

SUNMAN-DEARBORN COMMUNITY SCHOOLS

1 TROJAN PLACE, SUITE B
ST. LEON, INDIANA 47012
PHONE: 812-623-2291
FAX: 812-623-3341

DR. ANDREW JACKSON
Superintendent

TOM HARRIS
Director of Support Services

MARY ANN BAINES
Director of Financial Operations

Dear Substitute Teacher Applicant:

To qualify to substitute teach for Sunman-Dearborn Community Schools, you **must** have at least 60 semester hours of college credit or a valid Indiana teaching license. If you have the required credit hours, follow the steps listed below. If you have a valid Indiana teaching license you can skip step 1.

1. Go online to www.doe.in.gov/educatorlicensing. Click on LVIS information then LVIS portal. Create a profile for yourself. A confirmation email will be sent to you. Open the message and click on the link. This will take you to LVIS where you will log in and begin entering your information for your Substitute Teacher Permit. After you complete and submit the application, we will confirm approval and you will receive an email stating such. At this time, you must log back in to print your Substitute Teacher Permit. The State does NOT allow the School Corporation printing capabilities so you MUST print your permit and bring it to our office with the rest of the required paperwork. You will be required to pay \$16.32 online with a Visa or MasterCard to get your permit.

2. You will need to obtain an expanded criminal history report through our school website at www.sunmandearborn.k12.in.us by scrolling over the Human Resources tab on the Main Menu, then click on Criminal History Check. Follow the online application to complete the report. The cost is \$31.50 per search. Additional charges may apply if additional county searches are required. The expanded criminal report will be sent electronically to our Administration Office. If you would like to obtain a copy, please contact our office at 812-623-2291.

3. Teacher retirement fund contributions: Wages earned for substitute teaching are required to be reported to INPRS if you are eligible to be enrolled in the fund. Eligible subs include anyone that has ever been enrolled in the fund in the past (except if you are a retired teacher), and those that have subbed in a certified position for a total of 120 days (either 120 days in one school year or a combination of at least 60 days in each of two school years). If you are eligible, 3% of your wages will be withheld from your check and submitted to INPRS on your behalf. If you are not eligible at this time, you are responsible for letting us know when you meet the 120 day eligibility. Certified subbing in any public school corporation in Indiana counts towards your number of days. Please complete the form below for INPRS **only if you are eligible for the fund.**

4. Complete and return the W-4 and Indiana WH-4 (tax forms), Section 1 of the I-9 (with required identifications-see back of I-9), and the signed sexual harassment and drug policy forms.

5. We have 3 pay levels. Original transcripts showing 60 semester hours of college credit is required for the first pay level. Original transcripts showing a Bachelor's degree is required for the second pay level. Only a valid Indiana teaching license is required for pay at the third level.

Your electronic application will be sent to us. To complete the additional forms, either print them off to complete then scan and attach them to your application; or complete them and bring them to our office.

If you have any questions, feel free to contact the Administration Office at 812-623-2291.

Equal Opportunity Employer

No person shall on the basis of age, race, color, religion, sex, handicapping conditions, or national origin, including limited English proficiency, be excluded from participation in, denied the benefits of, or be subjected to discrimination in employment, or recruitment, consideration, or selection. Information requested is used only to determine the applicants ability to meet job criteria and perform satisfactorily.



ENROLLMENT FORM FOR NEW MEMBERS

State Form 37680 (R12 / 02-08)
Approved by the State Board of Accounts, 2008

**INDIANA PUBLIC RETIREMENT SYSTEM
TEACHERS' RETIREMENT FUND**
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

MEMBER INFORMATION				
Social Security Number	Marital Status Married Single	Gender Male Female	Date of Birth (mm/dd/yyyy)	
First Name	MI	Last Name		
Address			Home Phone Number	
			Other Phone Number	
			Email Address	
City	State	ZIP		

You are required to submit a copy of your Social Security Card and Birth Certificate from your Public Health Department. If you do not submit a copy of your Social Security Card and Birth Certificate with this form, you must forward one to the Teachers' Retirement Fund as soon as possible.

PREVIOUS MEMBERSHIP INFORMATION (To be completed by member)

Have you ever served on active duty in the Armed Forces of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously been employed in a position covered by the Indiana Public Employees Retirement Fund?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, are you receiving benefits from the Indiana Public Employees Retirement Fund?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously been employed in a position covered by the Indiana State Teachers' Retirement Fund?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, are you receiving benefits from the Indiana Public State Teachers' Retirement Fund?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever served in an out-of-state teaching position?	<input type="checkbox"/> YES <input type="checkbox"/> NO

BENEFICIARY INFORMATION

Primary	Secondary	Social Security / Tax I.D. Number	Beneficiary	Date of Birth	Relationship

In accordance with the provisions of Ind. Code § 21-6.1-4-8, I designate the above as my primary beneficiary. If the primary beneficiary herein nominated shall survive me, he or she shall receive all funds due to a beneficiary from my participation in the Teachers' Retirement Fund. If the primary beneficiary shall not survive me, then the secondary beneficiary shall receive such funds; if neither shall survive me, then the beneficiary shall be my estate. I understand that I have the right to designate "NONE" as secondary beneficiary or both primary and secondary beneficiary. If no designation is made, any death settlement due would be payable to my estate. I reserve the right to change the primary or secondary beneficiary at any time prior to retirement by filing a "Data Change Form" with the Board of Trustees of the Indiana State Teachers' Retirement Fund.

Signature of Member	Date of Signature (mm/dd/yyyy)
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CURRENT EMPLOYMENT INFORMATION (To be completed by employer)

Employer Unit Number	Name of Employer	Date Employed (mm/dd/yyyy)
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EMPLOYER CERTIFICATION

Pursuant to Title 515 IAC et seq., by signing below, you are verifying that the above individual is qualified to serve as a teacher.

Authorized Signature	Title	Date of Signature (mm/dd/yyyy)
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Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2016
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



Form WH-4
SF 48845
Revised 7-99

State of Indiana Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. Each taxpayer is entitled to one exemption. If you wish to claim the exemption, enter "1"..... _____
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1"..... _____
3. You are allowed one (1) exemption for each dependent. Enter number claimed . Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or (b) if you and/or your spouse are legally blind. Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind Number of boxes checked . (See instructions) Enter the total number of exemptions..... _____
4. Add lines 1, 2, and 3. Enter the total here.....▶
5. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....▶
6. Enter the amount of additional state withholding (if any) you want withheld each pay period.....\$ _____

I hereby declare that to the best of my knowledge the above statements are true.

Signature _____ Date: _____



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

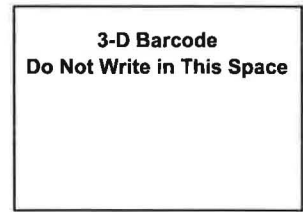
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code	



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

SEXUAL HARASSMENT POLICY

I. THE POLICY

- A. It is the policy of the Sunman-Dearborn Community School Corporation to maintain a learning and working environment that is free from sexual harassment.
- B. It shall be a violation of this policy for an employee of the Sunman-Dearborn Community School Corporation to harass another employee or student through conduct or communications of a sexual nature as defined in Section II. It shall also be a violation of this policy for students to harass other students through conduct or communication of a sexual nature as defined in Section II. The use of the term “employee” also includes non-employees and volunteers who work subject to the control of school authorities.

II. DEFINITIONS OF HARASSMENT

A. Types of Sexual Harassment

Sexual harassment shall consist of unwelcome sexual advances, requests for sexual favors, and other inappropriate verbal or physical conduct of a sexual nature when made by an employee to a student, when made by an employee to another employee, or when made by any student to another student when:

- 1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or education;
- 2. Submission to or rejection of such conduct by an individual is used as a basis for academic or employment decisions affecting that individual;
- 3. Such conduct has the purpose or effect of substantially interfering with an individual’s academic or professional performance or creating an intimidating, hostile, or offensive employment or educational environment;
- 4. Denial of an employment or educational opportunity occurs directly because an employee or a student submits to unwelcome requests for sexual favors made by a supervisor or teacher which results favorably for that particular employee or student;
- 5. Such conduct is engaged in by volunteers and/or nonemployees over which the school corporation has some degree of control of their behavior while on school property.

B. Unwelcome conduct of a sexual nature

- 1. Conduct of a sexual nature may include verbal or physical sexual advances and /or comments regarding physical or personality characteristics of a sexual nature.
- 2. Verbal or physical conduct of a sexual nature constitutes sexual harassment when the allegedly harassed employee has indicated, by his or her conduct or verbal objection, that it is unwelcome.
- 3. An employee who has initially welcomed such conduct by active participation must give specific notice to the alleged harasser that such conduct is no longer welcome in order for any such subsequent conduct to be deemed unwelcome.

C. Examples of Sexual Harassment

Sexual harassment, as set forth in Section II. A. may include but is not limited to the following:

1. Verbal harassment or abuse;
 2. Repeated remarks to a person with sexual or demeaning implications;
 3. Unwelcome touching;
 4. Pressure for sexual activity;
 5. Suggestion or demanding sexual involvement accompanied by implied or explicit threats concerning one's grades, job, promotion, and/or salary increase.
- D. Specific Prohibitions
1. Administrators and Supervisors
 - (a) It is sexual harassment for an administrator or supervisor to use his or her authority to solicit sexual favors or attention from subordinates when the subordinate's failure to submit will result in adverse treatment, or when the subordinate's acquiescence will result in preferential treatment.
 - (b) Administrators and supervisors who either engage in sexual harassment or tolerate such conduct by any other employees shall be subject to disciplinary actions, as described below.
 2. Non-administrative and Non-supervisory Employees
 - (a) It is sexual harassment for a non-administrative and non-supervisory employee to subject another such employee to any unwelcome conduct of a sexual nature. Employees who engage in such conduct shall be subject to disciplinary actions as described below.

III. COMPLAINT PROCEDURES

- A. Any person who alleges sexual harassment by any employee or student in the school corporation may use the complaint procedure explained below in Section III. C. or may complain directly to his or her immediate supervisor, building principal, or the Title IX complaint designee of the school corporation. Filing a complaint or otherwise reporting sexual harassment will not reflect upon the individual's status nor will it affect future employment, grades, or work assignments.
- B. The right of confidentiality, both of the complainant and of the accused, will be respected consistent with the school corporation's legal obligations and the necessity to investigate allegations of misconduct and to take corrective action when this conduct has occurred.
- C. Reporting Sexual Harassment

All reports of sexual harassment shall be handled in the following manner:

1. Reports must be in writing on forms supplied by the Corporation (if a verbal complaint is made, the school official should file a written report);
2. Reports must name the person(s) charged with sexual harassment and state the facts;
3. Reports must be presented to the building principal where the alleged conduct took place. The building principal shall inform the superintendent, or his/her designee, of all filed reports;

4. The building principal who receives a report shall thoroughly investigate the alleged sexual harassment;
5. The report and the results of the investigation will be presented to the superintendent, and then to the Board of School Trustees in executive session by the superintendent; and
6. The Board of School Trustees will take whatever action it deems appropriate. The alleged victim's name will not be released to the public unless required by law.
7. If the employee's direct administrator or supervisor is the offending person, the report shall be made to the next higher level of administration or supervision.

Alternates:

8. The report and the results of the investigation will be presented to the superintendent. The superintendent shall review the report and make a recommendation to the Board of School Trustees of any action she/he deems appropriate.
9. The Board of School Trustees may consider the report and the superintendent's recommendation in executive session. The Board may take any action it deems appropriate. The alleged victim's name will not be released to the public unless required by law.

IV. SANCTIONS FOR MISCONDUCT

- A. A substantiated charge against an employee in the school corporation shall subject such employee to disciplinary action including but not limited to reassignment, suspension, or a discharge.
- B. A substantiated charge against a student in the school corporation shall subject that student to disciplinary action including suspension, and/or expulsion consistent with the Student Conduct Code.

V. FALSE REPORTING

Any person who knowingly files false charges against an employee or a student in an attempt to demean, harass, abuse, or embarrass that individual shall be subject to disciplinary action consistent with school policy and the Student Conduct Code.

VI. NOTIFICATION OF THIS POLICY

Notice of the policy will be circulated to all schools and departments of the Sunman-Dearborn School Corporation and incorporated in each employee and student handbook.

Employee Signature of receipt of policy

Date

Printed Name

Illicit Drug and Alcohol Policy

4.0-28 Treatment of employees involved with illicit drugs and alcohol.

It is against Board policy for any employee to possess, use, or distribute illicit drugs and alcohol on school premises or as a part of any of the school's activities.

The following sanctions shall apply.

1. Any employee found violating Board Policy on use or possession of illicit drugs or alcohol while working as an employee of Sunman-Dearborn Community School Corporation shall be suspended for five days without pay. Such employee shall show proof that they have made contact with a drug intervention agency within those five days and demonstrate such contact to the Superintendent before they will be permitted to return to work.
2. Any employee found violating Board policy on use or possession of illicit drugs or alcohol while working as an employee of Sunman-Dearborn Community School Corporation for a second time shall be terminated from employment immediately.
3. Any employee found violating Board Policy on selling or transferring illicit drugs or alcohol while working as an employee of Sunman-Dearborn Community School Corporation shall be terminated from employment immediately.

All employees of Sunman-Dearborn Community School Corporation are hereby notified that compliance with the standards of conduct concerning illicit Drugs and Alcohol are mandatory.

All employees of the Sunman-Dearborn Community School Corporation shall be given a copy of the standards of conduct and the statement of disciplinary sanctions concerning illicit Drugs and Alcohol.

Employee signature of receipt of policy

Date

Printed Name

SUNMAN-DEARBORN COMMUNITY SCHOOLS

1 TROJAN PLACE, SUITE B
ST. LEON, INDIANA 47012
PHONE: 812-623-2291
FAX: 812-623-3341

DR. ANDREW JACKSON
Superintendent

TOM HARRIS
Director of Support Services

MARY ANN BAINES
Director of Financial Operations

The School Board has approved the following pay scale for substitute teachers:

- | | |
|---|---------------|
| 1. Two (2) years of college with at least 60 college credit hours | \$65.65/day * |
| 2. Four (4) year college degree (BA) | \$71.21/day * |
| 3. Degree with valid Indiana teaching license | \$78.02/day * |

* Half-day subs will receive one half (1/2) of the above stated amounts.

To qualify to substitute teach for Sunman-Dearborn Community Schools, you must have on file in this office an Indiana Substitute Teaching Certificate along with official transcripts showing either the 60 college credit hours or a Bachelor's degree. If you have a valid Indiana teaching license on file with our office, we do not need the official transcripts.

Equal Opportunity Employer

No person shall on the basis of age, race, color, religion, sex, handicapping conditions, or national origin, including limited English proficiency, be excluded from participation in, denied the benefits of, or be subjected to discrimination in employment, or recruitment, consideration, or selection. Information requested is used only to determine the applicants ability to meet job criteria and perform satisfactorily.