



**Columbia Union School District
Employee Handbook**

Purchasing

Purchase Order

- A purchase order (PO) should be used for purchases.
- To request a PO complete an Outside Requisition form.
- If you would like to purchase items from a company that does not accept POs, we can get a quote from the company and send a check. (Checks can take as much as 2 weeks to process.)
- In some instances, purchases may need to be made by the individual and reimbursed by the district. Reimbursements over \$25 will need prior authorization.
- The district credit card is **not** an option for most purchases. Plan ahead!!!
- Return packing slips, itemized receipts and invoices to DO.
- Questions about purchasing can be directed to Michelle Solis msolis@cusd49.com extension 174.

Purchasing from Office Depot

1. Log in to the Office Depot web site www.business.officedepot.com
Login-**Columbia Teachers**
Password-**password**
2. Select the items you need.
3. Once your order is complete, proceed to check-out
4. Review your order on the check-out screen (items selected, price).
Add your name in the comments.
5. Submit your order and it will notify the purchasing agent for approval.
6. Print order and attach to a **Classroom Supply Order Form**.
You do not need to list items again, just write "As Per Attached Order # _____" in the item description area. Write the total dollar amount. Give your order to **Suzanne** for approval.

Ordering from other vendors/Outside Requisition Forms:

To place an order from a vendor other than Office Depot, please fill out an *Outside Requisition Form*. Complete the information on the form for the vendor and the items you would like to order. The form must be approved and signed by the Principal before it is given to the district office to place the order.

COLUMBIA UNION SCHOOL DISTRICT

22540 Parrotts Ferry Rd.
Columbia, CA. 95310
(209) 533-7700
Fax (209) 532-4998

OUTSIDE REQUISITION

Please fill out, print, have it signed for approval and send to the District Office

Requesting Department/Program or Person:

Requesting Department/Program or Person Account Number:

Suggested Supplier:

(Name of vendor)

(Mailing Address)

(City, State and Zip)

(Vendor phone number)

(Fax number)

Date requested:

Date needed:

PO# assigned:

Quan.	Unit	Cat.#	'Complete' Description	Unit Price	Total Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Sub Total	<input type="text"/>
				Tax	<input type="text"/>
				Shipping	<input type="text"/>
				Total	<input type="text"/>

Ordered by:

Approved by: _____

Reimbursements

- You may wish to purchase items from your classroom on your own and seek reimbursement. This is generally acceptable, but please keep the following in mind:
 - In some instances, purchases may need to be made by the individual and reimbursed by the district. Reimbursements over \$25 will need prior authorization.
 - The reimbursement is from your classroom budget. If you are overdrawn in your budget, you will not be reimbursed. You can check with Lesa or Michelle in the District Office if you would like to know your budget remaining.
 - Reimbursement requests must have the Reimbursement Claim form completed as well as original receipts attached.
 - If you are ordering from Amazon or another service, please make sure the item is delivered to the school's address. Items delivered to home addresses raise issues with our auditor.
 - If you are requesting reimbursement for mileage for travel associated with work, please complete the Mileage Report form and attach a printout showing the mileage from the school to your destination. (Always make your starting point Columbia Elementary School)

**COLUMBIA UNION SCHOOL DISTRICT
REIMBURSEMENT CLAIM FORM**

Pre-approval is necessary to present claim

Payee: _____

Mailing Address: _____

City/State/Zip: _____

Estimated expense: _____

***Pre-Approval Signature:** _____ **Date:** _____

ITEM #	PURPOSE	EXPENSE
--------	---------	---------

1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
Total reimbursement requested		\$ _____

Receipts are required for ALL reimbursable costs

Signature of claimant Date Signature of Supervisor Date

Account: _____



Columbia Union School District

“Home of the 49ers”

MILEAGE REPORT AND REIMBURSEMENT FORM

Employee Name _____

Mailing Address _____

Total Mileage: _____

2020 IRS Rate: \$.575

Account Code _____

Total Reimbursement: \$ _____

Please attach back-up to show your mileage

Date	Reason for Trip	Starting Location	Ending Location	Mileage
Total Mileage				

Turn in form to the District Office upon your return.

I certify that this is a true and correct statement of distance traveled on school business for the date indicated.

Employee Signature _____

Date _____

Supervisor's Signature _____

Date _____

Money Collections

- Remember, all monies collected for field trips or other reasons must be properly accounted for.
- Cash received for field trips should have a receipt or log of who paid and how much.
- At the end of each day, you should ensure any money collected is securely locked up in your classroom. You can also bring the money to the District Office to be placed in the safe.
- At the end of each week, money collected should be turned in to the District Office along with a copy of any checks, copy of receipts/log showing payment, and the **Receipt for Funds** Received form. You will need to count the money with DO staff present, so plan for a few minutes.
- Questions about money collections can be directed to Michelle Solis msolis@cusd49.com extension 174.

Columbia Union School District

Receipt for Funds Received

Date: _____

Money received for _____
 (Activity - cafeteria; student store; dances; candy sales; etc.)

Currency Received	Coin Received
x \$20 = \$ _____	x \$.25 = \$ _____
x \$10 = \$ _____	x \$.10 = \$ _____
x \$5 = \$ _____	x \$.05 = \$ _____
x \$1 = \$ _____	x \$.01 = \$ _____
x _____ = \$ _____	x _____ = \$ _____
x _____ = \$ _____	x _____ = \$ _____
Sub Total: \$ _____	Sub Total: \$ _____

Currency: \$ _____
Coin: \$ _____
Checks: \$ _____ (make copies and attach)
Total Funds: \$ _____

 Advisor/ Teacher

APPROVED BY:

VERIFIED BY:

 Superintendent/Principal

 Business Personnel

Professional Development/Conference Requests

- Select professional development opportunities which align with our school goals and your goals as a professional.
- Complete the form conference request form. Submit the form for approval to the principal with all conference information attached. Michelle will be registering you for the conference once it has been approved. (Be sure to include estimates of all expenses including mileage, tolls, hotel, and meals in addition to the registration costs)
- The DO can make hotel reservations and prepay the stay if enough advanced notice is given. Otherwise, the cost of the hotel will be reimbursed to the employee if approved.
- Questions about the conference request process can be directed to Michelle Solis (msolis@cusd49.com ext 174).

Leave Requests

- Submit your leave requests to Lori Stewart lstewart@cusd49.com extension 172 with as much advance notice as possible.
- If you need to be absent due to an illness or other emergency, please call or text Lori Stewart at 209-559-3990 as soon as possible but no later than 1.5 hours before your start time.
- Consult your Master Bargaining Agreement for information on the types of leaves and to what situations they apply.

**COLUMBIA UNION SCHOOL DISTRICT
REQUEST FOR LEAVE**

Name: _____ Today's Date: _____

I request leave on the following date(s):

From	to	Total # days /or hours
_____	_____	_____/_____
_____	_____	_____/_____
_____	_____	_____/_____
_____	_____	_____/_____

Substitute requested: ___ YES ___ NO Preferred Sub: _____

Type of Leave:

_____ Personal Necessity (reason): _____
_____ Sick Leave
_____ Jury Duty _____ Bereavement (relationship): _____
_____ School Business (type): _____

CLASSIFIED ONLY: _____ Vacation _____ Comp Time _____ Floating Holiday

The above is true to the best of my knowledge.

Employee's Signature: _____ Date: _____

OFFICE USE ONLY

_____ Approved _____ Denied: _____

Supervisor's Signature: _____ Date: _____

Distribution: White: Personnel

Yellow: File

Pink: Employee

Prep Time

- You will have prep time while your class is participating in physical education or music throughout the week for lower grades, or as scheduled in the master schedule for upper grades.
- Library time is not prep time. If full classes are in attendance in the library, the classroom teacher is to accompany them.

Extra Duty Activities

- If you are providing extra duty services (coaching, leadership, etc) and are receiving the extra duty stipend, the activity must occur on time that you are not already contracted. You may use your lunch or before or after the contracted time to lead the activity.
- Music and Drama are exceptions to this expectation as they meet during the school day as well as require significant time outside of school.
- After completion of the extra duty, submit the stipend request form to Lesa Edwards by the 10th of the month in which you wish to be paid.

COLUMBIA UNION SCHOOL DISTRICT

STIPEND PAY REQUEST FORM

Name:

Signature:

ATHLETICS	CLASSIFIED	CERTIFICATED	COMMENTS
Girl's Basketball	\$1,100	\$1,600	
Girl's Volleyball	\$1,100	\$1,600	
Boy's Basketball	\$1,100	\$1,600	
Wrestling	\$1,100	\$1,600	
Wrestling Assistant	\$700	\$700	
Track	\$700	\$1,100	
Cross Country	\$700	\$1,100	
Athletic Director		\$3,200	

ACTIVITIES			COMMENTS
Speech		\$310	
Drama		\$1,600	
Student Council		\$1,600	
Activities Director		\$1,600	
Yearbook		\$1,030	
Music		\$1,650	
Art		\$1,600	
History Day		\$360	
Science Fair		\$600	

OTHER			COMMENTS
Special Education		\$2,000	
Website		\$800	
Science Night		\$410	
Talent Show		\$700	
Lunch Detention		\$2,100	\$700 per trimester
6th-8th Grade Coordinator		\$1,500	
Foster Youth Coordinator		\$1,000	

OTHER DUTIES			COMMENTS
available amount		\$1,800	paid at \$26 per hour with pre-approval from administration

FINAL APPROVAL (required)

Administration Signature (required) :

Date:

APPROVED

Early Release Days

- Early release Fridays will be designated for staff meetings and collaborative time. **Schedule personal appointments outside of this time.**
- If an employee is absent from an early release day, she/he is expected to turn in a leave request as this is contracted time.

Stored Curriculum Materials

- We have math modules and other support materials for the curriculum in storage on campus.
- Before asking to purchase any items, please check to see if we already have any items that would meet the same need.
- To access stored curriculum materials, please email Colleen Canida at ccanida@cusd49.com.

Field Trips

- General guidelines are: one in county and one out of county field trip per grade level, per calendar year that require transportation
 - Walking field trips are on a case by case basis
- Field trips require a 30 day notice, especially for those requiring transportation- As soon as you know, fill out the request. 2 weeks notice for any walking field trip.
- Requisition for check/payment to the destination must be turned in to the district office at least two weeks in advance.
- Please make sure you fill out the proper form with first and last names for school lunches & submit it at least 5 days prior.
- Complete a Field Trip Request Form & turn in to Lori in the front office (this will get it tentatively calendared)
- From there it goes to admin and then transportation approval
 - Upon approval, it will be calendared and Lori will get you permission slips, and on the day of, emergency kits.

Guest Visitors & Assemblies

- Must be approved through admin.
 - Please email the Principal and Office Secretary
- Complete Facilities use form if your visitors will be anywhere other than your own classroom.
 - Turn in the Facilities Permit to the District Office
 - This will get it calendared and alert others
 - It allows maintenance to be ready and set up for your visitors
- The more notice the better for the gym, this is the classroom for P.E.

Facilities Use Permits

- Must be completed for all meetings, clubs, and activities taking place on campus.
- Once completed, turn in to the **District Office**
- From there it gets calendered and distributed to the front office and MOT



USE OF FACILITIES APPLICATION AND PERMIT COLUMBIA UNION SCHOOL DISTRICT

22540 Parrotts Ferry Road, Columbia CA 95310 ~ (209) 532-0202 – Fax (209)533-7709

~*~*~*PLEASE PRINT~*~*~*

USER GROUP NAME: _____ PHONE: _____

ADDRESS: _____

REQUESTED BY (OFFICER): _____

ROOMS AND/OR EQUIPMENT REQUESTED (BE SPECIFIC):			
<input type="checkbox"/> CAFETERIA	<input type="checkbox"/> KITCHEN	<input type="checkbox"/> GYM/MULTI-USE	<input type="checkbox"/> AMPHITHEATRE
_____ NUMBER OF TABLES	<input type="checkbox"/> UPPER FIELD	<input type="checkbox"/> LOWER FIELD	<input type="checkbox"/> PA EQUIPMENT
_____ NUMBER OF CHAIRS	<input type="checkbox"/> PARKING LOT	<input type="checkbox"/> OTHER: _____	

PURPOSE OF MEETING/EVENT: _____

DATE(S) & TIME(S) DESIRED: _____ EXPECTED ATTENDANCE: _____ ADULTS _____ KIDS TOTAL: _____

WILL AN ADMISSION CHARGE OR COLLECTION BE MADE? YES NO AMOUNT: _____ PROCEEDS USED FOR: _____

It is district policy that a district employee is on duty while school facilities are being used. If an employee is arranged to cover outside of his/her normal working hours, you will be asked to pay for the employee's time. User group agrees that the district makes no representations or warranties as to the condition or suitability of the facilities and agrees to use the facilities "as is." User group acknowledges it will inspect the facilities before use to determine suitability and note any possible hazards that could lead to bodily injury or property damage.

Any Group using the facilities of the Columbia Union School District shall be required to provide a Certificate of General Liability Insurance with a minimum limit of \$1,000,000 per occurrence and name the District an "Additional Insured", by separate endorsement to the liability insurance policy, for the period of the facility use.

HOLD HARMLESS AGREEMENT

The undersigned, on behalf of the user group, agrees to defend, indemnify, and hold harmless the Columbia Union School District, its Board of Trustees, agents, and employees from and against all liability, costs, losses, claims, actions, and judgments arising from bodily injury, personal injuries, property damage or otherwise, however caused, that may arise during use of facilities.

The undersigned agrees to be personally responsible for enforcement of state laws, Board Policy and the rules and regulations of this district including prohibiting the use of tobacco and any possession or use of alcoholic beverages on district property.

SIGNATURE OF AUTHORIZED REPRESENTATIVE FOR USER GROUP: _____

PRINTED NAME: _____ DATE: _____

TO BE COMPLETED BY SCHOOL PERSONNEL		
<input type="checkbox"/> Approved	By Superintendent or Designee: _____	Date: _____
<input type="checkbox"/> Calendarized	By: _____	Date: _____
Personnel Assigned: _____		
Duties Required: _____		

Article 7

Professional Growth Benefits

Section 1(a): Professional Growth Increments can be earned at the end of three (3) years of service. Nine (9) semester units must be approved and completed to receive the professional growth benefit.

Section 1(b): Professional Growth Increments will be awarded after the employee has completed nine (9) units of approved study. Three (3) years must elapse from that date before he/she is eligible for the next increment during which time the employee must complete an additional nine (9) units.

Section 1(c): Professional Growth Increments may be earned by employees who work ten, eleven or twelve months each year for a minimum of five (5) hours per day.

Section 1(d): Professional Growth Increments may be earned by completing nine (9) units of work in a junior college, university or state college. Unit member must earn a minimum grade of "C" to receive professional growth credit.

Section 1(e): Professional Growth Increments based on approval and completion of the above requirements will be \$200.00 per year. This amount will be added to the annual salary of the employee beginning with the next succeeding fiscal year after completion of a professional growth increment.

Section 2(a): Of the nine (9) units for a Professional Growth Increment, seven (7) units must relate directly to the employee's specific classification or area of employment in the district, or all nine (9) units may be in the area of their classification.

Section 2(b): Credit may be granted only for courses completed after July 1, 1981, or the date of beginning employment with the Columbia Union School District, whichever is later.

Section 2(c): It is the responsibility of the classified employee to apply for Professional Growth Credit and verify completion of course work with the Superintendent.

Section 2(d): An official transcript, verified grade card, or instructor's signed statement covering work completed must be submitted and on file in the Superintendent's office not later than June 30th of each year.

COLUMBIA UNION SCHOOL DISTRICT
22540 Parrotts Ferry Road, Columbia, CA 95310

CLASSIFIED EMPLOYEES

COURSE APPROVAL REQUEST FOR PROFESSIONAL GROWTH BENEFIT.

Please submit two (2) weeks prior to registration in the course.

ONLY ACCREDITED courses shall be used for Professional Growth Increments. The District Superintendent may approve all course work related to the employee's assignment.

Please fill out, print and send original to District Office for approval.

NAME: _____ DATE: _____

PROPOSED COLLEGE OR UNIVERSITY: _____

DATES OF ATTENDANCE: _____
(Fall, Winter, Spring, Summer)

JOB ASSIGNMENT / CLASSIFICATION: _____

ARE ANY OF THESE REPEAT COURSES? YES (If so, please justify below) NO

CHECK ONE: QUARTER UNITS _____ SEMESTER UNITS _____

DESCRIPTION: (Course number, name, and exact catalogue description, and semester or quarter units per course)

JUSTIFICATION: (Please describe how each course will improve your effectiveness)

APPROVAL: _____ DATE: _____
(Superintendent's Signature)

FOR DISTRICT OFFICE USE:	CLASSIFIED EMPLOYEES
DATE OFFICIAL TRANSCRIPTS RECEIVED: _____	
NUMBER OF UNITS EARNED: _____	<input type="checkbox"/> Quarter Units <input type="checkbox"/> Semester Units
<input type="checkbox"/> PAYROLL NOTIFIED	<input type="checkbox"/> PERSONNEL FILE UPDATED

Article 16

Salaries

Section 1(a): The salary schedule, identified as Appendix A, is incorporated herein and made a part of this agreement. The salary schedule reflects a base salary with annual steps 1-20, a cost per unit completed above a Bachelor of Arts Degree, an annual stipend for a Masters Degree, an annual stipend for a Doctorate Degree, the Health and Welfare CAP amount and the Extra Duty pay rate.

Section 2(a): Bargaining unit employees shall be paid for additional units when transcripts, grade cards, and/or degrees have been examined and approved by the District. Bargaining unit employees are eligible for up to twelve (12) additional units per year with prior approval by the Superintendent.

Employees requesting pay for additional semester units must:

- (1) Submit all relevant degrees, grade cards, or transcripts to the Superintendent no later than August 30th.
- (2) Any relevant degrees, grade cards, or transcripts submitted after August 30th will be considered for additional pay the following contracted school year.

Section 2(b): Pay for additional units shall commence on the first contracted day of the school year, upon the proper and timely notification as described hereinabove by the requesting bargaining unit employee.

Section 3: It is completely understood and agreed that all semester units and degrees obtained by the requesting bargaining unit employee shall only be approved by the District when they have been achieved at a college or university.

Section 4: If transcripts, grade cards, or lack of degree indicate that the requesting bargaining unit employee has failed to achieve the units or degree, the bargaining unit employee shall immediately restore to the District any and all overpayments made to said employee.

Section 5: Upon initial employment by the District, a unit member shall, in conformance with other provisions herein set forth, receive placement on the Certificated Salary Schedule (Appendix A) based upon the prior experience and training possessed by the unit member as of the time of his/her commencement of services for the District. A unit member shall be granted up to six (6) years of experience as a teacher in public schools outside the District and be placed on step seven (7) of the salary schedule.

Section 6: Home Study: (defined as an extended number of days for a student enrolled in the District Home Study Program. BP 6158 and supporting regulations will give direction to this program.) District teachers may be requested to teach in the District Home Study Program if such work does not interfere with their regular contracted teaching assignment and duties. Such service is voluntary on the part of any teacher who may participate.

District teachers who participate will be paid the extra duty hourly rate as cited on Compensation for Extra Services (Appendix D).

For each student enrolled, the Home Study teacher will be compensated for up to three (3) hours per week for necessary preparation, visitation and instruction. A minimum of one (1) hour per week will be spent on direct student instruction. Additionally, there will be two (2) hours of compensation when a student enters and two (2) hours when a student exits the program. There will be up to four (4) hours of compensation per month for special projects and /or enrichment activities if such activities are scheduled and conducted. Special projects or enrichment activities must be pre-approved by the Superintendent or designee.

All Home Study agreements must be pre-approved by the Superintendent.

COLUMBIA UNION SCHOOL DISTRICT
22540 Parrotts Ferry Road, Columbia, CA 95310

COURSE APPROVAL REQUEST FOR UPPER/LOWER DIVISION COURSES

Please submit two (2) weeks prior to registration in the course.

ONLY ACCREDITED courses shall be used for additional pay for units. The District Superintendent may approve all upper and lower division and graduate courses related to education.

Please fill out, print and send original to District Office for approval.

NAME: _____ DATE: _____

PROPOSED COLLEGE OR UNIVERSITY: _____

DATES OF ATTENDANCE: _____
(Fall, Winter, Spring, Summer)

ARE ANY OF THE FOLLOWING REPEAT COURSES? YES (If so, please justify below)
 NO

CHECK ONE: QUARTER UNITS SEMESTER UNITS

DESCRIPTION: (Course number, name, and exact catalogue description and semester or quarter units per course)

JUSTIFICATION: (Please describe how each course will improve your effectiveness)

APPROVAL: _____ DATE: _____
(Superintendent's Signature)

FOR DISTRICT OFFICE USE:

DATE OFFICIAL TRANSCRIPTS RECEIVED: _____

NUMBER OF UNITS EARNED: _____ Quarter Units Semester Units

PAYROLL NOTIFIED

PERSONNEL FILE UPDATED

Employee Handbook Acknowledgment and Receipt

I have received my copy of the Employee Handbook.

The employee handbook describes important information about Columbia Union School District, and I understand that I should consult my supervisor or the district office regarding any questions not answered in the handbook.

I understand that the Columbia Union School District Governing Board, the Superintendent/Principal, and District Management reserve the right to add, amend, change, or eliminate practices or policies referred to in this handbook at their discretion.

I acknowledge that I have received a copy of the Columbia Union School District Employee Handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Employee's Signature

Employee's Name (Print)

Date

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE