



# **EMPLOYEE HANDBOOK**

**FOR  
CULLMAN CITY SCHOOLS**

**HR-P1-R1**

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## INTRODUCTION

This handbook has been prepared to provide Cullman City Schools (CCS) employees with an overview of the district's policies and procedures affecting its employees. This is not a contract and is not intended to be a contract. This handbook is not intended to be comprehensive or to address all the possible applications of or exceptions to the general policies and procedures described. For that reason, if the employee has any questions concerning eligibility for a particular benefit or the applicability of a specific policy or practice, the employee should refer to the CCS Policy Manual or address specific questions to the Human Resource Department.

This handbook does not confer any contractual rights, either expressed or implied, to remain in the school system's employ, nor does it guarantee any fixed terms and conditions of employment. Except as may otherwise be provided or required by law, by contract, or by the specific terms of the appointment, all CCS personnel are deemed "at-will" employees and may be terminated, demoted, reassigned, suspended, or disciplined with or without pay, with reduced pay, and with or without cause. No supervisor or other representative of CCS (except the Board of Education) has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the above.

The procedures, practices, policies, and benefits described here may be modified or discontinued from time to time. CCS will endeavor to inform employees of any changes as they occur.

This document supplements the CCS Policy Manual approved by the CCS Board. All employees must read the CCS Policy Manual to know and understand the policies of the system. The CCS Policy Manual is located at all schools/centers or on the [CCS website](#). In the event an actual or perceived conflict arises between the language contained in the CCS Policy Manual and this document, the Policy prevails.

### **Mission**

"Inspiring students for lifelong success through character, citizenship, and scholarship"

## Equal Employment Opportunity

Cullman City Schools (CCS) is an equal opportunity employer. Personnel actions and decisions will be made without regard to factors or considerations prohibited by federal or state law, including but not limited to race, gender, age, disability, national origin, citizenship, and religious preference. Complaints or inquiries regarding compliance with state and federal equal opportunity employment laws should be directed to the Human Resources Coordinator at 256-734-2233 or to the CCS Central Office, 301 First Street, Cullman, AL 35055.

**Refer to CCS Policy 5.14.**

## Sexual Harassment

CCS does not tolerate sexual harassment from employees or other persons associated with CCS. Employees who believe that they have been or is being subjected to any form of sexual harassment should follow the Employee Complaint Resolution Procedures outlined in CCS Policy 5.15.3. A definition of 'sexual harassment' can be found in CCS Policy 5.15.1. The Superintendent has designated the Human Resources Coordinator to whom formal complaints can be reported in his/her absence or is the subject of the complaint. Formal complaints can be filed by completing the Sexual Harassment Report Form (refer to [Appendix C](#)). For further information, employees may contact the Human Resources Coordinator at 256-734-2233.

**Refer to CCS Policy 5.15.**

## Americans with Disabilities

Employees who believe that they have been discriminated against on the basis of disability in employment actions covered by Title I of the Americans with Disabilities Act may file a written complaint with the Human Resources Coordinator in the Human Resources Office located at the CCS Central Office, 301 First Street, Cullman, AL 35055. Employees may contact the Human Resources Coordinator at 256-734-2233.

**Refer to CCS Policy 5.14.**

## Complaints and Grievances

Employees who have complaints and/or become concerned in grievance matters are urged to work together constructively and to resolve their disagreements. Complaints and grievances which may arise from time to time should be resolved at the lowest possible level that provides equitable and satisfactory solutions. The goal is to create a professional working environment. CCS Grievance Procedures are outlined in [Appendix A](#).

**Refer to CCS Policy 4.6.**

## Statement of Nondiscrimination

Cullman City Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the non-discrimination/harassment policies:

### Title IX

Lindsay Brannon  
(256)734-2211

[lbrannon@cullmancats.net](mailto:lbrannon@cullmancats.net)

### Section 504

Dawn Nesmith  
(256)734-2211

[dnesmith@cullmancats.net](mailto:dnesmith@cullmancats.net)

### Title II

Erica Rutherford  
(256)734-2211

[erutherford@cullmancats.net](mailto:erutherford@cullmancats.net)

## **EMPLOYMENT**

The Board shall make the final decision to employ, transfer, or promote personnel based upon the Superintendent's recommendations.

**Refer to CCS Policy 5.1.**

Alabama law requires each employee to be fingerprinted for a criminal history background check through the Alabama State Department of Education. Registration is available online at the [Alabama DOE Applicant Processing Services website](#). The agency may charge a fee for this service. Attendance at the CCS New Hire Orientation is mandatory and a requirement of employment. Orientation ensures all new employees are informed regarding rules and regulations governing all CCS employees. Also, various forms relating to benefits and policies are addressed. Human Resources will provide employees with an Employee Orientation Packet containing forms and/or information relating to new hire employment.

In accordance with the Alabama Ethics Law, CCS employees who earn \$75,000.00 or more annually and/or serve as a supervisor must complete and file a [Statement of Economic Interest Form](#) by April 30 of each year. All newly hired employees in this capacity must complete the online Ethics Training within 90 days of their hire date. The training is provided through the [Alabama Ethics Commission website](#). Employees must provide a copy of the certificate of completion to Human Resources, Cullman City Schools Central Office, 301 First Street, Cullman, AL 35055.

### **General Requirements**

Employees have a duty to perform their jobs responsibly and in a conscientious manner. Employees are expected to meet the general performance and service standards in addition to any specific job description requirements.

**Refer to CCS Policy 5.1.1.**

### **Professional Certification and Procedures**

In addition to requirements established by the State Board of Education and the pertinent job description, certified employees must hold a degree from an accredited college or university, as well as a current, valid, and properly endorsed Alabama Teacher's Certificate, which will be maintained in the Human Resources Office. A teacher who has completed the certification process but has not received the certificate may be employed on tentative or temporary compensation pending verification of certification from the Alabama State Department of Education (ALSDE). Upon receipt of such verification, appropriate adjustments will be made to the teacher's salary. If a teacher earns a higher degree from a regionally accredited institution that merits increased compensation under the approved salary schedule, the teacher must provide a transcript conferring the higher degree earned to Human Resources. Human Resources will submit to the ALSDE Certification Office to verify earned degree. Once verified by the Certification Office, the teacher's increase will start the first of the following month after approval of the State Superintendent. If verification is received in May, the teacher's increase will begin the first workday of the next school year.

**Refer to CCS Policy 5.2.**

Professional Certification Reminders:

- All Alternative Baccalaureate-Level Certificate (ABC), Career & Technical Alternative

Baccalaureate-Level Certificate (C/T ABC), Special Alternative Certificate (SAC), and Preliminary Certificate (PRE) applications must be completed in the Human Resources Department and then received in the ALSDE Certification Office by October 1st of the application year.

- Employees renewing an instructional leader/administrative certificate must earn PLUs (Professional Learning Units) regardless of the position or role in which he/she serves.
- Non-instructional professional personnel (ancillary support services, nurses, etc.) likewise must be properly licensed and/or certified for their respective assignments.

## Work Verification Procedures

Official verification of prior full time teaching experience submitted for review to determine placement on the salary schedule must be received within the employee's first year of employment in order to have this experience paid retroactively to the start date. If the official verification is received **AFTER** the employee's first year of employment, it will be effective from the date the verification is received in the Human Resources Department.

It is the employee's (both classified and certified) responsibility to obtain work experience verification from prior employers using the Previous Employment Verification Form (refer to [Appendix C](#)). All submission of official verification of prior work experience must meet CCS guidelines in order to receive credit.

## Special Requirements for Work Schedules

Teachers and classified employees will comply with established work schedules.  
**Refer to CCS Policy 5.1.**

## Time Clock Procedures and Work Periods

Employees are to use the approved process for recording time. The employee's Principal or Supervisor is responsible for approving hours worked. Hours worked are submitted to payroll on a monthly basis. Attendance records are CCS records. Employees are required to ensure hours worked, overtime hours, and absences are recorded accurately. Employees are not to record time for other employees. Violations of this policy will result in appropriate disciplinary action, up to and including immediate termination.

Employees must begin work immediately after signing/clocking in for work. Failure to do so is considered falsification of timekeeping records. Non-exempt employees are required to sign-in/clock-in and sign-out/clock-out for their work shift and lunch. Exempt employees are required to clock in/sign in. Vacation, sick, and personal days must be recorded by the employee designated to monitor attendance.

CCS Employee Work Periods are defined as follows:

- 12-month employees: July 1, XXXX – June 30, XXXX (240 days)
- 11-month employees: As noted on School Calendar (228 days)
- 10-month employees: (208 days) (Normally, from ten (10) working days prior to the first work day for nine-month employees until ten (10) working days after the last work day for nine-month employees)
- 9-month employees: As noted on School Calendar (188 days)

## Probation and Tenure

All regular employees of CCS are considered probationary upon hire and are eligible to obtain tenure or non-probationary status according to the [Students First Act of 2011](#). According to the [Students First Act](#), a teacher shall attain tenure upon the completion of three (3) complete, consecutive school years of full-time employment as a teacher with CCS. Likewise, a probationary classified employee shall attain non-probationary status upon the completion of three (3) complete, consecutive school years of full-time employment with CCS.

A non-tenured teacher will not receive tenure when the Board approves and issues written notice to the teacher on or before the last day of the probationary teacher's third consecutive complete school year of employment. Likewise, a probationary classified employee will not receive non-probationary status when the Board approves and issues a written notice of termination to the probationary employee on or before the fifteenth day of June immediately following the employee's third consecutive complete school year of employment.

If an employee is terminated after being employed for a complete year, but then rehired prior to October 1 in the school year immediately following the school year of separation and then completes the current school year, the employee will receive tenure credit for the year. If an employee is terminated and then re-hired after October 1 of the school year immediately following the school year of separation, the employee will not receive tenure credit for the current school year.

**Refer to CCS Policy 5.3 and [Students First Act Section 16-24C-4](#).**

## Job Posting

CCS posts vacant personnel positions on the [CCS website](#) and on the [Alabama State Department of Education \(ALSDE\) website](#).

Human Resources is responsible for the publication of job postings. Employees have the opportunity to submit applications for positions for which they qualify within the system using the internal application for CCS located on the ALSDE website.

**Refer to CCS Policy 5.2.**

## Employee Transfer - Voluntary

Employees may use the Transfer Request Form for Personnel in [Appendix C](#) to request a voluntary transfer to another location. CCS cannot guarantee all such requests will be granted.

All reassignments and transfer procedures will be in accordance with the [Students First Act of 2011](#).

**Refer to [Students First Act Section 16-24C-7](#).**

## Employee Evaluations

Employee evaluation is a continuous process to assist employees in their job performance, emphasizing praise for excellence and suggestions for improvement. Certified Administrators, Contract Principals, and Teachers will be evaluated according to the requirements of the Alabama State Department of Education. All classified employees will be evaluated at least annually.

**Refer to CCS Policy 5.8.**



## Personnel Records

The Payroll Department is responsible for maintaining all personnel files. It is the employee's responsibility to immediately notify the Payroll Department of any changes in:

- Name and/or marital status
- Address and/or telephone number (RSA, PEEHIP and RSA-1 should also be notified)
- Number of eligible dependents
- W-4 deductions
- Emergency contact

Change of Address and Emergency Contact information are available in the Payroll Department.

Any employee who wishes to view their personnel file may arrange an appointment to do so and must provide proof of identification.

**Refer to CCS Policy 5.9.**

## COMPENSATION

It is a requirement of CCS that all paychecks be direct deposited. Employees may use direct deposit of funds to either a savings or checking account at their bank of choice by completing the Direct Deposit Enrollment Form (refer to [Appendix C](#)).

A statement of earnings is given each pay period to employees indicating gross pay, statutory deductions, and voluntary deductions. **It is the employee's obligation and responsibility to verify the correctness of compensation and to notify the Human Resources Department immediately if his/her salary is incorrect.**

## **EMPLOYEE ABSENCES**

Employees are expected at work on all scheduled workdays and during all scheduled work hours and to report to work on time.

**Refer to CCS Policy 5.10.**

### **Absences**

In the case of unforeseen absence or tardiness, an employee shall give immediate notification, not later than one (1) hour before his/her scheduled starting time, to the Principal, Assistant Principal, or immediate Supervisor when it is necessary to be absent from work for unscheduled leave.

If an employee is absent five (5) consecutive days for illness, a doctor's excuse may be required. If the employee's Principal or Supervisor has probable cause to believe that an employee has abused or misused sick leave, a physician's statement or medical documentation may be required.

Employees who have available paid leave time must use these forms of leave before applying for Board approved unpaid leave.

**Refer to CCS Policy 5.10.2.**

### **Paid Leave**

Employees will accumulate and be paid sick leave, personal leave, and vacation as outlined in CCS Policy. Personal leave and vacation requests should be made as far in advance as possible by submitting a leave request through the [online system](#) to the appropriate Supervisor or Principal.

**Refer to CCS Policies 5.10.3, 5.10.5, and 5.10.6.**

### **On-The-Job Injury Leave Procedures**

On-the-job injury includes an accident or injury to an employee that occurs in the course of performing job duties for CCS.

Employees must follow these guidelines upon occurrence of on-the-job injuries:

- Report the injury immediately in writing to appropriate Supervisor or Principal.
- Complete the Accident and On-the-Job Injury Form within 24 hours of the injury. Depending on the severity of the injury, the employee may need the Physician Certification for On-the-Job Injury Form and the Request Form for Use of On-the-Job Injury Days. (Refer to [Appendix C](#) for forms.)

If the injury requires medical treatment, the employee must have a physician complete the Physician Certification for On-the-Job Injury Form. If the injury requires an absence from work, the employee should attach medical documentation to the Physician Certification for On-the-Job Injury Form. If the employee is unable to work due to the injury, the employee should complete the first section of the Request Form for Use of On-the-Job Injury Days, then have his/her Principal or immediate Supervisor complete the second section. Completed paperwork must be returned to the Human Resources Department. Employees are paid "on-the-job injury" leave without using sick days.

**Refer to CCS Policy 5.10.4.**

## School Closings

The Superintendent may close or delay schools and all support functions prior to school opening or during the school day. The decision will be released to the news media by the Superintendent's Office and communicated in terms of delayed hours or as a closing and will apply to all CCS personnel. To the extent not provided for in the school calendar, any days lost by reasons of an emergency closing will be made up and a revised school calendar approved, if necessary, to reflect any extension or adjustment of the school year required by such action, unless approval to waive the days is obtained in accordance with state law.

The work time missed due to delays or closings is classified as "unavoidable leave" and is paid at the employee's regular rate of pay. Employees who are absent on the affected day(s) due to illness, vacation, or other leave of absence are not eligible for unavoidable leave. Unavoidable leave is specific to the time announced for the delay or closing and may not be "banked" or transferred to another time of absence. **Refer to CCS Policies 4.8.**

## Professional Leave

Employees may receive paid professional leave to engage in educational activities. A professional leave form must be completed and approved by the appropriate administrator in order to be paid. If an employee is to receive a stipend for attending a professional growth activity, he/she must list or sign documentation with the legal name recognized in all payroll/benefits information. The Professional Development Leave Form is available through the [online system](#).

**Refer to CCS Policy 5.10.7.**

## Military Leave

Employees who are inducted into the U.S. Armed Forces or who are reserve members of the U.S. Armed Forces or State militia groups will be granted leaves of absence for military service, training, or other obligations in compliance with state and federal laws. These employees may use accrued vacation leave but are not required to do so.

At the conclusion of the leave, employees generally have the right to return to the same position held prior to the leave or to positions with equivalent seniority, pay, and benefits. CCS will pay the positive difference between military pay and regular wages/salary for up to twenty-one (21) days per year. Military leave will be entered appropriately in the [online system](#).

Additionally, employees may request leave under the Family and Medical Leave Act (FMLA) to manage family affairs resulting from an impending call or order to covered active duty or care for a covered military service member as provided by the Act. Employees should complete the appropriate form for military leave on the [U.S. Department of Labor website](#). (See the [Family and Medical Leave Act \(FMLA\)](#) section for more information.)

Employees must notify their Supervisor and the Human Resources Department as soon as they are aware of the military obligation.

**Refer to CCS Policy 5.10.8.**

## Court Leave

A paid leave of absence for jury duty will be granted with pay to any regular, full-time employee who has

been notified to serve. An employee on jury duty is expected to report to work any day he/she is excused from jury duty. Upon receipt of the notice to serve jury duty, the employee should immediately notify his/her Supervisor. Additionally, a copy of the notice to serve jury duty should be attached to the employee's attendance record for attendance purposes. Court leave will be entered appropriately in the [online system](#).

Employees involved in legal proceedings whose presence is not requested or required by CCS or Superintendent must take personal leave, vacation, and/or leave without pay, whichever is appropriate. **Refer to CCS Policy 5.10.9.**

## Unpaid Study Leave

Tenured and non-probationary employees are eligible for unpaid leave of absence up to one (1) year to pursue study or professional growth opportunities. A written statement for request must be submitted to the Human Resources Department for review before being approved by the Board.

**Refer to CCS Policy 5.10.10.**

## Other Unpaid Leave

Employees may request other unpaid leave for substantial hardship or extraordinary circumstances. A written statement for request must be submitted to the Human Resources Department for review before being approved by the Board.

## Family and Medical Leave Act (FMLA)

Employees who meet the eligibility requirement listed in CCS Policy 5.11.1 may request FMLA leave for the birth and first year care of a newborn child, the placement of a foster child or adoption, the care of an immediate family member with a serious health condition, or the employee's own serious health condition.

Additionally, employees may request FMLA leave to manage family affairs resulting from an impending call or order to covered active duty or care for a covered military service member as provided by the Act. Employees should complete the appropriate form for military leave on the [U.S. Department of Labor website](#).

Employees seeking leave under the FMLA must provide thirty (30) days advance notice of the need to take leave when the need is foreseeable. When the need for leave is unforeseeable, employees should notify the appropriate Principal or Supervisor as soon as possible.

Any accrued leave used in conjunction with FMLA may be taken immediately prior to or immediately after the unpaid FMLA leave.

Employees must complete the Family and Medical Leave Request Form (refer to [Appendix C](#)) and submit to the Human Resources Department along with any required supporting documentation.

Employees should address specific questions regarding FMLA leave to the Human Resource Department. **Refer to CCS Policy 5.11.**

## Sick Leave Due to Catastrophic Illness

[The Code of Alabama Section 16-22-9](#) defines catastrophic illness as “Any illness, injury, or medical condition related to childbirth, certified by a licensed physician which causes the employee to be absent from work for an extended period of time”. The extended period of time will be determined on a case-by-case basis by the Board.

For an employee to participate in the Catastrophic Sick Leave Plan as defined by [The Code of Alabama Section 16-22-9](#), he/she must meet the following eligibility criteria:

- Be a member of the CCS Sick Leave Bank (refer to the following section)
- Have used all regular sick leave, personal leave, vacation leave (12-month personnel only), and all sick leave bank days available
- Be a full-time employee
  - Beneficiary Employee Eligibility – In order for an employee to receive and use donated catastrophic sick leave days from CCS employees or employees of another Alabama school system, the beneficiary employee must be a member of the Sick Leave Bank.
  - Donating Employee Eligibility – A CCS employee must be a member of the Sick Leave Bank to donate catastrophic sick leave days to another CCS employee or to an employee of another Alabama school system. The transfer of sick leave days by a CCS employee to an employee of another Alabama school system must be from the CCS Sick Leave Bank to and through the beneficiary’s school system Sick Leave Bank.

An employee who is a member of the Sick Leave Bank, at his/her discretion, may donate up to 30 days to be used by a CCS employee and/or an employee of another Alabama school system.

There is no limit to the number of sick leave days a beneficiary employee may receive under the Catastrophic Sick Leave Plan. However, a CCS employee who uses catastrophic sick leave days is required to reapply by completing the Catastrophic Sick Leave Approval Form (refer to [Appendix C](#)), along with the attending physician statement, at the end of 90 school days.

## Sick Leave Bank

Full-time certified and classified employees are eligible to voluntarily participate in the Sick Leave Bank, which gives employees potential eligibility for extra sick leave days for illnesses. The employee may deposit their personal ten (10) sick leave days or borrowed two (2) sick leave days into the Sick Leave Bank in order to be eligible and participate. When a participating employee has exhausted all other leave, the employee can borrow up to 10 sick leave days from the Sick Leave Bank. Employees who wish to participate in the Sick Leave Bank must complete the Sick Leave Bank Participation Authorization Form. Additionally, such employees are subject to rules and regulations developed by the Sick Leave Bank Committee. Sick Leave Bank forms are available in [Appendix C](#) of this Handbook.

**Refer to CCS Policy 5.12.**

## **WORK RULES**

### **Conflict of Interest**

Close relatives, partners, those in a dating relationship, or members of the same household are not permitted to be in positions that have a reporting responsibility to each other. Close relatives are defined as husband, wife, domestic partner, father, mother, father-in-law, mother-in-law, grandfather, grandmother, son, son-in-law, daughter, daughter-in-law, uncle, aunt, nephew, niece, brother, sister, brother-in-law, sister-in-law, step relatives, cousins, and domestic partner relatives.

If employees begin a dating relationship or become relatives, partners, or members of the same household and if one party is in a supervisory position, that person is required to inform management and the Human Resources Department of the relationship.

Employees may not use their offices or positions for personal gain to themselves or their family members and must adhere to applicable provisions of the [Alabama Ethics Law](#). Before engaging in any activity, transaction, or relationship that might give rise to a conflict of interest, employees must seek review from their manager and/or the Human Resources Department.

**Refer to CCS Policy 5.6.**

### **Employee Gifts**

Employees are not allowed to solicit gifts. Employees are prohibited from receiving anything for themselves or a family member. Employees are allowed to receive gifts (including gift cards) valuing \$25 or less per occasion, but not to exceed \$50 in calendar year from a single provider.

**Refer to CCS Policies 5.7 and [Alabama Ethics Law Section 36-25-1](#).**

### **Personnel Searches**

CCS reserves the right to search CCS property. Employees on CCS property or at school events may be searched should there be reasonable suspicion that there exists a violation of CCS Policy or an item or substance that could create harm or injury to the school or workplace.

**Refer to CCS Policy 5.19.**

### **Safety**

Maintaining a safe work environment requires the continuous cooperation of all employees. CCS holds all employees accountable for working in a safe manner and for communicating unsafe acts and conditions to the appropriate Supervisor. Employees are not authorized to perform safety-sensitive tasks for which they have not been trained. All employees are required to adhere to CCS Safety Rules in [Appendix B](#). Employees who violate CCS Safety Rules are subject to appropriate disciplinary action.

### **Safe School Policy (Drugs, Alcohol, Tobacco, and Weapons)**

Employees must not bring firearms, weapons, illegal drugs and alcohol, and tobacco in a school building, on school grounds, on CCS property, on school buses, or at school-sponsored functions. Penalties are outlined in CCS Policy.

**Refer to CCS Policy 4.2.**

## **Drug and Alcohol Free Environment**

CCS requires a drug and alcohol free environment.

**Refer to CCS Policy 4.2.3 and 4.2.6.**

## **Drug and Alcohol Testing**

CCS engages in drug and alcohol testing in certain circumstances.

**Refer to CCS Policies 5.18.**

## **Internet Safety and Use of Technology**

All employees must sign the Internet Safety and Use of Technology Acceptable Use Agreement and agree to follow its guidelines. Employees who violate the Acceptable Use Agreement may be denied usage of the CCS technology resources and be subject to disciplinary action.

**Refer to CCS Policy 4.9.**



## **BENEFITS**

CCS has established a variety of employee benefit programs for qualified employees working twenty (20) hours per week or more. These programs are designed to assist employees and their eligible dependents in meeting the financial burdens that can result from illness and disability and to help plan for retirement. These benefits may include Hospital/Medical Insurance, Supplemental Insurance (e.g. Dental, Vision, Cancer and Hospital Indemnity), Life Insurance, Long Term Disability, Retirement Plans, and an Employee Assistance Program.

CCS employees are entitled to some or all benefits included in CCS benefits package, depending on the employee's salary schedule. Employee enrollment and change forms for CCS benefits may be submitted at time of hire and during open enrollment, held each year during July and August for an effective date of October 1.

For details regarding benefit plans, please refer to the CCS Benefits Guide and to the Summary Plan Descriptions, provided separately and available through the Human Resources Department.

# **LEAVING CULLMAN CITY SCHOOLS**

## **Retirement**

Employees considering retirement must contact the Teacher Retirement System (TRS) to verify eligibility. The employee must contact the Human Resources Department located at Cullman City Schools Central Office, 301 First Street, Cullman, AL 35055 to complete necessary paperwork by the deadlines specified by TRS in order to avoid missing a paycheck. Employee must indicate the decision to retire by completing the Retirement Form (refer to [Appendix C](#)) and/or a letter and provide to the appropriate Principal or Supervisor.

## **Resignation**

Non-certified employees are free to leave the employment of CCS at will. It is requested the employee provide CCS with a written two-week advance notice. In accordance with the [Students First Act](#), tenured teachers are not permitted to resign within 30 calendar days before the first day of the next school term for students. They may terminate their employment at *any other time* by giving five (5) days' notice.

CCS will only compensate employees for unused vacation up to policy limits when the employee works throughout the notice period and is not terminated for gross misconduct or cause; otherwise, unused vacation will be forfeited. If CCS wishes for the employee to leave prior to the end of the employee's two-weeks' notice, the employee may be paid for the remainder of that period with approval of the Human Resources Manager.

Each resigning employee must submit a Resignation Form (refer to [Appendix C](#)) in order to complete the resignation off-boarding process. Employees may choose the continuation or waiver of comprehensive medical and/or dental coverage under COBRA.

## **Termination**

Refer to the [Students First Act - Sections 16-24C-5, 16-24C-6, and 16-24C-10](#).

## **Exit Procedures**

On the employee's last day of employment, his/her Supervisor should arrange for the return of CCS property including:

- Picture Identification Card
- Office keys
- CCS manuals
- CCS-issued technology devices
- Any additional CCS-owned or issued property

## **APPENDIX A - CCS GRIEVANCE PROCEDURES**

**Informal Processing** (*Step 1*) - An employee with a grievance may initiate this process in one of the following ways:

- Discuss the problem with the immediate Supervisor.
- Present the problem to a representative of the employee's choosing and ask the representative to discuss the problem with the Supervisor of the employee(s) having the grievance.
- Ask a representative to accompany the grievant(s) in a discussion with the Supervisor.

If the employee feels the grievance is resolved at that meeting, or if no further action is needed, the matter is considered closed. If the employee feels the grievance has not been resolved, the formal procedure may be utilized.

*Filing:* If it becomes necessary to file a written grievance, the nature of the grievance situation determines the limitations on filing as described below:

When the grievance arises from cumulative or continuing conditions, the appropriate Grievance Report Form (refer to [Appendix C](#)) shall be filed within a reasonable time. When the grievance arises from a specific event or incident, however, the Grievance Report Form must be presented within ten (10) working days from the date of the event or incident giving rise to the grievance.

**Formal Processing** (*Steps 2 through 4*) - In order to resolve grievances in the most appropriate fashion in the shortest period of time possible, each grievance should start at the most immediate level of administration (Step 1 in most cases) and progress to the next level until the matter is resolved.

*Step 2:* If the problem has not been resolved through the methods discussed in Step 1, the Grievance Report Form shall be submitted to the Supervisor for resolution. The employee may elect to use a representative in presenting the written grievance to the employee's Supervisor. After a written grievance has been reviewed by the Supervisor, a written answer shall be given to the employee within five (5) working days.

*Step 3:* If the Supervisor's written answer is unsatisfactory to the aggrieved employee, the grievance may then be referred to the Human Resources Coordinator or designee. This must be done within five (5) working days from receipt of the answer from the Supervisor. The Human Resources Coordinator or designee will schedule a hearing with the employee, the representative, and other appropriate employees of the school system. The Human Resources Coordinator or designee will provide a written answer to the aggrieved employee. The total elapsed time between receipt of the grievance by the Human Resources Coordinator or designee and the provision of a written answer is not to exceed ten (10) working days.

*Step 4:* If the employee is still dissatisfied with the answer given, the grievance may then be referred to the Superintendent within five (5) working days of receipt of the Human Resources Coordinator's or designee's decision. The Superintendent shall conduct a grievance hearing and render a decision. The total elapsed time between receipt of the grievance by the Superintendent and providing a written answer to the grievant(s) will not normally exceed six (6) working days.

*Records of Processing:* No reprisals of any kind shall be taken by the Administration against any employee because of the employee's participation in this grievance procedure.

## **APPENDIX B - CCS SAFETY RULES**

**Proper Dress:** Employees are required to wear appropriate work clothing. Any loose-fitting clothing, jewelry, or long hair is to be controlled in a manner suitable to eliminate risk of injury for the task being performed.

**Machine/Tool/Equipment Use:** Employees are not permitted to operate any machine, tool, or equipment, including power tools and heavy equipment, unless authorized to do so.

**Personal Protective Equipment:** Employees will wear or use personal protective equipment when required by the work or conditions. Examples include, but are not limited to: safety glasses, face protection, boots, and gloves when appropriate.

**Hand Tools:** Employees are to keep all hand tools in a safe operating condition. Defective tools are not to be used under any circumstances. CCS is committed to providing the best tools for the job. It is the employee's responsibility to maintain their tools and use them properly.

**Housekeeping:** Employees must maintain good housekeeping and clean up after themselves. Walking areas shall be kept clear of tripping hazards whenever possible. Aisles, walkways, and stairways will be kept clear of debris and trash at all times. If unable to clear a hazard, employees should notify the facility custodian for assistance.

Employees are required to report all accidents and injuries to their Supervisor immediately. All employees will be provided care, first-aid, and emergency service as required for injuries or illnesses while on CCS premises. Employees should contact their Supervisor, the nearest Supervisor, and/or 911 in the event of an accident or emergency.

If an employee is injured on the job, CCS provides coverage and protection in accordance with the [State Employee Injury Compensation Trust Fund](#). It is important to know that CCS Health Insurance agrees to cover all on-the-job injuries in lieu of Worker's Compensation.

# **APPENDIX C-FORMS**



**Sexual Harassment Report Form  
Cullman City Board of Education  
Cullman, Alabama**

**GENERAL STATEMENT OF POLICY PROHIBITING SEXUAL HARASSMENT:**

The Cullman City Board of Education maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual harassment against students and employees is sex discrimination. All persons are to be treated with respect and dignity. Sexual advances or other forms of personal harassment by any person, male or female, which create an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

Complainant: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Name of person(s) you believe sexually harassed you: \_\_\_\_\_

\_\_\_\_\_

Name of witness(es) who was/were present: \_\_\_\_\_

\_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

\_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as the following: what force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.) \_\_\_\_\_

\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_  
has sexually harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

**SIGNATURE:** By affixing my signature below, I attest that I have read and am aware of the contents of CCS Policy 5.15 regarding sexual harassment.

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

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

Received by: \_\_\_\_\_

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



**Grievance Report Form (to Supervisor)**  
**Cullman City Board of Education**  
**Cullman, Alabama**

An employee who has a grievance (claim of an alleged violation, misinterpretation, or inequitable application of Board policy, rules and regulations, existing laws, or procedures, with contents of employee evaluations excluded) within the meaning of CCS Policy 4.6 regarding complaints and grievances should first try to resolve the grievance through discussion with his/her Supervisor or by filling out this form. Use the back of the form if more space is needed.

**DESCRIPTION OF GRIEVANCE:**

*(TO BE COMPLETED BY EMPLOYEE)* When the grievance arises from cumulative or continuing conditions, the Grievance Report Form shall be filed within a reasonable time. When the grievance arises from a specific event or incident, the Grievance Report Form must be submitted to the Supervisor within ten (10) working days from the date of the event or incident giving rise to the grievance.

PLEASE NOTE: A Complainant shall not be the subject of any reprisal as a result of filing a complaint under this grievance policy. Should any such reprisal occur, the Complainant may refer the matter directly to the Superintendent of the Cullman City Schools.

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

Job Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date that the act or condition about which you are complaining occurred: \_\_\_\_\_

Specify the law, regulation, or policy that you feel has been violated: \_\_\_\_\_

\_\_\_\_\_

How would you suggest that the situation be corrected? \_\_\_\_\_

\_\_\_\_\_

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

Date Form Submitted to Supervisor: \_\_\_\_\_

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

**TO EMPLOYEE:** Keep a copy of the completed form. The Supervisor shall make every reasonable effort to provide a written response to your grievance within five (5) working days of receiving the completed grievance form. If the supervisor's written answer is unsatisfactory to you, the grievance may then be referred to the Superintendent within five (5) working days after receipt of the Supervisor's decision. The Superintendent will provide a written answer to the grievant within ten (10) working days.

**TO SUPERVISOR:** Keep a copy of employee's grievance and your response.



**Grievance Report Form (to Superintendent)**  
**Cullman City Board of Education**  
**Cullman, Alabama**

An employee who has a grievance (claim of an alleged violation, misinterpretation, or inequitable application of Board policy, rules and regulations, existing laws, or procedures, with contents of employee evaluations excluded) within the meaning of CCS Policy 1.6 regarding complaints and grievances should first try to resolve the grievance through discussion with his/her Supervisor. If the matter cannot be resolved through informal discussion with the Supervisor or by filling out a Grievance Report Form (to Supervisor), the employee may initiate a formal grievance by filling out this form and submitting it to the Superintendent. Use the back of the form if more space is needed.

**DESCRIPTION OF GRIEVANCE:**

*(TO BE COMPLETED BY EMPLOYEE)* This form is to be filled out after meeting with or making a grievance complaint to the employee's direct Supervisor. If the grievance results with the Supervisor are not satisfactory to the Complainant, then this Grievance Report Form shall be filled out and presented to the Superintendent. When the grievance arises from a specific event or incident and has been presented to the direct Supervisor first for action, this Grievance Report Form should be submitted to the Superintendent within twenty (20) working days from the date of the event or incident giving rise to the grievance.

PLEASE NOTE: A Complainant shall not be the subject of any reprisal as a result of filing a complaint under this grievance policy. Should any such reprisal occur, the Complainant may refer the matter directly to the Superintendent of the Cullman City Schools.

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

Job Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date that the act or condition about which you are complaining occurred: \_\_\_\_\_

Specify the law, regulation, or policy that you feel has been violated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you discussed the situation with your Supervisor?       YES\*       NO

\*If YES, what was the result of that discussion? \_\_\_\_\_

\_\_\_\_\_

How would you suggest that the situation be corrected? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date Form Submitted to Superintendent: \_\_\_\_\_

**TO EMPLOYEE:** Keep a copy of the completed form. The Superintendent will provide a written answer to the grievant within ten (10) working days.





**Transfer Request Form for Personnel  
Cullman City Board of Education  
Cullman, Alabama**

This form shall be completed and submitted to the employee's immediate Supervisor/Principal. The Supervisor/Principal will then forward to the Superintendent.

CERTIFIED

NON-CERTIFIED

I, \_\_\_\_\_, am an employee and wish to be considered for a  
*(Employee Name)*

voluntary transfer from \_\_\_\_\_ as \_\_\_\_\_  
*(School or Work Site) (Position)*

to \_\_\_\_\_ as \_\_\_\_\_.  
*(School or Work Site) (Position)*

**Job Vacancy#:** \_\_\_\_\_

I request this transfer for the following reason(s): \_\_\_\_\_

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

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

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

**Current Supervisor/Principal Signature:** \_\_\_\_\_

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

**Supervisor/Principal Signature:** \_\_\_\_\_

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

**Effective Date of Transfer:** \_\_\_\_\_

**Action Taken:**

APPROVED

DISAPPROVED

**Superintendent/Designee Signature:** \_\_\_\_\_

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

NOTE: This request form will be discarded fifteen (15) school days after the first day (day students attend) of the school year and the transfer request will be null and void. Those employees interested in an internal transfer during the next school year should complete another Transfer Request Form and submit it at the time designated by the Superintendent.



**Direct Deposit Enrollment Form  
Cullman City Board of Education  
Cullman, Alabama**

It is a requirement of Cullman City Schools that all employees participate in direct deposit. Please complete the information below, sign the form, and attach a voided check. There will be a one month waiting period for verification of your account once you turn in your form to the Payroll Department.

You must turn this form in by the 10th of the month in order for the direct deposit to go into effect the next month. This waiting period is for both new participants and existing participants in the direct deposit procedure who elect to change banks.

Please contact the Payroll Department if you have questions about this service.

---

I authorize the Cullman City Board of Education Payroll Department to direct deposit my monthly payroll check into the following bank account:

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

Account Number: \_\_\_\_\_

Type of Account:       Checking       Saving

Check to verify that you have attached a voided check.

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

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



**Previous Employment Verification Form  
Cullman City Board of Education  
Cullman, Alabama**

To Whom It May Concern:

The following employee has been employed in the Cullman City School System for the 20\_-20\_school year:

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

SSN: \_\_\_\_\_

Please mail to me at your earliest convenience the records and / or documents checked below:

- ALABAMA TEACHER'S CERTIFICATE
- VERIFICATION OF TEACHING EXPERIENCE (ALSDE Exp. Form III)
- OFFICIAL TRANSCRIPT OF COLLEGE CREDITS
- TRANSFER OF CUMULATIVE SICKLEAVE
- LEE VS. MACON TRAINING DOCUMENTATION
- SDE HQ LETTER

May I express my appreciation for your courtesy in complying with this request.

**PLEASE RELEASE ALL RECORDS TO THE CULLMAN CITY BOARD OF EDUCATION.**

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

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

**Please return to:**  
Cullman City Schools  
Payroll Department  
301 1st Street NE  
Cullman, AL 35055  
PHONE: (256) 734-2233  
FAX: (256) 737-9621



**Accident and On-the-Job Injury Form**  
**Cullman City Board of Education**  
**Cullman, Alabama**

**DIRECTIONS:** This report must be completed by the employee immediately (but no later than 24 hours after injury) following an on-the-job injury and filed (please send all copies) to the Human Resources Department.

*Note: The report must be signed by both the employee and the employee's immediate Supervisor.*

Name of Injured (print): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Injury: \_\_\_\_\_ Time of Day Injury Occurred: \_\_\_\_\_  
 Where Did Injury Occur: \_\_\_\_\_  
 Nature of Injury (describe): \_\_\_\_\_  
 Describe how injury occurred: \_\_\_\_\_

Was immediate Supervisor notified?     YES     NO  
 If YES, date and time immediate Supervisor notified. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Name of person who administered first aid, if any: \_\_\_\_\_  
 Was injured taken to a physician?     YES     NO  
 If YES, name of physician: \_\_\_\_\_  
 Was injured taken to a hospital?     YES     NO  
 If YES, name of hospital: \_\_\_\_\_

Name(s) and address of witness(es):

Name of witness	Address
_____	_____
_____	_____
_____	_____

**TO THE EMPLOYEE:** Your signature below verifies that the above-described injury occurred while working in the line of duty as an employee of the Board.

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

**TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR:** -----

Nature of Injury: \_\_\_\_\_  
(Describe the injury)  
 In your opinion, how did the injury occur? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Immediate Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Report Submitted: \_\_\_\_\_



Physician Certification for On-the-Job Injury Form  
Cullman City Board of Education  
Cullman, Alabama

Name of Injured Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Last First MI  
Date of Birth: \_\_\_\_\_ Sex:  M  F

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

Phone (Home/Cell): \_\_\_\_\_ Work: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Job Title: \_\_\_\_\_

Where Employed (School/Work Site): \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN:**

Describe the injury: \_\_\_\_\_

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

Did the injury cause a disabling condition?  YES  NO

If yes, is the disability temporary?  YES  NO

If yes, will the disability require the employee to take time off from work?  YES  NO

If yes, estimate of time away from work needed: \_\_\_\_\_ days

Give details for employee not being able to return to work: \_\_\_\_\_

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

If the employee is able to return to work, give any special conditions that may be applicable: \_\_\_\_\_

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

Physician Name (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO THE EMPLOYEE:** Once completed by the physician, submit copies to the CCS Human Resources Department and Payroll Department.



**Request Form for Use of On-the-Job Injury Days  
Cullman City Board of Education  
Cullman, Alabama**

**DIRECTIONS:** This form must be completed by the employee who seeks approval for use of on-the-job injury sick leave days approved under provisions of The Code of Alabama, 16-1-18.1. In such instances, the employee must complete this form and submit copies to the Human Resources Department and Payroll Department. The form should be submitted only after it is determined by a licensed physician that the employee has suffered an on-the-job injury resulting in a temporary disability and that the disability makes it necessary for the employee to take on-the-job injury sick leave days.

I, \_\_\_\_\_, would like to request the Superintendent to recommend to the Board approval for my use of a total of \_\_\_\_\_ on-the-job injury sick leave days covered under The Code of Alabama, 16-1-18.1. The number of days requested is based on the following:

Number of Days	Description
_____	Sick leave days I have already used for recuperative purposes
_____	My physician's recommendation on the number of days needed for recuperative purposes
_____	My physician's estimate of the number of days needed for recuperative purposes

Further, I have completed the following requirements based on Board policy:

- Submitted a completed Accident and On-The-Job Injury Form
- Submitted a completed Physician Certification for On-the-Job Injury Form, signed by a licensed physician that describes the nature and extent of the injury, verifies that the injury has caused a temporary disability, and the estimated time needed for recuperation

I understand that a completed Accident and On-the-Job Injury Form and a Physician Certification for On-the-Job Injury Form must be submitted to the Human Resources Department and Payroll Department and then on file with the Superintendent or designee prior to any consideration being given by the Board to my request.

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

**TO THE EMPLOYEE:** Once completed, submit copies to the CCS Human Resources Department and Payroll Department. The form will then be forwarded to the Superintendent or designee.



**Family and Medical Leave Request Form**  
**Cullman City Board of Education**  
**Cullman, Alabama**

To: Superintendent  
From: \_\_\_\_\_  
Subject: Family and Medical Leave

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

**ELIGIBILITY:** To be eligible for Family and Medical Leave, an employee must have been employed with the Board for at least 12 months and have worked for at least 1,250 hours during the past 12 months.

**REASONS:** Family and Medical Leave may be requested only for the following reasons:

- |  |   |
|--|---|
| 1. Birth of a child                        | 4. Serious health condition of an employee        |
| 2. Adoption or placement of a child        | 5. Impending call or order to covered active duty |
| 3. Care of a sick spouse, child, or parent | 6. Care of a covered military service member      |

I hereby request Family and Medical Leave from my official duties due to the following reason: (please check the appropriate box)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Birth of a child            | <input type="checkbox"/> Care of a sick spouse | <input type="checkbox"/> Serious personal health condition              |
| <input type="checkbox"/> Adoption of a child         | <input type="checkbox"/> Care of a sick parent | <input type="checkbox"/> Impending call or order to covered active duty |
| <input type="checkbox"/> Placement of a foster child | <input type="checkbox"/> Care of a sick child  | <input type="checkbox"/> Care of a covered military service member      |

The expected date on which I would like to begin such leave is (mm/dd/yy): \_\_\_\_\_  
The date on which I expect to resume my regular duties is (mm/dd/yy): \_\_\_\_\_

**USE OF ACCRUED LEAVE DAYS:**

CONDITIONS: Accrued leave days may be taken for all reasons listed above. Any such leave must be in accordance with Board policy. Such leave used in conjunction with Family and Medical Leave will be in addition to the 12 weeks of Family and Medical Leave. However, such leave must be taken immediately prior to or after the Family and Medical Leave.

*NOTE: Use of accrued leave days must be approved in advance of taking Family and Medical Leave.*

*NOTE: The Board cannot permit the use of sick leave, personal leave, and/or vacation days in relation to Family and Medical Leave when such leave is not permitted by state statute, State Board of Education Policy, or local Board policy.*

I would like to use the following accumulated leave in conjunction with my approved Family and Medical Leave:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Sick Leave     | Number of Days to be used: _____ |
| <input type="checkbox"/> Personal Leave | Number of Days to be used: _____ |
| <input type="checkbox"/> Vacation Days  | Number of Days to be used: _____ |

I have read Board policy related to FMLA, and I make this request being fully aware of its terms and conditions.

Employee Signature: \_\_\_\_\_  
Superintendent Approval: \_\_\_\_\_

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



**Sick Leave Bank Participation Authorization Form**  
**Cullman City Board of Education**  
**Cullman, Alabama**

Employee Name (print): \_\_\_\_\_

I wish to be a member of the Cullman City Sick Leave Bank and hereby authorize that two (2) days from my sick leave be placed in the bank, or that I be loaned two (2) days until I can repay the system. I have received a copy of the Guidelines for the Cullman City Schools Sick Leave Bank.\*

I do not wish to participate in the Cullman City Sick Leave Bank.

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

*\*Note: Enrollment in the Cullman City School Sick Leave Bank will be open each year from November 1 through November 30.*





**Sick Leave Bank Loan Form  
Cullman City Board of Education  
Cullman, Alabama**

Employee Name (print): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Name of School/Work Site: \_\_\_\_\_  
Position: \_\_\_\_\_

I hereby request \_\_\_\_ day(s) to be borrowed from the School System's Sick Leave Bank for the \_\_\_\_\_ payroll period.

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



**Catastrophic Sick Leave Approval Form**  
**Cullman City Board of Education**  
**Cullman, Alabama**

**SECTION I: Employee Information** (complete and return this form to the Superintendent's office)

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

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

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

School/Work Site Phone Number: \_\_\_\_\_

*Note: The employee must be a member of the Cullman City School System SLB.*

**SECTION II: Description of Illness/Injury**

Note: This section should be completed by the employee requesting to be granted approval for catastrophic sick leave.

A description of my illness/injury is as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**SECTION III: Attending Physician's Statement (Required)**

Note: A statement from the attending physician attesting to the need for the employee requesting catastrophic leave to be placed on extended leave.

Name of Physician: \_\_\_\_\_

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

Business Phone Number: \_\_\_\_\_

Physician's Statement (may be attached or written). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on my professional opinion, I estimate that the person whose name is shown in **Section I** above, will need to be away from his or her employment for \_\_\_\_\_ days or weeks (circle one).

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV: Board Action**

Recommended by Superintendent:       YES  NO      Date: \_\_\_\_\_

Approved by Board:       YES  NO      Date: \_\_\_\_\_



**Catastrophic Sick Leave Transfer Authorization Form**  
**Cullman City Board of Education**  
**Cullman, Alabama**

**SECTION I: Donating Employee Information**

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

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

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

School/Work Site Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

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

*Note: The donating employee must be a member of his or her local SLB to donate to an employee of the Cullman City School System.*

**SECTION II: Beneficiary Employee Information**

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

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

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

School/Work Site Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

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

*Note: The beneficiary employee must be a member of the SLB or a member of the sick leave bank in the public school system where he/she is employed.*

**SECTION III: Number of Days Donated**

I certify that I hereby donate\* \_\_\_\_\_ day(s) of my regular state sick leave days to the beneficiary employee whose name is listed above in **Section II**. My employer has my permission to transfer the indicated number of sick leave days to the employer of the beneficiary for his or her use due to catastrophic illness/injury as defined in **The Code of Alabama, 16-22-9**. I understand that my accumulated sick leave balance will be reduced by the specified number of days I have authorized to be transferred, and that such days may not be returned to me.

Donating Employee's Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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

*\*Note: No more than 30 days may be donated by any one employee.*

**SECTION IV: School System Authorizations**

I hereby certify that the donating employee, is employed by the Cullman City Board of Education and has an accumulated balance of sick leave days equal to or greater than the number of days authorized for transfer. I further certify that the provisions of the SLB have been followed in authorization of this transfer of sick leave days.

Superintendent's Signature: \_\_\_\_\_

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



**Sick Leave Bank Resignation Form  
Cullman City Board of Education  
Cullman, Alabama**

*Note: Sick Leave Bank Withdrawal Period shall be the month of November each year.*

Employee Name (print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Name of School/Work Site: \_\_\_\_\_

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

I wish to resign from, withdraw all of my earned sick leave days from the School System's Sick Leave Bank, and terminate my affiliation with the Bank.

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

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



**Retirement Form**  
**Cullman City Board of Education**  
**Cullman, Alabama**

This form shall be completed and submitted to the employee's immediate Supervisor/Principal. The Supervisor/Principal will then forward to the Superintendent.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
School/Worksite: \_\_\_\_\_ Position: \_\_\_\_\_

Do you receive a supplement?     YES     NO  
If YES, are you retiring from your supplement position(s)?     YES     NO  
If YES, list supplement(s):

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

Retirement Date: \_\_\_\_\_  
Last Actual Day Worked: \_\_\_\_\_

If your last actual day worked is different from your retirement date, please explain:

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

Employee Comments (optional):

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

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

Supervisor/Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Resignation Form**  
**Cullman City Board of Education**  
**Cullman, Alabama**

This form shall be completed and submitted to the employee's immediate Supervisor/Principal. The Supervisor/Principal will then forward to the Superintendent.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
School/Worksite: \_\_\_\_\_ Resigned Position: \_\_\_\_\_

Do you receive a supplement?     YES     NO  
If YES, are you resigning from your supplement position(s)?     YES     NO  
If YES, list supplement(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resignation Date: \_\_\_\_\_  
Last Actual Day Worked: \_\_\_\_\_  
If your last actual day worked is different from your resignation date, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Comments (optional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor/Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_