration Building, NO LATER THAN ONE (1) MONTH PRIOR TO COMMENCEMENT OF THE COURSES**). Note: Only those courses receiving prior approval will be reimbursed as per negotiated agreement. A copy of an approval/non-approval notice will be sent to you as promptly as possible. **COURSE APPROVAL FORMS MAY BE OBTAINED FROM THE SCHOOL SECRETARY IN YOUR BUILDING.**

The procedure for requesting reimbursement is as follows:

Reimbursement is reimbursed at 50% of the Kean University rate per approved course with a limit of nine (9) credits per year, beginning Fall, Spring, and Summer (*of the current school calendar year*). Please consult the agreement for specifics (**Article 14: Program Development - Teachers, Secretaries, & Clerks**).

Pursuant to Article 14.04, of the Collective Bargaining Agreement, it states, **“For any new teacher hired after the ratification of the 2002-2005 Agreement, the number of reimbursed credits during their career in the district shall be limited to forty-two (42).”**

Effective the date of ratification, September 1, 2014, please refer to Article 14.04 of the Collective Bargaining Agreement, (see pages 26-28) which states eligibility for tuition reimbursement. Please follow the procedures for prior approval of the Superintendent or designee. PLEASE NOTE THAT ALL TEACHERS, EXCLUDING TEACHER ASSISTANTS, MUST have completed 3 years of service in the district TO RECEIVE TUITION REIMBURSEMENT. Classroom assistants, please refer to the Collective Bargaining Agreement Article 14: Program Development Teachers, Secretaries, and Clerks.

Upon successful completion of the course(s), a **VOUCHER**, not purchase order, must be filled out. **PLEASE SEE SAMPLE ATTACHED.** The voucher should be filled out as per sample and signed on the bottom of Page 1. The completed voucher should be sent to the Administration Building – **ATTENTION: Suan Lam, with a copy of a grade or transcript, along with copy of an itemized receipt, showing the charges for tuition, a copy of cancelled check or copy of credit card statement showing payment has been made.**

Upon Board approval, and in accordance with the posted schedule, the Business Office will issue a check, which will be sent to you in care of your school. If you have any questions, please contact Ms. Lam at Extension 6422.

Please note that fees or books ARE NOT part of the reimbursement program and ARE NOT eligible for reimbursement. Prepare the voucher according to these instructions.

BILL TO

BOARD OF EDUCATION
TOWNSHIP OF UNION
COUNTY OF UNION
2369 MORRIS AVENUE
UNION, NEW JERSEY 07083

BUDGET YEAR

VENDOR NO.

(908) 851-6408, 6409 or 6410 • FAX (908) 964-1462

PURCHASE ORDER NUMBER
SAMPLE
THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE

VOUCHER
PLEASE SIGN & RETURN

The regular meeting of the Board is generally held on the Third Tuesday of the month. To be approved for payment, bills must be presented at least 30 days prior to the regular meeting.

DATE:

VENDOR:

SHIP TO:

YOUR NAME
SCHOOL/DEPARTMENT

P.O. TYPE	MISC. DESCRIPTION	Partial <input type="checkbox"/>	Complete <input type="checkbox"/>
NOTE: Voucher can be handwritten			

QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
		<p>* Indicate: SUMMER, FALL, or SPRING - example: Summer 2019</p> <p>* Name of College</p> <p>* Course #, Course Name, # of credits</p>	<p>*Amount per credit (stated on Tuition Reimbursement approval form)</p>	<p>*Total Amount Reimbursed (stated on Tuition Reimbursement Approval form)</p>
<p>*IMPORTANT: The following documents are to be submitted with this voucher: - copy of transcripts showing passing grade - statement showing class was paid (ex. bank statement, credit card statement, etc.)</p>				

VENDOR'S CERTIFICATION & DECLARATION I declare that the goods or services itemized in this bill have been delivered or rendered; that no bonus has been given or received by any person or persons within the knowledge of this claimant; and that the above bill is true and correct. X SIGNATURE & TITLE _____ DATE _____ Is Your Company Incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No FEDERAL TAX I.D. NO. or SOCIAL SECURITY NO. _____	PAYMENT RECORD CHECK NO. _____ DATE PAID _____ APPROVED BUSINESS ADMIN./BOARD SECRETARY _____	ORDER INVALID UNLESS SIGNED BY THE BUSINESS ADMINISTRATOR/BOARD SECRETARY BUSINESS ADMINISTRATOR/BOARD SECRETARY _____ DATE _____ VENDOR ACCEPTANCE CERTIFIES COMPLIANCE WITH FEDERAL AND STATE REGULATIONS REGARDING EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, AGE, SEX, AFFECTIONAL OR SEXUAL ORIENTATION, MARITAL STATUS, FAMILIAL STATUS, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES, ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT OF ANY INDIVIDUAL OR NON-APPLICABLE DISABILITY.
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**
Sample**

**
Sample**

UNION TOWNSHIP PUBLIC SCHOOLS
REQUEST FOR TUITION REIMBURSEMENT

(ALL COURSES MUST BE APPROVED PRIOR TO START OF CLASS, IN ORDER TO BE ELIGIBLE FOR REIMBURSEMENT)

Name _____
School _____
Subject or Grade Level _____
Current Salary Class _____

*Reimbursement Amount Approved:
Credits _____ Rate _____ Total _____
To be completed by Superintendent's Office

Step _____ Course(s) begin: _____
Date of Hire: _____
Tenured: _____

I am submitting the following course(s) for consideration for reimbursement in accordance with the current agreement between the Union Township Education Association and the Union Township Board of Education:

Semester: Fall _____ / _____ Spring _____ / _____ Summer _____ / _____
Year Year Year

College/University: _____

Course(s): Title _____ Course No. _____ # Credits _____ Cost _____
Title _____ Course No. _____ # Credits _____ Cost _____
Title _____ Course No. _____ # Credits _____ Cost _____
(Please attach copy of course description from the catalog)

Will these course(s) lead to an advanced degree, Bachelors degree or certification program?

If so, please complete the following:

Degree _____ Major _____ Certification _____ Other _____

Anticipated Date of Completion _____

Signature _____

Superintendent/Designee Approved Not Approved

Note: Reimbursement is paid at the current State College per credit rate, with a limit of 9 credits per year. Course fees are not eligible for reimbursement. Following documentation of successful completion of approved course(s), a copy of the goldenrod request form, a signed voucher, and proof of payment must be submitted in order to process reimbursement. Reimbursements will be processed through our accounts payable.

TOWNSHIP OF UNION PUBLIC SCHOOLS
UNION, NEW JERSEY

Please review all district policies and regulation on our website

<http://www.twpunionschools.org/Board-Of-Education-/District-Policies/index.html>

Below are some suggested policies for your immediate review

- **Personal Illness and Injury/health Hardship**
- **Staff Lateness Req. and Consequences**
- **Staff Absence Req. and Consequences**
- **Attendance Patterns**
- **Private Tutoring**
- **Electronic Communication by School Staff**
- **Conduct and Dress**
- **Evaluation of Teaching Staff Members**
- **Employee Rights**
- **Nondiscrimination/Affirmative Action**
- **Military Leave**
- **Sabbatical**
- **Employee Substance Abuse/Gambling**
- **Harassment, Intimidation and Bullying (M)**
- **Fundraising Activities**
- **Nepotism**
- **Staff Development: In service Education**
- **Evaluation**
- **Certification**
- **Conflict of Interest**
- **Employee Safety**
- **School Day**
- **Unit Plans**
- **Smoking Prohibition**
- **Use of School Facilities**
- **Job Posting/Interviewing Process**

Teacher Evaluation and Support

Multiple Measures of Student Achievement and Teacher Practice

AchieveNJ relies on multiple measures of performance to evaluate teachers. These measures include components of both student achievement and teacher practice. The weights in the charts to the right are set for the current school year; the state may adjust them in future school years to reflect lessons learned from new data and feedback from educators.

Student Achievement

Students enter classrooms at varying levels of achievement and educators deserve credit for helping them progress. AchieveNJ, wherever possible, incorporates measures of student growth over time, not a single snapshot of proficiency.

Student Growth Percentiles (SGPs) measure student achievement gains within 4th-8th-grade Language Arts and 4th-7th-grade Math¹, referred to as the “tested grades and subjects.” Using the state standardized assessment, SGPs compare the change in a student’s achievement from one year to the next to that of all other students in the state who had similar historical results (the student’s “academic peers”).

- For teachers of tested grades and subjects, the median of their students’ change in achievement, or mSGP, counts for 30% of the overall evaluation rating.
- In order for teachers to have an mSGP score, they must have 20 separate students with SGP scores, and students must be enrolled in a teacher’s class for at least 70% of the year.

In addition, teachers set **Student Growth Objectives (SGOs)** for their students at the start of the year and are assessed on whether those objectives are met at the end of the year. SGOs are academic goals for groups of students that each teacher sets with his or her principal or supervisor at the start of the year. These academic goals, counting for 15% of a teacher’s evaluation, should be aligned to standards and measured using high quality assessments of various types including locally-developed tests, performance assessments, and portfolios.

- Teachers of non-tested grades and subjects are required to set two SGOs.
- Teachers of tested grades and subjects are required to set one or two SGOs.

Teacher Practice

Teacher practice is measured by performance on a state-approved teacher practice instrument (e.g., Danielson, Marzano, et al.), which is used to gather evidence primarily through classroom observations.

Non-tenured teachers will have at least three required observations each year.

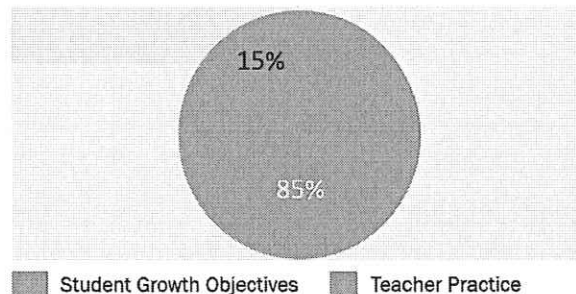
- Each observation must be conducted for a minimum of 20 minutes.
- Multiple observers are required.

Tenured teachers will have at least two required observations each year.

- Each observation must be conducted for a minimum of 20 minutes.
- Multiple observers are recommended.

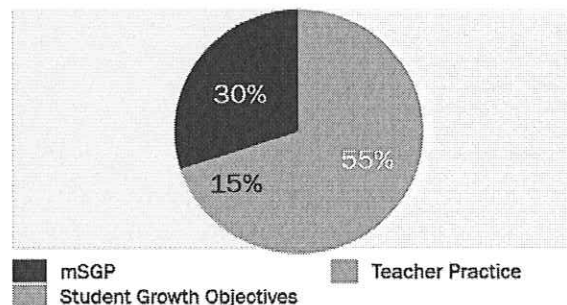
Non-Tested Grades and Subjects

Teachers Outside of Grades 4-8,
Language Arts Literacy and 4-7 Mathematics



Tested Grades and Subjects

Teachers in Grades 4-8,
Language Arts Literacy and Grades 4-7 Mathematics



¹ SGP is not currently calculated for 8th-grade math.

With mutual agreement between teacher and supervisor, one traditional observation of a tenured teacher rated highly effective on their previous evaluation may have one of their observations replaced by a portfolio of practice option chosen from a commissioner-approved list.

Observation Requirements Summary

Teacher Status	Minimum Observations (at least 20 minutes each)	Multiple Observers
Non-tenured	3	Required
Tenured	2	Recommended
Corrective Action Plan	Plus One	Required

Additional notes on observations:

- **Announced vs. Unannounced:** Within the minimum requirements, all teachers must have at least one unannounced and one announced observation with a pre-conference.
- Non-tenured teachers present for less than 40% total school days in an academic year: A minimum of 2 observations are required.
- **Post-conferences:** Post-conferences between teachers and their supervisors are required following each observation. These conferences must all be face-to-face for non-tenured teachers and at least one must be face-to-face for tenured teachers.

Observations are performed by trained staff. All observers must be trained on the instrument before evaluating educators and must participate in at least two “co-observations” throughout the year. All observers must participate in yearly “refresher” training, and superintendents or chief school administrators must certify each year that all observers have been trained. An increased number of opportunities to engage in high-quality professional conversations with trained observers will allow educators to reflect on their professional practice with more depth and clarity. Information derived from observations and post-conferences will be used to tailor professional development for each teacher.

Summative Rating

This overall evaluation score combines the multiple measures of teacher practice and student growth. All New Jersey teachers earn one of four ratings: Highly Effective, Effective, Partially Effective, or Ineffective. All teachers receive individual professional development plans based on their ratings. Teachers rated Ineffective or Partially Effective work with their principals to create a Corrective Action Plan with targeted professional development for the subsequent year. To maintain tenure, all teachers (regardless of hire date) have to continue to earn a rating of Effective or Highly Effective. For more information, please visit the [Evaluation Scoring web page](#).

To Learn More or Share Feedback

- Contact your School Improvement Panel and District Evaluation Advisory Committee.
- Visit the [AchieveNJ website](#)
- E-mail educatorevaluation@doe.state.nj.us, or call the AchieveNJ Help Line at 609-376-3974.

Charlotte Danielson's FRAMEWORK FOR TEACHING

<p>DOMAIN 1: Planning and Preparation</p> <p>1a Demonstrating Knowledge of Content and Pedagogy <ul style="list-style-type: none"> • Content knowledge • Prerequisite relationships • Content pedagogy </p> <p>1b Demonstrating Knowledge of Students <ul style="list-style-type: none"> • Child development • Learning process • Special needs • Student skills, knowledge, and proficiency • Interests and cultural heritage </p> <p>1c Setting Instructional Outcomes <ul style="list-style-type: none"> • Value, sequence, and alignment • Clarity • Balance • Suitability for diverse learners </p> <p>1d Demonstrating Knowledge of Resources <ul style="list-style-type: none"> • For classroom • To extend content knowledge • For students </p> <p>1e Designing Coherent Instruction <ul style="list-style-type: none"> • Learning activities • Instructional materials and resources • Instructional groups • Lesson and unit structure </p> <p>1f Designing Student Assessments <ul style="list-style-type: none"> • Congruence with outcomes • Criteria and standards • Formative assessments • Use for planning </p>	<p>DOMAIN 2: The Classroom Environment</p> <p>2a Creating an Environment of Respect and Rapport <ul style="list-style-type: none"> • Teacher interaction with students • Student interaction with students </p> <p>2b Establishing a Culture for Learning <ul style="list-style-type: none"> • Importance of content • Expectations for learning and achievement • Student pride in work </p> <p>2c Managing Classroom Procedures <ul style="list-style-type: none"> • Instructional groups • Transitions • Materials and supplies • Non-instructional duties • Supervision of volunteers and paraprofessionals </p> <p>2d Managing Student Behavior <ul style="list-style-type: none"> • Expectations • Monitoring behavior • Response to misbehavior </p> <p>2e Organizing Physical Space <ul style="list-style-type: none"> • Safety and accessibility • Arrangement of furniture and resources </p>
<p>DOMAIN 4: Professional Responsibilities</p> <p>4a Reflecting on Teaching <ul style="list-style-type: none"> • Accuracy • Use in future teaching </p> <p>4b Maintaining Accurate Records <ul style="list-style-type: none"> • Student completion of assignments • Student progress in learning • Non-instructional records </p> <p>4c Communicating with Families <ul style="list-style-type: none"> • About instructional program • About individual students • Engagement of families in instructional program </p> <p>4d Participating in a Professional Community <ul style="list-style-type: none"> • Relationships with colleagues • Participation in school projects • Involvement in culture of professional inquiry • Service to school </p> <p>4e Growing and Developing Professionally <ul style="list-style-type: none"> • Enhancement of content knowledge and pedagogical skill • Receptivity to feedback from colleagues • Service to the profession </p> <p>4f Showing Professionalism <ul style="list-style-type: none"> • Integrity/ethical conduct • Service to students • Advocacy • Decision-making • Compliance with school/district regulations </p>	<p>DOMAIN 3: Instruction</p> <p>3a Communicating With Students <ul style="list-style-type: none"> • Expectations for learning • Directions and procedures • Explanations of content • Use of oral and written language </p> <p>3b Using Questioning and Discussion Techniques <ul style="list-style-type: none"> • Quality of questions • Discussion techniques • Student participation </p> <p>3c Engaging Students in Learning <ul style="list-style-type: none"> • Activities and assignments • Student groups • Instructional materials and resources • Structure and pacing </p> <p>3d Using Assessment in Instruction <ul style="list-style-type: none"> • Assessment criteria • Monitoring of student learning • Feedback to students • Student self-assessment and monitoring </p> <p>3e Demonstrating Flexibility and Responsiveness <ul style="list-style-type: none"> • Lesson adjustment • Response to students • Persistence </p>

Charlotte Danielson's FRAMEWORK FOR TEACHING

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