

The Regular Meeting of the Board of Education of Madison Central School was held on December 20, 2022 at 6:00 pm in the auditorium.

MEMBERS PRESENT: Mr. Tobias Abrams
Mrs. Laura Billings
Ms. Jessica Clark
Mrs. Jennifer Lavoie
Mr. Brett Reiter
Ms. Jennah Turner

MEMBERS ABSENT: Mr. Jona Snyder

OTHERS PRESENT: Mr. Jason Mitchell, Superintendent
Mrs. LeeAnn Cucci, Elementary Principal
Mr. Larry Nichols, MS/HS Principal
Mr. Brian Latella, Director of Curriculum
Mrs. Melanie Brouillette, Treasurer
Ms. Tracey Lewis, District Clerk

- I. Call to Order
 - a. Mrs. Lavoie called the meeting to order at 6:03 pm.
- II. Executive Session

MOTION # 1 - ENTER EXECUTIVE SESSION

ON THE MOTION of Ms. Turner, seconded by Mrs. Billings, the Board moved to enter into Executive Session at 6:04 pm to discuss the long-term suspension of a particular student and to discuss the medical, financial, credit or **employment history** of a particular person or corporation or matters leading to the appointment, employment, promotion, demotion, discipline, suspension, dismissal or removal of a particular person or corporation. Motion carried 6 yes, 0 no.

- III. Adjourn Executive Session and resume Regular Meeting

MOTION # 2 - ADJOURN EXECUTIVE SESSION AND RESUME REGULAR MEETING

ON THE MOTION of Ms. Clark, seconded by Mrs. Billings, the Board moved to adjourn Executive Session at 6:29 pm and resume the regular meeting. Motion carried 6 yes, 0 no.

- IV. Agenda Additions
 - a. None
- V. Consent Agenda
 - a. Approval of Agenda for this meeting

MOTION # 3 - APPROVAL OF AGENDA

ON THE MOTION of Mr. Abrams, seconded by Ms. Turner, the Board moved to approve the agenda for this meeting. Motion carried 6 yes, 0 no.

- b. Approval of Minutes
 1. November 15, 2022 Regular Meeting Minutes

MOTION # 4 - APPROVAL OF MINUTES

ON THE MOTION of Mrs. Billings, seconded by Mr. Reiter, the Board moved to approve the minutes from the November 15, 2022 Regular Meeting. Motion carried 6 yes, 0 no.

- VI. Public Forum
 - a. None

VII. Reports

a. Treasurer

1. Internal Claims Auditor's Report

MOTION # 5 - APPROVAL OF INTERNAL CLAIMS AUDITOR'S REPORT

ON THE MOTION of Ms. Turner, seconded by Mrs. Billings, the Board moved to approve the Internal Claims Auditor's Report. Motion carried 6 yes, 0 no.

2. Treasurer's Report dated November 30, 2022

MOTION # 6 - APPROVAL OF TREASURER'S REPORT

ON THE MOTION of Mrs. Billings, seconded by Ms. Turner, the Board moved to approve the Treasurer's Report dated November 30, 2022. Motion carried 6 yes, 0 no.

3. Detail Warrants

MOTION # 7 - APPROVAL OF DETAIL WARRANTS

ON THE MOTION of Mrs. Billings, seconded by Ms. Clark, the Board moved to approve the Detail Warrants as follow: Warrant Number 23 - Fund A - 11/10/22 - 6 pages, Warrant Number 24 - Fund A - 11/29/22 - 4 pages, Warrant Number 25 - Fund A - 12/6/22 - 1 page, Warrant Number 21 - Fund A - 12/6/22 - 4 pages, Warrant Number 9 - Fund C - 11/10/22 - 2 pages, Warrant Number 10 - Fund C - 11/29/22 - 1 page, Warrant Number 3 - Fund HBUS - 11/10/22 - 1 page, Warrant Number 4 - Fund HBUS - 11/29/22 - 1 page, Warrant Number 7 - Fund FA23 - 11/10/22 - 1 page, Warrant Number 8 - Fund FA23 - 11/29/22 - 1 page. Motion carried 6 yes, 0 no.

b. Superintendent – Information Items

1. Mr. Mitchell shared the details on how the District obtains a Crossing guard, who pays for that service and the option being explored with the State DOT regarding a potential study for a flashing crosswalk.
2. Mr. Mitchell talked to the board about the Healthy Kids Before/After School Program. His recent survey indicated a possible 3 people interested in before school care and possible 10 people interested in after school care. This will be further explored.
3. Mr. Mitchell attended the School Boards Institute Meeting with Ms. Clark and Mr. Snyder. Dr. Rick Timbs presented about school finance. He shared a concern of a "fiscal cliff" resulting from the expiration of COVID related grant monies. This would negatively impact school aid. He advised districts to build fund balance and levy taxes at, not below, the tax cap amount.
4. Mr. Mitchell discussed a partnership with Manufacturers Association of Central NY which would offer juniors and seniors an opportunity for job preparation and education in the Manufacturing sector. Potentially, this partnership could evolve into a partnership for other grade levels as well.
5. The NYS Minimum wage increase was discussed. The district currently has a few employees that are under the new minimum wage amount and a memorandum of agreement will be generated to put those salaries into compliance. This also affects some substitute rates.

c. Superintendent – Approval Items

1. Approval of Non-Resident student
 - a. Currently attending in the 11th grade

MOTION # 8 - APPROVAL OF NON-RESIDENT STUDENT

ON THE MOTION of Mrs. Billings, seconded by Ms. Turner, the Board moved to approve the application for a Non-Resident student who is currently attending 11th grade but has moved outside the District. Motion carried 6 yes, 0 no.

VIII. Committee Reports

- a. Ms. Clark shared that the Policy Committee met and their recommendations are below.

IX. Policy

- a. Second Reading of Policy # 5403 entitled "Use of Copyrighted Materials"

MOTION # 9 - APPROVAL OF POLICY # 5403

ON THE MOTION of Ms. Turner, seconded by Mrs. Billings, the Board moved to approve the second reading of Policy # 5403 entitled "Use of Copyrighted Materials." Motion carried 6 yes, 0 no.

- b. The first reading of Policy # 6102 entitled "Probation and Tenure (Educational Positions)" was done at this time. The number of this policy may change.
c. Notice of Superintendent's approval of Regulation #6001.1 entitled "Staff Recruitment, Selection and Employment Procedures) was given.

X. Old Business

XI. None

XII. Board of Education Discussion Items

- a. It was requested that the local law enforcement be contacted about providing an increased presence in the school zone areas.

XIII. New Business

a. Personnel

1. Appointments

- a. Paige Cordone - Teacher Aide effective December 7, 2022 at Step 1, as per contract

MOTION # 10 - APPROVAL OF APPOINTMENT

ON THE MOTION of Mrs. Billings, seconded by Mr. Abrams, the Board moved to approve the appointment of Paige Cordone as a Teacher Aide effective December 7, 2022 at Step 1, as per contract. Motion carried 6 yes, 0 no.

2. Resignations

- a. Kiah Duffy - Long-Term Substitute Teacher effective December 2, 2022

MOTION # 11 - ACCEPTANCE OF RESIGNATION

ON THE MOTION of Mrs. Billings, seconded by Ms. Turner, the Board moved to accept the resignation of Kiah Duffy as a Long-Term Substitute effective December 2, 2022. Motion carried 6 yes. 0 no.

3. Leave Requests

- a. Jennifer Buckley - FMLA from approximately January 3 through March 21, 2023 utilizing sick time and sick bank time to complete the disability period and unpaid leave for the remainder of the absence. The anticipated date of return would be March 22, 2023
b. Nicole Bodner - FMLA from approximately February 20 through April 28, 2023 utilizing sick time for the disability period and two additional weeks as unpaid leave with a return to work date of May 1, 2023

MOTION # 12 - APPROVAL OF LEAVE REQUESTS

ON THE MOTION of Ms. Clark, seconded by Mrs. Billings, the Board moved to approve the leave requests for Jennifer Buckley and Nicole Bodner as follows: Jennifer Buckley - FMLA from approximately January 3 (edited to December 19, 2022 due to the early delivery of her child) through March 21, 2023 utilizing sick time and sick bank time to complete the disability period and unpaid leave for the remainder of the absence. The anticipated date of return would be March 22, 2023 and Nicole Bodner - FMLA from approximately February 20 through April 28, 2023 utilizing sick time for the disability period and two additional weeks as unpaid leave with a return to work date of May 1, 2023. Motion carried 6 yes, 0 no.

b. CSE/CPSE Recommendations – in official packet

MOTION # 13 - APPROVAL OF CSE/CPSE RECOMMENDATIONS

ON THE MOTION of Mrs. Billings, seconded by Mr. Reiter, the Board moved to approve the CSE/CPSE Recommendations as found in the official packet. Motion carried 6 yes, 0 no.

c. Principal / Director Reports

1. Mrs. Cucci shared that concerts and holiday celebrations are underway. PreK hosted a family event last Friday. The Kindergarten had a reading celebration last week while the 1st grade will celebrate Wednesday. The 2nd grade went on a field trip to the IMAX at Colgate.
2. Mr. Nichols shared that the honor and high honor students held a celebration of their achievement last week and this week is Spirit Week as well as the middle/high school concert.
3. Mr. Latella talked about the Office of Mental Health Grant and shared that Jared Campbell was here and will be coming again soon. He also discussed the IEP Implementation and State Education review.

XIV. Correspondence

- a. The Library Report for November 2022 was shared.
- b. A Christmas card from March Associates was shared.

MOTION # 14 - MOTION TO APPROVE THE NEW SUB RATES

ON THE MOTION of Mrs. Billings, seconded by Mr. Reiter, the Board moved to approve the new sub rates, which take into effect the increase in minimum wage, effective January 1, 2023. Motion carried 6 yes, 0 no.

XV. Question & Answer Opportunity

1. The senior class Beef Raffle drawing was held. Laurie Dodge was the winner. Congratulations.

XVI. Adjournment

MOTION # 15 - ADJOURNMENT

ON THE MOTION of Mrs. Billings, seconded by Ms. Clark, the Board moved to adjourn the meeting at 7:03 pm. Motion carried 6 yes, 0 no.

Madison Central School

2023-2024 Budget Development Calendar

January 10, 2023		Administration discussion on Special Ed student placements
January 17, 2023		Present 2023-2024 budget calendar to Board of Education for adoption
January 17, 2023	BC	Budget Committee - basic discussion and review bus purchases
February 14, 2023		Administration discussion on 2022-2023 expenditures
February 14, 2023	BC	Budget Committee - Recommendations on instructional and BOCES needs
February 14, 2023	R	Regular Board of Education Meeting - Review of recommendations for bus purchase, buildings and grounds. Also discuss Health Ins, TRS, ERS Review of a Draft Budget - Preliminary discussion of Revenue, Expenses, and Potential Tax Implications Anticipate Program and Staffing Needs Bus purchases and building and grounds presented to the board.
February 15, 2023		Budget requisitions distributed to staff
February 24, 2023		Superintendent meetings with Administration and Supervisors regarding their proposed budgets
March 1, 2023		Submit 2023-2024 calculation for tax levy limit to Office of the State Comptroller, Tax and Finance and SED.
March 7, 2023	BW	Board of Education Budget Workshop Meeting Budget discussion - Administrative Budget Recommendations based on need and taxing parameters
March 9, 2023		Budget requisitions returned to principal
March 20, 2023		Principals and Supervisors return budget proposals to the Superintendent (Includes supplies, materials and textbooks)
March 21, 2023	R	Regular Board of Education Meeting Budget discussion
March 28, 2023		Publication of Legal Notice (1 of 4) 45 days before vote - Voting Dates, Petition for interested Board Members are available
March 29, 2023	BC	Budget Committee - prepare final budget for BOE Board to approve 2023-2024 budget
April 11, 2023		Publication of Legal Notice (2 of 4)

April 17, 2023	Last day for submittal for propositions and Board seats to be placed on ballot - 4 PM -30 days before election Last day for 2023-2024 budget approval by Board of Education Regular Board of Education meeting Board of Education vote regarding BOCES Capital and Administrative Budget
April 17, 2023	Last day for 2023-2024 budget approval by the Board of Education
April 18, 2023	Board of Education BOCES Vote
April 23, 2023	Property Tax Report Card must be submitted to SED and local newspapers
April 25, 2023	Budget Statement and required attachments available in District Office
April 26, 2023	Mail Budget Newsletter
April 27, 2023	Publication of Legal Notice (3 of 4)
May 2, 2023	Budget Hearing 7:00 pm Budget statement and info prior to budget vote.
May 14, 2023	Publication of Legal Notice (4 of 4)
May 16, 2023	Annual Election for Board of Education members and voting on the 2023-2024 Annual Budget 12:00 Noon to 8:00 P.M. Board of Education Regular Meeting Board of Education Accepts the Election Budget vote results
June 5, 2023	Last date to file with the District Clerk and Commissioner of Education final sworn statement of campaign contributions by candidates for membership on BOE and Library Board.
June 20, 2023	Statewide budget revote day

Proposed Itinerary for the May 10-14, 2023 Senior Class Trip

DAY 1

Wednesday, May 10th

meet at school at 4 am. School bus to Syracuse Airport by 5:30 am.

Flight to MCO Orlando International Airport with Jet Blue from 7:45 am - 10:34 am.

Bus picks us up from the airport around 11:30 am and takes us to a buffet lunch, then to a store for drinks and snacks for our rooms, then to our hotel at Staybridge Inn & Suites Royale Parc 5876 W Irlo Bronson Highway, Kissimmee by 3:30 pm.

Leave hotel at 5:15 pm for WonderWorks Comedy Magic Dinner at 6 pm. (90 minute show)

Go to Fun Spot (2850 Florida Plaza, Kissimmee) and Old Town (5770 W Irlo Bronson Memorial Highway, Kissimmee) at 8 pm for the evening.

Walk back to the hotel at designated time TBD.

Requesting a bus from approximately 11:30 am – 8 pm on May 10th

DAY 2

Thursday, May 11th -

6 am - 7 am breakfast at hotel

Leave by 7:00 am to get to Airboat ride (28501 E. Colonial Drive, Christmas) at 8 am

Leave for Manatee Sanctuary Park (701 Thurm Blvd, Cape Canaveral) by 10 am

Bring picnic lunch (from shopping day before) to Westgate Cocoa Pier Beach (401 Meade Ave Cocoa Beach) at noon until 4 pm

Leave beach at 5 - get dinner (unknown – but along the way)

Hotel by 6:30 pm

Walk to The Escape Hatch (5718 W Irlo Bronson Memorial Hwy, Kissimmee) for latest show

Hotel by 9 pm.

Requesting a bus from approximately 7 am – 6:30 pm on May 11th

DAY 3

Friday, May 12th

breakfast as hotel

leave at 8:00 am for Busch Gardens, (10165 McKinley Drive, Tampa) lunch at Busch Gardens

Leave BG at 5 pm

Steak & Shake dinner

Disney Springs (1486 Buena Vista Drive, Lake Buena Vista) by 8 pm

Back at hotel by 11-11:30 pm

Requesting a bus from approximately 8 am – 11 pm on May 12th

DAY 4

Saturday, May 13th

breakfast at hotel

Leave by 9:30 am for Aquatica, (5800 Water Play Way Orlando, lunch at Aquatica

Leave Aquatica at 5 pm

Travel to hotel to clean up

Leave for Pirate Adventure, (6400 Carrier Drive Orlando) at 6:45 pm

Hotel by 10 pm

Requesting a bus from approximately 9:30 am – 10 pm on May 13th

DAY 5

Sunday, May 14th

breakfast at hotel, pack up,

Leave at 930 am for Top Golf, (9295 Universal Blvd Orlando)

Arrive at ICON Park at noon (Sealife Aquarium, Madam Tussauds Wax Museum, Museum of Illusions, In The Game, 7D Theater

Lunch on your own at ICON Park

Leave ICON Park at 4 pm

Stop at Chick Fil A

Airport by 5:30 pm (MCO Orlando International)

Return flights home from 7:35 pm - 10:19 pm.

School bus pick up from airport to Madison Central. 10:45 pm

Parent pick up from school at 11:30-12:00 midnight.

Requesting a bus from approximately 9:30 am – 5 pm on May 14th

Monday - report to school by 9 am - not a minute later

Madison Central School
Madison, New York

TO: Board of Education

PURPOSE: Presentation of Award to Graduating Senior to be Included in Commencement Program

PROCEDURE:

- 1) The principal and guidance counselor will review this award application, approve it as is, or, in conjunction with the sponsor, make necessary alterations.
- 2) The application will then be forwarded to the superintendent for approval and presented to the Board of Education for their approval and implementation.

1. NAME OF AWARD: Bill Farber Memorial Award
2. DONATED BY: (Name, address, phone) Sher's She Shed + 3D Archery
4207 Landers Rd. Madison NY 13402
3. CONTACT PERSON: (if different from #2) Heather Still
(315) 750-0971
4. TO BE AWARDED: Annually One Time Award
5. AMOUNT OR TYPE OF AWARD: \$250 - Recipient informs Sher's
She Shed of their choice to Earley's Farm + Hardware or Parry's.
6. CRITERIA TO BE USED FOR SELECTION: Recipient must be
graduating with the intent to enter the
workforce in the construction field.
7. HOW SELECTED: (method and by whom) Application process.
Applications will be reviewed by a
committee of at least 5 people including
one member of Billy's family.

MEMORANDUM OF AGREEMENT

THIS AGREEMENT, dated this 6th day of January, 2023, by and between the Madison Central School District, with its administrative offices and official place of business located at 7303 State Route 20, Madison, New York 13402 (hereinafter "Madison CSD" or "District") and the Madison Non-Instructional Employees' Association, with its mailing address at 7303 State Route 20, Madison, New York 13402 (hereinafter "Madison Non-Instructional Employees' Association" or "Association").

RECITAL

WHEREAS, the Madison CSD and the Madison Non-Instructional Employees' Association are parties to a collective bargaining agreement that governs the terms and conditions of employment of the non-instructional support staff employed by the District, which collective bargaining agreement extends from July 1, 2021 through to June 30, 2024; and

WHEREAS, the parties recognize that effective January 1, 2023, the minimum wage in the State of New York will be increased from its current rate of \$13.20 to \$14.20; and

WHEREAS, this increase to the minimum wage rate will affect the starting salary rate of a variety of positions in the parties' collective bargaining agreement; and

WHEREAS, the District has recommended, and the Association has agreed that, effective January 1, 2023, \$.37 will be added to the 2022-2023 Step 1 and Step 2 wage rates in the contract, for the positions affected.

WHEREAS, in the anticipation of another minimum wage increase effective January 1, 2024, the District has recommended, and the Association has agreed, to add \$.47 to the 2023-2024 wage rates in the contract, for the positions affected, effective July 1, 2023, and

WHEREAS, it is the desire of the parties to memorialize this understanding into written form; now, therefore

IT IS HEREBY AGREED AS FOLLOWS:

- (1) The parties agree that effective January 1, 2023, the minimum starting wage rate for employees on Step 1 and Step 2 in the positions of Cleaner, Food Service Helper, Teacher Aide/Monitor, and Office Assistant 1/Teacher Aide, as set forth at Article 17 of the parties' Collective Bargaining Agreement, will have their 2022-2023 rate increased by \$.37.
- (2) The parties agree that effective July 1, 2023, the minimum starting wage rate for the positions of Cleaner, Food Service Helper, Teacher Aide/Monitor, and Office Assistant 1/Teacher Aide, as set forth at Article 17 of the parties' Collective Bargaining Agreement, will be increased from the wage rates listed in the Agreement for 2023-2024 by \$.47.
- (3) The parties agree that this Agreement is based on the unique circumstances of this matter, and is not intended or deemed to establish a precedent for future grievances,

improper practice proceedings, or other actions or proceedings, shall set no precedent whatsoever and shall not bind any Party in any future matter.

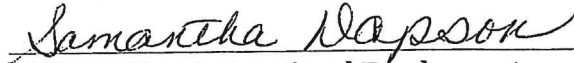
- (4) The terms and conditions of this Agreement are governed by the Laws of the State of New York.
- (5) The parties agree that the invalidity or unenforceability of any provision hereto shall in no way affect the validity or enforceability of any other provision.
- (6) This agreement may not be amended, modified, or revised in any manner without the express written consent of the parties.
- (7) This Agreement shall take effect upon execution.

Dated: January 6, 2023



Madison Central School District
By: Jason Mitchell, Superintendent

Dated: January 6, 2023



Madison Non-Instructional Employees Association
By: Samantha Dapson, President

Chromebooks

ric tag

onc tag

mad tag

hp 5cd6244gk8
hp 5cd6243m6z
5cd6243m4c
5cd6243n1s
5cd6243mb4
5cd6243mbd
5cd6161lcm
5cd6243mfp
5cd6243lny
5cd61606gt
5cd6243mby
5cd6244g94
5cd6243md9
5cd6243m4g
5cd6243mkv
5CD51814L2
5cd6243mc7
5cd6243lnc
5cd6243mrh
5cd6243lhx
5cd6243mkt
5CD6244GGF
5CD6243M76
5cd6243mlb
5cd6243mkb
5cd6243lml
5CD6243MC2
5cd6243mcm
5CD6244GL9
5CD6243MC1
5cd6243mcv
5cd6243mdd
5CD6243LJN
5CD6243MCL
5CD61606JT
5CD6243LRZ
5CD6243LJJ
5cd6243lp4
5cd6243mbq
5cd6243mbc
5CD6244GLC
5CD6243N9R

5CD6161NL2

5CD6243MCX

5cd6243m99

5cd6243md7

5CD6243M1Z

5cd6243l81

5CD6243MF4

5cd6243mcd

5CD6244GLM

5cd6243lnr

5cd61604kl

5CD6243MRG

5CD6243MK4

5cd6244glh

5cd6244gk6

5cd6244gk4

5cd6243lms

samsung oug99fbf324715v

513717

samsung

513706

513716

oug99fbf324765f

oug99fdf304802a

513707

acer

nxef2aa0025211c5257600

nxef2aa002525015567600

NXEF2AA0025211C5717600

NXEF2AA002634235177600

onc boces

83240000226

NXEF2AA0026342357B7600

onc boces

83240000220

dell

575187

575193

575179

Laptops

Dell latitude e5430

240055

Dell latitude e5440

513970

Dell docking station

514973

projectors

nec v260x	1601824eb	
nec v260x	2300836ed	
nec ve281x	4800646ed	20200110
nec ve281x	3500544ec	2646
nec v260x	1601812eb	2584
nec v260x	2300837ed	2608
nec ve281x	3500543ec	2613
nec ve281x	3500526ec	20200102
nec np215	0101103ec	2602
nec np310	0500775fd	570
nec ve281x	3500542ec	2580
epson brightlink	pc7f131176l	2592

desktops

dell optiplex 390	247756
dell optiplex 9010	239991
dell optiplex 3010	190382
dell 1xrnpc1	
dell optiplex 3020-	512576

Printers

hp laserjet 1320n	35700
hp laserjet 1320n	91828
hp laserjet 4250n	112384
hp laserjet 4050	107294

ipads

f5rkcy2dfhw	2535
f5xkc2wbdfhw	2532
f5xkc7krdfhw	2526
f5xkc9f6dfhw	2522
dyvjv1sydfhw	2514
f5xkc2qmdfhw	2546
f5rkcybedfhw	2543
f5xkcbxtdfhw	2518
dyvjv1u6dfhw	2513
f5xkcbb0dfhw	2520
f5xkcj1fdfhw	2519
f5xkcbr6dfhw	2533
f5xkcjrdfhw	2536
f5xkcjyrdfhw	2531

f5rkccgmdfhw	2545
f5xkc188dfhw	2544
f5xkc7k1dfhw	2542
dyvjv2j5dfhw	2512
f5xkc7j2dfhw	2530
f5xkcbbldfhw	2538
f5xkc9lrdfhw	2539
f5rkcc1xdfhw	2541
f5rkcc15dfhw	2547
f5xkcbbddfhw	2527
f5rkcy13dfhw	2534
f5xkcazgdhw	2529
f5rkczy3dfhw	2537
f5rkczrtdfhw	2524

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PROBATION AND TENURE (EDUCATIONAL POSITIONS)

I. Statement of Policy

This Policy applies to all appointments of professional educators to full-time service in one or more positions in which tenure may be acquired in accordance with the provisions of the Education Law. This includes administrators, teachers in the classroom service, teachers in pupil personnel services, and teaching assistants.

II. Board Appointments

A. Appointments of professional educators are made by a majority vote of the Board upon recommendation of the Superintendent. The Board shall appoint and assign a full-time professional educator so that at least 40% of the educator's time is devoted to a designated tenure area.

B. Each resolution of the Board making a probationary appointment or an appointment on tenure to a full-time position shall set forth:

1. The name of the appointee;
2. Each tenure area in which the professional educator will devote at least 40 % of their time;
3. The beginning date of the appointment,
4. The expiration date of the appointment, if probationary. The resolution must state:
 - a. to receive tenure, the individual must receive composite or overall APPR ratings of effective or highly effective in at least three of the four preceding years; and
 - b. if the professional educator receives an ineffective composite or overall APPR rating in their final year of probation, they will not be eligible for tenure at that time;
5. The certification status of the appointee in reference to the position(s) to which appointed.

C. Tenure Areas

1. The tenure area designated in each Board resolution of appointment to a full-time teacher or teaching assistant position shall be in conformance with Part 30 of the Regents' Rules. Administrative tenure areas shall be determined by the Board, upon recommendation from the Superintendent.

Will be removed 10/9/19 to 6/1/20

PROBATION AND TENURE (EDUCATIONAL POSITIONS)

2. If, at the time of initial appointment, the Board proposes to assign an educator to devote 40% of their time to more than one tenure area, the Board resolution shall designate each such tenure area.
3. After initial appointment, no professional educator may be assigned to devote 40% or more of their time to a different tenure area without their written consent. When an educator consents to such an assignment, a separate resolution of probationary appointment in the new area shall be adopted by the Board.

D. Probationary Period

1. It is the policy of the Board to provide responsible administrators with the maximum allowable time to evaluate each professional educator before a tenure determination is made. Therefore, appointments will be made for a full ~~four (4)~~ ~~three (3)~~ year period except where a shorter period is provided for by law.
2. The probationary period will not exceed three (3) years for professional educators previously appointed to tenure in this or another school district or BOCES within the state, provided that professional educator was not dismissed from the prior district or BOCES and met the required annual professional performance review (APPR) rating in their final year of service there.
3. Jarema credit may be applied towards probationary service up to two (2) years for a regular substitute teacher.
4. If the professional educator received an APPR rating of ineffective in their final probation year, the Board may not award tenure, but may extend that professional educators probationary time by an additional year.
5. BOCES ONLY – Adult Education Personnel will not receive probationary appointments and will not acquire credits toward tenure for their services. Such individuals shall be required to sign an employment notice indicating that their positions are not tenure bearing.

III. Tenure Determinations

A. Superintendent Recommendation

With respect to each professional educator serving under a probationary appointment, the Superintendent shall provide the Board with a written

PROBATION AND TENURE (EDUCATIONAL POSITIONS)

recommendation as to whether that person should be awarded an appointment with tenure. The recommendation shall be provided in time for Board action on the recommendation to be taken at least thirty (30) days before the end of the probationary appointment.

B. Board Action

1. Where the Superintendent recommends an appointment upon tenure, the Board may accept that recommendation and make such an appointment by majority vote.
2. Where the Superintendent recommends an appointment upon tenure, the Board may nevertheless vote to deny tenure, which shall be considered a tentative action by the Board and shall be reconsidered at a second Board meeting, and the educator shall be provided at least thirty (30) days notice of the Board's intent to deny tenure and the date set for final action.
3. Where the Superintendent recommends against an award of tenure, the board shall adopt a resolution removing the individual from service to the District.
4. Where a professional educator has been appointed to devote 40% of their time to more than one tenure area, tenure shall be separately conferred or denied in each area.

_____ School District/BOCES
Legal Ref: Sections 3012, **3014 (BOCES)** and **2509 (CITY)**, New York State Education Law; 8 N.Y.C.R.R. 30; Education Transformation Act 2015~~Matter of Griswold, Ed. Rept. 527 (1960).~~
Adopted: _____

Madison Central School District

SUPERINTENDENT'S REGULATION

PERSONNEL

6300.1

REQUEST FOR FAMILY/MEDICAL LEAVE

Employee Name: _____ Date of Request: _____

Department: _____ Position Title: _____

Hire Date: _____

I request a Family/Medical Leave for the following reason (check one):

- _____ 1. The employee's own serious health condition that renders the employee unable to work at all, or unable to perform at least one of the essential functions of the employee's job;
- _____ 2. To care for a son, daughter, spouse, or parent with a serious health condition;
- _____ 3. To adopt a child, or to receive a child into foster care;
- _____ 4. To care for the employee's newborn child;
- _____ 5. To care for a son, daughter, spouse, parent, or next of kin who is a member of the armed services and who has a serious injury or illness incurred in the line of duty; or,
- _____ 6. To respond to certain qualifying exigencies when a family member is on active duty or is called to active duty with the armed services.

Method of Leave Requested

- _____ 1. Consecutive Leave
- _____ 2. Intermittent or Reduced Leave Schedule (Specify Schedule Below)

Date leave is to begin: _____ Expected duration of leave: _____

Superintendent Approved: 03/18/99, 04/26/11, 06/16/15

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 8/31/2021

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A – NOTICE OF ELIGIBILITY]

TO: _____
Employee

FROM: _____
Employer Representative

DATE: _____

On _____, you informed us that you needed leave beginning on _____ for:

- The birth of a child, or placement of a child with you for adoption or foster care;
- Your own serious health condition;
- Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition.
- Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on covered active duty or call to covered active duty status with the Armed Forces.
- Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
 - You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.
 - You have not met the FMLA's hours of service requirement.
 - You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact _____ or view the FMLA poster located in _____.

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____.** (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request _____ is/ _____ is not enclosed.
- Sufficient documentation to establish the required relationship between you and your family member.
- Other information needed (such as documentation for military family leave): _____

No additional information requested

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

You will be required to use your available paid _____ sick, _____ vacation, and/or _____ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We ___ have/___ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
 - _____ the calendar year (January – December).
 - _____ a fixed leave year based on _____.
 - _____ the 12-month period measured forward from the date of your first FMLA leave usage.
 - _____ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have _____ sick, _____ vacation, and/or _____ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

_____ For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____.

_____ Applicable conditions for use of paid leave: _____

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

_____ at _____.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT

OMB Control Number: 1235-0003
Expires: 8/31/2021

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b). Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes.

Was medication, other than over-the-counter medication, prescribed? No Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: No Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
 No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
 No Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Certification of Qualifying Exigency
For Military Family Leave
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 8/31/2021

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.309.

Employer name: _____

Contact Information: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 CFR 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: _____
 First Middle Last

Name of military member on covered active duty or call to covered active duty status:

 First Middle Last

Relationship of military member to you: _____

Period of military member's covered active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. Please check one of the following and attach the indicated document to support that the military member is on covered active duty or call to covered active duty status.

A copy of the military member's covered active duty orders is attached.

Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached.

I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status.

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

Yes No None Available

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____
Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?
Yes No

If so, estimate the beginning and ending dates for the period of absence:

3. Will you need to be absent from work periodically to address this qualifying exigency? Yes No

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours _____ day(s) per event.

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Describe nature of meeting: _____

PART D:

I certify that the information I provided above is true and correct.

Signature of Employee _____ Date _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**

Madison Central School District

Superintendent Approved: 04/26/11,06/16/15,09/18/18

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

OMB Control Number: 1235-0003 Expires: 8/31/2021

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature _____ Date _____

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e). Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? No Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? No Yes.

Explain the care needed by the patient and why such care is medically necessary:

5. Will the patient require follow-up treatments, including any time for recovery? No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? No Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___ No ___ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: ___ times per ___ week(s) ___ month(s)

Duration: ___ hours or ___ day(s) per episode

Does the patient need care during these flare-ups? ___ No ___ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**



Madison Central School

DECEMBER 2022 LIBRARY REPORT

770 books checked
out/renewed during
the month of
December

Most Popular book
Creepy Carrots!

9 books added
to the library
collection

Highlights of December

- Third grade continued to work on using dictionaries. They also had a refresher how to use Google Drawing to complete a project after break.
- Second Grade read *Balloons over Broadway* about the Macy Day Parade Balloons. Students will be making blueprints of their own balloons in January.
- Upper elementary grades learned how to use the library catalog website to find books in our library.
- Books read during the month of December: *The Most Magnificent Thing* by Ashley Spires, Aaron Reynolds books like *Nerdy Birdy* and *Nerdy Birdy Tweets*, *Snowman* books by Caralyn Buehner, and many more.
- Added more children to the Dolly Parton's Imagination Library
- Held two meetings for our Battle of the Books Teams before Winter Break. Currently we have 4 students for the 7/8th grade team and 2 students for the 9-12th team. I hope to have 2 more HS students in the future. Mrs. Barton will be meeting with the students while I am on maternity leave and we will have our competition in May.

**Thank you for all your continued support of our
school library.**





CONNECTED

COMMUNITY SCHOOLS

July through November 2022

Ensuring students and families' basic needs are met so they are able to engage in their education and be successful in our community.

Your Connected Madison Team:

Administrative Points of Contact: Melissa Roys and Danielle Martin

CCS Divisional Director: Colleen Matthews



Nora Bajour
Project Manager



Michele Bowen
Site Coordinator

LINK™

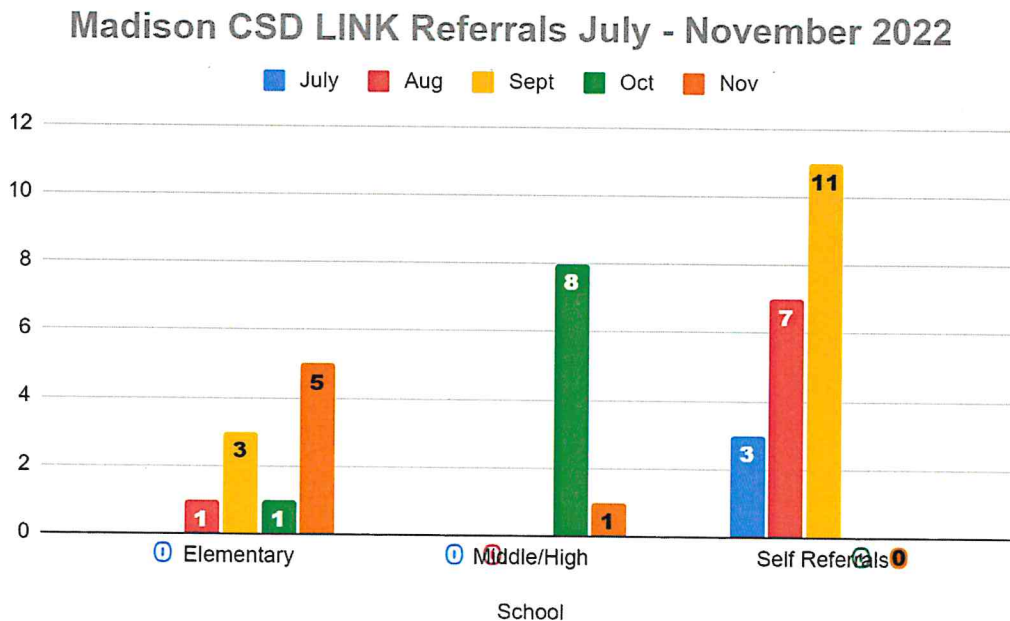
LINK is a single point of access for connecting students and families to the appropriate resources and services within their community based on identified needs. All who come through the LINK pipeline are assessed for any needs, on both an individual and household level, to ensure they have a support-network in place and that each member of their team is working together to meet these needs both, short-and long-term

The following LINK™ Team meetings were held:

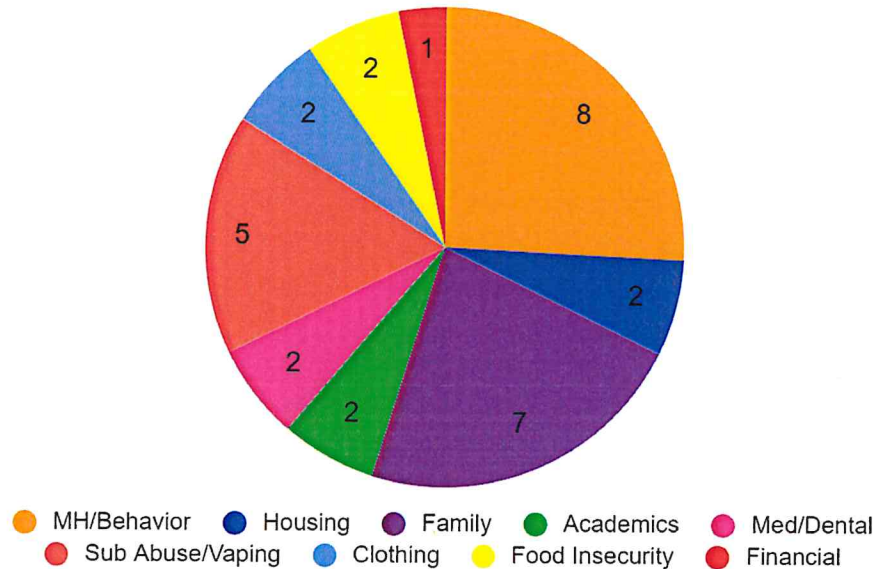
- September 21st, October 17th and November 21st

LINK™ Data

Total LINK™ Referrals year: **40**



Madison Central School District Identified Needs July-November 2022



Our highest need identified through LINK this quarter was mental health/behavioral, family support and substance use concerns. We also continue to mine the local resources and have discussions in hopes of bringing relief to the area where the need of mental health services is prevalent.

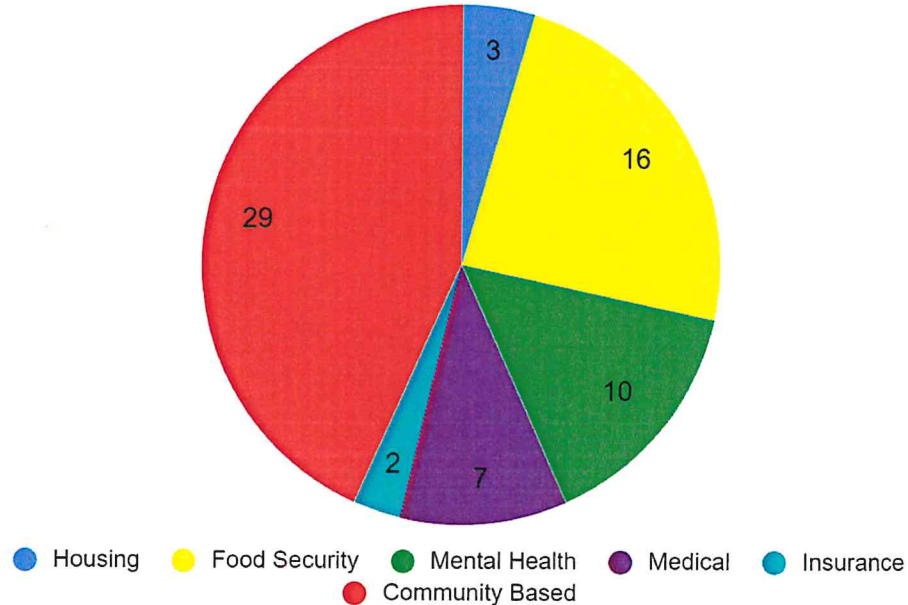
In addition, our Connected Community Schools team continues to offer universal support through the HUB, with implementation of offering lunch groups, HUB clubs and one on one support as needed.

SCAN Completion and Outgoing Referrals

For all LINK referrals, Students and Families will be assigned a Site Coordinator who will engage the student’s family to establish a trusting, supportive relationship to provide connections to the school and larger community. Throughout the engagement process, the Site Coordinator will complete the Screening for Comprehensive Assessment of Needs (SCAN) Tool. The SCAN tool incorporates best practices ensuring a holistic assessment of need for the student and their family. As research has proven, if a family does not have their basic needs met (housing, food insecurity, mental health etc.) it will be very difficult for a student to be able to engage in their education and be successful.

❖ **20 YTD**, after successful outreach with the referred individual and/or family

Madison Outgoing Referrals July-November 2022



There were a total of **67 outgoing referrals** made to Community Agencies from the **40 LINK referrals identified**. In addition to the formal outgoing referrals listed above, there are also additional supports and tangible items provided to the student and/or families highlighted in the HUB section of this report.

LINK™ Success Stories:

- The number of self referrals for school supplies that turned into referrals for multiple items surprised us. We were happy to hear so many families reaching out for help and then being willing to share their stories and struggles once a relationship was established.
- We were able to link a family to play therapy, which seems like an easy task to do but the relief in that mom’s voice when she told her story and had a non-biased ear to listen to her frustrations was like a shout of joy through a megaphone. To be able to take the time and just quietly listen to the history, the daily life, and the fear of the future in her voice and in her words and then to be able to make those calls for her touched her which in turn touched me.

- We had a family come into the HUB looking for some help with groceries as this family had recently taken in a family of five that was evicted from their home. In addition to the new family of five coming into the household, there were already five family members living in the home and were struggling to make ends meet. The family was so appreciative of the help, she cried while getting some extra staples. We were then lucky enough to be the recipient of a turkey dinner that was donated from a **bus driver** here at school. We called the family and asked if they had the sides for the dinner and we were able to help them out a second time by connecting those giving to those in need. We were happy to help!



Family Engagement

Seeking to assist families with creating more positive experiences through fun and engaging activities with their children and their school, facilitating positive interactions with staff and resulting in continued relationships and increased engagement in their children's education.

- **Community picnic /open house** (Sept. 1st)-CCS joined efforts with a Community wide event with BBQ. We reached out and collaborated with outside community vendors to come in and provide information to those interested. A CCS table was set up where families could learn more about Connected Community Schools and talk with us. We also assisted the families with a scavenger hunt that was provided at the open house. Students and families traveled throughout the building looking for clues and learning along the way where different rooms were in the building.



- **Game Night** (September 26th)-The PTO was putting on a game night for families and students to attend for an evening of friendly competition. Our CCS staff assisted in providing support and snack for game night
- **Three and Me Programming** (10/20): Monthly program with CCS and Pre-K teacher. This continues to be filled with 3 year olds and their caregivers as we get together monthly to include story time, craft time, free play time, and a snack. Families can begin to meet each other, socialize the children, get them familiar with a school setting, and allow the CCS to nurture relationships and the teaching staff to assess the early intervention needs of future students.
- **PTO Fall Fest** (10/22): Had a booth offering free kids' Halloween costumes and different fall decor as well as pumpkins for everyone who attended the event. We were able to give away approximately sixty costumes to multiple families. It was a great event and so many families stopped by to say hello.



- **PTO Trunk or Treat (10/22):** CCS partnered with the **PTO**, joined forces, decorated trunks and were present to hand out candy and goodies. Approximately 415 students came for the treats.
- **Math Night (10/25):** Worked with **Mrs. Barton to set** up math games and be available to help parents navigate through math questions in order to help their students. Also had community partner **NBT Bank** present with swag bags and a small presentation on savings and the importance of savings.
- **Three and Me (11/17):** Monthly program with CCS and Pre-K teacher. This continues to be filled with 3 year olds and their caregivers as we get together monthly to include story time, craft time, free play time, and a snack. Families can begin to meet each other, socialize the children, get them familiar with a school setting, and allow CCS to nurture relationships and teaching staff to assess the early intervention needs of future students.

Classroom Programming

Striving to provide our students with the most engaging and creative education. By adding programming from our community partners and professionals in the community, which brings hands-on learning and experiences straight from our experts of the community.

COPS: (confident, optimistic, positive students) A group that we did with the 9th graders. Students met with **Syracuse University Psychology Dept** for a 45 minute zoom once per week for 4 weeks on Body Positivity and enjoyed talking and snacking with the Site Coordinator, Elementary counselor, and one teacher. Weekly homework and challenges were completed through the week together as well.

Chat and Chill: 5th grade lunch bunch group with the elementary counselor covering coping skills, resiliency, and conflict resolution for the entire grade.

Cookie Decorating Class (11/15 and 11/16): We were able to partake with some students in a cookie decorating class. We were able to help bake and frost cookies with the 2nd graders. Together they worked on developing social skills, working in a group setting, and sharing with one another.

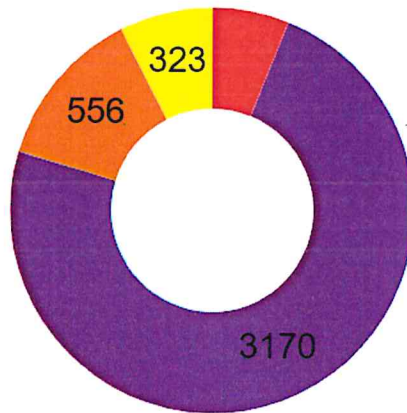
the HUB

A physical space within the schools filled with tangible items that support the needs of our students, families and faculty/staff and the additional support provided through these HUBs by our Site Coordinators. Providing school supplies, emergency groceries, hygiene products, clothing, and snacks. All items are resourced through community partnerships and donations.

HUB Referrals

Total HUB Referrals from July to November: **1,142** tangible goods were distributed to students, families, and teachers this year (does not include snacks).

HUB Referrals July-November 2022



- Hub - Hygiene & Household Goods
- Hub - Snacks
- Hub - School Needs/Clothing
- Hub - Food Pantry

Connected School Hubs

- ❖ The following was provided to the school and surrounding community through Madison Connected for the months of July through November
 - 263 hygiene and household products
 - 556 school supplies/clothing
 - 3170 snacks
 - 263 easy-to-prepare foods/meal items for students for after school and weekends
 - CCS has made it a priority to purchase and make available those items that students can easily prepare for themselves such as macaroni and cheese, soups, cereals, etc. to ensure that no matter what the circumstance, all students have access to a filling meal
 - Additional clothing and household products were also available thanks to generous donations from the community
- ❖ 60 - which contains enough food to feed a family of 4 for 5 days.

HUB Club:

- Currently we are working with both the instructional coach and Social Worker on a body positivity group and are starting a wellness group to target specific age groups in six week blocks. This will run weekly and attendance will vary based on age group; activities will vary weekly as well depending on the age groups and the overall discussions that the groups are having.

Community Connections and Support:

- **Worn Again Luncheon** - they offer the families in Madison and beyond a voucher if they are open with CCS and that allows families to obtain one bag of clothes per month for free. They were kind enough to invite CCS to speak at their annual meeting and luncheon. There were about 35 in attendance and Michele and Melissa spoke of the Madison school and the CCS initiative. It was a great day of information sharing and connecting with a vital group that houses many former educators and community minded individuals.
- **Big Apple Music Donation** - A 5th grade student wanted to participate in the school band and his family was unable to pay for the book, drum pad, and sticks. Our friend **Mark Bolos with Big Apple** provided us at no charge with the needed equipment. The smile on the students' faces was amazing!

- **Sweet Acres Orchard Donation** - our friends at **Sweet Acres** donated a very large bag of apples to the HUB for snacks. They were gone in less than 1 day. That is a lot of apples!!
- **It Takes a Village Diaper Bank** - the diaper bank continues to support not only Madison families but also the school itself for students that have diaper needs during the day!
- **Waterville Library Donation** - the library has an athletic bin that we are able to donate to and to receive items from. Cleats and shin guards to complete a couple of modified soccer girls outfits were vital this month.
- **Valley Propane** – The owner of Valley Propane donated \$500 to the school and also advised he will continue to do so every few months. He does NOT want this advertised but wants to continue the giving.
- **NBT** - The Hamilton branch of NBT gave a \$50 gift card to be used for student needs in the HUB. They have also committed to have a donation box for school and hygiene supplies at their location year-round.
- **Interfaith Holiday Project** – We worked with the school staff to obtain a listing of families in need then contacted those families to get permission to share their information and add them to the project to obtain Christmas gifts for the students. We're looking forward to the distribution day where we get to interact in person with families.
- **Giving Tree** – the staff identifies students and then anonymously purchases gifts. We are working with the team to keep information private and organize the tags and gifts. Great holiday fun!

Agenda

Oneida-Madison-Herkimer Counties School Boards Institute
General Membership Meeting – Oneida BOCES 4747 Middle Settlement Road
New Hartford, NY 13413

“Legislative Forum”

NYS Senators and Assembly Representatives

Thursday, January 26, 2023

Registration: 6:00 – 6:30 p. m.

Welcome :

Mr. Robert Batson, OMH-SBI President,
Mr. Thomas Moats, OMH-SBI Legislative Co-Chair
Mr. Douglas Gustin, OMH-SBI Legislative Co-Chair
Introduction of NYS Assembly and Senate representatives

Program Overview: 6:30 - 8:15 p.m.

- Facilitators, Tom Moats and Doug Gustin will address the legislators and our members with the ground rules and format for the evening. The legislative committee created questions to be addressed. **If you have specific questions please direct them to Tom Moats by Monday, January 16th.** Legislators are aware that there will be questions from the OMH-SBI participants that may seek clarification and / or additional information from them the night of our forum.
- Senate representatives notified of our program
 - NYS Senator 49th District Senator Mark Walczyk
 - NYS Senator 51st District Senator Peter Oberacker
 - NYS Senator 53rd District Senator Joseph Griffo
- Assembly participants notified of our program
 - NYS Assembly 117th District Assemblyman Ken Blankenbush
 - NYS Assembly 118th District Assemblyman Robert Smullen
 - NYS Assembly 119th District Assemblywoman Marianne Buttenschon
 - NYS Assembly 121st District Assemblyman Joe Angelino
 - NYS Assembly 122nd District Assemblyman Brian Miller
- Questions from members and / or facilitators

Closing 8:15 p.m.

Closing remarks by President Robert Batson and Tom Moats will conclude the evening

2023-24 Children FIRST

ONEIDA, MADISON & HERKIMER COUNTIES
SCHOOL BOARDS INSTITUTE



OFFICERS

Robert Batson

President

Doug Gustin

1st Vice President

Anthony Nicotera

2nd Vice President

James Van Wormer

Coordinator for Board Training

Mohawk Region Association for School Administrators

Joe D'Apice

President

Mount Markham CSD

Dr. Cheryl J. Venetozzi

Vice President

Holland Patent CSD

Peter Blake

Treasurer

Rome City SD

For questions, please contact James Van Wormer
at omhsbi@herkimer-boces.org or 315-941-6229



STATEMENT TO LEGISLATORS

The mission of the Oneida/Madison-Herkimer School Boards Institute and the Mohawk Regional Association of School District Administrators, which represent 35 school boards, is to provide the best possible education for our 53,000 students which are in the OMH-SBI legislative districts. We support the higher academic standards adopted by the Board of Regents and will ensure each student be given the opportunity to achieve these standards at their highest academic level.

To help us accomplish this mission, we need a renewed and continued commitment from you, our New York State Legislator, to provide unfailing and fair financial support to the students and the 350,000 members of our school communities in your region.

MEMBER BOARDS

Oneida-Herkimer Madison BOCES

Brookfield Central
Clinton Central
Holland Patent Central
New Hartford Central
New York Mills Union Free
Oriskany Central
Remsen Central
Sauquoit Valley Central
Utica City Schools
Waterville Central
Westmoreland Central
Whitesboro Central

Madison-Oneida BOCES

Camden Central
Canastota Central
Hamilton Central
Madison Central
Morrisville-Eaton Central
New York State School for the Deaf
Oneida City Schools
Rome City Schools
Stockbridge Valley Central
Vernon-Vernon-Sherill Central

Herkimer BOCES

Central Valley Central
Dolgeville Central
Frankfort-Schuyler Central
Herkimer Central
Little Falls City Schools
Mount Markham Central
Owen D. Young Central
Poland Central
Richfield Springs Central
West Canada Valley Central

AREA LEGISLATORS

UNITED STATES SENATORS

Charles E. Schumer (D)
Kirsten Gillibrand (D)

UNITED STATES CONGRESSIONAL REPRESENTATIVES

Elise Stefanik (R 21)
Brandon Williams (R 22)

NEW YORK STATE SENATORS

Mark Walczyk (R 49)
Peter Oberacker (R-C-151)
Joseph Griffo (R 53)

NEW YORK STATE ASSEMBLY REPRESENTATIVES

Brian Maher (R 101)
Chris Tague (R 102)
Ken Blakenbush (R 117)
Robert Smullen (R 118)
Marianne Buttenschon (D 119)
Joe Angelino (R 121)
Brian Miller (R 122)



ONEIDA, MADISON & HERKIMER COUNTIES
SCHOOL BOARDS INSTITUTE

We ask you to support and commit to the following fiscal regulatory issues to ensure that a child's access to a high-quality, sound, basic education is not dependent on their zip code. Your commitment will also prevent your school districts from declaring Educational Insolvency due to a lack of fiscal and/or regulatory support.

Commit to a three-year phase-in of an updated Foundation formula that is equitable, consistent and predictable.

Changes to the formula must take into consideration increased poverty experienced in our area and the increased need for services required by our students.

Broadband capacity must be available to all of our school buildings and student homes. Virtual programs last year showcased the critical need for this infrastructure in both our rural and city schools. Affordable broadband should be treated as any other public utility.

Raise the salary cap on the aidable portion for BOCES itinerant personnel.

Revise the Tax Cap Levy Limit in the following ways:

- Eliminate supermajority vote.
- Allow for a minimum base of 2% levy increase.
- Exclude additional financial school safety issues from the formula (SRO/SPO).
- Include PILOT properties covered by payments in lieu of taxes in the tax base growth factor.
- Make the starting point for tax cap calculations—the allowable levy growth factor—a true 2%, not the lesser of 2% or inflation.
- Extend to three years the carryover provision which allows schools to carry over the excess levy.
- Include properties covered by payments in lieu of taxes (PILOTs) in the tax base growth factor.

Propose and support legislation that will change the burden of proof for CSE litigation from the schools (defendants) to plaintiffs. This will follow the vast majority of the states that have this code in law and will prevent unscrupulous attorneys from filing frivolous lawsuits.

Allow combinations of school districts or BOCES to establish regional high schools and authorize BOCES to issue a diploma. This will allow small rural districts to form region-based partnerships that will expand curriculum offerings and programs for students.

Allow schools to maintain an unrestricted fund balance of up to 8%.

Allow schools to decline to have their buildings designated as polling locations for elections.

Authorize schools to hold instructional days during the last two weeks of August, subject to collective bargaining.

Hold Small City Schools to the same debt limit regulations as other school districts.

- Hold Small City Schools to a maximum debt limit of 10% of the most recent valuation.
- Allow Small City Schools to exclude state aid payments to offset bond payments from their current net debt as other schools are currently doing.

Superintendents should be allowed to hire certified teachers to teach outside their certification field for a period not to exceed one year, if the superintendent deems that the teacher is highly qualified.

The creation of Charter Schools should not be at the expense of existing school districts.

- When state aid is reduced to the existing district, aid to the charter school should also be reduced.
- Fund charter schools from their own aid category and not from the host school districts where their students come from.

NYS Assembly and Senate Contact Information 1/5/2023

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 315-732-1055

121st Assembly District Joe Angelino (former 122nd Assembly District)
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 Binghamton NY 13901 518-455-5741

(Assemblyman Angelino's office information subject to change after swearing in as the 121st Assemblyman he was an Assembly member for the 122nd District

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