

NEW EMPLOYEE PACKET

Packets must be submitted before or within 3 days of starting position.

Call (256)549-2948 and make an appointment with Franchesca Rivera, when packet is completed.

Must bring following to your appointment:

- Completed Packet
- Driver's License
- Social Security Card
- Void check or direct deposit form
- Documents needed to add spouse or dependent to insurance
 - Spouse
 - Marriage Certificate
 - Current utility bill with spouse's name
 - Children
 - Social Security Card(s)
 - Birth Certificate(s)

**Gadsden City Board of Education
Payroll Department**

Name of Employee: _____

FINGERPRINTING INFORMATION

Have you been fingerprinted by a school system or univeristy in the State of Alabama?

(Please Circle) Yes No

*Must get fingerprinted before working

If yes, name of school system or university _____

REQUIRED INFORMATION FOR TEACHERS AND TEACHER'S AIDE

Position Employed: (please circle) Teacher Aide

Do you have a valid Alabama Teacher Certificate?

(Please Circle) Yes No

Type of Degree:(please circle) BS MS
6Y Doctorate

Have you just graduated from college?

(Circle One) Yes No

TEACHER'S WITH HIGHER DEGREES

Does your higher degree lead to Alabama Teacher certification?

(Circle One) Yes No

Has a valid Alabama Teacher Certificate been issued on your higher degree?

(Circle One) Yes No

If a certificate has not nor will be issued, you must send an official transcript to the Accountind Department in order to receive pay at your higher degree. A form must be sent to the State Department of Education to have your higher degree recongnized. Pay increase will begin on the date the State Superintendent recognizes your higher degree.

Are you sending an official transcript to the Accounting Department?

(Circle One) Yes No

Employee's Withholding Certificate

2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

| | | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | Address | | |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|
| Step 3: Claim Dependents | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ | | |
| | Multiply the number of other dependents by \$500 ▶ \$ _____ | | |
| | Add the amounts above and enter the total here | 3 | \$ _____ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

| | | | |
|-----------------------|------------------------------------------------------------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
| | Gadsden City Board of Education 1026 Chestnut Street Gadsden, AL 35901 | | 63-6000897 |



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME _____ EMPLOYEE SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer.
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.*
5. Additional amount, if any, you want deducted each pay period..... \$ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables)

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

| | | | |
|---------------------------------|--------------------------------------|-------|----------|
| EMPLOYER NAME | EMPLOYER IDENTIFICATION NUMBER (EIN) | | |
| Gadsden City Board of Education | 63-6000897 | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 1026 Chestnut Street | Gadsden | AL. | 35901 |

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|----------------------------------|---------------------------------------------------------------|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number [][] - [][] - [][][][] | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| QR Code - Section 1 Do Not Write In This Space | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|-------------------------------------------------|----|--------------------------------------|-----|--------------------------------------------------------|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

| | | | | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------|
| Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative Insurance Clerk | |
| Last Name of Employer or Authorized Representative Rivera | First Name of Employer or Authorized Representative Franchesca | Employer's Business or Organization Name Gadsden City BOE | | |
| Employer's Business or Organization Address (Street Number and Name) 1026 Chestnut Street | | City or Town Gadsden | State AL | ZIP Code 35901 |

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

| | | | | |
|------------------------------------|-------------------------|----------------|------------------------------------------|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|----------------------------------------------------|---------------------------|-----------------------------------------------|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|----------------------------------------------------|---------------------------|-----------------------------------------------|

**Gadsden City Board of Education
Payroll Department**

This form is for informational purposes only.
An insurance enrollment application will be mailed directly to the address you list below. You have 30 days from employment to enroll in insurance coverage.

Section 1: Required insurance information for ALL EMPLOYEES

Social security number: _____

Date of birth: _____ Race: _____

Male: _____ Female: _____

Marital Status: S: _____ M: _____ D: _____ W: _____

Name as listed on Social Security card (please attach a copy of card)

Employee first name: _____

Employee middle name: _____

Employee last name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home phone number: _____

Cell number: _____

E-Mail: _____

**Section 2: To be complete ONLY if transferring from another
Alabama Public K-12 School System**

Name of school system: _____

Type of insurance: Hospital/Medical or All 4 Supplements
(please circle)

Coverage: Family or Single
(please circle)

If purchased separately: Dental Vision Cancer Indemnity
(please circle)

Coverage: Family or Single
(please circle)

INSURANCE COVERAGE

I. TYPES AND COSTS OF INSURANCE

A. HOSPITAL-MEDICAL

Plan administrator: Blue Cross/Blue Shield

Telephone: 1-800-327-3994

www.bcbsal.org/peehip1/

PRESCRIPTIONS

Plan administrator: MedImpact

Single coverage:

\$30.00 per month

Family coverage(See attached for information needed to add Spouse/dependents:

\$207.00 per month (employee and non spouse dependents only)

\$282.00 per month (employee and spouse only. Common law spouses are not eligible)

\$307.00 per month (employee, spouse and other dependents)

Additional \$50.00 charge per month each, if employee and/or spouse use tobacco products (includes e-cigarettes).

HIGHLIGHTS

- ❖ Co-pay for physicians' office visits - \$30.00
- ❖ Co-pay for lab fees - \$5.00
- ❖ Co-pay for prescriptions:

| | | | |
|--------------------------|----------------------|----------------------|----------------------|
| | <u>30 day supply</u> | <u>60 day supply</u> | <u>90 day supply</u> |
| Generic..... | \$6.00 | \$12.00 | \$12.00 |
| Preferred brand..... | \$40.00 | \$80.00 | \$120.00 |
| Non-Preferred brand..... | \$60.00 | \$120.00 | \$180.00 |
- ❖ Deductible for hospital - \$200.00
- ❖ Co-pay for medical emergency room visit - \$150.00
- ❖ \$300 per person calendar year deductible; \$900 maximum per family per year.

B. OPTIONAL PLANS

Plan administrator: Southland National

Telephone: 1-800-476-0677

www.southlandnationalpeehip.com

Includes (4) plans: Dental, Vision, Cancer, Hospital Indemnity

No cost to the employee if they do not have hospital-medical coverage.

| | | |
|--------------------------|--------------------------|-------------------------------------------|
| * Purchase rates: | <u>Dental</u> | <u>Vision, Cancer, Hospital Indemnity</u> |
| Single coverage -- | \$38.00 per month | \$38.00 per plan per month |
| Family coverage -- | \$50.00 per month | \$38.00 per plan per month |

*** Once coverage is purchased it MUST be maintained for 12 months.**

C. PEEHIP SUPPLEMENTAL COVERAGE

The supplemental Hospital Medical plan will provide secondary coverage (at no cost) to the members and covered dependent(s) when primary coverage is provided by another employer - *if* the deductible is **not** greater than \$1,450 for individual or \$2,700 for family.



Dependent Eligibility Verification Required Documentation

Dependents eligible for PEEHIP coverage and the documents required to show proof of a dependent's eligibility are listed and defined below. All dependents must have a valid Social Security Number (SSN) to be eligible and must provide a copy of their Social Security card to PEEHIP. Any dependent without a Social Security Number must provide valid, unexpired immigration documents. An Individual Tax Identification Number can be provided for tax reporting purposes, but it must be accompanied with these required immigration documents.

| Dependents | Eligibility Definition | Documentation Required (copies only, no original documents) |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spouse | A person to whom you are currently and legally married. Ex- spouses and common-law spouses are not eligible dependents even if a member continues to pay for family coverage. The ex-spouse must be deleted from coverage effective the first day of the month following the date of divorce. | <p>Copy of Social Security card, copy of marriage certificate AND a copy of one of the following documents to show marriage is still current:</p> <p>The documents below must list BOTH member and spouse:</p> <ul style="list-style-type: none"> • Current mortgage statement, home equity loan, or lease agreement • Current Utility bill (water, electric, gas, cellular, etc.) • Current credit card or account statement • Current cable or satellite service bill • Property Tax documents • Current Automobile registration <p>If a document above listing both member and spouse is unavailable, one of the above may be provided if it lists ONLY the spouse, but it must show the SAME address as the member.</p> <p>If the above documents are not available:</p> <ul style="list-style-type: none"> • Transcript of member's most current Federal 1040 Income Tax Return listing BOTH member and spouse <p><i>NOTE: "Current" is defined as within the last six (6) months.</i></p> |
| | Black out account numbers, income, or statement balances prior to sending your documents to PEEHIP. Under no circumstances does PEEHIP solicit this type of information from members. | |
| | | |
| Separated Spouse | A legally separated spouse | Notice of Legal Separation (court documents signed by a judge) |
| Biological Child | Member's biological child who is under age 26 | Copy of Social Security card AND copy of Birth Certificate (issued by a state, county or vital records office) |
| Foster Child | A child under age 26 who is placed with a member by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction. | <p>Copy of Social Security card AND Placement Authorization signed by a judge</p> <p style="text-align: center;">OR</p> <p>Final Court Order with presiding judge's signature and seal</p> |
| Adopted Child | Member's legally adopted child under age 26 | <p>Copy of Social Security card AND one of the following documents:</p> <ul style="list-style-type: none"> • Certificate of Adoption • Papers from the adoption agency showing intent to adopt • Court documents signed by a judge showing the member has adopted the child • International adoption papers from country of adoption • Birth Certificate (issued by a state, county, or vital records office naming the adopted parents) |

| | | |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step Child | A child under age 26 who is the natural offspring or adopted child of the covered member's spouse. | <p>All of the following documents:</p> <ul style="list-style-type: none"> • Copy of Social Security card • Birth certificate of step child showing member's spouse's name • Marriage certificate showing the step child's biological parent is married to member <p>NOTE: If the spouse is not covered under the PEEHIP plan, in addition to the above documents, you must submit proof that your marriage is still current. Please refer to the Spouse category for a list of acceptable documentation.</p> <p>If step child is added at different time than spouse - other current proof of marriage is required.</p> |
| Incapacitated Child | <p>An unmarried incapacitated child 26 years of age or older who:</p> <ul style="list-style-type: none"> • is permanently incapable of self-sustaining employment because of a physical or mental handicap • is chiefly dependent on the member for support • was disabled prior to the time the child attained age 26, and the child had to be covered as a dependent on the member's PEEHIP policy before reaching the limiting age. <p>Two Exceptions:</p> <ul style="list-style-type: none"> • New member requests coverage of an incapacitated child over the age of 26 within 30 days of employment; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Existing member requests hospital medical coverage of the incapacitated child over the age of 26 within 45 days of the qualifying life event of loss of other hospital medical group coverage <p>If approved for coverage, the child is not eligible to be covered on any other PEEHIP plans once he/she reaches the limiting age of 26 as an incapacitated child.</p> | <p>All of the following documents:</p> <ul style="list-style-type: none"> • Copy of Social Security card • Incapacitated Dependent Certification Form including the Authorization for Disclosure of Protected Health Information. Proof of the child's condition and dependence must have been submitted to PEEHIP within 45 days after the date the child would otherwise have ceased to be covered because of age. • Proof of the required document(s) for one of the dependent categories as noted above to show the child is your biological child, adopted or step child. <ul style="list-style-type: none"> • Medicare Card, if applicable |
| Other Child | Any other children, such as grandchildren, for example, must meet the same requirements as foster children and must be placed with you by decree or other order of a court of competent jurisdiction, for example, legal custody, legal guardianship. | <p>Copy of Social Security card AND Placement Authorization signed by a judge</p> <p style="text-align: center;">OR</p> <p>Final Court Order with presiding judge's signature and seal</p> |

Pursuant to the Federal Health Care Reform mandates, a child under the age of 26 can be married or unmarried without conditions of residency, student status, or dependency. However, PEEHIP is not required and will not provide coverage for a child of a child receiving dependent coverage.

RESOURCES TO OBTAIN DOCUMENTS:

- Birth Certificates and Marriage Licenses: <http://www.cdc.gov/nchs/w2w.htm> (click on your State for details)
- Children born outside the United States: http://www.travel.state.gov/passport/faq/faq_1741.html
- Social Security cards: <https://www.ssa.gov>
- Immigration Documents: <https://my.uscis.gov/exploremyoptions>

If you have questions, please call the PEEHIP office at 1-877-517-0020.

AUTHORIZATION FOR AUTOMATIC (ACH) DIRECT DEPOSIT

Originating Company Name: **GADSDEN CITY BOARD OF EDUCATION**

I authorize the above named Originating Company to initiate entries to the account indicated below as follows:

- 1) They may initiate CREDIT entries, which moves money into my account according to the schedule and other conditions to which the Originating Company and I have agreed.
- 2) They may initiate DEBIT entries to reverse any transactions they have originated to my account in error.

Employee Name: _____

Social Security Number: _____

Name of Depository Financial Institution: _____

Location of Depository Financial Institution:

City: _____ State: _____ Zip: _____

Mark either: CHECKING ACCOUNT _____ or SAVINGS ACCOUNT _____

Please enter your bank's routing and account number and staple a VOIDED CHECK below **

Routing Number: _____

Account Number: _____

This authority is to remain in effect until the Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

DATE: _____ SIGNATURE: _____

**DO NOT USE A DEPOSIT SLIP because many banks print internal transaction codes instead of routing and transit numbers on their deposit slips. Using an invalid number will prevent your paycheck from being directed to the correct bank causing delay in receiving your funds.

GADSDEN CITY SCHOOLS

Drug-Free Workplace Policy

Drug abuse and use at the workplace are subjects of immediate concern in our society. These problems are extremely complex and ones for which there are no easy solutions. From a safety perspective, the users of drugs may impair the well-being of all employees, the public at large, and result in damage to school property. Therefore, it is the policy of the Gadsden City Board of Education that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the school workplace is prohibited. Any employee violating this policy will be subject to discipline up to and including termination. The specifics of this policy are as follows:

1. The Gadsden City Board of Education does not differentiate between drug users and drug pushers or sellers. Any employee who gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on the job or on school premises will be subject to discipline up to and including termination.
2. The term "controlled substance" means any drug listed in 21 U.S.C. Section 812 and other federal regulations. Generally, these are drugs which have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, and "crack". They also include "legal drugs" which are not prescribed by a licensed physician.
3. Each employee is required by law to inform the Superintendent within (5) days after he or she is convicted for violation of any federal or state criminal drug statute where such violation occurred on the school premises. A conviction means a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court.
4. The Superintendent must notify the U.S. government agency with which an applicable contract has been made within ten (10) days after receiving notice from the employee or otherwise receives actual notice of such a conviction.
5. If an employee is convicted of violating any criminal drug statute while on the workplace, he or she will be subject to discipline up to and including termination. Alternatively, the Board may require the employee to successfully finish a drug abuse program sponsored by an approved private or governmental institution.
6. As a condition of further employment on any federal government contract, the law requires all employees to abide by this policy.
7. All disciplinary actions under this policy including terminations and/or contract cancellations shall be in accordance with current laws and procedures.

ACKNOWLEDGMENT

I, _____, an employee of the Gadsden City Board of Education hereby certify that I have received a copy of this policy of the Gadsden City Board of Education regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on school property and violation of this policy can subject me to discipline up to and including termination. I realize that as a condition of employment on any federal contract, I must abide by the terms of this policy and will notify the Superintendent of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I further realize that federal law mandates that the employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise for conveying this information to the federal agency.

Signed

Date

Employee 403(b) Plan Eligibility Notice
GADSDEN CITY BOARD OF EDUCATION

We are pleased to offer employees the opportunity to participate in the **GADSDEN CITY BOARD OF EDUCATION** 403(b) Plan ("the Plan"). The opportunity for eligible employees to participate is offered on a voluntary basis.

What is a 403(b) Plan?

A 403(b) Plan allows eligible employees the opportunity to save for retirement. Amounts contributed to the Plan are, in general, contributed on a tax-deferred basis. This means that the contribution is not subject to federal income tax or, in most cases, state income tax until distributed by the plan. This tax deferral also applies to any earnings on the contributions. Because the Plan is intended as a means of saving for retirement, distributions are limited to certain events.

Who is eligible to participate?

All employees are eligible to participate in the Plan unless specifically excluded by the written plan. Any exclusion(s) in our Plan will be indicated below. If no exclusions are checked, all employees are eligible for Plan participation.

- Employees who participate in a 401(k) plan, 457(b) plan or another 403(b) plan of the employer.
- Students performing services at the Employer institution.
- Employees who normally work fewer than **20** hours per week.
- Employees who are non-resident aliens.

How much may be contributed to the Plan?

The amount that may be contributed to the Plan is set by federal tax law. The limit set is an annual contribution limit.

For the 2018 tax year, the contribution limits are:

- Basic salary deferral limit for all employees \$18,500
- Additional Contribution for age 50+ catch-up \$ 6,000

An additional catch-up contribution will be permitted for employees with 15 years of service with the employer. This additional catch-up limit, if permitted, requires the completion of a worksheet to determine eligibility for the additional catch-up contribution.

(If not checked, NO additional catch-up contribution will be permitted.)

- After tax Roth 403(b) contributions are permitted under the Plan. If Roth 403(b) contributions are permitted, see your provider for more information.
(If not checked, After tax Roth 403(b) contributions are NOT permitted.)

When is a distribution allowed under the Plan?

The 403(b) Plan is intended as a source of retirement income so there are withdrawal restrictions on the funds, including earnings. A withdrawal or distribution may be taken only for the following reasons:

- Attainment of age 59½
- Severance from employment
- Total and permanent disability
- Death
- A "qualified reservist" distribution
- Financial hardship (if checked below)

- Hardship distributions are available under the Plan from accounts with Investment Providers listed in Appendix I. If a hardship is taken, contributions to the Plan must cease for six (6) months following the distribution.
(If not checked, Hardship distributions are NOT permitted.)

Reasons for hardship distributions are limited to the following:

- Unpaid medical bills for participant or participant's spouse or dependents
- Expenses including tuition, room and board and any other related fees for the next 12 months of post secondary education for the participant or participant's spouse or dependents
- Purchase of a primary residence (excluding mortgage payments)
- Prevent eviction from or foreclosure of primary residence
- Funeral expenses for immediate family members
- Expenses to repair damage to a primary residence if those expenses qualify for deduction on the participant's income tax return

May I change investment options under the Plan?

- Employees are permitted to move all or a portion of the value of one investment option under the plan for another approved investment option under the plan. This transaction is called an exchange. These exchanges may be subject to withdrawal or contingent deferred sales charges.
(If not checked, exchanges are NOT permitted.)

What other transactions are permitted under the Plan?

Other transactions may be permitted under the Plan. The following list will indicate what options are available:

- Transfers into the Plan from another employer's 403(b) Plan Yes No
- Rollovers into the Plan from another eligible qualified plan Yes No
- Roth 403(b) or 401(k) direct rollovers into the Plan Yes No
- Loans are available under the Plan subject to availability and any additional conditions that may apply under a Participant's 403(b) Individual Agreement(s)* Yes No

* Loans are available under the Plan from accounts with Investment Providers listed in Appendix I.

Who are the approved investment option providers under the Plan?

The attached list, Appendix I, indicates the providers that are approved investment option providers under the Plan. If you are participating in the 403(b) Plan and your current provider is listed on Appendix I, no action is required and your contributions will continue until changed by you. If your contributions were temporarily stopped, you must complete a new salary reduction agreement in order for your contributions to resume. If you are participating and your current provider is **NOT** listed on Appendix I, you must contact a provider on the list and complete the proper forms to continue 403(b) contributions. Deductions for accounts with providers who are not on Appendix I will be discontinued.

If you are not a current 403(b) Plan participant and you wish to participate in the Plan, you will need to contact a provider listed on Appendix I and complete the proper paperwork to establish an account with that entity. You must also complete a salary reduction agreement authorizing your employer to reduce your salary for the contribution amount.

If my current 403(b) provider is not on the list, am I required to move my account balance to an approved provider?

No. There is no requirement that you transfer any existing account balances to a provider on the list. In fact, you should be very careful about entering into any transaction that would transfer balances to another provider. No transaction should be entered into unless you have all of the information needed to determine if such a transaction is suitable for you and your retirement planning needs.

Is Plan approval required for transactions?

The Plan has contracted with AFPlanServ™ for selected plan administrative services. Among the services provided by AFPlanServ™ is approval of salary reduction agreements for beginning or changing amounts and/or providers. Salary reduction agreement forms can be found on the website listed below.

The regulations require Plan approval of plan distributions and loans. Forms for these transactions are available and can be downloaded from www.afplanserv.com, or may be requested by calling 1-866-560-6415 (toll-free). The proper form must be completed. Certain transactions may require additional documentation. You should follow the instructions on the form. The form with requested documentation should then be sent to AFPlanServ™. The mailing address is:

AFPlanServ
P.O. Box 269008
Oklahoma City, OK 73126-9008

If approval is granted for the transaction, this approval should be forwarded to the provider. The provider may or may not require that the provider's forms also be completed to effect the transaction.

Who do I contact if I have questions?

If you have questions concerning account balances, the status of approved transactions, or investment option details, contact your investment provider.

If you have questions on changing your contribution amount, contact your employer or investment provider.

If you have questions on transaction approval, contact AFPlanServ™ at:

Mailing Address: AFPlanServ
 P.O. Box 269008
 Oklahoma City, OK 73126-9008

Phone Number (toll free): 1-866-560-6415

Fax Number (toll free): 1-866-578-0962

APPENDIX I
Approved Investment Option Providers
Effective Date 01/01/2018
GADSDEN CITY BOARD OF EDUCATION

| <u>Provider Name</u> | <u>Provider Contact</u> | <u>Provider Telephone</u> |
|----------------------------------------|-------------------------|---------------------------|
| American Fidelity Assurance | Annuities | (800) 662-1106 |
| Aspire Financial Services 403(b) ASP | Client Services | (866) 634-5873 |
| New York Life Insurance & Annuity Corp | Walter Gonzalez | (212) 576-8322 |
| Security Benefit Life | | (800) 888-2461 |
| The Variable Annuity Life Ins Co | Customer Service | (800) 448-2542 |

Important Notes:

1. As provided under the Plan, any authorized Vendor named in Appendix I has agreed to share information necessary for compliance purposes with Employer, an Administrator and/or with any other 403(b) provider as may be required to facilitate compliance with the Plan and all applicable laws and regulations.
2. Each Vendor named above is required to maintain records of the Funding Vehicles offered under the Plan to comply with the information sharing requirements of the Plan and applicable information sharing agreements.

This Appendix is dated: 1/1/18

403 (b) Notification Certification

One requirement of the 403(b) regulations is that all eligible employees must be given information on their eligibility to participate in the plan and that information must contain enrollment information.

I certify that I have received such notification.

Signature

Date

**GADSDEN CITY BOARD OF EDUCATION
PAYROLL DEPARTMENT**

REQUIRED INFORMATION FOR EXPERIENCE VERIFICATION

The Gadsden City Board of Education will pay for experience only in K-12 public education once verification is received.

Name of Employee: _____

Social Security Number: _____

Have you worked in K-12 public education in Alabama before?

(Please circle) yes no

If yes, under what name (if different): _____

Name of school system/years: _____

Name of school system/years: _____

Name of school system/years: _____

Name of school system/years: _____

Name of school system/years: _____

Name of school system/years: _____

Name of school system/years: _____

Have you worked in K-12 Public Education in another state before?

(Please circle) yes no

If yes, you will be required to obtain verification. Please ask for form.

Name of school system & state: _____

Name of school system & state: _____

Name of school system & state: _____

Name of school system & state: _____

Questions and Answers: The Sick Leave Bank

While many employees of the system currently take advantage of the system's Sick Leave Bank, new employees and other may not be aware of this benefit. Here are some common questions and answers about the Sick Leave Bank, including the newest changes resulting from state laws. Read them carefully and consider how this program could be beneficial to you.

What is the Sick Leave Bank and why do we need one?

The legislature established the right of systems to set up employee sick leave banks (SLB) to operate like a "credit union" for the banking and borrowing of sick leave days. Membership is voluntary, and members may apply for loans of sick days after enrolling.

Who runs the SLB and makes decisions and guidelines?

The SLB program is run by the employees, represented by a committee of five members. Three of these members represent certified employees and are selected by the professional organization representing the majority of those employees. One member represents support personnel and is selected by their professional association. The fifth member is appointed by the superintendent. This SLB committee makes the guidelines and addresses all requests for loans and business of the Sick Leave Bank.

Who is eligible to join the SLB and how does one go about enrolling?

Any employee of the school system may join the SLB. Five sick leave days are required as an initial deposit when one enrolls. If you are a new employee and have not earned five days, the system will advance you five days so you can enroll. To enroll, you must sign up at the payroll department of the central office during any open enrollment period (usually during August and January). Your membership in the SLB stays in effect until you decide to withdraw, or until you leave the system.

How do members borrow days from the Sick Leave Bank?

If a member of the SLB finds himself in need of more sick leave days than he has accumulated, he can apply to the SLB for a "loan" of days. It is a simple process of filling out a request form that is available at your school or at the central office. Members may borrow up to twenty days (including the five they have on deposit). Borrowed days are treated just like any other sick leave; the employee is paid full salary for those days. Of course, loans must be repaid to SLB after the employee returns to work.

Who decides if the loan will be granted?

The SLB Committee, already described, will have the sole responsibility for granting or denying loans. This group looks at the "need" and the "likelihood of repayment" as criteria in granting loans.

For what reasons could a member get a loan?

You could borrow days from the SLB for any reason you would normally take sick leave: personal illness, illness of a family member or dependent, ect.

How does one repay a loan?

When the borrower returns to work, instead of earning a sick leave day each month that day goes to the SLB to repay the loan. This continues until the debt is fully repaid.

What if the employee needs to use a leave day during the time he/she is repaying a loan?

The SLB committee can grant an "extension" of the loan to allow the member to use a day or two, then continue the repayment process. If the member does not ask for the extension (same process as requesting a loan) he will be docked pay for days absent until the loan is fully repaid.

What happens if the loan is not paid back or if the borrower leaves the system?

Since repayment of days is automatic, it is unlikely that a loan would go unpaid. If an employee owes the system days, his or her final paycheck will be docked at the rate of daily salary to cover the repayment. An employee cannot leave the system owing a debt of days to the SLB.

Are the days deposited in the SLB still available to the member?

Yes, the days are always yours. They can be counted toward the maximum you are allowed by law to accumulate and use toward your retirement. If you leave the system for another job, they go with you. The only restriction is that once they are placed "on deposit" in the bank, in order to use them from the bank, using the loan process. There is a sort of "automatic approval" when you are requesting your own five days, so it is really just a formality.

What happens if a member decides to drop out of the SLB?

To end one's participation in the SLB, a member must complete a form at the payroll department of the central office and notify them of the intent to drop out. Under these circumstances, membership in the SLB ends only at the close of the school year, regardless of when one submits the notification.

What if I need to borrow more leave days than the bank allows?

The SLB program includes a provision for "Catastrophic Sick Leave" which allows members to borrow days that are donated by others. Using donated days, one can be on paid sick leave indefinitely.

What is Catastrophic Sick Leave and how does one qualify?

Catastrophic leave is, by nature, any condition that will require your absence for an extended period of time (over 20 days). This could include personal illness or attendance on an ill family member or dependent. Recent changes in state laws now make normal pregnancy a qualifying condition for catastrophic leave, allowing relatives and friends to help out a new mother during and after the birth of a child by donating sick leave days to her. To apply for catastrophic leave, a member completes a standard form and submits it to the SLB Committee. A physician's statement may be required as a condition of granting catastrophic leave. In order to qualify, a member must first have exhausted all of his accumulated sick leave days and also used the maximum number of days borrowed from the SLB (20 days). At the end of this time, he is considered to be "on catastrophic leave" and any days that are donated by others will apply.

Who can donate days? How is this done?

Any employee who is a member of ANY sick leave bank in Alabama (does not have to be within your own school system) can donate up to thirty sick leave days to anyone on catastrophic leave. These donated days are not paid back – They are a gift to the beneficiary employee.

Donations are made at the payroll department of the central office where a simple, standard form is completed. The days are then transferred from the donor to the beneficiary.

What if more days are donated than are needed by the beneficiary?

Days not needed to provide paid leave for the beneficiary can be used to pay back his loan to his local Sick Leave Bank and any extras can be transferred into his personal sick leave account so he returns to work with a few leave days available for future use. Remember donated days are not paid back.

Who can donate days?

Only members of Sick Leave Banks may donate days; that's why it is important to join your local SLB even if you don't think you'll need to borrow days. A situation could arise where you'd like to donate days to a friend or relative in need and if you were not a SLB member, you could not do so.

Why should I participate in the Sick Leave Bank?

For the same reason you have insurance on your home and your car...you never know for sure when you might need it. If you never need it. That's great; your days on deposit have still made it possible for someone in need to borrow days from the system to get them through a crisis. If you don't participate in the SLB, your accumulated days just sit there useless. If you do participate, the days are still yours, but they have the potential to do someone else – and yourself – some good. It's a definite win-win situation.

Now that I'm convinced, can I still join the Sick Leave Bank this year?

Luckily, yes you can. If you're interested, get an application form at your school office, from your association representative, or from the central office. Complete it and return it to the payroll department at the central office, and they'll process you as a member of the sick leave bank during the next "open enrollment" period (August and January).

GADSDEN CITY BOARD OF EDUCATION

Application to Join Sick Leave Bank

Name: _____

Social Security Number: _____

School/Work Site: _____

Please check **ONLY ONE** below:

I wish to join the Sick Leave Bank, but I do not have the number of days required to join; I hereby authorize the school system to deposit the next five days I earn into the Sick Leave Bank (5 months) and at the completion of that time, I will be a participating member of the Sick Leave Bank.

I wish to join the Sick Leave Bank and by my signature below I authorize the transfer of five days from my personal sick leave account to be deposited into the Sick Leave Bank.

No, I do not wish to join the Sick Leave Bank at this time.

If I choose to become a member of the Sick Leave bank I agree to abide by the guidelines established by the Sick Leave Bank Committee of the school system.

Employee's Signature

Date

Frequently Asked Questions of the Accounting Department

How do I get my pay raise after I receive a higher degree?

You must send an official transcript to Cory Skelton, CSFO. She will attach it to a form signed by Mr. Reddick and mail it to the Teacher Certification section of the State Department of Education. Your higher pay will begin on the date the SDE recognizes the higher degree. NOTE: The transcript must be in an official sealed envelope. Also, make sure it indicates that a higher degree has been awarded.

How is my pay raise calculated once I get a higher degree?

A daily rate of pay is determined for each degree. The daily rate of pay is multiplied by the number of contract days worked by the employee before and after a higher degree is awarded. This is the recomputed annual contract salary for the employee.

How is my monthly salary calculated once I get a higher degree?

Previously paid gross wages are subtracted from the recomputed annual contract salary to determine the balance remaining. This amount is then divided by the number of pay periods remaining in the contract year to get the monthly salary.

How is the daily rate of pay calculated?

The daily rate of pay is calculated by dividing the annual salary from the salary schedule by the number of contract days for each employee type. Example: a 9 month Teacher with a BS degree and zero years of experience earns \$36,144 per the salary schedule and works a 187 day contract. The calculation for daily rate of pay is \$36,144 divided by 187 equals \$193.28.

How many pay periods are there in a contract year?

12 (Note: For most employees, this means 4 pay periods first semester and 8 pay periods second semester.)

When do the pay periods begin and end?

It depends on your employee classification:

12 month.....July to June

Career Tech, 10 month.....August to July

All others.....September to August

If I completed my contract and my employment is terminated, when do I get my last check?

It depends on your employee classification:

12 month.....Pay always stops on last day worked

Career Tech, 10 month.....July

All others.....August

I am in my third year of teaching, why didn't I get my step raise?

Step raises are based on years completed. Example: The first year begins at zero, the second year is one year completed and the third year is two years completed. You earn a step raise when you complete your third year and being your fourth year.

How many sick days do I earn?

One per month with half months rounded to whole months. Example: 9.5 month Custodians earn 10 sick days.

When do I begin earning sick days?

It depends on your employee classification:

12 month.....The month you started

Career Tech, 10 month.....August

All others.....September

If five personal days are listed on my check, why did I get charged for taking all of them?

Each employee has available to them 5 personal days – some are earned and are free, while others must be purchased at the rate of a substitute.

How do I earn all 5 free personal days?

Personal days are earned as follows: One day for each semester worked. A total of three days after completing 10 years of employment; four days after 15 years and all five days after 20 years. A maximum of 10 years of service can be transferred in from another school system.

What happens if I don't use all 5 personal days?

Personal days not used will automatically convert to sick days at the end of June. You can elect to receive payment for earned and not used days only. Election forms are available in May. Payment is calculated at the current rate of pay for a substitute.

Who do I contact if my sick or personal days are wrong on my check?

Your school bookkeeper or whomever you report your absences to.

If I need to take a leave of absence, what do I do?

Since the circumstances surrounding a leave of absence are different for each employee, contact Franchesca Rivera, Insurance Clerk at frivera@gadsdencityschools.org or 256-549-2948. She will direct you.



Absence Management

App Code: 7354

SIGNING IN

To log in to the absence management application, type aesoponline.com in your web browser's address bar.

The Sign In page will appear. Enter your ID/username and PIN/password and click **Sign In**.

RECOVERING CREDENTIALS

If you cannot recall your credentials, use the recovery options or click the "**Having trouble signing in?**" link for more details.

CREATING AN ABSENCE

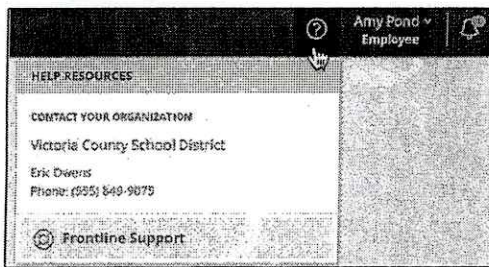
You can enter a new absence from your absence management home page under the **Create Absence** tab.

Enter the absence details including the date of the absence, the absence reason, notes to the administrator or substitute, etc. and attach any files, if needed. You can then click **Create Absence**.

MANAGING YOUR PIN AND PERSONAL INFORMATION

Using the “Account” option, you can manage your personal information, change your PIN number, upload shared attachments (lesson plans, classroom rules, etc.), manage your preferred substitutes, and more.

| Personal Info | Personal Info |
|-------------------------|-------------------------------------------------------------------------------------|
| Change Phone Pin | General Information |
| Shared Attachments | Name: Amy Pond |
| Preferred Substitutes | Phone: 6105553747 |
| Excluded Substitutes | Email Address: Apond@education.com |
| Absence Reason Balances | Title: |
| | Room Number: Main Office |
| | Language: English Your language preference can be changed in your Account Settings. |
| | Address |



GETTING HELP AND TRAINING

If you have questions, want to learn more about a certain feature, or need more information about a specific topic, click **Help Resources** and select **Frontline Support**. This opens a knowledge base of help of training materials.

ACCESSING ABSENCE MANAGEMENT ON THE PHONE

In addition to web-based, system accessibility, you can also create absences, manage personal information, check absence reason balances, and more, all over the phone.

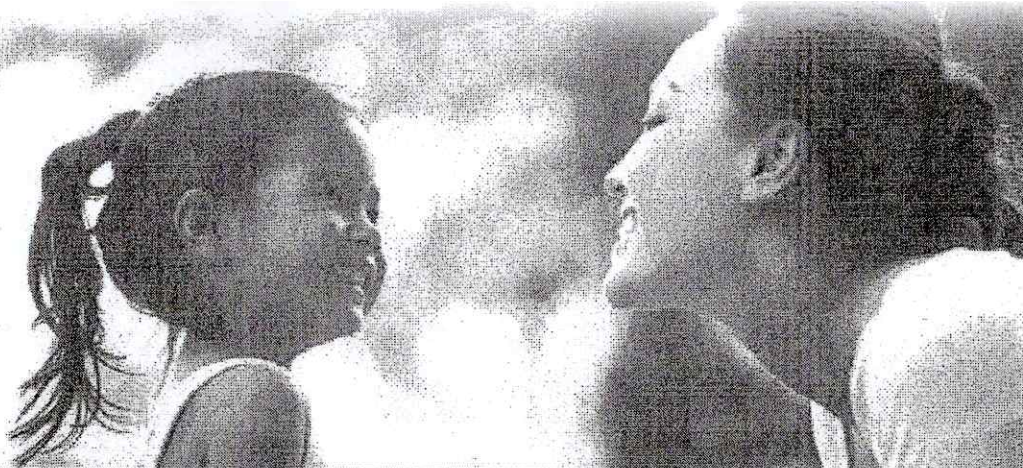
To call the absence management system, dial **1-800-942-3767**. You'll be prompted to enter your ID number (followed by the # sign), then your PIN number (followed by the # sign).

Over the phone you can:

- Create an absence (within the next 30 days) – **Press 1**
- Review upcoming absences – **Press 3**
- Review a specific absence – **Press 4**
- Review or change your personal information – **Press 5**

If you create an absence over the phone, please note the confirmation number that the system assigns the new absence, for future reference.





EMPLOYEE ASSISTANCE PROGRAM SERVICES

The Gadsden City Schools Employee Assistance Program (EAP) is available to all employees and eligible dependents

The EAP provides confidential assessment and short-term, professional counseling services for personal problems that interfere with everyday living. Telephonic services include assessment, coaching, and referral:

Services Available to you include

Up to three (3) free sessions provided for issues such as:

- Grief and loss
- Coping with change
- Marital/family issues
- Interpersonal relationship difficulties
- Stress-related problems
- Referrals to other professionals when necessary

Work/Life Services

- **Eldercare Support Services:** referrals for eldercare; resources and materials on retirement, housing concerns, grief and loss, disaster support, Medicare/Medicaid, and respite.
- **Legal Counseling Services:** a free, comprehensive legal consultation with access to a 25% discounted rate for future services. (These services do not apply to employment issues.)
- **Financial Counseling Services:** a free session with a certified financial professional with access to a 15% discount for future services and/or local community referrals to other financial advisement resources.
- **Community Support Resources:** access to referrals to thousands of community resources including 12-step groups, community mental health agencies, support groups, and more.
- **Online Services:** The American Behavioral website allows you to navigate services offered, locate a provider in your area, take surveys, and much more. Please visit www.americanbehavioral.com.

Personal Advantage

Personal Advantage is an online tool that contains more than 20,000 articles and interactive modules involving work-life topics such as emotional well-being, family life, health, financial, legal, personal growth, and stress. Some popular items on the website include downloadable will kits, financial calculators, and parenting articles.

Visit www.americanbehavioral.com and click on **Member Login**. To register, use company name **GadsdenCitySchools** to create your username and password.

For more information or to schedule an appointment, please call American Behavioral at 800-925-5327.

FRINGE BENEFITS FACT SHEET

PERSONAL DAYS (5 DAYS)

State Benefit:

- 2 days earned (1 per semester)

Local Benefit:

- 3 additional days to be earned after completing 10 years employment
 - *Example of personal days earned:*
 - 1 day – Employed one Semester ONLY
 - 2 days – Employed both Semesters but less than 10 years completed service
 - 3 days – Employed with 10 years completed service
 - 4 days – Employed with 15 years completed service
 - 5 days – Employed with 20 years completed service
- A maximum of 10 years of service can be transferred from another system.
- Personal days that are earned and not used can be converted to sick days *or* you can receive payment at the following rate:
 - \$60.00 per day for certified personnel
 - \$48.00 per day for support personnel
- If you want to use any unearned personal days you can purchase them at the cost of a substitute (whether a substitute is used or not).
 - \$60.00 per day for certified substitute
 - \$58.00 per day for non-certified substitute
 - \$48.00 per day for support substitute

SICK DAYS

- Earned 1 per month beginning in September.
- Total earned equals total number of months in contract.
- Sick days earned from another public school system in Alabama can be transferred to Gadsden City. It is the responsibility of the individual employee to verify that all sick days have been transferred.

INSURANCE

- For new employees, coverage can begin on the following:
 - First day of employment (prorated payment will be required)
 - First day of the month following employment
 - October 1
- For current employees, coverage changes can be made online during open enrollment (July 1 – September 10) for an October 1 effective date.
- Employees (9, 10 and 10 1/2 month contracts only) who are hired January 1 through the end of the school year will **not** earn all 3 summer months of insurance due to the "PEEHIP 3-1 rule". Please contact Franchesca Rivera at 256-549-2948 for further information concerning this.
- Several companies offer policies deducted under our Section 125 Tax Sheltered (Cafeteria Plan).
 - Examples: cancer, annuities, vision, etc.
 - Plan administrator: American Fidelity Assurance Company