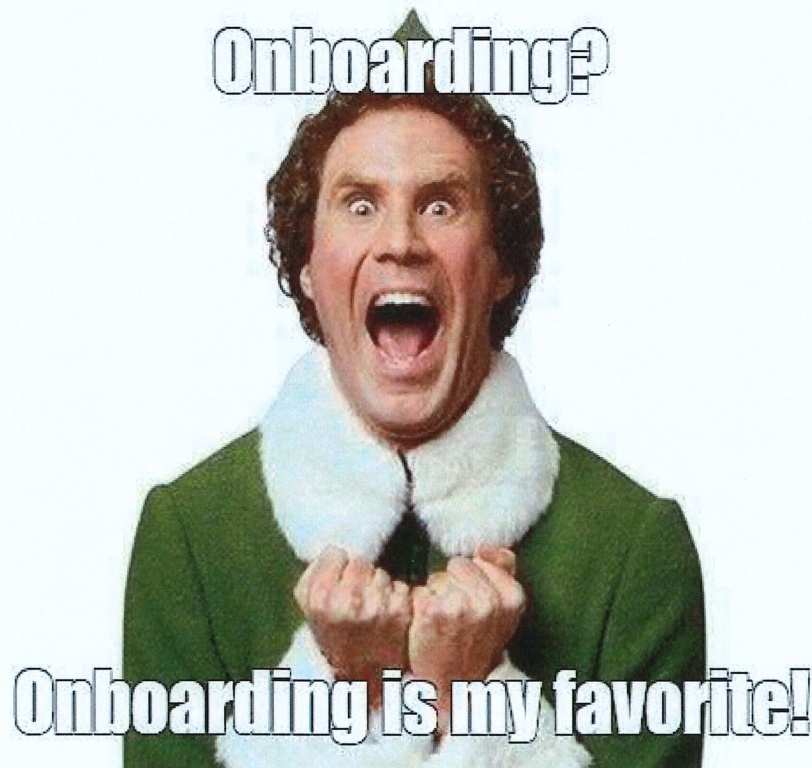


It is important to understand that you are responsible for maintaining an open line of communication with your employees. New hires need support as they are faced with copious amounts of information during the new hire process.

Virtual onboarding is becoming a critical aspect of the modern work environment and while offering many benefits, it presents unique challenges. Lack of clear communication and information overload are two of the most significant challenges. In-person onboarding, while engaging, is time-consuming for the new employee and the employer. Regardless of the type of onboarding your system has in place, it is important to maintain engagement and communication with them after the initial onboarding period.



2024-2025 JASPER CITY SCHOOLS

Dr. Ann Jackson, Superintendent

August 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

17 student days

School Days for Students
In-Service Day for Teachers (No Students)
School Holiday Observed
Half Days for Students Only
Half Days for Students and Employees

January 2025						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

19 student days

September 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

19 student days

August 2024

Aug. 2-7.....In-service for Teachers (No Students)
 Aug. 8.....First Day of School for Students

September 2024

Sept. 2..... Labor Day Holiday (School Closed)
 Sept. 13.....In-Service Day for Teachers (No Students)

November 2024

Nov. 1Half Day for Students Only / Homecoming
 Nov. 11.....Veterans Day Holiday (Schools Closed)
 Nov. 25-29.... Thanksgiving Holiday (Schools Closed)

February 2025						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

19 student days

October 2024						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

23 student days

December 2024

Dec 20.....Half Day for Students & All Employees
 Dec. 23- Jan.6.....Christmas/New Year Holiday (Schools Closed)

January 2025

Jan. 3..... In-Service for Teachers (No Students)
 Jan. 6Students Return to School
 Jan. 20.. Martin Luther King Holiday (Schools closed)

March 2025						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

16 student days

November 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

15 student days

February 2025

Feb.17.....In- Service for Teachers (No Students)

March 2025

March 24-28.....Spring Break

April 2025

April 30In-Service for Teachers (No Students)

May 2025

May 22.....Last Day of School/Graduation
 May 26..... Memorial Day (Holiday Observed)

April 2025						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

21 student days

December 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

15 student days

9-Week Schedule

- 1st – August 8th - October 14th
- 2nd –October 15th - December 20th
- 3rd – January 6th -March 12th
- 4th – March 13th -May 22nd

89 Days 1st Semester / 91 Days 2nd Semester
 180 Student Days / 188 Teacher Days

May 2025						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

16 student days

Jasper City School 2024-2025 Calendar

Days	Start Date	End Date
240	Monday, July 1, 2024	Monday, June 30, 2025
223	Monday, July 15, 2024	Monday, June 23, 2025
213	Monday, July 15, 2024	Monday, June 9, 2025
203	Monday, July 22, 2024	Monday, June 2, 2025
198	Friday, July 19, 2024	Thursday, May 22, 2025
193	Friday, July 26, 2024	Thursday, May 22, 2025
188	Friday, August 2, 2024	Thursday, May 22, 2025
183	Wednesday, August 7, 2024	Thursday, May 22, 2025
182	Thursday, August 8, 2024	Thursday, May 22, 2025
180	Thursday, August 8, 2024	Thursday, May 22, 2025
Important Dates and Holidays		
August	Friday, Aug.2. - Wednesday Aug.7., 2024	No Students
	Friday, August, 2, 2024	All Employees Required to Attend
	Thursday, August 8, 2024	All Employees and Students
September	Monday, September 2, 2024	No Students or Employees
	Friday, September 13, 2024	No Students, CNP, Bus Drivers, Aides, LPN
November	Friday, November 1, 2024	Half Day for Student Only
	Monday, November 11, 2024	No Students or Employees
	Monday, November 25- Friday, November 29, 2024	12 Month Only, Nov. 25-26, 2024
December	Monday, December 23, 2024 - January 1, 2025	No Students or Employees
January	Thursday, January 2, 2025	12 Month Employees Only
	Friday, January 3, 2025	All Employees including CNP, LPN, Aides, and Bus Drivers
	Monday, January 6, 2025	All Students and Employees
	Monday, January 20, 2025	No Students and Employees
February	Monday, February 17, 2025	No Students, CNP, Bus Drivers, Aides, LPN
March	Monday, March 24 - Friday, March 28, 2025	No Students or Employees
April	Wednesday, April 30, 2025	No Students, CNP, Bus Drivers, Aides, LPN
May	Thursday, May 22, 2025	
	Thursday, May 22, 2025	
	Monday, May 26, 2025	No Students or Employees



Dr. Ann Jackson
Superintendent

Jasper City Board of Education

110 17th Street West
Post Office Box 500
Jasper, AL 35502

Telephone: 205-384-6880
Fax: 205-387-5213

Members of the Board

Willie Moore III
Mary Beth Barber
Teresa Sherer
Scott Thornley
Walker Wilson

Dear New Employee:

Congratulations on your new position with Jasper City Schools. We are excited to have you.

Please see below the dates to choose from to attend one of our New Employee Onboarding Sessions. This session will allow you to finalize paperwork and answer any questions you may have. Be prepared to have your picture taken for your new ID Badge. Please email nshipman@jasper.k12.al.us to confirm which session you plan on attending. It is imperative that you attend one of the sessions.

Location: **Maddox Intermediate School Library**

Tuesday June 18 th	9:00am – 11:30pm
Tuesday, June 25 th	9:00am – 11:30pm
Tuesday, July 16 th	9:00am – 11:30pm
Tuesday, July 23 rd	9:00am – 11:30pm

What to Bring:

New Hire Packet Completed (as much as possible) along with a copy of your driver's license and social security card.

Again, please register by emailing me. If you do not have access to an email, please call me directly at 205-384-6880 ext. 68021.

Here are a few things you need to know:

1. Orientation – Your principal or supervisor will contact you with information regarding orientation for new employees.
2. First day of employment:
 - a. Teachers – August 2, 2024
 - b. Support Personnel – Varies by department. If you have any questions, you should contact your principal or supervisor.

Welcome to the Jasper City Family. Let us know how we may help you be successful.

Nikki Shipman
Payroll Specialist
205.384.6880 ext. 68021
nshipman@jasper.k12.al.us

JASPER CITY SCHOOLS

General Information New Hire Form

SOCIAL SECURITY# _____ - _____ - _____

Name - as it appears on your social security card!

FIRST MIDDLE LAST

PREFERRED NAME: _____

MAILING ADDRESS _____

City State ZIP

Employee
Phone - Cell () _____

EMERGENCY
CONTACT _____ () _____
Name Phone #

GENDER _____ DATE OF BIRTH _____

RACE _____ MARITAL STATUS _____

POSITION HIRED DATE OF HIRE LOCATION
(Official Start Date)

PUBLIC Education Work History

List in chronological order, all of your work experience within the Public Education System.
(Use the reverse side if necessary)

DATES FROM - TO	SCHOOL SYSTEM	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

JASPER CITY BOARD OF EDUCATION

EMPLOYEE AGREEMENT FOR USE OF PURCHASING CARDS

The Jasper City Board of Education (JCBOE) has issued purchasing cards to be used exclusively for Jasper City Schools. The JCBOE requires all employees using a purchasing card to sign an agreement regulating the use of the card.

General information regarding use of the purchasing card:

1. If a card is lost or stolen, the employee should immediately contact Ashley Aaron at the Central Office, extension 68005 (outside number 205-384-6880).
2. The JCBOE contact person for questions about allowable purchases is your school bookkeeper.
3. If card privileges are revoked, they may be restored upon approval from the Superintendent.
4. Receipts must accompany the purchasing card when it is returned to the bookkeeper.
5. Caution should be taken in using the purchasing card for internet purchases. Internet purchases are allowed, but be sure to print an itemized receipt at the time of purchase – often receipts are no longer included in the package.
6. Payment cannot be made for items that have not been received.
7. The employee agrees to reimburse JCBOE for purchases that are determined to be unallowable expenditures.
8. The employee agrees to obtain a legible receipt with an itemized listing or supporting documentation for each purchase made with the card. The receipt must include the name and address of the vendor, description of items purchased, quantities, individual prices, extended totals, & receipt grand total, and must be turned in along with the card to the bookkeepers.
9. The employee agrees to reimburse JCBOE for purchases made with the card that are not supported by a receipt with an itemized receipt when the billing statement arrives for payment.
10. The employee agrees to inform merchants that purchases with the card are exempt from State of Alabama sales tax.
11. The employee agrees to reimburse JCSBOE for sales tax charged to the card.
12. The employee agrees to reimburse JCBOE for purchases made in excess of the individual purchase order.
13. The employee agrees to adhere to JCBOE guidelines for purchasing cards.
14. The employee understands that purchasing card privileges may be suspended upon failure of the employee to follow the terms of this agreement.
- 15. The employee understands that anyone using the purchasing card for personal use is subject to criminal prosecution.**
16. The following categories are blocked from purchase card use:
 - a. Cash advances
 - b. Long distance telephone calls
 - c. Beverage stores
 - d. Tobacco stores
 - e. Adult stores
 - f. Automatic billings

I certify that I have read the Jasper City Board of Education Employee's Agreement for Use of Purchasing Cards and hereby agree to abide by the regulations set out therein. My signature on this form acknowledges said agreement.

Signature

Date



JASPER CITY SCHOOLS

110 17th Street West
P. O. Box 500
Jasper, AL 35502

DRUG AND ALCOHOL POLICIES & PROCEDURES

Overview and Policy

Jasper City Schools is committed to providing a safe, healthy, and productive work environment. Drug and alcohol abuse can be detrimental to the safety, performance, productivity, and morale of employees in the workplace. To further our objectives, the school district has adopted this alcohol and drug-free workplace policy that implements reasonable measures to ensure that any employee's drug or alcohol problem does not jeopardize the successful operation of our school district business, or otherwise negatively affect our employees or the general public.

While it is not the school district's intention to intrude into the private lives of our employees, the school district does expect employees to report to work in fit condition to perform their duties. Having an alcohol and drug-free workplace will benefit everyone.

Definitions Under This Policy

"Illegal Drugs" means any drug (a) not legally obtainable or (b) legally obtainable but not legally obtained or used, including any "controlled substance" as defined in the Controlled Substances Act (21 U.S.C Section 812), and as further defined in regulations at 21 C.F.R. Sections 1308.11 to 1308.5. Therefore, the term includes prescription drugs obtained illegally and prescription drugs not being used for the prescribed purposes. It also includes marijuana, cocaine, heroin (and derivatives of those drugs) and designer drugs, among other illegal drugs.

"Legal Drugs" means prescribed and over-the-counter drugs legally obtained and being used for the purpose and in the manner for which they were prescribed and/or manufactured.

"Under the Influence" means that the employee is affected by any drug or alcohol (or the combination of drugs and alcohol) in any detectable manner. The symptoms of influence include, but are not limited to, misbehavior, obvious diminishment of physical or mental capabilities, slurred speech, or difficulty maintaining balance.

Prohibited Conduct

The school district has defined conduct that is prohibited to be on the school district property, on school district business, and in school district-supplies vehicles or vehicles being used for school district business or during working hours.

A. Illegal Drugs

The unlawful use, consumption, possession, manufacture, distribution, purchase, sale or offer of sale, transfer, storage, or use of illegal drugs by any employee, while on the school district property, while

on duty, or while operating a vehicle or machine leased or owned by the school district is strictly prohibited. Further, no employee may be under the influence of any illegal drug while in the workplace, while on duty, or while operating a vehicle or equipment owned or leased by the school district. Those prohibitions extend to an employee's personal vehicle located on the school district property or in any vehicle engaged in school district business.

Any employee who is convicted of violating any laws regarding the use of illegal drugs must promptly (within two business days), provide written notice of the conviction to the Superintendent. In addition, employees must notify the Superintendent if they are charged with a violation of any criminal law involving the use of illegal drugs within three (3) days of being charged with such an offense. After receiving notice of such a conviction or charge, the school district will take corrective action or will require the employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by law or regulatory organization.

B. Legal Drugs

Legal drugs (over-the-counter and prescription drugs) are to be used only in the manner, combination, and quantity as prescribed or directed by the employee's physician. Employees are prohibited from being under the influence of legal drugs on school district property, while on duty, or while operating school district equipment or in any vehicle if such drugs have a tendency to impair an individual's mental or physical ability to work in any way, or jeopardize the safety of the employee or other individuals at work. If the employee knows or has reason to believe that his/her motor coordination skills, physical or mental ability, and/or regular work activities could be impaired while taking legal drugs, the employee shall immediately notify his or her supervisor that he or she is taking a drug which may cause such impairment to their work performance, along with the nature of the impairment. The employee should not disclose the medication he or she is taking. The school district may ask for a medical certification from the employee's treating physician regarding the employee's ability to safely and efficiently perform his or her job duties with or without any work restrictions. Employees must keep all prescribed medicine in its original container, which identifies the drug, date of prescription, and prescribing doctor.

C. Alcohol

Employees may not be under the influence of, purchase, sell, or offer to sell alcohol on the school district property, while on work time, or in any vehicle engaged in school district business. Employees may not use alcohol while on the school district property.

Drug Testing

All drivers of commercial motor vehicles (CMV) who are required to hold a commercial driver's license (CDL) will be required to undergo a drug test as a condition of employment. Those employees include full-time, part-time, seasonal, intermittent and leased drivers. In addition, drug testing will be required for any person who works as an independent contractor or for a contractor and operates a CMV on behalf of the school district.

Drug and/or alcohol testing may be required of any employee whenever there is a reasonable suspicion that such employee is under the influence of drugs or alcohol while at work or is in violation of this policy, in accordance with applicable laws. Employees who maintain a CDL as a requirement of their position will also be subject to random drug testing.

Compliance and Violations

Employment or continued employment with the school district is conditioned upon full compliance with the foregoing substance abuse policy. Any violation of this policy may result in disciplinary action up to and including termination of employment. Furthermore, any employee who violates this policy or who voluntarily seeks assistance may be required, in connection with or in lieu of disciplinary actions, to participate in and successfully complete a school district-approved drug and/or alcohol assistance program as a condition of continued employment. The school district will keep any information concerning an individual's drug and/or alcohol use confidential.



JASPER CITY SCHOOLS
110 17TH Street West
P. O. Box 500
Jasper, AL 35502

EMPLOYEE ACKNOWLEDGEMENT

This acknowledgement must be completed, signed, and returned to Central Office.

I _____, an employee of Jasper City Schools have

(PLEASE PRINT)

received a copy of the Drug and Alcohol Policy and Procedure statement regarding the maintenance of a drug-free workplace. I realize that the manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on the Board of Education premises and violation of this policy can subject me to disciplinary action, including termination of employment. I realize that as a condition of employment by this Board, I must abide by the terms of this policy and will notify the employer of any criminal drug conviction for a violation occurring in the work place 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.

Employee Signature

Date



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input checked="" type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A **OR** a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List A	OR	List B	AND	List C
			Driver's License		Social Security Card
Issuing Authority					Social Security Admin.
Document Number (if any)					
Expiration Date (if any)					-----
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)	-----				
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Shipman, Dorris (Nikki), Payroll Specialist				
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
Jasper City Schools		P O Box 500 Jasper, AL 35502		

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.



JASPER CITY SCHOOLS

110 17th Street West
P. O. Box 500
Jasper, AL 35502

Payroll Check Distribution as a New Employee

Jasper City Schools offers the option to certain employees to receive their annual salary spread over 13 months instead of the standard 12 months. This option allows new employees who **meet the criteria below** to receive their first payroll check on August 31, 2024 instead of September 30, 2024.

To be eligible for this option, you must meet **all** of the following criteria:

1. New employee to Jasper City Schools for the current scholastic year, hired as a 9, 9.5, or 10 month full-time position.
2. Was **not** employed by any other Alabama Public School district during the prior scholastic year.
3. Must be hired and start work before August 5, 2024.

If you meet the above criteria and would like the 13 month pay option, please check box below and sign and return with your paperwork.

_____ As a new employee with Jasper City Schools, I authorize my first year annual salary to be divided by 13 months. This would be for August 31, 2024 through August 31, 2025. This will be effective for the 2024-2025 school year only.

Example: Yearly Gross Salary of 44,226 ÷ 13 = \$3,402 starting August

Signature

Date

If you do **NOT** meet the above criteria or would prefer to be paid on the standard 12 month pay schedule September 30, 2024 through August 31, 2025, please sign below and return with your paperwork.

_____ I understand my first payroll check will be on September 30, 2024.

Example: Yearly Gross Salary of 44,226 ÷ 12 = \$3,686 starting September

Signature

Date



JASPER CITY SCHOOLS

110 17th Street West
P. O. Box 500
Jasper, AL 35502

Direct Deposit Authorization for Payroll

ANY CHANGE TO YOUR BANK ACCOUNT MUST BE SUBMITTED TO CENTRAL OFFICE BY THE 10TH OF THE MONTH FOR CURRENT MONTH PAYROLL PROCESSING.

Employee Name

Social Security Number

Name of bank you wish to have check deposited in: _____

Bank **ROUTING** Number: _____

Bank **ACCOUNT** Number: _____

In signing this form, I authorize my payment to be sent to the financial institution named above to be deposited to the designated account.

Employee Signature

Date

A voided check or account verification letter from your bank is required to activate your direct deposit authorization. This request will **NOT be processed without requested documentation.**

Attached Voided Check Here

2024 Percentage Method Tables for Automated Payroll Systems and Withholding on Periodic Payments of Pensions and Annuities



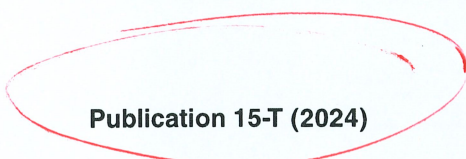
STANDARD Withholding Rate Schedules

(Use these if the Form W-4 is from 2019 or earlier, or if the Form W-4 is from 2020 or later and the box in Step 2 of Form W-4 is NOT checked. Also use these for Form W-4P from any year.)

Form W-4, Step 2, Checkbox, Withholding Rate Schedules

(Use these if the Form W-4 is from 2020 or later and the box in Step 2 of Form W-4 **IS** checked)

If the Adjusted Annual Wage Amount on Worksheet 1A or the Adjusted Annual Payment Amount on Worksheet 1B is:					If the Adjusted Annual Wage Amount on Worksheet 1A is:				
At least—	But less than—	The tentative amount to withhold is:	Plus this percentage—	of the amount that the Adjusted Annual Wage or Payment exceeds—	At least—	But less than—	The tentative amount to withhold is:	Plus this percentage—	of the amount that the Adjusted Annual Wage exceeds—
A	B	C	D	E	A	B	C	D	E
Married Filing Jointly					Married Filing Jointly				
\$0	\$16,300	\$0.00	0%	\$0	\$0	\$14,600	\$0.00	0%	\$0
\$16,300	\$39,500	\$0.00	10%	\$16,300	\$14,600	\$26,200	\$0.00	10%	\$14,600
\$39,500	\$110,600	\$2,320.00	12%	\$39,500	\$26,200	\$61,750	\$1,160.00	12%	\$26,200
\$110,600	\$217,350	\$10,852.00	22%	\$110,600	\$61,750	\$115,125	\$5,426.00	22%	\$61,750
\$217,350	\$400,200	\$34,337.00	24%	\$217,350	\$115,125	\$206,550	\$17,168.50	24%	\$115,125
\$400,200	\$503,750	\$78,221.00	32%	\$400,200	\$206,550	\$258,325	\$39,110.50	32%	\$206,550
\$503,750	\$747,500	\$111,357.00	35%	\$503,750	\$258,325	\$380,200	\$55,678.50	35%	\$258,325
\$747,500		\$196,669.50	37%	\$747,500	\$380,200		\$98,334.75	37%	\$380,200
Single or Married Filing Separately					Single or Married Filing Separately				
\$0	\$6,000	\$0.00	0%	\$0	\$0	\$7,300	\$0.00	0%	\$0
\$6,000	\$17,600	\$0.00	10%	\$6,000	\$7,300	\$13,100	\$0.00	10%	\$7,300
\$17,600	\$53,150	\$1,160.00	12%	\$17,600	\$13,100	\$30,875	\$580.00	12%	\$13,100
\$53,150	\$106,525	\$5,426.00	22%	\$53,150	\$30,875	\$57,563	\$2,713.00	22%	\$30,875
\$106,525	\$197,950	\$17,168.50	24%	\$106,525	\$57,563	\$103,275	\$8,584.25	24%	\$57,563
\$197,950	\$249,725	\$39,110.50	32%	\$197,950	\$103,275	\$129,163	\$19,555.25	32%	\$103,275
\$249,725	\$615,350	\$55,678.50	35%	\$249,725	\$129,163	\$311,975	\$27,839.25	35%	\$129,163
\$615,350		\$183,647.25	37%	\$615,350	\$311,975		\$91,823.63	37%	\$311,975
Head of Household					Head of Household				
\$0	\$13,300	\$0.00	0%	\$0	\$0	\$10,950	\$0.00	0%	\$0
\$13,300	\$29,850	\$0.00	10%	\$13,300	\$10,950	\$19,225	\$0.00	10%	\$10,950
\$29,850	\$76,400	\$1,655.00	12%	\$29,850	\$19,225	\$42,500	\$827.50	12%	\$19,225
\$76,400	\$113,800	\$7,241.00	22%	\$76,400	\$42,500	\$61,200	\$3,620.50	22%	\$42,500
\$113,800	\$205,250	\$15,469.00	24%	\$113,800	\$61,200	\$106,925	\$7,734.50	24%	\$61,200
\$205,250	\$257,000	\$37,417.00	32%	\$205,250	\$106,925	\$132,800	\$18,708.50	32%	\$106,925
\$257,000	\$622,650	\$53,977.00	35%	\$257,000	\$132,800	\$315,625	\$26,988.50	35%	\$132,800
\$622,650		\$181,954.50	37%	\$622,650	\$315,625		\$90,977.25	37%	\$315,625



Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

**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.**

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		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 .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, and when to use the estimator at www.irs.gov/W4App.

Step 2: 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.

Multiple Jobs or Spouse Works 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). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

DO NOT CHECK THIS BOX IF YOU WANT HIGHER TAXES DEDUCTED

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

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)



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)	
Jasper City Board of Education		63-6001994	
ADDRESS	CITY	STATE	ZIP CODE
PO Box 500	Jasper	AL	35502

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).



JASPER CITY SCHOOLS

110 17th Street West
P. O. Box 500
Jasper, AL 35502

SICK LEAVE BANK MEMBERSHIP APPLICATION

Name: _____
(Please Print)

School/Site: _____

Please check only one of the following:

_____ I wish to join the JCS Sick Leave Bank and I authorize five (5) days to be taken from my sick leave account and deposited into the Sick Leave Bank.

_____ I wish to join the JCS Sick Leave Bank, but do not have the five (5) days accrued at this time. I hereby authorize the next five (5) earned days to be deposited in the Sick Leave Bank.

_____ I do not wish to join the Sick Leave Bank.

Employee's Signature

Date

By signing the above, I authorize the transfer of days designated and agree to abide by the Sick Leave Bank guidelines.

**If you are coming from another participating system in Alabama, you can transfer your earned and unused sick leave to Jasper City Schools. For your convenience, a form is enclosed that you can mail to your former employer.*

Benefits of joining:

- Once an employee is approved for catastrophic leave, to donate days to a colleague or receive days from a colleague, you must be a member of the bank.
- As a member, you can borrow up to 15 days from the bank (which you pay back as you earn them).

*Information about the Sick Leave Bank is provided in the Employee Handbook on our website.

Please return this form to Nikki Shipman, Payroll Central Office



JASPER CITY SCHOOLS

110 17th Street West
P. O. Box 500
Jasper, AL 35502

It is your responsibility to contact your previous employer to have the following information sent to our office.

- Transfer of Cumulative Sick Leave
 - Sick leave days do not automatically transfer. If you were employed by an Alabama public school system, these days must be requested to be transferred to JCS. (Request from most recent employer, form attached if needed)

- Verification of Teaching/Support Experience
 - Verification of prior experience for determining years of experience on the salary schedule must be submitted within six months of an employee's hire date.
 - For in state certified verification, have previous employer(s) complete an ALSDE Exp. Form (attached if needed).
 - For out of state or non-certified verifications, a separate form is to be completed (attached if needed).

- LEE vs MACON Training Documentation for certified employees

Please have the requested documentation sent by mail or email to the following address:

Jasper City Schools
Nikki Shipman, Payroll
P. O. Box 500
Jasper, AL 35502
nshipman@jasper.k12.al.us



JASPER CITY SCHOOLS

REQUEST TO TRANSFER SICK LEAVE BALANCE

****PLEASE PRINT****

Employees may transfer unused sick days to another K-12 Public Alabama School System.

If you want your sick days transferred to Jasper City Schools, please complete this form and **mail** to your **FORMER** school system.

Employee Name: _____

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Last School Year Worked: _____

Last School Worked: _____

PLEASE TRANSFER MY REMAINING SICK DAY BALANCE TO:

JASPER CITY SCHOOLS

ATTENTION: NIKKI SHIPMAN

P.O. BOX 500

JASPER, AL 35502

EMPLOYEE SIGNATURE: _____

DATE: _____



This section must be completed by the employing Alabama school system or nonpublic/private school.

School System Code: ___ - ___ - ___

Nonpublic/Private

School Code: ___ - ___ - ___ - ___ - ___

SUPPLEMENT EXP

Paper Clip Only. Do NOT Staple.

GENERAL INFORMATION

FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.

This supplement is to be completed to verify professional educational work experience.

Professional educational work experience is full-time educational employment in:

- A state public school (grades P-12) or a local public school system (P-12);
- A church-related/parochial school (grades P-12);
- Alabama State Department of Education sponsored initiatives (e.g., Alabama Math, Science, and Technology Initiative-AMSTI);
- A State Department of Education;
- A professional education association;
- A college or university that was regionally accredited when the educational experience was earned;
- An Alabama nonpublic/private school (grades P-12);
- An Alabama charter school (grades P-12);
- A nonpublic/private school or charter school (grades P-12) outside of Alabama that was regionally accredited or approved by the State Department of Education where the school was geographically located when the educational experience was earned. The school **MUST SUBMIT** documentation of their accreditation or approval by that State Department of Education, during the school year(s) the experience was earned, with this form;
- A federally operated grades P-12 school (e.g., Department of Defense Education Activity, Bureau of Indian Affairs, etc.);
- A Head Start Program under the legal jurisdiction of a public school system when the experience was earned; **OR**
- A childcare facility below Kindergarten (Age 5) that was accredited by the National Association for the Education of Young Children (NAEYC) when the experience was earned.

Experience as a graduate assistant, intern, student teacher, auxiliary teacher, member of a board of education, or in positions such as an aide, clerical worker, or substitute teacher will NOT be considered.

For meeting eligibility requirements through the certificate reciprocity approach, professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered.

PERSONAL DATA

Legal Name as it appears on government-issued identification.

TO BE COMPLETED BY THE APPLICANT

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
Email Address		Cell Number		Work Telephone	
Social Security Number	ALSDE ID		Date of Birth (mm-dd-yyyy)		

PURPOSE OF SUBMISSION

TO BE COMPLETED BY THE APPLICANT

- Meeting eligibility or completion requirements through an alternative certificate approach.
- Meeting eligibility requirements through the certificate reciprocity approach.
- Issuance of a _____ certificate.
- Other _____

Name: _____

Social Security Number: _____ - _____ - _____

EMPLOYMENT VERIFICATION

TO BE COMPLETED BY THE SUPERINTENDENT, HEADMASTER, COLLEGE/UNIVERSITY HUMAN RESOURCES/PAYROLL OFFICER, OR ASSOCIATION DIRECTOR

Name of School System, Nonpublic/Private School, College/University, or Association

From: Month/Day/Year	To: Month/Day/Year	Specific Grade(s) Taught	Specific Subject Area(s)	Position(s) Held	Full-Time / Part Time	If Part-Time, List Hours per Week
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

ATTESTATION OF EMPLOYMENT VERIFICATION

I confirm the information provided on this form pertaining to this individual is accurate and truthful.

A notary seal must be affixed to this form, OR the business card of the authorized official must be attached.

Sworn to and subscribed before me this _____ day of _____,

Seal and Signature of Notary Public

My Commission Expires: _____

Signature of:
Superintendent *or* Headmaster
College/University Human Resources/Payroll Officer
Association Director

Typed or Printed Name

Position Held

School System, Nonpublic/Private School, College/University, Association

Address

City/State/ZIP Code

Telephone Number

Date



JASPER CITY SCHOOLS

110 17th Street West
P. O. Box 500
Jasper, AL 35502

Out of State or Non-Certified Position Employment Verification Request Form

Employee's Name: _____ SSN: _____

EMPLOYMENT INFORMATION

Name of School System, Nonpublic/Private School

From: Month/Day/Year	To: Month/Day/Year	Position/Grade	Full Time or Part Time

Title/Position

Date

Signature of:

Superintendent, CSFO or Human Resource/Payroll Officer

Phone Number

Please return to Nikki Shipman at nshipman@jasper.k12.al.us
or return by mail to:

Jasper City Schools
Attn: Nikki Shipman
P. O. Box 500
Jasper, AL 35502



Jasper City Schools

110 17th Street West
Post Office Box 500
Jasper, AL 35502

Designation of Beneficiary

It is very important for members to keep their beneficiary designations current. Failure to do so can result in possible loss of valuable benefits to your survivors. The Teacher Retirement System of Alabama (TRS) will mail you a beneficiary designation form to the address on file for you to complete. To help facilitate this, I have included the form in this packet for your convenience. Experience has shown that forms sent by mail can sometimes be overlooked or misplaced amidst the busyness of job changes. By including it here, I hope to avoid any such inconvenience and expedite your onboarding process.

The primary beneficiary is the person or persons selected to receive the death benefit (contributions and interest) in the event of your death. The contingent beneficiary is the person or persons selected to receive the benefit if the primary beneficiary is not alive at the time of your death.

The form must be notarized and returned to TRS. Notary service can be obtained at the central office of Jasper City Schools if needed. I recommend making a copy of the form to keep for your records.

Please contact Nikki Shipman, Payroll @ JCS, if you have questions or need help completing the form.



Designation of Beneficiary Prior to Retirement

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

This form must be signed and notarized for changes to be activated. To name contingent beneficiaries, use the back of this form. If you name contingent beneficiaries, you must sign both sides of the form. Do not use this form if you are retired or participating in DROP. Please contact the RSA for the proper form.

Type of Account: TRS ERS JRF SNU Supernumerary members only

Your Information

Please note: Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by the RSA.

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____ Sex Male Female

Designation of Primary Beneficiary

Primary beneficiaries will receive any benefits payable upon the member's death.

If you have more than four primary beneficiaries, please contact the RSA.

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Check if contingent beneficiary information is continued on the back of this form.

Signature Certification

Sign Here →

Please have your signature acknowledged before a Notary Public.

Your Signature _____ Date _____

State of _____, County of _____

On this _____ day of _____, 20_____, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Signature of Notary Public _____

Seal

My Commission Expires _____

Designation of Beneficiary Prior to Retirement



If completing this side of the form, do not forget to sign at the bottom.

Name _____ SSN _____

Designation of Contingent Beneficiary

Contingent beneficiaries will receive benefits only if all primary beneficiaries are deceased at the time of the member's death.

List any Contingent Beneficiaries below.

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Sign Here → Your Signature _____ Date _____

**Page two must be signed if any contingent beneficiary information is submitted on this side of the form.*



JASPER CITY SCHOOLS

110 17th Street West

P. O. Box 500

Jasper, AL 35502

PEEHIP Notification Letter

_____ I understand that the Public Education School Employees' Health Insurance Plan (PEEHIP) encourages me to enroll in PEEHIP through the Member Online Services (MOS) portal. The instructions to use the MOS are provided on the following pages.

_____ I understand that I must enroll within **thirty (30) days** of my hire date and failure to do so will jeopardize my coverage.

_____ I understand if I am transferring from another public school system in Alabama, my PEEHIP insurance will continue and I do **not** need to enroll. I understand that if any changes to my PEEHIP insurance needs to be made, I need to do so during open enrollment. I understand if my PEEHIP premium is not deducted from my August payroll check from my previous system, I will need to contact PEEHIP directly to pay my premium.

_____ If I choose **not** to enroll in a PEEHIP Hospital Medical Plan, I can enroll in the PEEHIP Supplemental Medical Plan or up to four Optional Coverage Plans (dental, vision, indemnity, cancer) at **no premium cost** for individual or family coverage. Certain exclusions apply. Contact PEEHIP for additional information if needed.

_____ PEEHIP can assist its members by giving a discount on hospital medical premiums based on (1) family size and (2) total combined household income. Members must be enrolled in a PEEHIP hospital medical plan before applying. **IF** you qualify, and would like to apply follow the instructions on the enclosed application.

DO NOT return this application to JCS. The application and transcript must be mailed directly to PEEHIP.

_____ I understand that newly enrolled PEEHIP members and covered spouses are required to complete a wellness screening each year to earn a waiver of the \$50 monthly wellness premium. Dependent children are **not** required to get a wellness screening. Wellness screenings are available yearly at designated times at all JCS schools. Appointment screenings can also be made through the Alabama Department of Public Health, a participating network pharmacy, or a primary healthcare provider. Please find attached additional information regarding the wellness program.

Employee Signature

Date

Premium Rates

(Active, Leave of Absence, and COBRA Members)

October 1, 2023 – September 30, 2024

The following insurance premiums are the base rates set by the PEEHIP Board. **Base rates are before the wellness and tobacco premiums are applied, if applicable.** Insurance premiums are calculated by PEEHIP, not by the employer. If a payroll deduction is in question, members should contact PEEHIP rather than their employer. Premiums are paid with pre-tax dollars and are excludable from federal and state income taxes under Sections 105(b) or 106 of the Internal Revenue Code for active employees. PEEHIP premiums are deducted in the month prior to the month of coverage (e.g., the premium for October's insurance coverage is deducted in September). FSA contributions are deducted in the current month (e.g., the contribution for October is deducted in October).

- Premiums and/or FSA contributions not payroll deducted at the proper time can be deducted from the member's next available paycheck.
- Those who do not receive a check large enough to cover the amount of their total premium shall submit their monthly premium payment directly to PEEHIP (i.e., new employee who has not begun receiving a paycheck, members on Leave of Absence (LOA) or COBRA.)
- Failure to pay premiums timely will result in a cancellation of coverage if the member is **not actively employed** by a PEEHIP employer. Otherwise, their account will be placed on **claim hold** if they are actively employed with a PEEHIP employer.

PEEHIP Hospital Medical Plan & VIVA Health Plan (Base Rate*)

Active Member

Individual	\$ 30
Individual plus non-spouse dependents (no spouse)	\$ 207*
Individual plus spouse only (no other dependents)	\$ 282
Individual plus spouse plus other dependents	\$ 307

Member on LOA/COBRA

Individual	\$ 563
Family	\$1,441

*Spouses dually eligible for PEEHIP enrolled in family coverage qualify for this premium tier.

Tobacco Premium and Wellness Premium

	Tobacco	Wellness
Member	\$ 50	\$ 50
Spouse	\$ 50	\$ 50

Refer to the [Wellness Programs](#) section to learn how a member and/or their spouse can receive the non-tobacco user discount and wellness premium waiver.

Optional Coverage Plan Premiums

Cancer, Indemnity, and Vision	Individual or Family (cost per plan)	\$ 38 (each)
Dental	Individual	\$ 38
Dental	Family	\$ 50

PEEHIP Supplemental Medical Plan

Active Member

Individual or Family	\$ 0
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Member on LOA/COBRA

Individual or Family	\$ 178
----------------------	--------

Member Online Services (MOS)

Information Needed to Enroll Online

1. Your Personal Identification (PID) Number. If you do not know your PID number, you can request a PID letter online. You will need your PID to create a User ID and Password. **Contact Nikki Shipman, Payroll for your PID Number**
2. Last five digits of your SSN
3. Email address
4. SSN and dates of birth for each dependent being enrolled in coverage
5. Additional health insurance information under which you and your dependents are covered
6. Credit card, debit card, or e-check to make first premium payment at the time of enrollment

Registering as a First Time User

From the RSA Home Page at www.rsa-al.gov, members can click Member Log In located at the top left of the web page.

- Members can click **Need to Register** or login with your User ID and Password.
 - If you do not remember your User ID and/or Password, you can re-register by clicking **Forgot User ID or Password**.
 - The RSA mails new members their Personal Identification Number (PID).
 - If you do not have your PID, you can request a PID letter through MOS, and one will be mailed to you.
 - Click **Need a PID?**
 - Your PID will also be located on all personal correspondence sent to you by PEEHIP.
- Multi-factor Authentication (MFA)
 - Select your MFA delivery method and click Send Authorization Code

Important: Your coverage request was not successful unless you received a confirmation page. Your coverage will not be effective until you submit your initial premium payment.

Enroll or Change PEEHIP Coverages

From the **PEEHIP Services** tab, select one of the following:

- Click **Enroll or Change PEEHIP Coverages** to enroll in a hospital medical plan, Optional Coverage Plans (dental, vision, cancer, indemnity), or FSA as:
 - Click **New Enrollment** (*available for 30 days from date of hire*) if wanting to enroll as a new hire or newly eligible member.
 - Click **Open Enrollment** (*available July 1 – September 10*) to:
 - Enroll, Change, or Cancel Hospital Medical Plan
 - Enroll, Change, or Cancel PEEHIP Optional Coverage Plan(s) (Cancer, Dental, Indemnity, Vision)
 - Add, Update, or Cancel My Additional Insurance Coverage Information
 - Enroll or Re-enroll in Flexible Spending Accounts
 - Add or Update Medicare Information
- Click **Qualifying Life Event (QLE)** to add a newly acquired dependent within 45 days of QLE.
 - Adoption of a Child
 - Birth of a Child
 - Legal Custody of a Child
 - Marriage of a Subscriber

New Employee Enrollment

(Active Members)

Member Online Services (MOS)

New employees who choose to enroll in PEEHIP coverage must do so online through MOS at

<https://mso.rsa-al.gov> **within 30 days of their hire date.** Using MOS is the only way to receive instant confirmation of coverage requests.

New employees can choose one of the following effective dates of coverage:

- Date of hire
- First of the month following the date of hire
- October 1 (if hired during Open Enrollment)

Members are responsible for ensuring PEEHIP has received their enrollment request and any other documents required for enrollment (i.e., dependent eligibility documents such as marriage certificate, other proof of marriage, birth certificate, etc.).

Premium payments

- PEEHIP premiums for hospital medical and Optional Coverage Plans are deducted in the month prior to the month of coverage. New employees who have enrolled in PEEHIP coverage effective their date of hire or the first of the month following their date of hire must make payment directly to PEEHIP for their initial premiums. Payment can be made through MOS (e-check, debit card, or credit card), or a check can be mailed to PEEHIP.

Example 1: An employee who is hired August 4 and elects coverage effective August 4 whose first paycheck is August 31 will have premiums deducted to pay for September coverage but not for August coverage. The August premium must be paid directly to PEEHIP.

Example 2: An employee who is hired August 4 and elects coverage effective August 4 whose first paycheck is September 30 will have premiums deducted to pay for October coverage but not for August or September coverage. The August and September premiums must be paid directly to PEEHIP.

- **Failure to timely pay your initial premiums will result in a claim hold being placed on your account. A claim hold will prevent you and your dependents from using your coverage. Once payment is received, the hold will be removed.**
- Unlike other PEEHIP premiums, which are deducted in the month prior to the month of coverage, FSA contributions are deducted in the current month.

Example: Contributions for October are deducted in October.

If MOS enrollment is not completed within 30 days:

- The New Employee enrollment link in MOS will be removed.

Family Coverage Options

New employees who wish to enroll in family hospital medical and/or optional coverage must do so within 30 days from their date of hire. The family coverage can be effective on their date of hire or the first of the month following their date of hire. Since premiums are deducted one month in advance and to accommodate new hires who may not have received their full monthly pay, family coverage can be deferred until the first of the second month following their date of hire. To request family coverage to begin the first of the second month following the new employee's date of hire, a NEW ENROLLMENT AND STATUS CHANGE form must be submitted to PEEHIP within 30 days of the new employee's date of hire. Otherwise, family coverage can be added during annual Open Enrollment.



Your SSN _____

PID _____

Active or retired members can apply for the Premium Assistance Program.

Subscriber Information

Name must be entered as shown on your Social Security card.

Name _____
First Middle/Maiden Last

Mailing Address _____
Street or P.O. Box Apt.# City State ZIP Code

Physical Address _____
Street Apt.# City State ZIP Code

Telephone _____
Cell Phone Home Phone Work Phone

Date of Birth _____ Email Address _____

Marital Status Married Single Widowed Divorced Legally Separated

Section A

Federal Tax Return Transcript

Include your federal tax return transcript with this Premium Assistance Application.

This Premium Assistance Application must be filled out completely and signed by both you and your spouse (if married).

You must provide a copy of your current federal income tax return transcript when you send this application to PEEHIP. If you were married and filed taxes separately, you must also include a copy of your spouse's current year federal tax return transcript. Include all pages of the transcript(s). There is no charge to get your transcript from the Internal Revenue Service (IRS).

To receive your free federal income tax return transcript, visit: <https://www.irs.gov/individuals/get-transcript> or call 800.908.9946. You should receive your transcript within 7-10 business days.

You are not required to send your W-2 or 1099 with your application.

Section B

Signature Certification

I declare that the above information and the accompanying transcript(s) are true, complete, and accurate. I understand that submitting false or misleading information on this application is a crime punishable under state and federal law. I also understand that if any statements or accompanying transcript(s) are found to be incorrect, incomplete, false, or misleading, I will be required to repay all discounts plus interest. This certification authorizes the Alabama Department of Revenue (or corresponding agency of the state of member's residency) to release to PEEHIP all of the member's and their spouse's tax returns in the agency's records for the current and prior tax year.

Sign Here → Signature _____ Date _____
Subscriber

Sign Here → Signature _____ Date _____
Spouse

Section C

Return Application With Transcript

1. Only one application can be submitted per plan year regardless of income change.
2. You must reapply every year during Open Enrollment (July 1 - August 31) or your discount will expire on the upcoming October 1.
3. Any Premium Assistance Application postmarked after the Open Enrollment period will be effective for the first day of the second month after the receipt and approval of the application.

Return by Mail to →

Retirement Systems of Alabama
Attn: PEEHIP
P. O. Box 302150
Montgomery, Alabama 36130-2150

Any information provided to PEEHIP is kept strictly confidential and in compliance with HIPAA regulations. Your income and tax information will not be shared with any third party.

Premium Assistance Application



Guidelines

Premium Assistance Guidelines

PEEHIP can provide some assistance to its members by giving a discount on Hospital Medical premiums based on (1) family size and (2) total combined household income. To apply for this discount, PEEHIP members must submit the **PREMIUM ASSISTANCE APPLICATION** and furnish acceptable proof of total annual household income by providing a transcript of their current year filed federal income tax return.

Active and retired members may apply. The discount will be effective the first day of the second month after PEEHIP's receipt and approval of the application. The discount only applies to Hospital Medical premiums and is for the current plan year only. Members must reapply each plan year.

The discount does not apply to the tobacco premium or wellness premium for those who are subject to these premiums. The discount does not apply to members on a Leave of Absence, COBRA, or surviving dependent contract.

Estimate eligibility for the discount using the table below. If eligible, fill out the **PREMIUM ASSISTANCE APPLICATION** on page 1 and send it to PEEHIP with your federal income tax return transcript for the current year.

For free tax preparation help, visit <https://www.irs.gov/individuals/free-tax-return-preparation-for-you-by-volunteers>.

For free tax preparation software, visit <https://www.irs.gov/uac/free-file-do-your-federal-taxes-for-free>.

To receive your free transcript, visit <https://www.irs.gov/individuals/get-transcript> or call 800.908.9946.

Discount Estimate Chart

Find the discount column for the range below that includes your total household income on the row for your total family size. Your total household income is found on:
Form: 1040, line 9

For example, if you are married with 2 children (your family size is 4) and have a total household income of \$47,000, then your potential premium discount is 30%.

Family Size	50% Discount for Incomes:	40% Discount for Incomes:	30% Discount for Incomes:	20% Discount for Incomes:	10% Discount for Incomes:
1 member	0 - \$14,580	\$14,581 - \$21,870	\$21,871 - \$29,160	\$29,161 - \$36,450	\$36,451 - \$43,740
2 members	0 - \$19,720	\$19,721 - \$29,580	\$29,581 - \$39,440	\$39,441 - \$49,300	\$49,301 - \$59,160
3 members	0 - \$24,860	\$24,861 - \$37,290	\$37,291 - \$49,720	\$49,721 - \$62,150	\$62,151 - \$74,580
4 members	0 - \$30,000	\$30,001 - \$45,000	\$45,001 - \$60,000	\$60,001 - \$75,000	\$75,001 - \$90,000
5 members	0 - \$35,140	\$35,141 - \$52,710	\$52,711 - \$70,280	\$70,281 - \$87,850	\$87,851 - \$105,420
6 members	0 - \$40,280	\$40,281 - \$60,420	\$60,421 - \$80,560	\$80,561 - \$100,700	\$100,701 - \$120,840
7 members	0 - \$45,420	\$45,421 - \$68,130	\$68,131 - \$90,840	\$90,841 - \$113,550	\$113,551 - \$136,260
8 members	0 - \$50,560	\$50,561 - \$75,840	\$75,841 - \$101,120	\$101,121 - \$126,400	\$126,401 - \$151,680

Premium Assistance Policy

Premium Assistance Policy (Section 16-25A-17.1, Code of Alabama 1975): The annual income of an employee or retiree shall be aggregated with the annual income of the spouse of such employee or retiree and shall include all sources of income including, but not limited to, wages, pension benefits, and Social Security benefits, that may be included in gross income for purposes of federal income taxation. Applicants must submit with their application a copy of their federal tax return and, if the applicant did not file a joint return with his or her spouse, a copy of the spouse's federal tax return. Any reduction in an employee's or retiree's contribution pursuant to this section shall not be considered income of the employee or retiree for purposes of determining Medicaid eligibility for such employee or retiree.

Wellness Programs

(Active Members and Non-Medicare-Eligible Retired Members)

PEEHIP offers the wellness program to all members and their covered spouses enrolled in the PEEHIP Blue Cross Blue Shield (BCBS) Group #14000 Hospital Medical Plan. The program is designed to encourage members and their covered spouse to take an active role in their healthcare by requesting that each get a wellness screening each plan year. Members and covered spouses can get one free wellness screening each year. Health coaching from BCBS of Alabama and their partners, Pack Health and Wondr Health, is also available on a voluntary basis for members that may need additional help in improving or maintaining their health.

Wellness Premium Waiver

Members and their covered spouses enrolled in the PEEHIP Hospital Medical Plan (Group #14000) will earn a waiver of the \$50 monthly wellness premium by completing a wellness screening by August 31 each year. The waiver becomes effective at the start of the new plan year, October 1. There are no additional requirements to earn the monthly wellness premium waiver. Members and covered spouses can get a wellness screening through:

- An ADPH work site wellness clinic or county health department
- A BCBS in-network participating pharmacy
- A primary care physician or healthcare provider – *must complete a HEALTHCARE PROVIDER SCREENING Form*

Members and covered spouses who do not complete a wellness screening by August 31 will be charged the \$50 monthly wellness premium beginning October 1. The wellness premium applies separately to members and spouses for a potential combined wellness premium of \$100 per month. Dependent children are not required to get a wellness screening.

If you are unable to obtain a wellness screening due to pregnancy, disability, or other infirmity, you may be entitled to a reasonable accommodation or an alternative standard to receive the wellness premium waiver. Contact PEEHIP at 877.517.0020 for additional details.

Newly Enrolled PEEHIP Members

Newly enrolled PEEHIP members and covered spouses have the same August 31 due date as the existing PEEHIP members, unless their new effective date of coverage occurs between June 2 and September 30. If their effective date of coverage falls within this time period, their due date to complete their required activities will be August 31 of the following year rather than the year in which they enroll. No PEEHIP member will ever have less than 3 months to complete the wellness screening.

Screenings Submitted After the Deadline

Members and covered spouses can still get a wellness screening after the deadline for a prospective waiver through the end of the plan year in which they have been charged the wellness premium. The wellness premium waiver will be applied beginning the first day of the second month after ADPH receives the signed and completed HEALTHCARE PROVIDER SCREENING Form or after BCBS receives a completion notification from a participating pharmacy. Refunds will not be issued for wellness premium charges resulting from incomplete or late submissions.

View Your Wellness Completion Status

Your status toward earning your \$50 monthly wellness premium waiver will be available on your MOS log in at <https://mso.rsa-al.gov> under the Wellness Completion Status link.

Wellness Screenings

Wellness screenings will measure biometric values, including:

- Blood pressure
- Total cholesterol (HDL and LDL)
- Blood glucose
- Height, weight, and body mass index (BMI)
- Triglycerides

In accordance with healthcare reform law, there is no required health standard which must be met. Members and covered spouses who receive their screening may be given an Office Visit Referral form to take to a physician's office to follow up with abnormal results or risk factors identified during the screening process. No copay is required if the Office Visit Referral form is submitted within 60 days from the screening date. The member should ask the physician's office to use the modifier code shown on the Office Visit Referral form to avoid the copay charge. Office Visit Referral forms are not required to be completed but are a further health benefit for PEEHIP members.

Work Site Screenings offered by ADPH

All PEEHIP members and covered spouses are eligible to receive one free annual wellness screening performed by the ADPH nurses at various work sites during the year, with the yearly restart date of August 1 to coincide with the start of each school year. Members and covered spouses will earn a waiver of the monthly wellness premium by completing a wellness screening by August 31 of each year. The ADPH online screening calendar is available at <https://dph1.adph.state.al.us/publiccal> to show when and where screenings will be offered. Participants will be required to show their BCBS card at the screening.

Pharmacy Biometric Screenings

Members and covered spouses can get their wellness screening performed at an in-network participating pharmacy to earn the monthly wellness premium waiver. Participants will need to schedule an appointment and bring a printed copy of the PHARMACY BIOMETRIC SCREENING Form and their BCBS card with them to the screening. The screening form and a list of participating pharmacies can be found at www.rsa-al.gov/peehip/wellness.

Healthcare Provider Screenings

Members and covered spouses also have the option to have their wellness screening performed by a primary care physician. To earn the wellness premium waiver, participants will need to have the physician complete a HEALTHCARE PROVIDER SCREENING Form. The screening form is located on the PEEHIP website at www.rsa-al.gov/peehip/wellness. The physician's office must complete and mail or fax the form to ADPH. The form must be signed by the participant. Unsigned forms will be considered incomplete and may delay getting the monthly premium waiver. It is the participant's responsibility to make sure the information is complete and sent to ADPH by the August 31 deadline. A refund will not be given for failure to timely submit appropriate information by the deadline. Participants should keep a copy of the completed form for their records and track the completion status through their MOS account at <https://mso.rsa-al.gov>.

Under the Affordable Care Act (ACA), as part of the federal healthcare reform laws, no copay is required for one preventive routine office visit per calendar year obtained through an in-network healthcare provider. Wellness screenings obtained at a primary care physician's office are normally classified as a routine office visit and the routine lab tests for total cholesterol, triglycerides, and blood glucose are covered once per calendar year at no copay through an in-network lab. You will be responsible for the cost of other elected routine lab tests that are not a covered benefit under PEEHIP that are not necessary to complete the PEEHIP screening form. You will also be responsible for office visit claims that are denied due to multiple routine office visits filed in one calendar year. Remember, in order to earn the wellness premium waiver, only one wellness screening is required per year by August 31 each year.



Voluntary Benefits Contact Information

Jasper City Schools' employees have the opportunity to participate in a variety of group and individual benefits. Everyone knows health insurance doesn't pay for everything.

Below is a list of companies offering voluntary benefits. Additional information regarding these voluntary benefits will be discussed during orientation.

COMPANY	CONTACT	PHONE	EMAIL	WEBSITE
AEA - Collateral Educator Services	Carrie Patton	205-300-8830 cell	cpatton@servingeducators.com	servingeducators.com
Accident, Cancer, Critical Illness, Long Term Care, Life, Canopy Vision, Disability, Canopy Dental				
American Fidelity	Randy Steele	205-987-0950 office	randy.steele@americanfidelity.com	americanfidelity.com
Accident, Cancer, Disability, Critical Illness, Flexible Spending Accounts for Medical and Dependent Care, Life and Long Term Care				
Liberty National Life Insurance	Alan Goforth	205-522-9701 cell 205-387-0531 office	alang91463@gmail.com	
Life Insurance products, Cancer, and Accident				
Life of Alabama	Dwain Lawrence	205-790-0335 cell	dwain1@otelco.com	licoa.com
Accident, Cancer, Disability, Critical Illness, Life Insurance products				
Texas Life	American Fidelity Randy Steele	205-987-0950 office	randy.steele@americanfidelity.com	americanfidelity.com
Life Insurance Products				
RSA-1	Retirement System of Alabama	877-517-0020	member.services@rsa-al.gov	rsa-al.gov
A 457 Tax Sheltered Annuity Account offered by the Teachers Retirement Systems of Alabama.				
ValuTeachers	Elizabeth Moore	205-932-0815 cell 205-689-5271 office	emoore@valuteachers.com	www.nationallifegroup.com
403(b) and 457 Tax Sheltered Annuity Accounts				
VSP Vision	Member Services	1-800-877-7195		vsp.com
* VSP is completely separate from the vision coverage offered through PEEHIP/Southland. Included in this packet is more information regarding VSP benefits.				



Jasper City Schools

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

CIRCLE ONE: TRANSFER OR NEW HIRE

TRANSFER FROM: _____

JOB TITLE: _____

LAST DATE OF PAY FROM DISTRICT TRANSFERRING FROM: _____

ANNUAL
SALARY: _____

**VISION SERVICE PLAN
MEMBERSHIP ENROLLMENT FORM**



Name of School District:


School Group Number:

Effective Date:

1	Social Security Number	Last Name / First Name	Date of Birth
2	Coverage Level and Rates		
<input type="checkbox"/>	Employee Only		\$8.84
<input type="checkbox"/>	Employee + Spouse		\$17.70
<input type="checkbox"/>	Employee + Child(ren)		\$18.92
<input type="checkbox"/>	Employee + Family		\$30.24
<input type="checkbox"/>	Term / Waive Coverage		N/A

3	Signature	_____
	Date	_____

RETURN THIS FORM TO NIKKI SHIPMAN WITH NEW HIRE PAPERWORK. VSP SUMMARY PAGE IS YOURS TO KEEP.



Protect
your vision
with VSP.

Get the best in eye care and eyewear with American Fidelity and VSP® Vision Care.



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP provider or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at Eyeconic.com, VSP's online eyewear store.

Enroll in VSP today.
You'll be glad you did.
Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary



American Fidelity and VSP provide you with an affordable eye care plan.

VSP Coverage Effective Date: 10/01/2016

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Progressive lenses Average savings of 20-25% on other lens enhancements 	\$0	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Monthly Contribution	\$8.84 Member only \$17.70 Member + spouse \$18.92 Member + child(ren) \$30.24 Member + family		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50
		Contacts	up to \$105
VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.			

Contact us. 800.877.7195 | vsp.com

¹Brands/Promotion subject to change.

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- **Family Medical Leave Act of 1993 (FMLA)**

Enclosed you will find an infographic page titled: EMPLOYEE RIGHTS *Under the Family Medical Leave Act* (this page is yours to keep). You may see more information at www.dol.gov/general/topic/workhours/fmla. You will also be directed to the employee handbook during orientation.

I hereby certify that I have read and understand the JCS practices and procedures regarding the Family Leave Act of 1993 (FMLA), and agree to comply with the policies. I understand that failure to comply with such policies may result in a reduction or loss of benefits.

Employee Signature

Date

- **Technology Acceptable Use Agreement**

Technology Acceptable Use Policy – Navigate to www.jasper.k12.al.us/jcs-acceptable-use-policies. There you will find the highlights to the policy.

I hereby certify that I have read and understand the JCS practices and procedures regarding the use of technology within Jasper City Schools. I understand that failure to comply with such policies may result in my employment termination.

Employee Signature

Date

- **State of Alabama Ethics Law**

State of Alabama Ethics Law – JCS is only obligated to tell you that you MUST, by law, complete the training within 90 days of being hired. The training may be done online at www.ethics.alabama.gov/training/intro.aspx. Jasper City Schools does not need the automated document generated by the Alabama Ethics Commission upon your completion of the Ethics Law Training

I hereby certify that I have read and understand the rules promulgated by the State of Alabama in regard to ethics of government employees. I understand that I must complete the training within 90 days of my employment. I understand that failure to comply with such policies may result in my employment termination.

Employee Signature

Date

- **You Factor Mandatory Training**

Mandatory training with You Factor is required upon employment with Jasper City Schools. Please contact your direct supervisor/principal to provide you with the user id and password for your account which will be created by Jonathan Allen.

I hereby certify that I will complete all sections of the required You Factor training. I understand failure to comply with such policies may result in my employment termination.

Employee Signature

Date

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, to request FMLA leave you **must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit [dol.gov/fmla](https://www.dol.gov/fmla) to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR



Welcome to Jasper City Schools



Logging into Jasper City Schools domain(desktop)

To sign into the Jasper City Schools domain (logging onto the desktop), follow these steps:

1. **Power on the computer and wait for the login screen to appear.**
2. **Enter your username in the format specified by the school**
(e.g., FIRSTNAME INITIAL + LASTNAME)
(EXAMPLE: CURTIS) **in the username field.**
3. **Enter your temporary password in the password field.**
TEMPORARY PASSWORD: You will receive from your Principal/Supervisor
4. **Click "Sign In" or press Enter to access the Jasper City Schools domain.**
5. **Once logged in, you will have access to the resources and network provided by Jasper City Schools.**



**JASPER
VIKINGS**

Using Microsoft 365: Sign-in and App Navigation

AS AN SSO (SINGLE SIGN-ON) MICROSOFT OFFICE365 DISTRICT, YOU WILL ACCESS YOUR EMAIL FOR JASPER CITY SCHOOLS VIA THE MICROSOFT OFFICE365 PORTAL. SIMPLY LOG IN TO YOUR ACCOUNT USING YOUR PROVIDED CREDENTIALS, AND YOU SHOULD BE ABLE TO ACCESS YOUR EMAIL INBOX AND BEGIN USING IT FOR SCHOOL - RELATED COMMUNICATIONS.

GO HERE TO WATCH QUICK TUTORIAL FOR OFFICE365 .COM

OFFICE365 TUTORIAL

IF YOU ARE HAVING TROUBLE ACCESSING YOUR ACCOUNT,
PLEASE CONTACT YOUR SCHOOL SUPERVISOR OR
COURTNEY CURTIS EXT: 68095
ccurtis@jasper.k12.al.us

YOUR SCHOOL ISSUED EMAIL WILL BE GIVEN TO YOU BY YOUR PRINCIPAL OR SUPERVISOR

TEMPORARY PASSWORD: YOU WILL RECEIVE FROM YOUR PRINCIPAL/SUPERVISOR

Microsoft Authentication

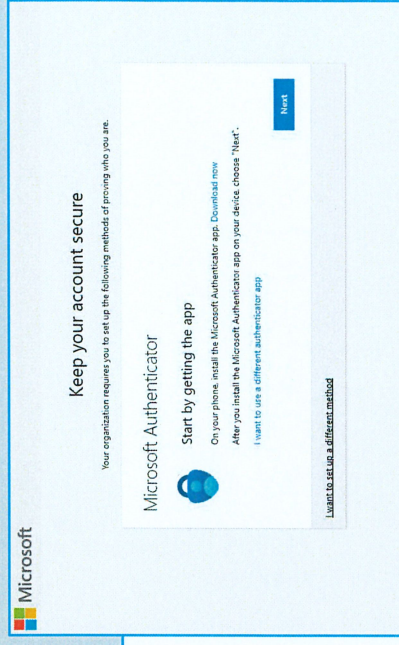
MICROSOFT NOW REQUIRES USERS TO HAVE A MEDIUM TO HIGH AUTHENTICATION PROCESS.



BELOW YOU WILL FIND A VIDEO LINK TO WALK YOU THROUGH THE PROCESS OF DOWNLOADING THE APP.

[Microsoft Auth.mp4](#)

MADE BY: SUSAN CHANDLER TECHNOLOGY COORDINATOR



IF YOU DO NOT WISH TO USE YOUR PERSONAL DEVICE FOR THIS PURPOSE, PLEASE LET ME KNOW AND WE WILL

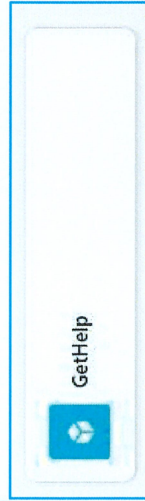
GET YOU A SCHOOL ISSUED IPAD.

COURTNEY CURTIS EXT: 68095

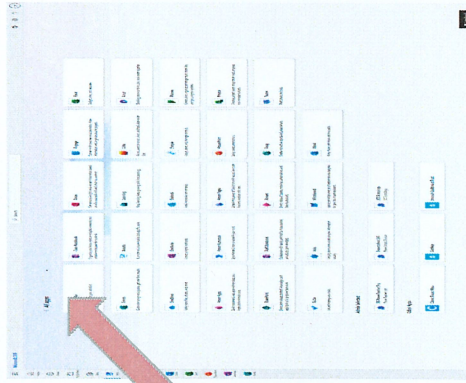
CCURTIS@JASPER.K12.AL.US

IT HelpDesk

PLEASE USE TICKET SYSTEM FOR ALL IT NEEDS



YOU WILL FIND IN ALL APPS



PLEASE SUBMIT A TICKET AFTER LOGGING INTO YOUR OFFICE365 ACCOUNT WITH THE SUMMARY OF:
UPDATE / SYNC OFFICE OR CLASSROOM PHONE EXTENSION.

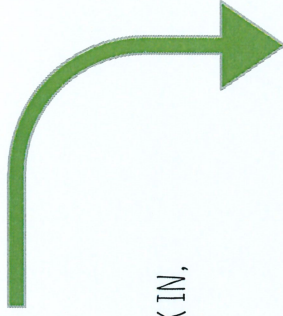
1. CLICK ON **Create Ticket**

2. CHOOSE THE APPROPRIATE PROBLEM CATEGORY

3. HOW URGENT IS THE PROBLEM?

4. FILL OUT SUMMARY & DESCRIPTION

5. SITE- START TYPING IN THE SCHOOL YOU WORK IN,
CHOOSE FROM DROPDOWN



What seems to be the problem?

Application Error An application on your device is crashing. Turn on your phone and restart the app.	Connectivity Issues Problems with connecting to Outlook.
Mail An application on your device is crashing. Turn on your phone and restart the app.	Login Issues Problems logging in to Outlook.
Network Connectivity issues on your device.	Request Request for new features, changes or other items.
Scheduling Problems with scheduling.	Other The problem isn't listed here.

PowerSchool

POWERSCHOOL SIS & POWERTEACHER PRO

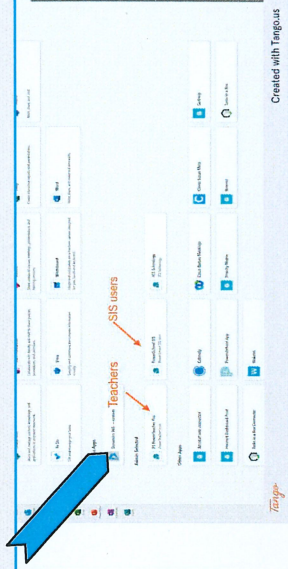
LINK TO POWERTEACHERPRO SLIDES

Working PowerTeacher Pro

LINK TO POWERSCHOOL SIS NEW INTERFACE SLIDES

AETC - New User Interface

ACCESS SIS & PTP IN ALL APPS



PD/TrueNorthLogic

[LINK TO PD/TRUENORTHLOGIC WEBSITE](#)

PowerSchool (truenorthlogic.com)



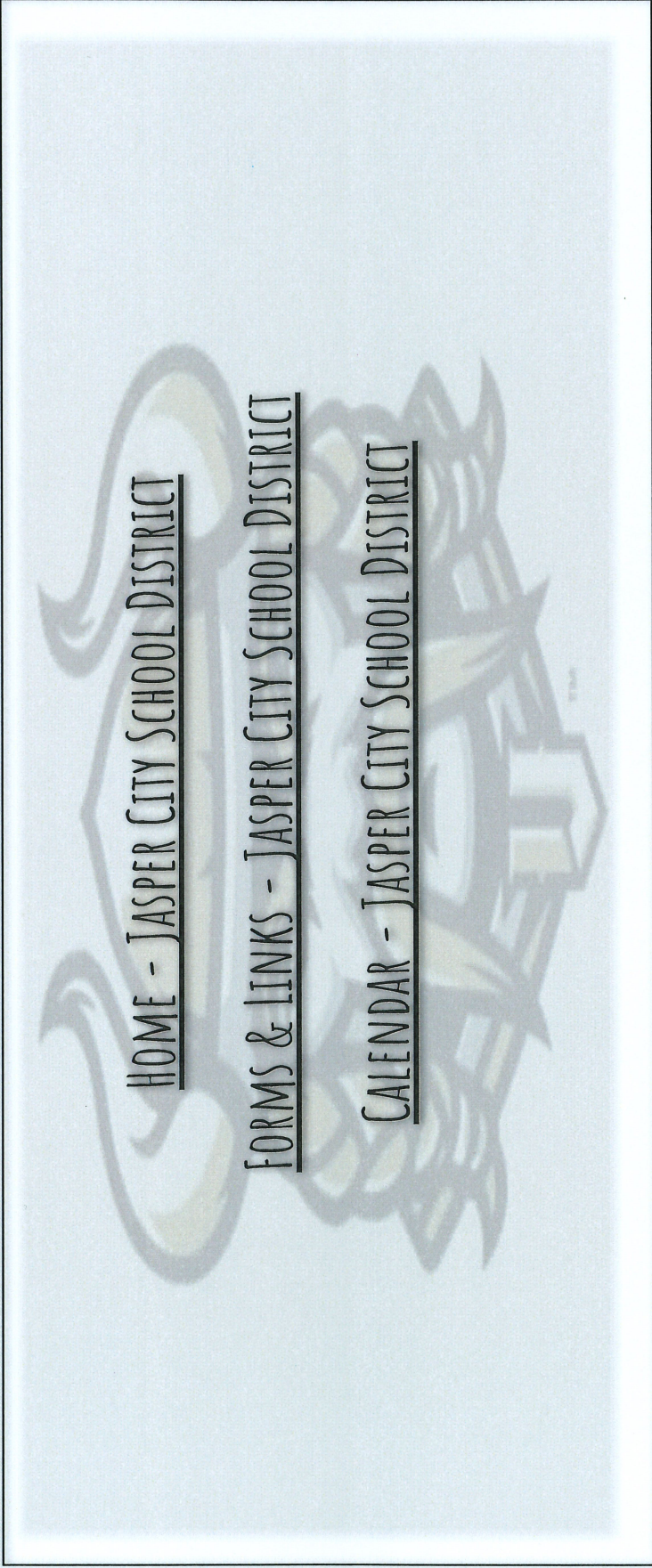
1. PLEASE VERIFY THAT THE DISTRICT YOU ARE COMING FROM HAS RELEASED YOU TO **WOLEA**.
2. ONCE YOU HAVE BEEN RELEASED, YOU WILL RECEIVE AN EMAIL WITH FURTHER INSTRUCTION.

Jasper City Schools Website

[HOME - JASPER CITY SCHOOL DISTRICT](#)

[FORMS & LINKS - JASPER CITY SCHOOL DISTRICT](#)

[CALENDAR - JASPER CITY SCHOOL DISTRICT](#)



OVERPAID Taxable **FURLOUGH**
Expenses Benefits **Joiners**
FORMS *BACS Failed* MATERNITY PAY

PAYROLL SWEAR WORDS!

Tax Changes **SICK PAY** **MANUAL**
HOLIDAY Paid **PROCESSES**
ACCRUAL Twice **TAX INSPECTION**
Phantom Employee **DEADLINES** **Pay Rises**
Paternity Leave **ERRORS** *Software Down*
COMPLIANCE **TUPE**
Salary Raises **REDUNDANCY**
AUDITORS *End of year* **LEAVERS**



JASPER CITY SCHOOLS

Employee Onboarding/Offboarding Procedures

May 1, 2024



Evaluation QR Code

Presentation Presented By:
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