

FORMS



PAY AUTHORIZATION
(Complete one form for each separate person)

EMPLOYEE NAME _____ Dept _____

PLEASE CHECK ON OF THE FOLLOWING:

- ___ Morning Aide in Residential Support ___ Sub for Residential Support Staff ___ Rec Aide
___ Teacher Assistant working as Teacher ___ Sub Nurse ___ Sub Teacher ___ Sub Teacher Asst
___ Other (Please specify) _____

COMPLETE DATES BELOW FOR ALL EMPLOYEES:

Table with 4 columns: DATE(s) WORKED, SUBSTITUTE FOR (if applicable) / STUDENT TUTORED, TIME IN/TIME OUT, TOTAL HOURS. Includes a row for GRAND TOTAL HOURS WORKED.

Supervisor's Signature _____

Date _____

ALL FORMS MUST BE SUBMITTED TO THE HUMAN RESOURCES OFFICE NO LATER THAN 10 O'CLOCK ON MONDAY IMMEDIATELY PRECEDING A PAY DAY



REQUEST FOR LEAVE

Name _____

I hereby request the following "leave time" (check one):

____ Personal Leave

____ Vacation

____ Jury Duty

____ Official School Business (*please specify*) _____

____ Compensatory Time

____ Funeral/Bereavement
Relationship _____

____ Other (*please specify*)

Date(s): _____

Employee Signature Date: _____

Supervisor Signature Date: _____

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EMPLOYEE ACCIDENT REPORT

THIS REPORT MUST BE COMPLETED IN THE PRESENCE OF THE SCHOOL NURSE

- 1) Name of injured employee _____
- 2) Date _____ Time _____ Place _____
- 3) Employee's Job Title _____
- 4) Nature of Injury _____
- 5) Witness _____
- 6) Employee statement regarding the cause of accident _____

- 7) Suggestions for preventing future accidents _____

- 8) Was employee seen by nurse? () YES () NO
- 9) Was employee ambulatory? () YES () NO
- 10) What care was given? _____
- 11) Was employee sent to ER/Hospital? () YES () NO
- 12) Was employee sent to own physician? () YES () NO

Signature of Nurse

Date

Signature of Employee

Date



PETTY CASH REQUEST

NAME _____ DATE _____

APPROVED BY _____ DATE _____

VENDOR'S NAME AND ADDRESS _____

INSTRUCTIONS:

1. If you have a "Sales Receipt" identifying everything purchased by name and price, simply attach the sales receipt to this paper.
2. If you only have a "Cash Register Receipt" identify each item purchased with the corresponding price and the total expenditure. Please do not submit price tags or stickers as receipts for items purchased.
3. If you are seeking reimbursement for a student related event please list the educational purpose of the expenditure and the names of the participating adults and students.
4. Please remember that SMSD is exempt from paying New York State sales tax and the State will not reimburse us, or you, for sales tax expenditures. Tax exempt forms are available in the Business Office.
5. **Petty Cash Request forms must be submitted within 30 days of the expenditure.**

DATE	DESCRIPTION(S) OF EXPENDITURE(S)	COST	FUND (check one) 4201 PRIVATE OTHER	ACCOUNT DISTRIBUTION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Received \$ _____ on ____/____/____		TOTAL \$ _____	_____	_____

Signature (By a person who receive cash) _____



MISCELLANEOUS CHECK REQUEST

_____ 4201

_____ PRIVATE*

_____ GRANTS

REQUESTED BY _____ DATE _____

DEPARTMENT _____

APPROVED BY _____ DATE _____

* Private funds must be approved by the Superintendent

AMOUNT REQUESTED _____

ACCOUNT # _____ - _____ - _____ - _____

PAYABLE TO _____

DATE CHECK REQUIRED _____

CHECK TO BE MAILED (circle one) YES NO

CHECK TO BE RETURNED TO DEPARTMENT HEAD (circle one) YES NO

PURPOSE _____

STAFF MEMBERS INVOLVED _____

STUDENTS INVOLVED _____

Equipment Incident Report

DATE OF INCIDENT _____

TYPE OF EQUIPMENT: _____

SERIAL NUMBER (if known) _____

LOST _____ STOLEN _____ DAMAGED _____ (Check one)

DETAILS LEADING TO THE EQUIPMENT INCIDENT:

STAFF INVOLVED: _____

STUDENTS INVOLVED: _____

WITNESSES: _____

Signature of employee filing report _____

Date _____

Inventory Item Order Form

1. Originator information:

Department: _____ (e.g. "High School")

Originator's Name: _____

Date: _____

Room Number: _____

Ext.# _____

2. Department Head Approval:

*Department Head Authorization (signature), _____

Department Heads; check-off the appropriate funding category: Office Supplies _____ / General Supplies _____

3. Order information:

ITEM NUMBER	ITEM NAME	# ORD.	\$ EA.	# REC.	# B.O.	\$ TOTAL
GRAND TOTAL:						

***NOTE:** Department heads are to insure that the Originator has completely filled out section(s) 1 and 3. Section 3 is to be filled out using the current inventory listing. Fill in all the blocks for each item with the exception of "# ORD" (Ordered) and "# B.O." (Back Order). The proper extension of "\$EA" X "# ORD" is to be placed in the "\$ TOTAL" block, and the "GRAND TOTAL" of all items ordered placed in the block at the bottom of the page.

ALL INCOMPLETE ORDER FORMS WILL BE SENT BACK TO THE ORIGINATING DEPARTMENT FOR CORRECTION BEFORE THE ORDER CAN BE FILLED.



PRE-APPROVAL FOR TRAVEL

Staff members who are required to travel in the conduct of official business of SMSD shall complete this form in advance of the travel. The following approvals are required:

1. Supervisor – if travel is less than 50 miles.
2. Department Head – if travel exceeds 50 miles.
3. Superintendent – if travel is anticipated to cost in excess of \$250 including conference and registration expenses.

NAME: _____ **POSITION:** _____

PURPOSE OF TRAVEL: _____

DESTINATION: From: _____ To: _____

DATES: Leaving: _____ Time: _____

Returning: _____ Time: _____

NAMES OF INDIVIDUALS TRAVELING WITH YOU: _____

NURSE NEEDED: Yes / No If a student is diabetic, a nurse MUST accompany the group.

TRANSPORTATION:

COST ESTIMATE:

Private Car _____

School Vehicle _____ # _____
(See next page.)

Driver Needed: Yes / No

Transportation: \$ _____

Lodging: (*) \$ _____

Meals: (*) \$ _____

Conference Registration: \$ _____

Other (Specify) \$ _____

TOTAL: \$ _____

SIGNATURE: _____

DATE: _____

SUPERVISOR: _____
() Approved () Disapproved

DATE: _____

DEPARTMENT HEAD: _____
() Approved () Disapproved

DATE: _____

SUPERINTENDENT: _____
() Approved () Disapproved

DATE: _____

DISTRIBUTION: Finance Office – Original Plant Operations – Copy if using school vehicle

(*) Check with BUSINESS OFFICE for per diem rates (rates may vary by location). You will only be reimbursed up to the per diem rate. Any excess is the employee's responsibility.

SMDS VEHICLES

BUSES

# 9	2001 Mini-Bus	Seats 12
#10	2001 Large Bus	Seats 28
#11	2002 Large Bus	Seats 30

CAR

#24	2009 Chevy Impala	Seats 5
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VANS

#21	2009 Chevy Express	Seats 8
#22	2009 Chevy Express	Seats 8

TRAVEL EXPENSES (non-overnight)



NAME: _____

DATE	MILEAGE ^{*1} , RENTAL CAR OR AIRFARE	TOLLS/ PARKING	MEALS ^{*2}	PURPOSE OF TRIP/DESTINATION	TOTAL	# OF STUDENTS	# OF STAFF
					\$		

*1 Mileage at current IRS rate and only reimburse if SMSD vehicle is not available to use.

*2 No reimbursement is allowed for lunch

I hereby certify that the reimbursement indicated was necessary for official business and that the information is correct. All travel expense forms must be submitted within 30 days of travel.

NAME: _____ DATE: _____

APPROVED BY: _____ DATE: _____

- ACCOUNT DISTRIBUTION
- 00-17812500-0 - - - (non-administrative transportation)
 - 00-37812500-0 - - - (administrative transportation)
 - 00-17811500-0 - - - (non-administrative conference expenses)
 - 00-37811500-0 - - - (administrative conference expenses)
 - 00-17604500-0 - - - (student related transportation)

If private funded – check with Business Office regarding account number

SIGN LANGUAGE COMMUNICATION POLICY

Because of the unique environment at St. Mary's School for the Deaf, a sign proficiency requirement is in place. The Sign Language Communication Policy (SLPI) was adopted by the Board of Trustees of SMSD in 1999. All employees hired after 2001 and upon hire within six to eight months are assigned a sign proficiency level that must be attained. This level is determined by the contact employees have with deaf and hard of hearing students and other employees. A Sign Language Communication Policy (SLPI) will be provided to all employees.

If employees are not at or above the level assigned to them, they are required to attend sign classes during work hours. Employees have three years from the time the first test is given to attain the assigned sign proficiency level. If employees do not reach that assigned level in the three – year period, termination procedure may be implemented.

If employees successful attain or exceed the sign proficiency levels, they will be retested in five years. Employees, who exceed their sign proficiency level by two or more levels, or attain a level of Superior or Superior Plus, will not be required to take the test as long as they remain in that position.

Employees who change positions at the School will be required to take the test, only when the new position has a higher level.

SIGN LANGUAGE PROFICIENCY INTERVIEW (SLPI)
INFORMATION FOR CANDIDATES

1. We will have a conversation about work, family, and hobby topics. I will ask you questions.
2. We want to get the best sample of your sign language skills.
3. In order to elicit your best sign language skills, I may ask you to "re-sign (restate) some responses.
4. We will evaluate your sign language skills, including: (a) conceptual signs; (b) clarity and control of sign production; (c) use of American Sign Language grammar (for example, use of space, sign directionality, classifiers, time indicators, and sentence and discourse structure); (d) non-manual behaviors such as facial expressions and body shifts; (e) fluency or smoothness of sign and finger spelling production; and (f) comprehension (skill in receiving sign language).
5. Please try to maintain a good "signing posture." that is, please sit upright. This should help you show your best sign language skills.
6. Please answer my questions as completely as possible.

SIGN LANGUAGE PROFICIENCY INTERVIEW (SLPI)

TIPS FOR CANDIDATES

1. **RELAX**: Sip a cup of coffee, rub your hands, talk about the weather- anything that will help you to relax and be confident.
2. **RATE OF SIGNING**: Sign at a rate that is comfortable for you. If you know that you make many mistakes when you sign quickly, slow down.
3. **KEEP SIGNING**: Don't stop the conversation by answering simple YES or NO. Be generous. Give details, explain your point, develop your thoughts, and make comparisons. Anything that shows you can discuss a topic in depth will help you perform better. If you are not a "talkative" person by nature, you must make an extra effort to communicate during the interview.
4. **DON'T DOWNGRADE YOURSELF**: Don't apologize for your signing skills. Be positive. Let the interview show your skills.

WHAT TO DO...

1. **IF YOU MAKE A MISTAKE**: If you know made a mistake, correct it and continue. Correcting a mistake can help your performance.
2. **IF YOU ARE LOST IN A LONG EXPLANATION**: Stop. Think. Say something like, "Let me tell you again - it is complicated." Then try again. Don't worry about something happened. No one expects you to sign without mistakes.
3. **IF YOU BECOME NERVOUS DURING THE INTERVIEW**: the interviewer will know you are nervous and help you. You can stop for a few seconds and get control. RELAX. Admit that you are nervous and joke about it. Often this is enough to make you comfortable again.
4. **IF SOMETHING IS INTERFERING WITH YOUR SIGNING**: If the air conditioner bothers you, say so. If you can't see the interviewer clearly, say so. Remember that this is your interview. You should have the best possible interview conditions.