



## Philomath School District

Benton County School District No. 17J

1620 Applegate Street

Philomath OR 97370

(541) 929-3169

# NEW EMPLOYEE HANDBOOK

*The Vision of the Philomath School District is to  
Graduate EVERY Student and Transition Each of Them Into  
a Job, Training, or College.*

## **OVERVIEW**

We would like to take this opportunity to welcome you to the **Philomath School District** (the school). We congratulate you on your decision to join the school community and look forward to working with you to continue our tradition of excellence and integrity, while also providing a rewarding and supportive environment to our faculty and staff. We value our employees' loyalty and honesty and we encourage open communication. If we all work together, we can create a rewarding employment environment and a successful school district!

Year after year, families entrust us with the education of their children. We take this trust very seriously and strive to live up to, and exceed, our community's high expectations. Our success depends on the daily activities of our employees. No matter what job you hold, your employment is very important to us and to the students of the school.

After reading the following material, we urge you to discuss any questions and comments you may have with your immediate supervisor. We strongly believe in an "open-door, open-communication" philosophy and expect every employee to give us their input to achieve our mutual goals.

This handbook is intended as a means of communicating certain policies and procedures to you in order for you to better understand how we, your employer, operate. It is presented as a matter of information only and its contents should not be interpreted, and are not intended, as a written employment contract between the school and any of its employees or a guarantee of continued employment. The information contained in this handbook does not supersede any policies or procedures otherwise provided by any negotiated bargaining agreement. The school reserves the right to suspend, modify, or amend any policy or procedure enclosed herein at any time. Additional employment information can be found on the Staff Resources page of our district website: [www.philomathsd.net](http://www.philomathsd.net)

## **HISTORY**

The Philomath School District (the District), a public school system for students in grades K-12, was established in 1922, with its roots going back to the late 1800's. The District is comprised of seven schools:

- Clemens Primary School (Grades K-1)
- Blodgett Elementary School (Grades K-4)
- Philomath Elementary School (Grades 2-5)
- Philomath Middle School (Grades 6-8)
- Philomath High School (Grades 9-12)
- Kings Valley Charter School (Grades K-12)
- Philomath Academy (Grades K-12)

Philomath, located five miles west of Corvallis, derives its name from the Greek "love of learning" and has a long history in the timber industry. The District looks to honor this long history, as well as its relationship with The Confederated Tribes of Siletz Indians of Oregon, through its award winning forestry, arts and athletic programs.

## **BOARD MEMBERS/ADMINISTRATION**

The School Board is comprised of five (5) elected members of the community. Those members (along with the expiration of their term) are:

Rick Wells - Board Chair	Term Expires June 2025
Karen Skinkis - Vice-Chair	Term Expires June 2023
Christopher McMorran	Term Expires June 2023
Joe Dealy	Term Expires June 2025
Erin Gudge	Term Expires June 2025

The District's Administrative/Leadership Team is comprised of the following individuals:

Susan Halliday	Superintendent
Jennifer Griffith	Director of Finance & Operations
Cynthia Barthuly	Director of Special Education
Jennifer Kessel & Mark Neville	Technology Coordinators
Joey DiGiovannangelo	Director of Facilities
Lillian Edmonds	Executive Assistant
Abby Couture	Principal – Clemens Primary School
Bryan Traylor	Principal – Philomath Elementary School & Blodgett Elementary School
Mike McDonough	Asst. Principal - Philomath Elementary School
Steve Bell	Principal – Philomath Middle School
Jamon Ellingson	Asst. Principal - Philomath Middle School
Mark Henderson	Principal – Philomath High School
Tony Matta	Asst. Principal/ Athletic Director - Philomath High School
DeeDee Collins	Asst. Principal – Philomath High School
Dan Johnson	Principal - Philomath Academy

Mark Hazleton	Interim Director - Kings Valley Charter School
Ashley Folgate	PSD Library/ Media
Laura Bryant and Tina Hoch	Nurses
TBD	Director - Clemens Community Pool

## **DISTRICT OFFICE STAFF**

The District Office staff serves each of the schools and is a valuable resource for employees. Listed here are the District Office Staff and their various roles:

Susan Halliday	Superintendent
Jennifer Griffith	Business Manager
Lillian Edmonds	Executive Assistant to the Superintendent, Transportation Coordinator
Mary Ackermann	Accounts Payable, P-Cards, Grant Accounting, Fixed Assets, Student Body Funds, Facilities, Academic Advancement
Megan Caputo	Human Resources/TalentEd, Payroll, Benefits Administration, RedRover, Professional Leave Requests
Dawnelle Davis	TalentEd, Red Rover, SafeSchools, Volunteers, Emergency Call-Out, School Messenger, District Website & Social Media, Grant Accounting, Deposits, Keys
Ashley Folgate	Library/ Media Services
Laura Bryant	Nursing Services
Tina Hoch	Nursing Services
TBD	Clemens Community Pool

## **SPECIAL PROGRAMS**

We appreciate the strong staff members supporting our special programs.. Those members (along with their responsibilities/locations) are:

Cynthia Barthuly	Special Education and 504's
TBD	Administrative Assistant for Special Programs
Christine Jensen	Administrative Assistant for Special Programs

## **FACILITIES/TECHNOLOGY**

We are fortunate to have strong facilities and technology staff to serve the District. Those members (along with their responsibilities/locations) are:

Joey DiGiovannangelo Jr.	Facilities Director
Ryan Vaughan	Maintenance Department Lead/Foreman
Joseph DiGiovannangelo Sr.	Custodian - Clemens Primary
Christine Boggs	Campus Steward- Clemens Primary
Kenneth Whelchel	Grounds/Maintenance
Nick Richey	Grounds/Maintenance
David Griffith	Grounds/Maintenance
Alex Cervantes	Custodian - Blodgett, Facilities/Maintenance
Bobby Baier	Campus Steward- Philomath Elementary
Rolando Bazan-Alvarado	Custodian - Philomath Elementary
Keith Spaulding	Custodian - Philomath Middle
Rich Ruiz	Campus Steward- Philomath Middle
Martha Arredondo Tejeda	Custodian - Philomath High
Lauren Wood	Campus Steward- Philomath High
Marisol Medina-Garcia	Custodian - Philomath High

Richard Garcia Bazan	Custodian - Philomath High
Mark Neville	Technology Network Coordinator
Jennifer Kessel	Technology Systems Coordinator
Joshua Martin	Technology Specialist I
Quinn Aschoff	Technology Specialist I

These folks, along with the personnel at your respective school(s) are here to assist in making your job easier, so feel free to reach out as necessary!

### **Business Services:**

If you have questions about any of these items after conversing with your school office or administrator, please contact the following:

- Mary Ackermann 5104
- Megan Caputo 5102
- Lillian Edmonds 5100
- Dawnelle Davis 5105

<b>Question Area</b>	<b>Contact</b>
Accident Reports	Megan Caputo
Accounts Payable	Mary Ackermann
Annual Inspections	Mary Ackermann
ASB Accounts	Mary Ackermann
Benefits Administrator	Megan Caputo
CPR/ First Aid Training	Dawnelle Davis
Deposits/ Petty Cash	Dawnelle Davis
District Calendar	Lillian Edmonds
Emergency Call-Out	Dawnelle Davis

FMLA	Megan Caputo
Facility Rental	Mary Ackermann
Fingerprint/ Background Check	Megan Caputo
Forecast 5 Data Analytics	Jennifer Griffith
Grants (Large & Ongoing)	Jennifer Griffith
Grants (Small)	Dawnelle Davis
HR Administration	Megan Caputo
InTouch Accounting	Mary Ackermann
Inventory/ Fixed Assets	Mary Ackermann
Invoicing	Megan Caputo
Key/ Key Cards	Dawnelle Davis
New Employee Onboarding	Megan Caputo
P-Card	Mary Ackermann
Payroll	Megan Caputo
Policy	Lillian Edmonds
Professional Learning Leave Requests	Megan Caputo
Purchasing (District, Facilities)	Mary Ackermann
Red Rover	M. Caputo & D. Davis
Reimbursement Requests	Mary Ackermann
SAIF/Workers' Compensation	Megan Caputo
Safe Schools	Dawnelle Davis
School Board	Lillian Edmonds
Short-Term Disability	Megan Caputo

Staff Directory	Megan Caputo
State Reporting	Lillian Edmonds
Student Data (Transfer Requests)	Lillian Edmonds
Student Transportation Requests	Dawnelle Davis
Substitute Lists	Megan Caputo
TalentEd (Job Posting and Hiring)	L. Edmonds & D. Davis
Teacher Licensure	Lillian Edmonds
Travel (Large Group)	Dawnelle Davis
Tuition Reimbursement	Mary Ackermann
Type 10/20 Driver Training	Dawnelle Davis
University Credit/ Seat Hours/ Salary Advancement	Dawnelle Davis
Volunteers	Dawnelle Davis
Website/Social media	Dawnelle Davis



## **Payroll Information**

Licensed employees' annual salary is divided into 12 equal monthly paychecks.

Classified employees working 20 hours or more each week will have their total annual wage divided into 12 equal monthly paychecks. Classified employees contracted to work less than 20 hours per week, will be paid for actual hours worked each pay period.

Licensed employees and classified employees with less than 12 month contracts receive July and/or August paycheck in June along with their regular June paycheck.

Pay Periods are the 16<sup>th</sup> of the month through the 15<sup>th</sup> of the next month.  
Payday is the last business day of each month.

All Classified employees will complete timesheets in the RedRover program. Timesheets need to be submitted by the 18th of each month.

All staff should complete an Extra Duty timesheet for hours worked outside of their regular position.

New employees to the district for the 2022/2023 School year will receive their first paycheck on September 30<sup>th</sup>.

New employees may receive a paper check for the first payroll, while Direct Deposit account information is tested through the bank. Automatic Direct Deposit will begin with the next payroll.

Direct Deposit receipts are sent by email on payday.

Paycheck information, Leave balances and annual tax statements are also available in the Employee Web Portal. Access the Employee Web Portal from the "Staff Resources - Quick Links" page on the School District webpage. District Office staff can assist with Login to the Web Portal.

## **Red Rover**

Continuing partnership with Red Rover K-12 Substitute and Absence Management platform. All district staff and substitutes will use the Red Rover program for leave requests and filling vacancies with substitutes. You will receive an invitation to the RedRover program upon hire. More information can be found on the district website and on this resource page: [RedRover](#)

## Insurance Benefits

Employees working more than 50% FTE, are eligible for benefits. For eligible employees, benefits begin on the first (1<sup>st</sup>) day of the month following your hire date. For example, if your hire date is August 22, benefits begin September 1.

Benefits offered through the Oregon Educators Benefit Board (OEBB) for Philomath School District Employees:

- Medical Insurance: Moda Health or Kaiser Permanente
  - Wide variety of plans available, Low to high deductibles
- Dental Insurance: Delta Dental (Moda), Kaiser Permanente, or Willamette Dental
  - Orthodontia available on certain plans
- Vision Insurance: Moda Health, Kaiser Permanente, or VSP
- District provided Short-term and Long-term Disability
- District provided Life and Accidental Death/Dismemberment insurance
  - Licensed staff: Life Insurance - \$25,000, AD&D - \$7,500
  - Classified staff: Life Insurance - \$15,000, AD&D - \$7,500
- Optional Life and Long-term Care Insurance for employee, spouse and children
  - Premiums paid by employee, cannot be covered by insurance cap
- Wellness program
- More specific plan information can be found at: [www.OEBBplandocs.com](http://www.OEBBplandocs.com)
- Links to insurance information can also be found on the Benefits tab of the Staff Resources page on our district website here: <https://www.philomathsd.net/about/staff-resources>

New benefit enrollment must be completed using the New Member Enrollment form, included in your new hire packet materials. Employees must complete and submit their enrollment forms within 31 days of the hire date in order to enroll in Medical, Dental and Vision insurance. If an employee does not complete the initial new hire benefit enrollment, the district will enroll the employee in the district provided Life and Disability coverages only. The employee cannot enroll in insurance coverage again until the next open enrollment period, and may be subject to a waiting period for certain benefits. Insurance enrollment changes can only be made with a mid-year qualifying change of status or during the annual open enrollment period.

The district Benefits Administrator enrolls new hire employees in the OEBB system for the initial new hire enrollment.

**Each year, between August 15 and September 15, all benefits eligible employees will complete their own Open Enrollment online to select insurance plans for the next plan year.**

All eligible employees receive a monthly contribution (Insurance Cap contribution) to apply toward Medical, Dental and Vision plans. The district contribution is reduced for employees hired at less than 1.0 FTE. If the total monthly premiums for Medical, Dental and Vision are more than the district contribution, the remaining premium amounts will be deducted from the employee's paycheck each month with pre-tax deductions. Premium rate sheets for Medical, Dental and Vision monthly premium costs were included in new hire materials, and are located on the "Staff Resources - Benefits" page on the district website.

**2022/2023 School Year Insurance Cap Contributions per month (1.0 FTE)**

<b>Licensed</b>	<b>\$1,100</b>
<b>Classified</b>	<b>\$1,100</b>

An Opt-out incentive is available if an employee chooses to Opt-out of district insurance coverage. In order to receive this incentive, the employee is required to provide proof of other group coverage.

**2022/2023 School Year Opt-Out Incentives per month (1.0 FTE)**

<b>Licensed</b>	<b>\$300</b>
<b>Classified</b>	<b>\$75</b>

Additional Health Related Benefits available include:

- Optional Section 125 Plans – Flexible Spending Account (FSA), Health Savings Accounts (HSA), Dependent Day Care Accounts (DDC)
- Additional Optional Insurances provided through American Fidelity
  - Life, Accident and Cancer insurance policies
- Employee Assistance Program through Reliant Behavioral Health (RBH)
  - Counseling – 24 hr Crisis Help, Confidential Counseling
  - Life-Balance – Childcare Referral, Eldercare Referral, Legal Service Consultation
  - Wellness

## Retirement Benefits

School district employees participate in the Oregon Public Employees Retirement System (PERS). Eligibility and benefit information about the PERS program can be found here: [www.oregon.gov/PERS](http://www.oregon.gov/PERS). The district pays the 6% IAP employee contribution. New employees that have not worked for a PERS participating employer before, become active PERS members after a 6 month waiting period. PERS enrollment is automatic with new employment, employees do not need to apply for enrollment. Employees that are active PERS members from previous employment, will continue as active members on the date of hire with the district.

## Optional Retirement Savings Opportunities

The district also offers the opportunity for employees to contribute to the following optional retirement savings programs:

- 403(b) Tax Sheltered Annuity Plans
  - Variety of vendors available
  - Traditional or Roth contributions
- 457(b) Deferred Compensation Plan
  - Oregon Savings Growth Plan
  - Traditional or Roth contributions

[2022 - 403b and 457b Annual Announcement](#)

The district uses a Third-party group to administer the optional retirement plans. More information about the plans available and enrollment procedures can be found here: [www.ncompliance.com](http://www.ncompliance.com)

## **Leave Information**

District employees earn paid sick leave according to their respective negotiated agreements. Please refer to the negotiated agreements for specifics about sick leave usage.

Employees may use sick leave for up to 5 days per year for personal reasons, as outlined in the negotiated agreements.

New classified employees on a 12 month calendar accrue paid vacation, starting with 10 vacation days per year. New eligible employees are able to use vacation after 6 months of employment.

All leave requests should be submitted in RedRover for approval by administration. Submit leave requests in advance, giving the RedRover system time to find substitutes if necessary. Check with your school Office Manager for details. Requests in advance for unpaid leave need to be approved by the Superintendent.

Professional Activity requests for attending conferences or other professional activities during the work day, require an additional form for approval. These forms are submitted to Office Managers to begin the approval process. Out of state activity requests need to be approved by the School Board. These requests need to be submitted with enough advanced time to be presented at a monthly School Board meeting.

All forms are on the Staff Resources page of the school district website under "FORMS".

Where do I find \_\_\_\_\_?

RedRover	Web Portal	TalentEd Records	District Website
<ul style="list-style-type: none"> <li>• Leave requests</li> <li>• Timesheets</li> <li>• Substitute management</li> </ul>	<ul style="list-style-type: none"> <li>• Employee pay receipts and paycheck calculator</li> <li>• Annual Tax Statements</li> <li>• Leave balances</li> </ul>	<ul style="list-style-type: none"> <li>• New Hire Checklists</li> <li>• Contracts</li> <li>• Work Calendars</li> <li>• Bargaining Agreements</li> <li>• Update employee information using “Blank Docs” (address, tax withholding, direct deposit)</li> <li>• Insurance enrollment forms</li> </ul>	<ul style="list-style-type: none"> <li>• Staff Resources <ul style="list-style-type: none"> <li>○ Help Desk</li> <li>○ Quick Links</li> <li>○ Tech Help</li> <li>○ Benefit information</li> <li>○ Forms <ul style="list-style-type: none"> <li>■ Reimbursement</li> <li>■ Field Trip</li> <li>■ Leave requests</li> <li>■ College Credit/Seat Hour Requests</li> </ul> </li> </ul> </li> <li>• Board Policies</li> <li>• School Information</li> <li>• Staff Directory</li> </ul>
<a href="https://www.redroverk12.com/">https://www.redroverk12.com/</a>	<a href="https://bis.lblesd.k12.or.us/philomath/">https://bis.lblesd.k12.or.us/philomath/</a>	<a href="https://philomath.tedk12.com/sso/Account/Login?pid=9">https://philomath.tedk12.com/sso/Account/Login?pid=9</a>	<a href="https://www.philomathsd.net/">https://www.philomathsd.net/</a>

## **Tuition Reimbursement/College Credit**

### **Academic/Column Advancement - For Licensed Staff**

1. An employee may advance on the salary schedule by obtaining college credits, Seat Hours/District credit, or a combination of both. College courses which are not pre-approved, may not count toward the advancement on the salary schedule if it does not meet the criteria found in Article 19, B6 of the PEA agreement. Approved credit may be earned by taking courses in a regular college curriculum, serving on District or School Site Councils, workshops, or continuing education courses and others as approved by the Superintendent. Credit will be earned in courses that do not grant normal college credits by completing twenty clock hours of workshop or continuing education participation for each quarter hour of credit. Workshops or courses in a variety of subjects relevant to the teacher's assignment and of less than twenty hours each, may be accumulated to meet the twenty hour requirements.
2. If college credit is obtained by attending a workshop, it must fulfill university level requirements and require additional coursework to equate to 20 hours.
3. Seat Hours/District Credit must be pre-approved and request must include workshop description and number of seat hours to be earned. Hours must be outside of the regular workday, twenty seat hours equals one district credit. District will not reimburse employees for the cost of attending the workshop. Seat hours are not reimbursable expenses, unless the principal directs teacher attendance. **Fill out the [College Credit/Seat Hour/Tuition Reimbursement request form](#) and submit to your building principal.**
4. Full-time employees may be reimbursed for up to six credit hours during each three year period beginning with the first year of employment with the district. Full-time employees in steps 0 to 5 may be reimbursed for up to an additional three credits during each year.
5. Courses taken for reimbursement shall be pre-approved by the building principal and the superintendent. **Fill out the [College Credit/Seat Hour/Tuition Reimbursement request form](#) and submit to your building principal.**
6. Vouchers for WOU, PSU and OSU may be available to use for reduction of tuition cost. Contact the district office for more information.
7. Reimbursement must be requested within six months of course completion. Reimbursement request is to include proof of payment and copy of transcript showing successful completion of course ("C" grade or better or Pass).
8. When the necessary credits for advancement on the salary schedule have been completed you may obtain a form, from the district office, to request your advancement. You will also need to send an official transcript(s) along with a written letter to the Superintendent stating your request. This must be completed by the end of September in order for the salary adjustment to be made for the subsequent school year.

**(The information on this page can be found in your PEA agreement, Article 19.)**

## Sample Request to Attend Professional Activity - Licensed and Classified



### Request to Attend Professional Activity

Complete this form to request approval to attend a meeting, training, workshop or other activity requiring absence from your work assignment. Request should be made 2 weeks prior to activity. *School Board approval is required for out-of-state trips, please submit request a minimum of one-month prior to out-of-state activity.*

1. Submit completed form to your building Office Manager for Administrator approval.
2. After Administrator approval on this form, submit leave request in RedRover for substitute purposes.
3. Coordinate with your Office Manager for registration/fee payment (school p-card use encouraged, do not use a personal credit card for payment).
4. Office Manager will forward the form to the District Office for Superintendent Approval.
5. A copy of the approved form will be sent by email to the Office Manager and Employee.
6. If reimbursement for mileage/meals/lodging is requested, please submit a copy of the approved form with backup documentation (receipts, proof of attendance, mileage forms) to the District Office for processing.

Name: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Meeting/Activity Name: \_\_\_\_\_

Location: \_\_\_\_\_ Out of State? Yes ☐ No ☐

Comments/Rationale for attendance: \_\_\_\_\_

Substitute Needed: Yes ☐ No ☐ Requested in RedRover: Yes ☐ No ☐

Account # (registration, fees, reimbursement) \_\_\_\_\_

Account # for Substitute \_\_\_\_\_

Reimbursement Request (please estimate for initial approval, then fill in actual cost after activity)

	Amount	Rate	Total Estimated Cost	Total Actual Cost
Mileage (use current IRS rate)	_____ miles	\$ _____	\$ _____	\$ _____
Meals (use current per diem rate)	_____ meals	\$ _____	\$ _____	\$ _____
Lodging	_____ nights	\$ _____	\$ _____	\$ _____
Registration fee	_____	\$ _____	\$ _____	\$ _____
Total Cost:			\$ _____	\$ _____

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

Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_



## Sample of Mileage Form for Reimbursement

Fillable form available on website

<b>Philomath School District 17J</b>							
<b>Request for Mileage Reimbursement Form</b>							
Employee Name				Rate Per Mile	\$0.560	<b>NOTE:</b> The IRS periodically changes the per mile reimbursement rate. Current rate for 2021.	
				Total Mileage	0		
Account Number:				Total Reimbursement	\$0.00		
Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Expense
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00

**No google map is required for trips to KVCS, LBL ESD, LBCC or between PSD campuses.  
Round trip from Philomath to KVCS (28 mi) LBL ESD (48 mi) LBCC (42 mi).**

Requester (signature): \_\_\_\_\_

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

Authorized Approver (signature): \_\_\_\_\_

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

**Sample Extra Duty Timesheet - used to report any hours outside of your regular contract hours**



**EXTRA DUTY TIME SHEET  
PHILOMATH SCHOOL DISTRICT**

**PRINT NAME** \_\_\_\_\_ **LAST FOUR SSN:** \_\_\_\_\_

DATE	HOURS	DUTY OR POSITION	SCHOOL	ACCOUNT CODE
<b>TOTAL</b>				

Pay periods run from the 16<sup>th</sup> of one month, through the following 15<sup>th</sup> of the next.

Turn timesheet in to the District office at the completion of each pay period.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

## Sample Key/Keycard Request Form

Building \_\_\_\_\_

Employee Last Name \_\_\_\_\_

### PHILOMATH SCHOOL DISTRICT KEY/KEY CARD REQUEST FORM



Name \_\_\_\_\_ Phone Ext \_\_\_\_\_

Keys Requested: \_\_\_\_\_

**Key Issue Agreement:** In return for the loan of this key, I agree:

- not to give or loan the key to others
- not to make any attempts to copy, alter, duplicate, or reproduce the key
- to use the key for authorized purposes only
- to safeguard and store the key securely
- to immediately report any lost or stolen keys
- produce or surrender the key upon official request
- I also agree that if the key is lost, stolen, or not surrendered when requested a charge that reflects the cost of changing any and all locks affected may be assessed. Replacement cost to be determined for keys on case by case basis. Key card replacement: \$5.00

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

Key# \_\_\_\_\_ Key Card# \_\_\_\_\_

Issue Type:

☐ Standard Due Date \_\_\_\_\_

☐ Temporary Reason \_\_\_\_\_

☐ Reissue

Principal or Direct Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

#### End of School Year Check Out

Verify Keys/Key Card Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Int \_\_\_\_\_ Supervisor Int \_\_\_\_\_

#### Official Use Only

Date Issued \_\_\_\_\_

By \_\_\_\_\_

Entered by \_\_\_\_\_

#### KEY RETURN

Return Date \_\_\_\_\_ By \_\_\_\_\_

Return Reason \_\_\_\_\_

Key not returned:

Lost \_\_\_\_\_ Stolen \_\_\_\_\_ Broken \_\_\_\_\_ Other \_\_\_\_\_

Explain Circumstances: \_\_\_\_\_

Amount due district for replacement \_\_\_\_\_

Paid Date \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

**ACCIDENT REPORT**  
**PHILOMATH SCHOOL DISTRICT 17J**

DATE: \_\_\_\_\_

BUILDING: \_\_\_\_\_

AGE: (Students Only) \_\_\_\_\_

SEX: \_\_\_\_\_

- ☐ **Check this box if a concussion is possible or suspected**
1. Injured party should be removed from activity and assessed by a health care professional.
  2. Completed Concussion Clearance form is required, with a health care provider's signature and appropriate administrator's signature, before the student may resume sports or other physical activities, including P.E.

NAME OF INJURED \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DESCRIBE INJURY, AND HOW IT OCCURRED: \_\_\_\_\_

TIME OF ACCIDENT: \_\_\_\_\_ WHERE \_\_\_\_\_

WHAT FIRST AID WAS ADMINISTERED, IF ANY? \_\_\_\_\_

AFTER TREATMENT WHAT PROCEDURE WAS TAKEN?

PARENT CONTACTED \_\_\_\_\_

PICKED UP BY AMBULANCE \_\_\_\_\_

KEPT AT SCHOOL \_\_\_\_\_

PICKED UP BY PARENT \_\_\_\_\_

CALLED DR'S OFFICE \_\_\_\_\_

PICKED UP BY ALTERNATE \_\_\_\_\_

DELIVERED DR'S OFFICE BY STAFF MEM \_\_\_\_\_

WHO AUTHORIZED THE ABOVE? \_\_\_\_\_

IF TAKEN TO HOSPITAL, WHICH ONE? \_\_\_\_\_

NAME OF PHYSICIAN (if applicable): \_\_\_\_\_

ADDRESS OF PHYSICIAN (if applicable): \_\_\_\_\_

PHONE # OF PHYSICIAN (if applicable): \_\_\_\_\_

DID SUPERVISOR-EMPLOYEE WITNESS THE ACCIDENT? \_\_\_\_\_ IF NOT, WHERE WAS EMPLOYEE OR SUPERVISOR WHEN ACCIDENT OCCURRED? \_\_\_\_\_

NAME AND ADDRESS OF TWO WITNESSES:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

GIVE YOUR OPINION AS TO THE CAUSE OF THE ACCIDENT: CARELESSNESS? \_\_\_\_\_

(Use back side for additional remarks and information)

Signature & Title of Supervisor -or- Employee Completing the Form

Principal's Signature

**Supervisor/Employee:** Keep one copy for your records, send original to the Building Principal.

- Building Admin Assistant will send the original to the Superintendent's office, with the Principal's signature.
- If a head injury, Building Admin Assistant will also send a copy to the School Nurse.

**Athletic Injuries:** Turn form in to Athletics Admin Assistant.

- Athletics Admin Assistant will send original to Superintendent's office, with the Principal's signature.
- If a head injury, Athletics Admin Assistant will also send a copy to the School Nurse.

forms/accident report 0218

**saifcorporation**  
400 High St. SE, Salem, OR 97312

**For SAIF Customer Use**

Area \_\_\_\_\_  
Dept. \_\_\_\_\_  
Shift \_\_\_\_\_ CC \_\_\_\_\_

CLAIM NO \_\_\_\_\_  
SUBJECT DATE \_\_\_\_\_  
CLASS \_\_\_\_\_  
DEFAULT DATE \_\_\_\_\_  
EMPLOYER'S ACCOUNT NO \_\_\_\_\_

Email: saif801@saif.com  
Toll-free phone: 1.800.285.8525  
Toll-free FAX: 1.800.475.7785

**Report of Job Injury or Illness**

Workers' compensation claim

**Worker**

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give to your employer. If you do not intend to file a workers' compensation claim with SAIF Corporation, do not sign the signature line. Your employer will give you a copy.

1. Date of injury or illness:	2. Date you left work:	3. Time you began work on day of injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. Regularly scheduled days off: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	<b>DEPT USE:</b> Emp _____ Ins _____ Occ _____ Nat _____ Part _____ Ev _____ Src _____ 2src _____
5. Time of injury or illness: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	6. Time you left work: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7. Shift on day of injury: (from) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. (to) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	9. Check here if you have more than one job: <input type="checkbox"/>	
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) <input type="checkbox"/> Left <input type="checkbox"/> Right				
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials)				
11. Your legal name:				
12. Worker's language preference other than English: <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify)		13. Birthdate:	14. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
15. Your mailing address, city, state and zip:		16. Home phone:		
17. Social Security no. (see back*):		18. Occupation:	19. Work phone:	
20. Names of witnesses:				
21. Name and phone number of health insurance company:		22. Name and address of health care provider who treated you for the injury or illness you are now reporting:		
23. Have you previously injured this body part? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. Were you hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No				
25. Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No				
26. By my signature, I am making a claim for worker's compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(i)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.				
27. Worker signature:		28. Completed by (please print):	29. Date:	

**Employer**

Complete the rest of this form and give a copy of the form to the worker. Notify SAIF Corporation within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

30. Employer legal business name: Philomath School District 17J		31. Phone: (541) 929-3169	32. FEIN: 936000208
33. If worker leasing company, list client business name:		34. Client FEIN:	
35. Address of principal place of business (not P.O. Box): 1620 Applegate Street, Philomath OR 97370		36. Insurance policy no.: 32945	
37. Street address from which worker is/was supervised: ZIP:		38. Nature of business in which worker is/was supervised: Schools-Education	
39. Address where event occurred:		41. Class code:	
40. Was injury caused by failure of a machine or product, or by a person other than the injured worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. Did injury occur during course and scope of job? <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		44. OSHA 300 log case no:	
45. Date employer knew of claim:	46. Worker's weekly wage: \$	47. Date worker hired:	48. If fatal, date of death:
49. Return-to-work status: Not returned <input type="checkbox"/> Regular Date: <input type="checkbox"/> Modified Date: <input type="checkbox"/>		50. If returned to modified work, is it at regular hours and wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
51. Employer signature:	52. Name and title (please print):		53. Date:

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OSHA requirements: On the job fatalities and catastrophes must be reported to Oregon OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to Oregon OSHA. Call 800.922.2689, 503.378.3272, or Oregon Emergency Response 800.452.0311, on nights and weekends

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