

PAYROLL GUIDELINES

Document ID: 2.1.0.1

Document Owner: Payroll / Human Resources

Date Revised: 7/24/2017

Approval: CFO

Date Created: 8/1/2010

Paraprofessional Staff

Timekeeping for Employees on Skyward True Time

- ☐ All employees (permanent employees) and other categories as designated are required to maintain their hours in the Skyward True Time system
- Non-Exempt Employees:
 - All Maintenance Personnel
 - All Grounds Personnel
 - All Custodial Personnel
 - Paraprofessional campus personnel including secretaries, aides and clerks
- ☐ Employees must “clock-in” immediately at the start of their work day, either on a time clock (bus drivers only), by logging into Skyward, or for special circumstances by cell phone (i.e. maintenance)
- ☐ Employees must “clock-out” immediately at the end of work
- ☐ Employees should “clock-out” during lunch or other extended periods of break in a workday
- ☐ Skyward entries should be made slowly and carefully to avoid errors

Overtime

All wages for full-time employees are paid as a salaried wage even if based on an hourly rate. Salary for full time employees include hours worked up to 40 hours. Full-time employees are employees’ who work 20 hours or more each week, or 4 hours per day. If your position is less than the typical hours, i.e. you are paid for 5 hours per day; you will be paid for the additional hours you worked for the week. For example, if you are a clerk and you drive the bus. You would need to work a minimum of 37.5 hours as a paraprofessional and the required time for the bus. If you cannot get the required time in before driving the bus, you would need to return to complete your job. If you are in *Maintenance* or *Custodial*, you would need to work the 40 hours that is necessary to complete your job apart from any other role you might hold.

Any hours over 40 hours will be compensated in time and one-half. Overtime will be accrued in 15-minute increments. For purposes of FLSA compliance, the workweek for the District employees shall be 12:00 A.M. Saturday until 11:59 p.m. Friday. **Overtime must be approved in advance.** A sheet signed by the supervisor and the employee must be submitted to the payroll department **PRIOR** to performing the work. The sheet must state whether the overtime is to be compensated with time off at a later date or payment in the next pay period. The employee shall be informed in advance if overtime hours will accrue compensatory time rather than pay. Taking comp time will be subject to the rules listed in *Board Policy*. Compensated time off can be accumulated up to a maximum of 60 hours. The compensated time must be used by the end of the fiscal year (August 31). Any comp time not used by the end of the fiscal year will be paid in the August paycheck. **Working overtime without prior approval is subject to discipline up to and including termination.**

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Clocking in for Others

An employee must clock in or out for him or herself. There are no exceptions to this rule. Any clocking in or out for any reason other than by the *payroll department* is strictly forbidden. Employees found to be clocking in or out for others, or who allow others to do so for them, will be subject to severe disciplinary action. Disciplinary action may include immediate termination.

Tracking Work Time

When an employee logs into Skyward, their main screen will show their True Time current status. This allows you to know that you have successfully signed into the system. To “clock-in” on Skyward, choose your job position, then hit “IN”. When the employee signs out of the system for lunch, hit “LUNCH”, then when you return, hit “IN”. When you leave for the day, hit “GONE”. **Please pay special attention to this screen as it will let you know if you are clocking in or out properly.** All hours should be accounted for with either signing into the time keeping system or an Absence from Duty Form. **Do not work any time that is not accounted for on the time system or by your supervisor.** This should be done even if your supervisor tells you not to clock-in. YOU are responsible for your time. If you falsify your time, you will be subject to discipline up to and including termination. If you falsify your time in any way, warnings are not required for your termination.

Missed Clock Times Due to Error

If an employee fails to clock in or out, they should immediately contact their *department supervisor*. The respective department or campus should record the missed clock time on the Time Clock Adjustment Form (see 2.3.1.1).

All entries to the Time Clock Adjustment Form must be completed in ink. **Missed punches should be minimal. Employees with frequent missed clocks will be subject to disciplinary action. Supervisors are responsible for reviewing the Time Clock Adjustment Form and counseling with employees with frequent missed clocks. The chief financial officer will review missed clocks periodically and will contact supervisors with frequent missed clocks for appropriate action.**

Employees who start or end, their day somewhere other than in the area of a computer may request the payroll department to clock them in or out. The related information should be recorded on the Time Clock Adjustment Form the same as when the clock time was missed due to error. Missed clocks due to other than error are entirely appropriate as long as the circumstances for the missed clock time are reasonable.

Professional Staff

Professional staff refers to the classification of staff that is exempt from keeping time in Skyward. These employees also do not receive compensation for overtime. Professional staff and their *supervisor* are responsible for ensuring that all absence of ½ day or more are recorded in Skyward or on a properly approved Absence from Duty

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Form (see 2.2.2.1). Absences include work-related absences, such as seminars, or professional business trips. Absence from Duty Forms must be completed when a substitute is being used to ensure that the substitute is paid in a timely manner. The *assistant superintendent* is responsible for working with the supervisors to ensure that all Absence from Duty Forms are properly completed and submitted on a timely basis. Payroll is responsible for monitoring absences by professional staff and the submission of Absence from Duty Forms, and informing supervisors and the *assistant superintendent* of missing forms at the end of each month.

Monthly Payroll Processing

Payroll dates are critical. A tremendous amount of work must be done in order to meet strict deadlines for submission of payroll so that the bank can process ACH transfers. Secretaries must meet deadlines for submission of monthly payroll information. Payroll will provide a schedule of reporting dates to each secretary showing the cutoff date for the final pay week in the monthly reporting cycle and the due date when the payroll information is due in Payroll. Payroll will record the date payroll information about 10 days prior to payroll date. The payroll fund date will be on or about the 26th of each month.

The *assistant superintendent* will discuss due date variances with the *supervisor* of that campus or department to determine an appropriate course of action.

Monthly Payroll Information

The secretary should send the following information to Payroll:

- ☐ Absence from Duty Form when a substitute is being used
- ☐ Any extra duty to be paid (ex: gate workers, OT forms, comp time forms)
- ☐ Substitute Information

Game Workers

Employees who perform additional duties will continue to fill out the form provided at the games, **located in the change bag**. Adjustments for this time will be made to the time recordkeeping for each employee. Compensation for the game will be paid at the higher of assigned pay for the duty or one and one-half time at the blended rate.

One-Day Seminars and Meetings

Employees attending off-campus meetings and seminars who are unable to clock in or out will be credited with time worked upon receipt of a signed statement from their *supervisor* listing the times worked including lunch breaks. Non-exempt employees will be credited for travel time as long as they travel straight to the meeting site and return directly to their dropping-off point. If an errand is performed after the seminar or workshop, you will not be compensated for the travel time back to your home. Time at seminars and meetings will be counted toward the 40 hours worked, and any hours over 40 for the week shall be compensated at one and one-half time.

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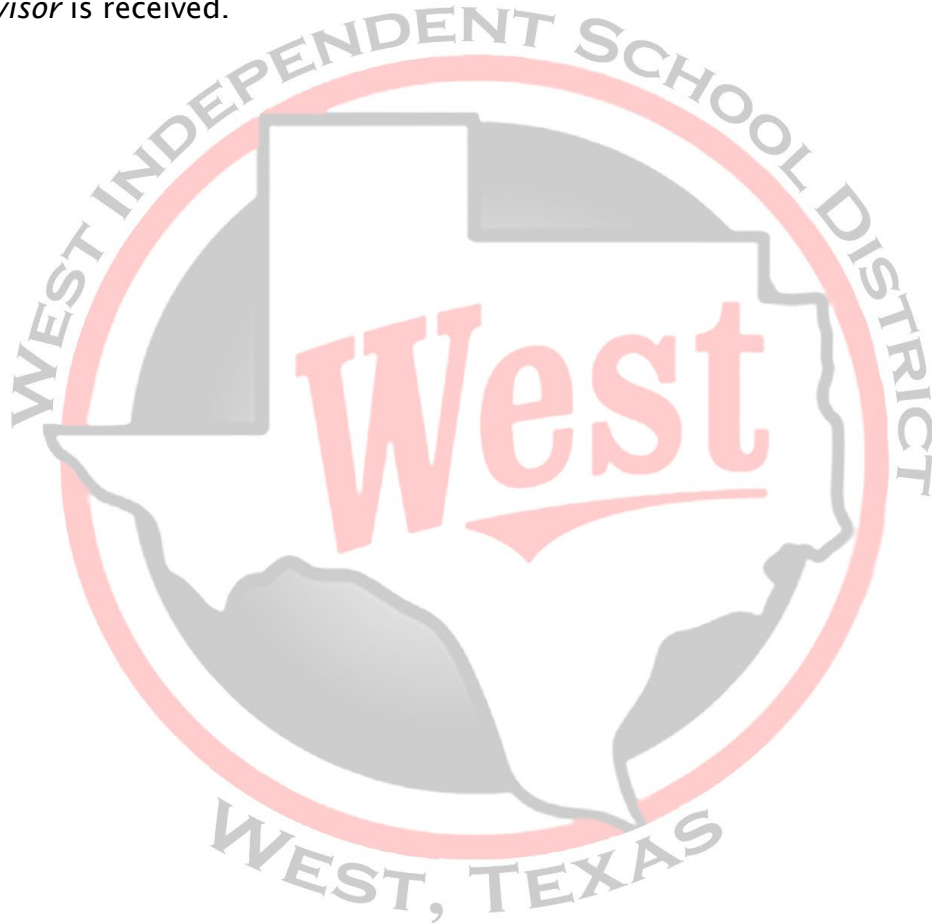
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Overnight Seminars/Meetings

Employees who are required to attend overnight meetings and seminars will be credited with time worked upon receipt of a signed statement from their *supervisor* listing the times worked and including lunch breaks. Non-exempt employees will be compensated for travel time during normal working hours (including Saturday and Sunday). Non-exempt employees who travel as passengers outside of normal working hours will not be compensated. Non-exempt employees who drive outside the normal working hours will be compensated with a signed statement from the employee and their *supervisor* is received.



ABSENCE FROM DUTY REPORT

Document ID: 2.1.1.1

Document Owner: Payroll / Human Resources

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WEST INDEPENDENT SCHOOL DISTRICT Absence from Duty Report

Employee: _____ Campus or Assignment _____

Dates of Absence(s): _____

Number of Days Absent: _____

Each employee must submit an Absence from Duty Report immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of five (5) or more continuous work days. This statement should be attached.

_____ Vacation (12 month employees only)	_____ Comp Time
_____ Personal Business	
_____ Family or personal illness, family emergency, death in family (please explain)	
_____ Jury Duty	
_____ Workers' Comp	
_____ Administration approved school related absence from classroom or assignment	
(Please explain) _____	
Sent by: _____	
_____ Temporary Disability (long term absence from surgery, pregnancy, etc)	
_____ FMLA (Family and Medical Leave Act)	
_____ Region 12 Workshop, Session # _____	
Sent by: _____	
Entitled _____	
_____ Non-Region 12 Workshop/Conference (please explain) _____	
Sent by: _____	
_____ Extracurricular Absence (UIL, Athletics, etc.) (please explain) _____	
Sent by: _____	
_____ Extra Duty	

Revised 7/24/2017

ABSENCE FROM DUTY REPORT

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SUBSTITUTE DOCUMENTATION

Name of Substitute _____

Address _____

Phone Number(s) _____

Date(s) Employed _____

I hereby certify the foregoing statement is true and correct.

Employee Signature

Date

Substitute Signature

Date

Administrator Signature

Date

Payroll Department

Date

Routing:

1. Ensure the form is signed by the employee and the administrator
2. Ensure that the "sent by" is filled in if applicable
3. Upon completion send for to the *business office*, attention *payroll*
4. *Payroll* will approve the form and set up for payment. Please remember the payroll cut-off dates. If this form is turned in after the payroll cut-off date, the payment will be made on the next pay period.

Accounting use only:

Coding: _____

Budget Available Balance: _____

Revised 7/24/2017

TIME SHEET ADJUSTMENT FORM

Document ID: 2.1.2.1

Document Owner: Payroll / Human Resources

Date Revised: 7/24/2017

Approval: CFO

Date Created: 8/1/2010



West ISD

Time Sheet Adjustment Form

This form should be used to request a change to an hourly employee's time due to a mistake or failure to clock in or out. It is the employee's responsibility to utilize the school district time management system. The adjustment is subject to the actions listed in order at the bottom of this sheet.

Employee: _____ Campus: _____ Date: _____

Date of Adjustment: _____

Time In: _____	Time Out: _____	Time In: _____	Time Out: _____
Time In: _____	Time Out: _____	Time In: _____	Time Out: _____

DETAILED EXPLANATION FOR ADJUSTMENT:

EMPLOYEE SIGNATURE: _____ Date: _____

Continued abuse will result in:

First Time: Employee will be given a verbal warning.

Second Time: Employee will be written up for not following procedures and it will be put in their file.

Third Time: Employee can be sent home without pay for the amount of time that they were not signed in correctly and can include termination.

Fourth Time: Employee will be disciplined up to and including immediate termination.

Campus Admin. Signature: _____ Date: _____

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DRIVERS LICENSE CHECK

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Date Revised: 7/24/2017

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Date Created: 8/1/2010

Driver's License History Check

Driver's license history checks are performed twice a year to ensure all employees that drive District vehicles are clear. Employees grant the District the ability to run this check by signing a form during orientation.

This is also **processed** when hired.

Procedures for Background / Fingerprint Check

1. Applicant completes application along with Criminal History Record Information Request Form and submits to *human resources*
2. *Human resources* logs into the secured Texas Department of Public Safety website to see if applicant is in the system (has already been fingerprinted)
3. If applicant is not in the system *human resources* inputs the applicant's information to obtain Fast Pass
4. Once Fast Pass is received, *human resources* contacts applicant to pick up Fast Pass approval form and to explain the fingerprinting procedure, cost and payment options
5. *Human resources* monitors TxDPS secured site for fingerprint results
6. Once results are finalized and they meet sub criteria, *human resources* notifies *supervisors* of results and wait for supervisor approval to hire
7. Once approved by *supervisor*, *Special Education*, *Teaching & Learning / assistant superintendent*, and *superintendent* then the *supervisor* can extend offer (no offers prior to completion of Personnel Action Form)
8. Once all paperwork is complete, *human resources* enters newly hired applicant into Skyward system

SUBSTITUTE TEACHERS

Document ID: 2.3.0.1

Document Owner: Payroll / Human Resources

Date Revised: 7/24/2017

Approval: CFO

Date Created: 8/1/2010

Substitutes

Substitute teachers utilize the AESOP program online. Each campus has a sub list that has been pre-approved by *superintendent's office*. **Campuses are not allowed to use people who are not listed on the sub lists.** If the campus is aware of a sub that is not currently on the active list, then they should direct that person to the *superintendent's office*.

SUBSTITUTE TEACHERS

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Date Created: 8/1/2010

AESOP Procedures for District Staff

1. Employee logs into Skyward to enter their absence
2. Employee enters absence and can assign a sub if the sub is notified first and accepts
3. Absence sent to campus *secretary* for approval and then to *principal* for approval
4. If the employee enters in an absence without an assigned sub, then a sub can either call or log into AESOP to view available jobs
5. Once the job has been accepted by a sub a notification email is sent to the *secretary* and *principal* that the job has been filled
6. If the job is not filled 24 hours prior to absence, AESOP will randomly call the sub list to get it filled
7. If the job is still not filled after the AESOP calling feature, the *secretary* must try to fill it by either calling the sub list or arrange within the campus for someone to fill the classroom absence

Adding Substitute Teachers

Hiring quality substitute teachers is imperative to maintain the level of rigor and standards as outlined in the District mission statement. In order to fulfill this, candidates wishing to be added to the District sub pool must fill out an application through the *District's* website or fill out the application in the *business office*.

Once the application has been reviewed and criminal history background check is performed by *human resources*, the *superintendent* authorizes the addition to the sub pool. The *superintendent's office* then notifies the campus *principal*. The campus *principal* makes the determination to add to their campus, as an available substitute.

AESOP is then updated to reflect the desire of the campus.

The steps to add a sub in the AESOP system are:

1. *Human resources* uses the Texas Department of Public Safety to see if the applicant has been fingerprinted with the state. The *superintendent* approves and returns the application to *human resources*
2. If the applicant has not been fingerprinted, *human resources* must enter the applicant's information to receive a Fast Pass (a fingerprint appointment request) HR adds the substitute into the AESOP system
3. HR notifies the sub via email or USPS the instructions to log into AESOP to accept jobs for absent employees
4. Once *human resources* receives an email from Fast Pass indicating the applicant has been approved for fingerprinting, the applicant is contacted
5. The applicant will pick up the Fast Pass Approval Form from *human resources* along with the information and cost for scheduling a fingerprinting appointment. This information may also be emailed to the applicant

SUBSTITUTE TEACHERS

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6. After the fingerprinting results are received **and all criteria met**, the applicant is called to complete the sub paperwork
7. *Human resources* enters the new sub into Skyward, updates the sub list and distributes the updated list to the *campus secretaries*

Coding

As subs are called they should be accounted for **using the guidelines below**. Great care should be placed on ensuring that Absence from Duty Forms are filled out to their entirety with flawless accuracy.

There are **multiple ways to code subs as follows**:

1. When employees are absent from work for illness then the normal sub accounts apply and should be listed on the Absence from Duty Form submitted. This is a cost to the District's staffing plan and part of the staffing budget.
 - a. The coding will look like this: 199-11-6112-00-xxx
(Org. 001,042,102,198)
2. If an employee is required to attend staff development by their *principal or supervisor*, then funding for the sub will be out of the campus / department operating budget.
 - a. The coding will look like this: 199-11-6112-xx-xxx
(Sub Obj. 20,21,23,24,25,26) – (Org. 001,042,102,198,etc)
3. If an employee is required to attend staff development by the *executive director of teaching and learning*, then funding will reflect an account that is in the control of the curriculum and instruction department.
 - a. The coding will look like this: 199-xx-6112-xx-999-x-11-2-84
4. If the *athletic director* requires coaches to attend athletic events that occur during the school day, then those subs will be coded to the athletic budget.
 - a. The coding will look like this: 199-11-6112-60-999-x-91-5-39
5. If a sub is required for any Special Education absences, those subs will be coded to the Special Education budget.
 - a. The coding will look like this: 199-11-6112-51-102-0-23-2-84

If any questions arise, please contact the *business office*.

This procedure is not meant to be confusing, it has been implemented to assist campus and department leaders manage the District substitute budgets more effectively by associating subs with the department that is responsible for **requesting** the teacher of record **to be** out of the classroom. Had the teacher of record not been pulled away, there would be no need to have a sub! The sub is an additional District expenditure, as the teacher of record is paid whether they are in the classroom or not, in essence creating a double expenditure.

WORKERS COMPENSATION INSURANCE

Document ID: 2.4.0.1

Document Owner: *Payroll / Human Resources*

Date Revised: 7/24/2017

Approval: *CFO*

Date Created: 8/1/2010

Workers Comp General

The District provides workers compensation insurance as required by Texas State Law. Our carrier is SchoolComp which is administered by Creative Risk Funding, Inc. Their phone number is (972) 889-9300. The direct line to *payroll* is (254) 981-2012.

The District's *payroll department* is the administrator of this program. Following this page are the forms that must be utilized in order to ensure later benefits and compliance. If you are in doubt regarding doctors' visits or anything else in regard to workers comp, it is best to call the *payroll department* immediately to ensure compliance. The District has no options if accidents are not reported in a timely manner.

WORKERS COMPENSATION INSTRUCTIONS

Document ID: 2.5.0.1

Document Owner: *Payroll / Human Resources*

Date Revised: 11/20/2015

Approval: *CFO*

Date Created: 8/1/2010

Workers Comp Instructions:

- ☐ Ensure that the injured employee is attended to first and foremost
- ☐ Notify *payroll/human resources* in the *business office* immediately at (254) 981-2012
- ☐ Assess the severity or need to see a doctor
- ☐ If needed, the *business office* will send the injured employee either to the Urgent Care facility located at 1135 North Loop 340 or to Concentra Medical Clinic at 4205 Franklin Avenue
- ☐ Complete the necessary paperwork and scan or fax to the *business office*

WORKERS COMPENSATION CHECKLIST

Document ID: 2.5.1.1

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Date Revised: 11/20/2015

Approval: CFO

Date Created: 8/1/2010

District Name:

WORKERS= COMPENSATION FAX COVER

FAX TO: *SchoolComp* 972-889-3700

Any questions call 888-230-9300

SECTION I: Incident Information (Please Print Legibly)

Name of Injured Employee:

Date, Day-of-the-Week, and Time of Incident:

Name of Immediate Supervisor:

Detailed Description of Incident:

Has injured employee sought medical treatment for this incident? Yes ☐ No ☐

If ~~A~~yes, give healthcare provider=s name and phone number:

SECTION II: Completion of Incident Forms (please initial each blank)

INITIALS	
	Employee Incident Report completed by injured worker?
	All witnesses to the incident completed a Witness Report?
	Immediate supervisor completed Supervisor=s Report?
	Notice to Healthcare Provider given to injured employee?

Signature of Person Completing this Form	
Date Form Completed	

SchoolComp - Self Insured Workers= Compensation Program
Administered by Creative Risk Funding, Inc.
6100 W Plano Pkwy, Ste 1500, Plano, Texas 75093
Phone 972.889.9300 Toll Free 888.230.9300 Fax 972.889.3700

SchoolComp Incident Investigation Packet: Form 1 of 5 (V090106)

WORKERS COMPENSATION CHECKLIST

Document ID: 2.5.1.1

Document Owner: Payroll / Human Resources

Date Revised: 11/20/2015

Approval: CFO

Date Created: 8/1/2010

District Name:

EMPLOYEE REPORT OF INJURY INCIDENT

PRINT all information on this form.

This checklist is to be completed by the INJURED EMPLOYEE with assistance from his/her immediate supervisor as necessary.

This packet is VERY TIME SENSITIVE.

All forms in this packet should be completed the same day that the incident occurs - NOT LATER than 24 hours after the occurrence.

The completed form should be signed by the injured employee and the supervisor.

This form must be included in the Incident Investigation Packet submitted to SchoolComp.

SECTION I: EMPLOYEE PERSONAL INFORMATION

First Name, Middle Initial, Last Name			SS#		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (Mo, Day, Yr)	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>
Ethnicity: (Hispanic, Native American, Other)		Race: Asian, Black, White		Home Phone #	
Home Address:				Cell Phone #	
Spouse's Name:		Email Address:		# Dependent Children:	

SECTION II: INJURY INCIDENT INFORMATION

Work Location		Job at Time of Incident	
Date of Hire	Work Phone #	Best Time to Call:	
Date of Incident (Month, Day, Year)	Day of Week (Mon, Tue, Wed....)	Time of Day	AM PM
Exact Location of Incident (Football field, classroom, cafeteria, etc. Please be specific)			
Detailed Description of Incident (In Your OWN Words) :			
Print Name of Supervisor			
Specific Body Part Injured: (Left leg, right hand, etc. Please be SPECIFIC)			
Names of ALL Witnesses			
Did you seek treatment from a clinic, hospital, or doctor for this injury? Yes <input type="checkbox"/> No <input type="checkbox"/> When?			
Name of Treating Physician		Physician's Phone #	
I hereby certify that the above information is true and correct to the best of my knowledge. I authorize any and all providers of medical treatment deemed necessary in regard to my reported occupational injury or illness to release any medical information acquired in the course of my treatment to my employer and Creative Risk Funding, Inc.			
Employee Signature		Date	
Supervisor Signature		Date	

SchoolComp - Self Insured Workers= Compensation Program
Administered by Creative Risk Funding, Inc.
6100 W Plano Pkwy, Ste 1500, Plano, Texas 75093
Phone 972.889.9300 Toll Free 888.230.9300 Fax 972.889.3700

SchoolComp Incident Investigation Packet: Form 2 of 5 (V090106)

WORKERS COMPENSATION CHECKLIST

Document ID: 2.5.1.1

Document Owner: Payroll / Human Resources

Date Revised: 11/20/2015

Approval: CFO

Date Created: 8/1/2010

District Name:

WITNESS REPORT OF EMPLOYEE INJURY

<small>PRINT all information on this form. This is to be completed by any witness to an employee injury. This form should be completed INDEPENDENTLY, with no conversation between the witness and the injured employee. This Witness Report is VERY TIME-SENSITIVE. All forms in this packet should be completed the same day that the incident occurs - NOT LATER than 24 hours after the occurrence. The completed form should be given to the supervisor of the injured employee for inclusion in their Incident Investigation Packet submitted to <i>SchoolComp</i>.</small>		
Name of Injured Employee		Name of Witness Completing Report
Date of Incident	Day-of-the-Week	Time of Incident: AM PM PM ▾
Location of Incident		
Specific Body Part Injured (left arm, right elbow, etc.)		
Description of Injury		
Detailed Description of Incident:		
Did the employee do anything, or fail to do anything that contributed to the injury? <input type="checkbox"/> Yes 9 <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please explain:		
In your opinion, how could this injury have been prevented?		
List any other witnesses that were present at the time of the injury incident:		
I hereby certify that the above information is true and correct to the best of my knowledge. I will provide further information about this incident to my employer or Creative Risk Funding, Inc. at any time.		
Witness Phone Number	Number	
Witness Signature	Date	Printed Name
Supervisor Signature	Date	Printed Name

SchoolComp - Self Insured Workers= Compensation Program
Administered by Creative Risk Funding, Inc.
6100 W Plano Pkwy, Ste 1500, Plano, Texas 75093
Phone 972.889.9300 Toll Free 888.230.9300 Fax 972.889.3700

SchoolComp Incident Investigation Packet: Form 5 of 5 (V091407)

WORKERS COMPENSATION CHECKLIST

Document ID: 2.5.1.1

Document Owner: Payroll / Human Resources

Date Revised: 11/20/2015

Approval: CFO

Date Created: 8/1/2010

District Name:

IMMEDIATE SUPERVISOR REPORT OF EMPLOYEE INJURY

PRINT all information on this form.
This is to be completed by the immediate supervisor of the injured employee.
This packet is VERY TIME SENSITIVE.
The Supervisor Report should be completed the same day that the incident occurs - NOT LATER than 24 hours after the occurrence.
The completed form should be signed by the supervisor.
This form must be included in the Incident Investigation Packet forwarded to the Workers= Compensation Coordinator at the district and must be submitted to SchoolComp.

Name of Injured Employee		Job Title	
Date and Time this incident was Reported to You:			
To what specific task was the worker assigned at the time of the incident?			
Was the assigned task part of the employee=s regular job?			
If aNOe, please explain:			
List safety equipment needed for this task:			
Was safety equipment being used by the injured worker at the time of the incident?			
Date of Incident (Month, Day, Year)	Day of Week (Mon, Tue, Wed...)	Time of Day	AM PM
Exact Location of Incident (Football field, classroom, cafeteria, etc. Please be specific)			
Detailed Description of Incident (in Your OWN Words) :			
Specific Body Part Injured: (Left leg, right hand, etc. Please be SPECIFIC)			
Did the employee do anything, or fail to do anything that contributed to the injury? If yes, please explain:			
Did employee lose time from work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First date unable to report for work
Has employee returned to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If aNOe, date expected to return
Were District Safety Rules Violated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, was Employee Counseled?
What steps will you take as supervisor to prevent future occurrences of this incident?			
Phone number to reach Supervisor or direct phone number for Supervisor			
Printed Name of Supervisor completing this form		Position	
Supervisor Signature		Date	

SchoolComp - Self Insured Workers= Compensation Program
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6100 W Plano Pkwy, Ste 1500, Plano, Texas 75093
Phone 972.889.9300 Toll Free 888.230.9300 Fax 972.889.3700

SchoolComp Incident Investigation Packet: Form 4 of 5 (V011107)

WORKERS COMPENSATION CHECKLIST

Document ID: 2.5.1.1

Document Owner: Payroll / Human Resources

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Approval: CFO

Date Created: 8/1/2010

District Name:

IMPORTANT NOTICE TO MEDICAL PROVIDER

INSTRUCTIONS: This form should be given to the injured worker to present to the medical care provider from whom s/he seeks treatment for work-related injury. Please print all information.

SECTION I: Incident Information

Name of Injured Employee:
Date, Day-of-the-Week, and Time of Incident:
Specific Body Part(s) Affected by this Incident:
Detailed Description of Incident:

DEAR MEDICAL CARE PROVIDER:

The above named employee has reported a work-related injury incident. Our district is a tax-supported public entity, and as such is Self-Insured for the purposes of Workers= Compensation. Our district DOES have a light-duty program. This may allow the injured worker to return to work with restrictions as specified by you with no lost wages to the injured employee. Please supply the injured worker with a **DWC-73 Division of Worker's Compensation Work Status Report** upon completion of initial treatment and evaluation of the injured workers= condition. Thank You.

IMPORTANT HIPAA INFORMATION: Since the implementation of HIPAA regulations, our district has heard concerns from a number of medical providers regarding the release of medical records without specific patient consent, even though it is clear that the information is to be used for workers= compensation utilization and billing issues. Workers= Compensation injuries are specifically excluded from HIPAA regulations, and as a result, no patient consent form is required to release medical information. (Texas Workers= Compensation Commission Advisory 2003-05)

However, as a service to medical providers, we are supplying a Release of Medical Records consent signed by the injured worker. See below. This statement, when signed by the injured worker, releases medical records to the District and Creative Risk Funding (our TPA) for the purpose of managing the claim under Texas Department of Insurance, Division of Workers' Compensation rules.

RELEASE OF MEDICAL RECORDS AUTHORIZATION

I hereby authorize the physician/medical provider to disclose any information to my employer and employer=s agents regarding treatment for my work-related injury. I hereby release the physician/medical provider from any liability arising from such disclosure regarding this and any subsequent follow-up treatment.

Employee Signature

Date

SchoolComp - Self Insured Workers= Compensation Program
Administered by Creative Risk Funding, Inc.
6100 W Plano Pkwy, Ste 1500, Plano, Texas 75093
Phone 972.889.9300 Toll Free 888.230.9300 Fax 972.889.3700

SchoolComp Incident Investigation Packet: Form 3 of 5 (V091407)

TIME OFF REQUESTS

Document ID: 2.6.0.1

Document Owner: Payroll / Human Resources

Date Revised: 7/24/2017

Approval: CFO

Date Created: 8/1/2010

INSTRUCTIONAL TIME OFF

All absences for instructional staff must be entered into AESOP for approval from their *principal*. This will allow a substitute to utilize the AESOP system to fill that absent date. See [AESOP Instruction Section 2.3.0.1](#).

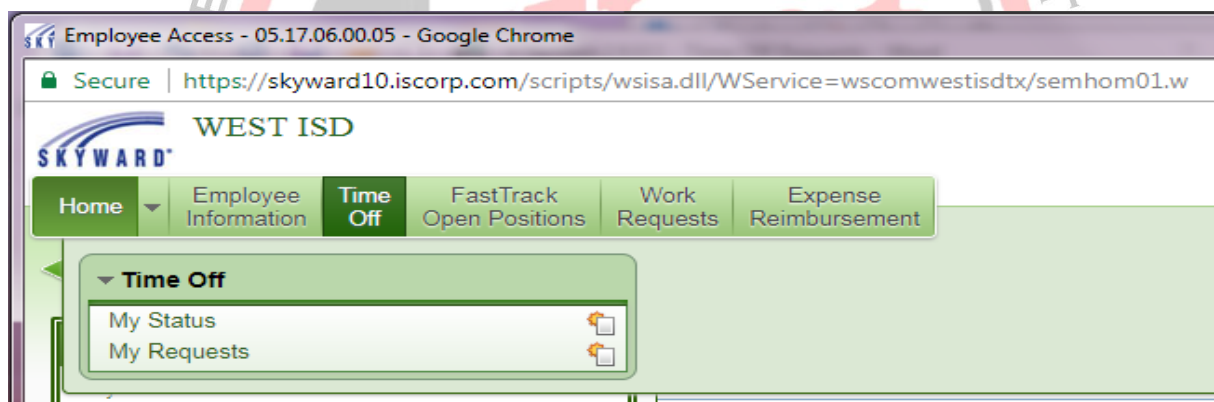
Absent days must be taken in either half or full day increments. Half days will count if the absence starts at lunch or ends at lunch.

Hard copy absence sheets are completed and sent to *payroll*. Payroll confirms and tracks these absences by entering them into Skyward.

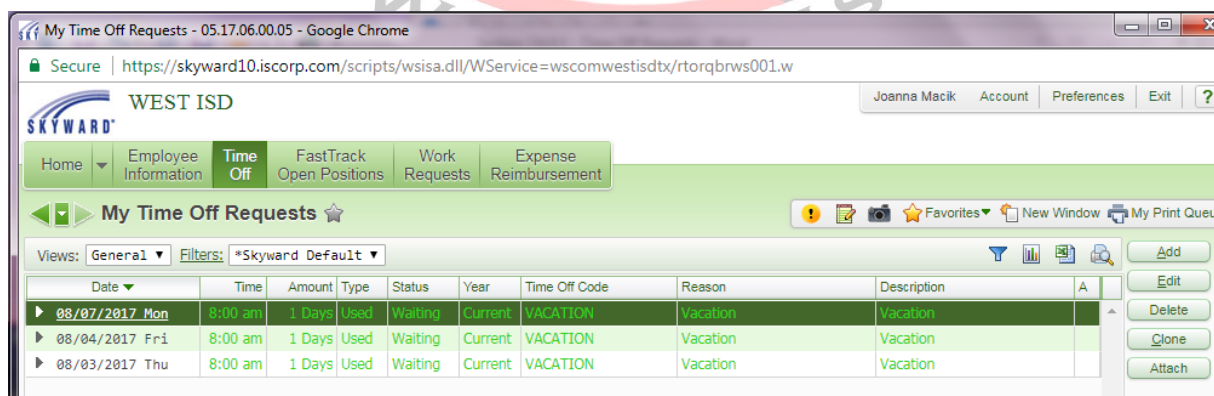
PROFESSIONAL/INSTRUCTIONAL TIME OFF

Each employee, regardless of using the above AESOP system, must submit their time off request for approved in Skyward.

- Within the Employee Access module in Skyward click on the Time Off tab and choose My Requests.



- Click on Add



TIME OFF REQUESTS

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- Fill in the information regarding the time off request and choose save.

Browser: Add - 05.17.06.00.05 - Google Chrome
URL: https://skyward10.iscorp.com/scripts/wsisa.dll/WService=wscomwestisdtb/rtoqedit001.w?isPopup=true

Add

Time Off Code	Remaining	Approved	Waiting	Available	Future Remaining	Future Waiting	Future Available
JURY DUTY	0 Days			0 Days			
SCHOOL EVENT	0 Days			0 Days			
STATE PERSONAL	15 Days			15 Days			
VACATION	13 Days		3 Days	10 Days			
WORKSHOP	0 Days			0 Days			

Time Off Request

* Time Off Code: **VACATION - Days** Hours per Day: 8h 00m
* Reason: **Vacation** [Detail...](#)
Description: **Vacation**
Maximum characters: 200, Remaining characters: 200
Type: ☒ Single Day ☐ Date Range
* Start Date: **07/24/2017** **Monday**
Days: **0.0000**
Start Time: **08:00** **AM**

Select additional employees to notify when this request is submitted and approved/denied
Select Employee(s):

[Save](#) [Back](#)

- The request will be submitted through an approval chain and once approved/denied, the requestor will receive an email.
- District administration performs internal audits to ensure compliance.

POSTING POSITIONS

Document ID: 2.7.0.1

Document Owner: Payroll / Human Resources

Date Revised: 7/24/2017

Approval: CFO

Date Created: 8/1/2010

INTERNAL OPEN POSITION TRACKING

The District human resources procedures for posting open positions are as follows:

1. Complete all paperwork for the termination of current employee
2. Confirm posting with assistant superintendent and superintendent
3. Notify human resources to post open position
4. Position will be posted in Fast Track and School Spring

FAST TRACK

Fast Track is the District's system for posting open positions to the public. Access to Fast Track is located on the West ISD website under Careers.

WEST ISD ADMINISTRATIVE PROCEDURES

POSTING POSITIONS

Document ID: 2.7.0.1

Document Owner: Payroll / Human Resources

Date Revised: 7/24/2017

Approval: CFO

Date Created: 8/1/2010

The owner of the open position is the staff member who completed the above internal tracking documents. This owner will be able to view and/or print the completed applications that have been submitted to their open position.

NEW HIRE PROCEDURES

Document ID: 2.8.0.1

Document Owner: Payroll / Human Resources

Date Revised: 11/30/2015

Approval: CFO

Date Created: 8/1/2010

West ISD utilizes several forms of media to communicate job vacancies. These can include any combination of the following depending on need:

- District website www.westisd.net
- Education Service Center's website www.esc12.net
- Newspaper advertising

Applications can be submitted using one of two methods. All applicants can apply through the District's website at the address above. The website will direct the applicant to the online applicant system and from there the necessary steps are outlined to submit an application to the District electronically. Paper applications are maintained in the *superintendent's office* and *business services office* for those wishing to fill out a physical application. Applications can be accepted anywhere, but must be sent to the *business office*. This office disseminates and distributes to the appropriate supervisors. Electronic applications flow automatically to *human resources* within the *business office*.

Prescreening

Supervisors are responsible for pulling applications from the online applicant system and pooling paper submitted manually. *Supervisors* for **auxiliary** services determine what candidates are to be interviewed. *Payroll/human resources* should be included in these interviews with *department supervisors*. Once interviews are concluded and a candidate is selected, their application, interview notes, reference notes, Criminal History Record Form and a recommendation are submitted to *human resources*.

Supervisors hiring all other staff including professional, and paraprofessionals also determine the pool of applicants to interview. Interview teams are determined by the *supervisor* administering the interview. Once the interview committee determines the best candidate all necessary documents are forwarded to *human resources*. These documents include: application, interview notes, reference notes, Criminal History Record Form, SBEC printout, transcripts and recommendation.

NEW HIRE PROCEDURES

Document ID: 2.8.0.1

Document Owner: *Payroll / Human Resources*

Date Revised: 11/30/2015

Approval: *CFO*

Date Created: 8/1/2010

When received by *human resources* the following actions are taken:

- Criminal history is generated
- Salary amount is calculated

Once the candidate has been cleared by *human resources* a Personnel Action Form is created and is sent through an approval chain (*supervisor, human resources, assistant superintendent, & superintendent*). After this approval chain is fulfilled a copy of the form is sent to the *supervisor* to administer the offer. The offer can be verbal but the offer must also be in writing. The Personnel Action Form is the authorization to hire the candidate. Offers should not be extended before this authorization occurs. No one except the *business office* is authorized to calculate a salary amount. Upon acceptance of the offer a personnel file is created by *human resources*. (blue – paraprofessional & auxiliary, green – professionals, red – substitutes) If the offer is accepted, *human resources* is notified and a file is created. Denial letters are sent by the administrator that conducted interviews. The tabs are as follows:

- Position 1: Employee checklist
- Position 2: Service records
- Position 3: Transcripts & certifications
- Position 4: Assignments, contracts, & Personnel Action Forms, letter of intent, TINA's, write-ups and reprimands
- Position 5: Application
- Position 6: Drivers' license, social security card copy, birth certificate

At the time of acceptance, *human resources* will complete the following:

- Skyward setup
- Highly qualified information
- UIL form (coaches)
- Service record request
- Birth certificate
- Social security card copy
- Drivers' license copy
- Acknowledgement forms
- Handbook
- SSA – 1945 Form

The following forms are kept in a separate file in *payroll*.

- I-9
- Ethnicity
- Life Insurance
- W-4
- Direct Deposit
- Legacy West donation form

BACKGROUND CHECKS

Document ID: 2.9.0.1

Document Owner: Payroll / Human Resources

Date Revised: 11/30/2015

Approval: CFO

Date Created: 8/1/2010

Applicant completes application along with Criminal History Record Form.

Once received, search applicant in the TXDPS secured site. If not found, input into TEAL green screen for information to obtain Fast Pass.

Once Fast Pass received, call applicant to explain procedure to call for appointment to get fingerprinted, the cost, how to pay.

Wait for results to come back, then check results.

Notify supervisor of results. Wait for supervisor to request the applicant to be hired.

If all ok, call applicant to complete paperwork to be hired.

Once paperwork is completed, input into Skyward.

DRUG TESTING

Document ID: 2.10.0.1

Document Owner: Payroll / Human Resources

Date Revised: 7/20/2016

Approval: CFO

Date Created: 8/1/2010

RANDOM TESTING

Frequency

The Superintendent or designee shall determine the percentage of employees subject to the drug- and alcohol-testing policy to be tested each year. The Superintendent or designee may determine that up to 100 percent of the identified employees will be tested. The testing entity shall select the dates for conducting the random drug test; the selection of dates shall not follow any recognizable pattern.

Random Selection

The District shall provide the testing laboratory with a current, updated list of all identified employees subject to this policy. Names are updated yearly by HR and Department Supervisors. Employees shall be chosen for testing at random in order to eliminate subjective factors that could be perceived as playing a role in the selection of the employees to be tested.

DRUG TESTING

Document ID: 2.10.0.1

Document Owner: Payroll / Human Resources

Date Revised: 7/20/2016

Approval: CFO

Date Created: 8/1/2010

Procedures

Testing shall be conducted through accepted scientific means using approved practices and procedures established by the testing laboratory selected by the District. The testing parameters shall be set at industry standards as defined by the National Institute for Drug Abuse. The testing laboratory shall be certified by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Refusal

Refusal to provide a sample or noncompliance with the testing procedures by any employee shall be considered a positive test result and shall be reported to the appropriate school representatives.

Substances

The District reserves the right to test for amphetamines, barbiturates, cocaine, LSD, marijuana, methadone, opiates, phencyclidine, and alcohol.

Confidentiality of Test Results

The alcohol and drug-testing results shall be kept confidential and shall be provided only to the employee, the employee's supervising administrator, other school officials with a legitimate interest in the information, or as otherwise required by law or overriding health and safety concerns.

Positive Test Results

An employee who tests positive for drug use or who has an alcohol detection level equal to or greater than 0.02 shall be subject to employment consequences, as determined by his or her supervisor and the Superintendent. Such may include any appropriate action including immediate suspension with or without pay, up to and including possible termination or nonrenewal.

Appeal

An employee may appeal a positive result made under this policy in accordance with DGBA(LOCAL). Consequences established in this drug-testing policy shall not be deferred pending the completion of the appeal process.

SEX OFFENDER LIST

Document ID: 2.11.0.1

Document Owner: Payroll / Human Resources

Date Revised: 7/24/2017

Approval: CFO

Date Created: 8/1/2010

Sex Offender

The District will verify whether a visitor to any campus is a sex offender registered with the computerized central database maintained by the Department of Public Safety as provided by Code of Criminal Procedure 62.005 or any other database accessible by the district. A board shall adopt a policy regarding the action to be taken by the administration of a school campus when a visitor is identified as a sex offender.

Prominent notices shall be posted at each campus requiring all visitors to first report to the *campus administrative office*. This shall apply to parents, Board members, volunteers, social service workers, invited speakers, maintenance and repair persons not employed by the District, vendors, representatives of the news media, former students, and any other visitors. Visits to individual classrooms during instructional time shall be permitted only with the *principal's* and teacher's approval, and such visits shall not be permitted if their duration or frequency interferes with the delivery of instruction or disrupts the normal school environment. The *Superintendent*, working with *campus administrators*, shall develop and implement procedures regarding campus visitors who are identified as sex offenders.

These procedures shall address:

1. Parental rights;
2. Escort by District personnel;
3. Access to common areas of the campus;
4. Access to classrooms;
5. Drop off and release of students;
6. Eligibility to serve as volunteers; and
7. Any other relevant issues.