

**Pacific Grove Unified
School District
Welcomes you**



Employee Orientation 2023-2024

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(Updated as needed on district web site/ [https://www.pgusd.org/Departments/Human-](https://www.pgusd.org/Departments/Human-Resources/Bargaining-Agreements)

[Resources/Bargaining-Agreements](https://www.pgusd.org/Departments/Human-Resources/Bargaining-Agreements))

Acknowledgement of Receipt Form (please sign and return to the HR Office)

BOARD OF EDUCATION

The Pacific Grove Board of Education is an elected body of five trustees. The board works closely with the Superintendent and staff to provide leadership to the district.

Carolyn Swanson, President
Jennifer McNary, Vice President/Clerk
Brian Swanson, Member
Elliot Hazen, Member
Laura Ottmar, Member

Regularly scheduled meetings of the Board of Education are typically held on the first and third Thursdays of each month. In addition, special meetings are held when there is a need. All meetings are open to the public.

Board agenda packets and minutes are posted on the district web site at www.pgusd.org.

The Board welcomes all district employees to attend their meetings. Should you have questions about an agenda item, you may contact the Superintendent's office at (831) 646-6510.



Pacific Grove Unified School Board Goals

“Challenging every student with exceptional learning opportunities”

Mission Statement

Pacific Grove Unified School District, in partnership with the community and with a focus on equity, will challenge every student by providing a quality instructional program in a positive, safe and stimulating environment.

The District will meet the diverse needs of all students by ensuring exceptional learning opportunities to acquire and apply the knowledge and skills that develop the insight and character necessary for a productive and rewarding life.

A. PGUSD District Goals

1. **Student Learning and Achievement:** Every student is performing at a minimum at grade level, engaged in his or her learning, and contributing positively to the community.
2. **Health and Safety of Students and Schools:** District students and staff are provided a safe and welcoming environment
3. **Credibility and Communication:** Credibility through effective and transparent communication with the public and stakeholders.
4. **Fiscal Solvency, Accountability and Integrity**

B. Goals Defined

1. **Improve and Enhance Student Learning and Achievement**

- Alignment of District budget with established priorities in Local Control and Accountability Plan (LCAP) and strategic plan so that every student is proficient or above grade level, engaged in his/her learning and contributing positively to the community
- Use data driven, standards-based instruction and curriculum with the goal of all students achieving at proficient or above
- Monitor and utilize multiple measures of assessment and metrics to monitor academic progress
- Monitor and respond to target student populations as identified by the LCAP, as well as other underserved student groups
- Maintain annual LCAP updates and perform regular surveys of service needs, including the social/emotional needs of students and families
- Assess programs and strategies to challenge students performing above grade level

2. **Health and Safety of Students and Schools**

- Provide safe and well-maintained facilities for students and staff
- Address student and staff health, wellness and social-emotional needs
- Support programs that enhance community, staff and student engagement and connectedness

3. **Maintain Credibility Through Effective and Transparent Communication with All Stakeholders**

- Determine strategies to inform the public on a timely basis on District plans and actions
- Board members will report on their community activities and actions impacting the District
- Acknowledge and celebrate stakeholder support in all programs

4. **Fiscal Solvency, Accountability and Integrity**

- Maintain fiduciary responsibilities
- Align budget with LCAP and strategic plan
- Maintain regular State updates and interim reporting, as well as periodic District updates to the Board
- Maintain a current budget handbook available to the public

Pacific Grove Unified School District

2021-22 Strategic Plan

BOARD GOAL: Student Learning and Achievement - Overall Educational Program: every student is proficient or above grade level, engaged in his/her learning and contributing positively to the community.

Strategy One: Develop and implement a comprehensive and standards-based educational program with respect to curriculum, instruction, course offerings, class size, support programs and facilities (P1, P2, P7)

- The District will focus on equity and equitable learning opportunities, *especially in light of support and intervention in transition from distance learning to in-person, by using relevant and inclusive curriculum, instruction and assessment*(P1, P6, P7, P8)
- All students will receive access to core programs in all content areas and student learning will be guided by California academic standards-based curriculum in all content areas, current California teaching standards, and local professional expertise (P2, P7)
- All students will be assessed for academic “learning gaps” due to Distance Learning gaps in the Fall 2021, if not sooner, and provided appropriate remedial learning opportunities
- Technology will be integrated in all subject areas, and distributed appropriately to all students, in order to engage students in 21st Century Learning, as detailed in the Educational Technology Plan and supported by site level support (IE: Ninjas) (P2, P4, P5)
- The Director of Curriculum will facilitate articulation across all grade levels via collaborative leadership avenues – core, arts and electives (P2, P4, P5, P8)
- Teachers will use consistent accountability measures that are aligned with the California State Standards and other California Standards of the Teaching Profession. Teachers and administrators will use the PLC process in conjunction with valid assessment data to identify students learning needs and adjust instruction accordingly. Students are also engaged in their own learning process through goal setting (P2, P4, P5)
- Teachers will utilize the core targets in the California Standards for Teaching Profession as part of regular instruction, program planning and professional development (P1, P2, P4, P5, P8)
- Students and parents will have a clear educational plan established, including student outcomes, with supplemental support provided to students according to their instructional needs based on assessment data (P2, P3, P4, P5)
- Programs will be instituted to maximize appropriate college preparation, application and acceptance (P5, P7)
- Intervention programs will be used District-wide to provide early and ongoing assessments to identify students who are not proficient at grade level and require targeted instruction to meet their individual needs, as aligned with the LCAP (P2, P4)

Pacific Grove Unified School District

2021-22 Strategic Plan

BOARD GOAL: Credibility, Confidence and Communication Accountability and Integrity: Student, family and community partnerships, relationships and dialog contribute to the success of every student.

Strategy Two: Staff Recruitment, Retention and Professional Development (P1)

- Highly qualified staff, with respect to credentials, training and experience, will be assigned to all courses and programs (P1)
- The District will create and maintain a recruitment plan that seeks to hire a representation of culturally and linguistically diverse professionals, managed by the Director of Human Resources Department, to address hiring needs, as aligned with the LCAP (P1)
- The District will implement a professional development plan, managed by the Director of Curriculum, that is data-driven, that matches both the Strategic Plan and the LCAP and implemented through the Single Plan for Student Achievement at each site (P2, P4)
- Staff evaluation will be aligned to the Strategic Plan, LCAP and the Standards of the Teaching Profession in the areas of credentialing requirements, professional development, standards-based instruction and assessment (P1)

Strategy Three: Maintenance of Effective Communications

- Parents and community members will be invited and recruited to participate in school site and District committees and programs, including stakeholder meetings as prescribed in the LCAP (P3, P5), so that all members have means to have their voice included in decision making.
- Translation services, at least for Spanish speaking families, will be provided at meetings and events if needed
- Ongoing communication will be facilitated between the school sites, the District Office, the School Board and the parent community, including monthly updates to the School District Overview, the weekly District newsletter, social media releases, and other communications tools. (P3)
- The District web-site, department and school web-sites, e-newsletters, and other media will be employed to deliver timely, relevant and accurate information to the PGUSD community. (P3, P5)
- District/site/student accomplishments and awards will be publicized community-wide (P3, P5)
- Parents and students will be informed, via electronic and print media, regarding pupil attendance, chronic absenteeism, drop-out rates, graduations rates, and other data relating to pupil engagement (P3, P5), and conferences will be conducted, as appropriate.

Pacific Grove Unified School District 2021-22 Strategic Plan

BOARD GOAL: Credibility, Confidence, Communication Fiscal Solvency, Program, Services and Budget Alignment

Strategy Four: Maintain a safe, clean and secure school environment (P6)

- Each campus will (P6):
 - provide a welcoming environment where students and staff may come to school each day feeling safe, respected, proud and can comfortably focus on learning
 - be free of all forms of violence
 - provide classrooms that are equipped for successful student learning
 - promote respectful conversations and encourage students to interact and mix freely
 - maintain and update a School Safety Plan and Emergency Management Plan
 - Provide services to address social-emotional and overall wellness needs
- Teacher/student interactions will reflect mutual respect and facilitate respectful dialog (P6)
- Facility operation and maintenance schedules will reflect the priorities of the District (P1)
- Surveys such as Healthy Kids Survey for Students and Parents, shall be used to measure sense of school safety and school connectedness (P3, P5, P6)

Strategy Five: The District budgetary process will reflect the Strategic Plan/LCAP goals

- Funding priorities and significant budget revisions will be connected to the Strategic Plan, Local Control Accountability Plan, Board Goals
- All program budgets will be routinely reviewed for relevance to core program and strategic plan goals
- District budget details will be made available to the public, with funding sources and their impact on the General Fund clearly identified in regular, public reports
- The budget process will allow for innovative and creative ideas/projects as aligned with the Strategic Plan and LCAP

Definition of Terms:

Local Control Accountability Plan (LCAP) State Priorities as per Education Code 52060 & 52066 fall into three categories:

Conditions of Learning, Pupil Outcomes & Engagement.

LCAP Priorities: (P1) Basic Services, (P2) Implementation of State Standards (Academic Content/Performance standards), (P3) Parental Involvement, (P4) Student Achievement, (P5) Student Engagement, (P6) School Climate, (P7) Access to Courses, (P8) Student Outcomes.

Pacific Grove Unified School District
Division of Responsibilities
Administrators

Josh Jorn – Interim Superintendent

- ❖ Chief Executive Officer
- ❖ District Community Representative
- ❖ Board Policy and Administrative Regulation
- ❖ Advisor to the Board of Education
- ❖ District Staff and Instructional Leader
- ❖ Community Human Services District Representative
- ❖ Liaison with County Services and Programs
- ❖ Liaison to the Board on Employer/Employee Relations
- ❖ Personnel

Josh Jorn – Assistant Superintendent of Business Services

- ❖ Acting Superintendent – Business
- ❖ Budget
- ❖ Payroll/Accounting/Insurance/Accounts Payable/Accounts Receivable
- ❖ Mandated Costs
- ❖ Attendance Accounting
- ❖ MSIG Board Representative
- ❖ Risk Management – Workers' Comp
- ❖ Surplus Disposal

Claudia Arellano – Director II, Human Resources

- ❖ Certificated and Classified Personnel
- ❖ Recruitment
- ❖ Certificated credentials, salary placement, and transcripts
- ❖ Orientation Programs
- ❖ Legal Compliance (employment/credentialing laws)
- ❖ Peer Assistance and Review Committee Member
- ❖ Classified Professional Growth Committee
- ❖ STRS/PERS Retirement
- ❖ Classification Studies
- ❖ Evaluation Compliance and Tracking
- ❖ Classified/Certificated Contract Management
- ❖ Complaint Management
- ❖ Classified/Certificated Negotiations
- ❖ Teacher Induction

Buck Roggeman – Director I, Curriculum/Special Projects

- ❖ K-12 Curriculum: including Textbook Adoption and Staff Development Coordinator
- ❖ Categorical Program Director
- ❖ School Accountability Report Cards
- ❖ Peer Assistance Review Committee Member
- ❖ Induction Program Coordinator
- ❖ District GATE Coordinator
- ❖ District English Language Learner Coordinator
- ❖ District Testing Coordinator
- ❖ After School Enrichment Program
- ❖ Local Control Accountability Plan

Sean Keller – Robert Down Elementary School Principal

- ❖ Staff Supervision, Evaluation, Leadership
- ❖ Instructional Leadership of School
- ❖ Site Budget Development and Oversight
- ❖ Before & After School Recreational Program Administrator (BASRP)
- ❖ School Improvement Plan
- ❖ Special Education, Title I, GATE Committee, English Language Learner Programs

Abbie Arburn – Principal for Forest Grove Elementary School

- ❖ Staff Supervision, Evaluation, Leadership
- ❖ Instructional Leadership of School
- ❖ Site Budget Development and Oversight
- ❖ School Improvement Plan
- ❖ Special Education, Title I, GATE Committee
- ❖ English Language Learner Programs (Title III, R-30 Language Assessment, ELAP)

Sean Roach – PG Middle School Principal

- ❖ Staff Supervision, Evaluation, Leadership
- ❖ Instructional Leadership of School
- ❖ Site Budget Development and Oversight
- ❖ Special Education, GATE, English Language Learner Programs
- ❖ Facilities Use
- ❖ School Site Council

Jason Tovani – PG Middle School Assistant Principal

- ❖ Student Discipline
- ❖ Emergency Procedures and Site Safety Committee
- ❖ Individual Education Plans (IEP's)
- ❖ Site Testing Coordinator
- ❖ Guest Teachers
- ❖ Sexual Harassment Prevention Training
- ❖ Classified Professional Growth Committee

Lito Garcia – PG High School Principal & CHS Principal

- ❖ Staff Supervision, Evaluation, Leadership
- ❖ Instructional Leadership of School
- ❖ Site Budget Development and Oversight
- ❖ Wester Association Schools and Colleges (WASC)
- ❖ Community High School
- ❖ Special Education
- ❖ Parent/booster clubs
- ❖ District Negotiation Representative

Larry Haggquist – PG High School Assistant Principal

- ❖ Site Testing Coordinator
- ❖ Student Discipline
- ❖ Central Coast Section (CCS) / California Interscholastic Federation (CIF) District Representative
- ❖ Community High School
- ❖ Wellness Committee
- ❖ Athletics
- ❖ Career Technical Education (CTE)

Barbara Martinez – Adult School Principal / Director of Safety

- ❖ Staff Supervision, Evaluation, Leadership
- ❖ Instructional Leadership of School
- ❖ Budget Approval
- ❖ Wester Association Schools and Colleges Advisory Committee
- ❖ High School Diploma Counseling and Schedule Development
- ❖ Coordinated Compliance Review
- ❖ Parent Education, Older Adults with Disabilities
- ❖ Coordinate Programs Preschool through Adult
- ❖ Emergency Procedures
- ❖ Preschools

Kristen Arps – Adult School Program Coordinator and Adult School Program Specialists

- ❖ Coordinate Programs Preschool through Adult
- ❖ Staff Development
- ❖ Wester Association Schools and Colleges Coordinator
- ❖ GED/CAHSEE Testing Coordinator
- ❖ ABE/ESL/HS Diploma/Distance Learning
- ❖ Budget Development
- ❖ Community Partnerships

Matthew Binder – Director of Educational Technology

- ❖ Technology Ninja's
- ❖ District Educational Technology Plan
- ❖ Classroom Technology Curriculum
- ❖ Digital Tool's Training
- ❖ District Technology Committee
- ❖ Synergy

Louis Algaze – Director of Technology Systems

- ❖ Technology Leadership
- ❖ District Technology Plan
- ❖ District Technology Committee

Yolanda Cork-Anthony – Director I, Student Services

- ❖ Special Education, Student Services
- ❖ Health
- ❖ 504 Meetings and Compliance
- ❖ Attendance
- ❖ Home Hospital
- ❖ Speech Therapy
- ❖ K-12 Counseling
- ❖ Intervention Programs
- ❖ Homeless and Foster Youth Liaison

Jon Anderson –Director of Maintenance, Grounds & Transportation

- ❖ Construction Management
- ❖ Deferred Maintenance Plan
- ❖ Integrated Pest Management
- ❖ Hazardous Materials
- ❖ Asbestos and Lead Management Plan
- ❖ Storm Water Pollution Prevention Plan

Robert Silveira – District Nutrition Director

- ❖ Directs the district Child Nutrition Program
- ❖ Supervises and trains food service personnel

Katrina Powley – District School Nurse

- ❖ Student Wellness
- ❖ Site Health Clerks

Angela Rodriguez – Fiscal Officer

- ❖ Budget
- ❖ State Reports
- ❖ Mandated Cost Logs
- ❖ District Attendance

District Office

SUPPORT STAFF

Mandi Ackerman – Executive Assistant to the Superintendent

- ❖ Appointments with the Superintendent
- ❖ Board Packet Agenda and backup items
- ❖ Board Policy questions
- ❖ Student expulsion documentation preparation
- ❖ Meeting Agendas for Cabinet
- ❖ District activities calendar
- ❖ Administrator Notifications
- ❖ Annual Notice to Parents
- ❖ Classified and Certificated Bargaining Contract Maintenance

Angela Lippert – Personnel Specialist

- ❖ Support to Director of Human Resource
- ❖ Processing Substitute Applications
- ❖ TB testing
- ❖ Professional Growth Tracking
- ❖ Photo ID Badges
- ❖ Volunteer Database
- ❖ Substitute Calling System
- ❖ Maintain Files and Records
- ❖ Maintain the District Human Resources Web Site
- ❖ Fingerprinting

Kimberly Ortiz – Personnel Technician/ Specialist

- ❖ Support to Director of Human Resource
- ❖ Processing Substitute Applications
- ❖ TB testing
- ❖ Professional Growth Tracking
- ❖ Photo ID Badges
- ❖ Volunteer Database
- ❖ Substitute Calling System
- ❖ Maintain Files and Records
- ❖ Fingerprinting

Bree Nehring – Personnel Technician

- ❖ Support to Director of Human Resource
- ❖ Processing Substitute Applications
- ❖ TB testing
- ❖ Professional Growth Tracking
- ❖ Photo ID Badges
- ❖ Volunteer Database
- ❖ Substitute Calling System
- ❖ Maintain Files and Records
- ❖ Fingerprinting

Leslie Ternullo – Administrative Specialist, Curriculum

- ❖ Appointments and Calendar for the Director of Curriculum
- ❖ Curriculum Textbook and material orders
- ❖ Data input and assessment tracking (GATE and English Learner)
- ❖ Testing materials and distribution
- ❖ Support for Curriculum Programs
- ❖ Support for After-school Enrichment Program (ASE)

Sara Birkett – Administrative Specialist, Student Services

- ❖ Support for Special Services
- ❖ Support for Intervention Programs
- ❖ Support for Speech Therapy

Carly Adams – Administrative Secretary, Asst. Superintendent

- ❖ Business Office Operations
- ❖ District Forms
- ❖ Accounts Receivable/Billing/ Cash Deposits
- ❖ Purchase Order Processing
- ❖ Inventory Control Tagging
- ❖ Retiree Benefits

Desiree Babas – Administrative Assistant V, Facilities & Transportation

- ❖ Dispatching (Maintenance, Grounds, Transportation)
- ❖ Facility Use Request (Faciltron)
- ❖ School Buss Transportation
- ❖ Field Trip Scheduling and billing
- ❖ Work Order (Facitron works)
- ❖ Measure D

Kristen Quilty & Alyssa Rodriguez – Payroll & Benefits Specialist

- ❖ Certificated and Classified Payroll
- ❖ Health Insurance/ Benefits
- ❖ Worker Compensation
- ❖ Voluntary Deductions/ Tax Sheltered Annuities
- ❖ Employee Attendance Tracking
- ❖ Paycheck Distribution

Phyllis Lewis – Account Clerk III – Accounts Payable

- ❖ Accounts payable processing and questions
- ❖ Employee Reimbursements
- ❖ Purchase Orders

Pacific Grove Unified School District - 2023-2024

180 Day School Calendar						Date	Event
	M	T	W	TH	F		
July 2023	24	25	26	27	28	8/3	New Hire Orientation
	31	1	2	3	4	8/4	Professional Development Day (Non Student Day)
Aug 2023	7	8	9	10	11	8/7	Welcome
	14	15	16	17	18	8/8	Teacher Prep Day (Non Student Day)
	21	22	23	24	25	8/9	First day of School
	28	29	30	31	1		
Sept 2023	4	5	6	7	8	9/4	Labor Day Holiday
	11	12	13	14	15		
	18	19	20	21	22		
	25	26	27	28	29		
Oct 2023	2	3	4	5	6	10/6	End of 1st Quarter (42 days)
	9	10	11	12	13	10/7	Butterfly Parade
	16	17	18	19	20	10/16-10/20	Fall Break
	23	24	25	26	27		
	30	31	1	2	3		
Nov 2023	6	7	8	9	10	11/10	Veterans Day Holiday
	13	14	15	16	17	11/22	Minimum Day for Students and Classified Staff
	20	21	22	23	24	11/23-11/24	Thanksgiving Holiday
	27	28	29	30	1		
Dec 2023	4	5	6	7	8	12/22	End of 2nd Quarter (47 days)
	11	12	13	14	15	12/22	End of 1st Semester (89 days)
	18	19	20	21	22	12/22	Minimum Day for Students and Classified Staff
	25	26	27	28	29	12/25-1/5	Winter Break
Jan 2024	1	2	3	4	5	12/25-1/5	Winter Break
	8	9	10	11	12	1/8	Teacher Prep Day (Non Student Day)
	15	16	17	18	19	1/15	Martin Luther King Holiday
	22	23	24	25	26		
	29	30	31	1	2		
Feb 2024	5	6	7	8	9	2/12-2/14	Presidents' Holiday
	12	13	14	15	16	2/12-2/16	Presidents' Break (Holiday's 12,13 & 14)
	19	20	21	22	23	2/19	Professional Development Day (Non Student Day)
	26	27	28	29	1		
March 2024	4	5	6	7	8		
	11	12	13	14	15	3/15	End of 3rd Quarter (42 days)
	18	19	20	21	22		
	25	26	27	28	29		
April 2024	1	2	3	4	5	4/5	Minimum Day for Students and Classified Staff
	8	9	10	11	12	4/8-4/12	Spring Break
	15	16	17	18	19		
	22	23	24	25	26		
	29	30	1	2	3	5/27	Memorial Day
May 2024	6	7	8	9	10	5/31	End of 4th Quarter (49 days)
	13	14	15	16	17	5/31	End of 2nd Semester (91 days)
	20	21	22	23	24	5/31	Last Day of School
	27	28	29	30	31	5/31	Minimum Day for Students /180-190 Classified Staff
	First Day/Last Day of School						Breaks
	Professional Development Day/Teacher Prep Day						Holiday (8 total)
	Welcome						Local Holiday (5 total)
	Minimum Day for Students and Classified Staff (4 total)						
185 Work Days - Current Teachers			186 Work Days - New Teachers			Instructional Days 180	
Leap year, this calendar has one extra day we need to omit to make it 180							

PACIFIC GROVE UNIFIED SCHOOL DISTRICT	
Classified Computation of Work Days for 2023-2024	
366 = days in one year	
106 = weekend days	
366 - 106 = 260 work days per year (wd/y)	
260 work days 12 months = 21.67 work days per month (wd/m)	
12 Month Classified Employee	
260 work days per year - 15 holidays = 245 work days	Maintenance, Grounds, Custodian, Utility
· Vacation time can be used during all Breaks	Admin Assist. V (MOT)
· Pay Schedule = 12 checks	Confidential (DO)
	Acct Clerk III (DO)
11.5 Month Classified Employee	
250 work days per year - 15 holidays = 235 work days	Admin Assist. (AE)
· October Break = non-working days	Clerks (AE)
· Spring Break = non-working days	IT Technician (AE)
· Pay Schedule = 12 checks	
11 Month Classified Employee	
11 months x 21.67 wd/m = 238 wd/y - 13 holidays = 225 work days	Admin Assist. IV (HS)
· Vacation time can be used during October, Winter & Spring Breaks	Admin Assist. III (HS)
· Pay Schedule = 12 equal checks July through June	Admin Assist. II (HS - Summer)
· Start July 17, 2023 - Last day June 12, 2024	Library Media Tech III (HS)
	Clerk III (HS) Account Clerk I (HS)
10.75 Month Classified Employee	
10.75 months x 21.67 wd/m = 233 wd/y - 13 holidays = 220 work days	Office Manager (FG) & (RD)
· Vacation time can be used during Winter & Spring Breaks	Admin Assist. IV (MS)
· October Break = non-working days	
· Pay Schedule = 12 equal checks July through June	
· Start July 17, 2023 - Last day June 12, 2024	
10.5 Month Classified Employee	
10.5 months x 21.67 wd/m = 228 wd/y - 13 holidays = 215 work days	Personnel Specialist/Tech (HR - Kimberly)
· Vacation time can be used during Winter & Spring Breaks	Admin Specialist (DO)
· October Break = non-working days	Admin Assist. II (CHS)
· Pay Schedule = 12 equal checks July through June	Admin. Assist. II (HS - Felicia)
· Start July 19, 2023 - Last day June 7, 2024	Clerk III (MS)
	Career Tech (HS)
10 Month Classified Employee	
10 months x 21.67 wd/m = 217 wd/y - 13 holidays = 204 work days	Bus Drivers
· Vacation time can be used during Winter & Spring Breaks	BASRP Recreation Coord.
· October Break = non-working days	BASRP Recreation Leader
· Pay Schedule = 12 equal checks July through June	IT Technicians (MS, RHD, FGE)
· Start July 31, 2023 - Last day June 4, 2024	
190 Day Classified Employee	
· All Breaks Off - Work student days + 5 days before school + 5 after school	Clerk III (RHD,FGE)
· Pay Schedule = 12 equal checks July through June	
· Start July 31, 2023 - Last day June 5 2024	
185 Day Classified Employee	
· All Breaks Off - Work student days + 5 days before school or after school	Library Tech II (MS,RHD,FGE)
· Pay Schedule = 11 equal checks August through June (see payroll to sign up for 12 month deferred Pay)	
· Start August 4, 2023 - Last day June 4, 2024	
180 Day Classified Employee	
· All Breaks Off - Work student days ONLY	Instructional Assist., Food Service, Noon Duty
· Pay Schedule = 10 equal checks August through May (see payroll to sign up for 12 month deferred Pay)	Campus Super., Para
· Start August 9, 2023 - Last day May 31, 2024	BASRP Rec. Attend., Healthcare Assist.
	Crossing Guard

District Office- 435 Hillcrest Ave.			646-6553
	Business Office Fax		646-6582
	Main Fax		646-6500
	HR Fax		646-6527
	SPED Fax		646-6522
	Transportation Fax		372-7955
Superintendent	<i>TBD</i>	9201	646-6520
Executive Asst. to Supt.	Mandi Ackerman	9202	646-6510
Assistant Superintendent	Joshua Jorn	9203	646-6509
Secretary to Asst. Supt.	Carly Adams	9204	646-6517
Dir. of Human Resources	Claudia Arellano	9205	646-6507
Personnel Specialist	Angela Lippert	9206	646-6593
Personnel Technician	Kimberly Ortiz	9217	646-6537
Personnel Technician	Bree Negrig	9226	646-6537
Accounts Payable	Phyllis Lewis	9207	646-6519
Fiscal Officer	Angela Rodriguez	9208	646-6516
Nutrition Director	Robert Silveria	9209	646-6521
Dir Facilities/Transportation	Jon Anderson	9210	646-6511
Facilities/Transportation Specialist	Desiree Babas	9211	646-6530
Payroll/Benefits	Alyssa Rodriguez	9225	646-6515
Payroll/Benefits	Kristen Quailty	9212	646-6515
Dir. Student Services	Yolanda Cork-Anthony	9213	646-6523
Adm. Specialist, Stdnt Svcs	Sara Birkett	9214	646-6524
Dir. Curr. /Special Projects	Buck Roggeman	9215	646-6526
Adm. Specialist, Curr.	Leslie Ternullo	9216	646-6508
District Nurse	Katrina Powley	9219	275-5396
Director of Education Technology	Matthew Binder	9200	646-6618
Digital Learning Teacher	Andrew Bradley	9221	646-6636
Director of Technology Systems	Louis Algaze	9222	646-6525

Pacific Grove Middle School- 835 Forest Ave.			646-6568
		Fax	646-6652
Principal	Sean Roach		5309
Secretary	Apple Atofau		5300
Asst. Principal	Jason Tovani		5308
Clerk	Melissa Gibson		5306
Clerk	Robin Cochran		5305
Counselor	Michelle Cadigan		5304
Custodian	Jason Cota		5301

Pacific Grove High School – 615 Sunset Ave.		646-6590
	Main Office Fax	646-6660
Principal	Lito Garcia	6273
Secretary to Principal	Jill Houston	6311
Assistant Principal	Larry Haggquist	6274
Secretary to AP/Registrar	Johanna Biondi	6201
Athletic Director	Chris Morgan	6293
Attendance	DiAnna Gamecho	6211
Counselor	James Ehret	6332
Counselor, grades 11-12	Kristin Paris	6279
Counselor, grades 9-10	Margaret Rice	6278
Student Store/ASB Clerk	Felicia Afifi	6209

North Monterey County Center for Independent Study		655-1430
1004 David Avenue in Building E, Room 2, at the Monterey Bay Charter School		
	Fax	655-1451

Forest Grove School - 1065 Congress Ave.		646-6560
	Fax	648-8415
Principal	Abbie Arbrun	3200
Office Manager	Carey O'Sullivan	3201
Attendance Clerk	Debbie Pinheiro	3125
Counselor	Zoe Roach	3126
Custodian	Oscar Orozco	3207

Robert Down School - 485 Pine Ave.		646-6540
	Fax	648-8414
Principal	Sean Keller	2302
Office Manager	Amy Riedel	2300
Clerk III, Attendance	Annie Deis	2118
Counselor	Sonda Frudden	2139
Custodian	Edward Overstreet	2114

Community High – 1004 David Ave. Bldg A		646-6535
	Fax	648-8417
Principal	Lito Garcia	6273
Teacher-in-Charge	Sheri Deeter	7102
Teacher	Mansour Abdur-Rahim	7103
Secretary	Luciana Morgan	7104

State Preschool- 1004 David Ave. Bldg A-3		607-8213
State Preschool	Diane Beron	646-6547

SPED Preschool- 1004 David Ave. Room E-4 Bldg B		
Teacher	Erin Homami	7105
Speech	Jennie Lei	7106

Adult School - 1025 Lighthouse Ave.		646-6580
	Fax	646-6578
Principal	Barbara Martinez	8426
Program Coordinator	Kristen Arps	8441
Admin. Asst. IV	Michelle Kerkhoff	8422
Clerk III-Main Office	Sandra Dorantes	8420
Clerk III-Parent Ed	Diane Cates-Pegis	8441
Clerk III-Parent Ed	Bree Nehring	8442
Clerk III-ESL/HSD	Sandra Dorantes	8439
Custodian	Irene Asignacion/Nayan Prasad	8424

MCOE- 901 Blanco Rd., Salinas 93901		755-0300
P.O. Box 80851	www.monterey.k12.ca.us	753-7888
Superintendent	Deneen Guss	755-0301
	Fax	755-6473
SELPA	Kenyon Hopkins	755-0342
	Fax	769-0732
MCOE Special Ed.	Terri Dye	755-6431

City of Pacific Grove- 300 Forest Avenue		
Mayor	Bill Peake	648-3100
City Manager	Ben Harvey	648-3106
	Fax	657-9361
Recreation Dept.	Katie Clark	648-3130
300 Forest Avenue	Fax	648-9392
Fire Department	Non-emergency	646-3900
600 Pine Ave.	Emergency	911
Police Department	Non-emergency	648-3143
580 Pine Ave.	Police Administration	648-3147
	Fax	648-3163
	Emergency	911
	Dispatch	647-7911
	Records	648-3143
PG Post Office		373-2271
	Fax	373-4327

BOARD MEETING DATES 2023-24

PLEASE NOTE ALL BOARD MEETINGS WILL BE HELD IN PERSON AT THE PACIFIC GROVE UNIFIED SCHOOL DISTRICT OFFICE AT 435 HILLCREST AVENUE, IN PACIFIC GROVE. BOARD MEETINGS ARE ALSO AVIALABLE VIA ZOOM. PLEASE FIND THE ZOOM LINK ONTHE BOARD MEETING AGENDA .

**PLEASE VISIT BOARD PACKETS AND AGENDAS TO REVIEW MEETING DETAILS*

THURSDAY, AUGUST 3, 2023

THURSDAY, AUGUST 17, 2023

THURSDAY, SEPTEMBER 7, 2023

THURSDAY, SEPTEMBER 14, 2023 SPECIAL MEETING

THURSDAY, SEPTEMBER 21, 2023

THURSDAY, SEPTEMBER 28, 2023 SPECIAL MEETING

THURSDAY, OCTOBER 5, 2023

TUESDAY, OCTOBER 10, 2023 SPECIAL MEETING

THURSDAY, OCTOBER 26, 2023

TUESDAY, NOVEMBER 2, 2023

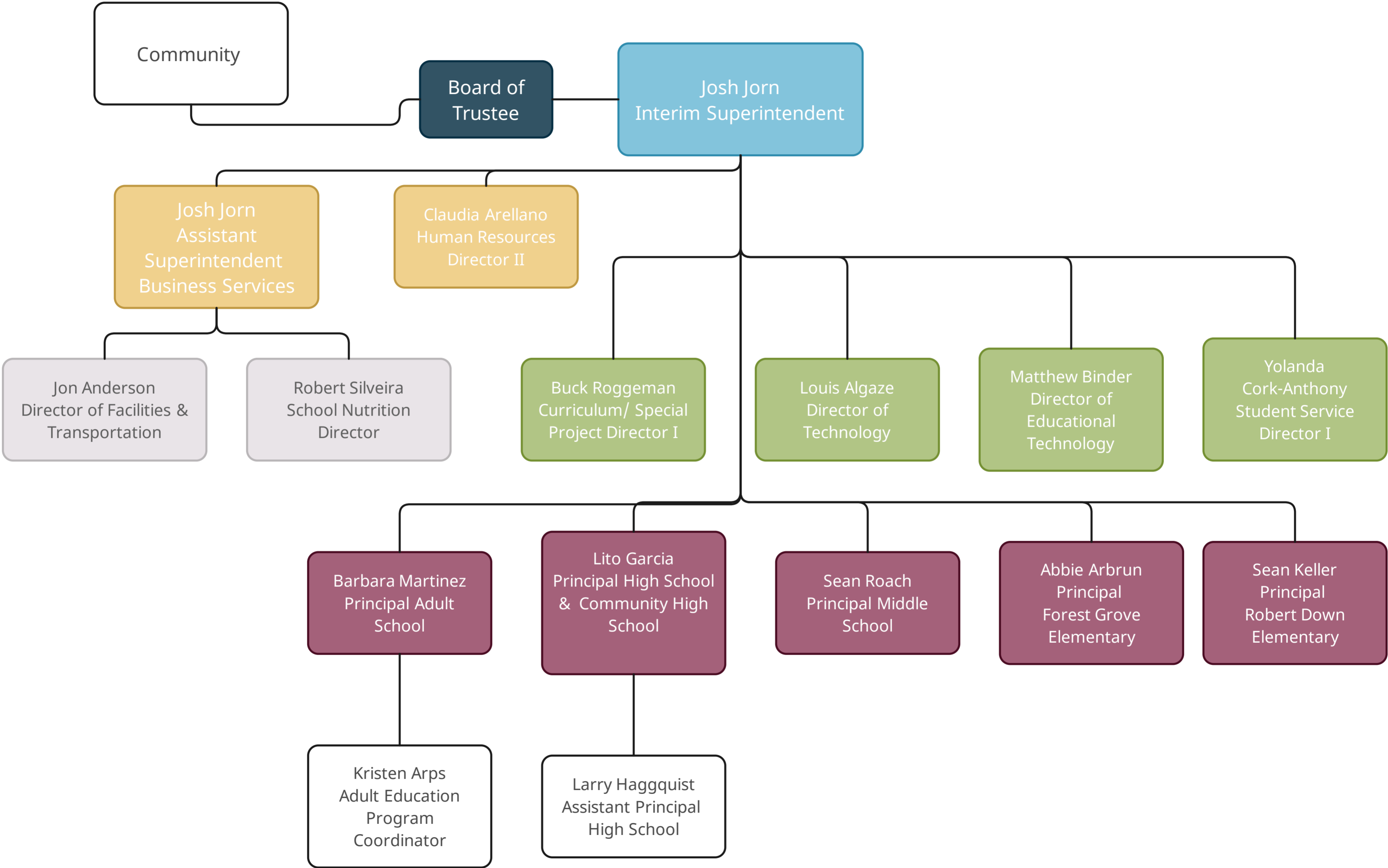
THURSDAY, NOVEMBER 16, 2023

THURSDAY, DECEMBER 7, 2023

THURSDAY, DECEMBER 14, 2023

JANUARY-JUNE 2024 DATES TO BE DETERMINED IN THE FALL
2023

Pacific Grove Administration Organizational Chart



HUMAN RESOURCE INFORMATION

Name Badge

Upon hire you will receive a name badge they will need to wear at all time when on campus. If you lose or need a replacement notify HR and they will print a new one and either pony it to you or you can pick up at HR. If HR has a photo on file then we can print one up otherwise you will need to make an appointment to get a new photo taken.

District Email

HR will email you your district email address and password to your personal email address. We use the Google system for our PGUSD domain.

You can use the Google mail website and/or download the Google Mail app for your phone.

website: mail.google.com

username: First initial Last name@pgusd.org

District Forms

District forms can be found on District webpage www.pgusd.org under the staff tab/ staff forms

Master Contracts

Both PGTA and CSEA contracts can be found on the district webpage www.pgusd.org under the staff tab/ master-contracts

Keenan SafeSchool

Every fall you will need to complete the assigned Keenan trainings. They can be found on the district webpage under Staff/ Human Resources/ Keenan [Keenan Safe Schools – Required Safety Training on-line Courses](#)

Login will be you district email address. No Password is needed

Emergency Forms

In fall you will need to fill out or update your current Emergency Form. You will see an email from InformK-12 that HR will send out. Please complete it at your earliest convenience.

Attendance Sheets

Certificated Personal Necessity Leave Form and Classified Personal Necessity Leave Form can be found in the PGTA or CSEA contract and Staff/ Payroll forms. Complete this form and submit it to your supervisor for approval before leave.

Upon return the Certificated Absence Report or Classified Absence Report will need to filled out and approved by your supervisor.

Your office manager can help answer questions with these two forms.

Please remember to also put you absence into Frontline/Aesop even if you do not need a substitute. In put this as soon as possible.

Frontline/Aesop

You will be provided a Frontline account from HR upon hire. You will get an email to your district email from Frontline/Aesop follow link to set up your username and password. This is the absence management system that we use. If you cannot remember you username or forgot you password please call or email Kimberly Ortiz (kortiz@pgusd.org).

Frontline/Evaluation Platform

We also use Frontline for our Evaluation platform it will be the same username and password as Frontline Absence Management.

Employee Quick start Guide Frontline Absence Management



Absence Management

SIGNING IN

Type aesoponline.com in your web browser’s address bar or go to app.frontlineeducation.com if you have a Frontline Account.

The Sign In page will appear. Enter your ID/username and PIN/password and click **Sign In**.

RECOVERING CREDENTIALS

If you cannot recall your credentials, use the recovery options or click the “**Having trouble signing in?**” link for more details.

CREATING AN ABSENCE

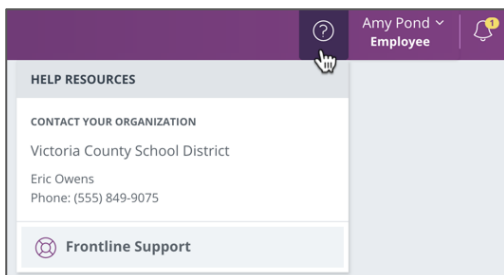
You can enter a new absence from your Absence Management home page under the **Create Absence** tab.

Enter the absence details including the date of the absence, the absence reason, notes to the administrator or substitute, etc. and attach any files, if needed. You can then click **Create Absence**.

MANAGING YOUR PIN AND PERSONAL INFORMATION

Using the “Account” option, you can manage your personal information, change your PIN number, upload shared attachments (lesson plans, classroom rules, etc.), manage your preferred substitutes, and more.

Personal Info	Personal Info
Change Phone Pin	General Information
Shared Attachments	Name: Amy Pond
Preferred Substitutes	Phone: 6105553747
Excluded Substitutes	Email Address: Apond@education.com
Absence Reason Balances	Title:
	Room Number: Main Office
	Language: English Your language preference can be changed in your Account Settings .
	Address



GETTING HELP AND TRAINING

If you have questions, want to learn more about a certain feature, or need more information about a specific topic, click **Help Resources** and select **Frontline Support**. This opens a knowledge base of help and training materials.

ACCESSING ABSENCE MANAGEMENT ON THE PHONE

In addition to web-based, system accessibility, you can also create absences, manage personal information, check absence reason balances, and more, all over the phone.

To call the Absence Management system, dial **1-800-942-3767**. You'll be prompted to enter your ID number (followed by the # sign) and then your PIN number (followed by the # sign).

Over the phone you can:

- Create an absence (within the next 30 days) – **Press 1**
- Review upcoming absences – **Press 3**
- Review a specific absence – **Press 4**
- Review or change your personal information – **Press 5**

If you create an absence over the phone, please note the confirmation number that the system assigns the new absence, for future reference.



PAYROLL INFORMATION / FORMS

PAYROLL INFORMATION

Payroll Email – payroll@pgusd.org – Both Kristen and Alyssa will get a copy

Kristen Quilty – Payroll/Benefits Specialist (A-K) 831-646-6515
kquilty@pgusd.org

Alyssa Rodriguez – Payroll/Benefits Specialist (L-Z) 831-607-8891
alyssarodriguez@pgusd.org

FORMS:

All forms referred to in this section are available on our website at pgusd.org. Hover over the Human Resources tab, click Payroll/Benefits/MCSIG.

PAYDAY:

Payroll warrants are mailed out from the District Office on payday, see payday schedule for dates. If the end of the month falls on a weekend, payday is the preceding Friday.

AUTOMATIC DEPOSIT:

Automatic payroll deposit is available to all employees. Employees enrolled in direct deposit, will receive all pay advices at their personal email address on file with PGUSD. Employees without a personal email address on file, will receive their paperless pay advices to the employer-issued email address. Pay advices will be delivered in PDF format using a secure password-protected PDF. To view the PDF, employees will be asked to input a password, which is your Escape employee ID number. If you wish to enroll in automatic deposit, complete the ACH form available on our website, all direct deposit forms must be accompanied with a voided check or the direct deposit form from your bank or they will not be processed.

STIPENDS:

Stipends for extra duty assignments are paid as listed on the Special Assignment Salary Schedule. The assignments are paid either on a monthly schedule or in the case of coaching when a special assignment time sheet is turned into your site office for signature and payment. It is important to keep track of your paperwork for submission. Contracts for extra duty are

common and they will also be tracked by timesheet. Timesheet periods start on the 1st of the month and end on the last day of the month. Timesheets MUST be turned in monthly and not held for any reason. When your contracted duty has been fulfilled a timesheet is turned into the manager in charge of that contract. When it has been appropriately signed, it will be forwarded to the payroll department for payment. Stipends and extra duty timesheets are paid on Supplemental payrolls on or about the 10th day of the month, and in some cases, at the end of the month.

NOTE: All stipends require a Special Assignment Timesheet to be turned in by the employee to be processed.

DEFERRED PAY:

Employees may elect deferred pay so that they are paid equally over 12 months. During the months worked, either 10 or 11, a portion of your after tax earnings are withheld to be paid on the month or months that you do not work. Deferred pay will remain in effect until payroll is informed in writing of your request to cancel. Once cancelled, you may not elect deferred pay again until the start of the new school year. Forms are on our website, PGUSD.org.

JURY DUTY:

Jury duty is the obligation of all citizens. When you are called to jury duty you must inform your supervisor and keep them informed as to whether you will be required to report. Because we are a state entity, there is no payment from the courts for your jury service. You do however, get mileage and you do not have to give that to the district. You will be paid for all days you are required to serve. At the end of your jury service please attach the paperwork given to you by the court, to your absence form.

STATE DISABILITY INSURANCE:

Pacific Grove Unified does not participate in the state disability insurance program. Your sick leave is cumulative for that reason and there are provisions for differential pay, if needed. CTA does offer disability insurance through Standard Insurance Company, for members of CTA, at the employee's cost. Please email Kristen Quilty (A-K) or Alyssa Rodriguez (L-Z) if you would like more information on that program.

WORKERS COMPENSATION INSURANCE:

All employees of the Pacific Grove Unified School District are covered by Workers Compensation Insurance. It is imperative that you notify your

Principal or Site Secretary in the event that you are injured in any way during working hours. No injury is too small. We must be notified so that you may be covered. If you have any questions, please call the payroll office at 646-6515 for Kristen Quilty (A-K) or 607-8891 for Alyssa Rodriguez (L-Z).

HEALTH BENEFITS:

Pacific Grove Unified is a member of the Monterey County Schools Insurance Company or MCSIG. This is a joint powers agency made up of school districts within Monterey county. The office for that agency is at 76 Stephanie Drive, Salinas, CA 93901, the phone number is 831-755-0161. Benefits are offered to qualifying new employees upon hiring. Benefits can be added for a qualifying event (birth of a child, marriage, adoption, loss of coverage) within 30 days of that qualifying event. Benefits can be dropped at any time. Open enrollment occurs in November, with an effective date of January 1 of the following year, every year.

APPOINTMENTS:

Due to many deadlines in the payroll office, we request that you make an appointment for any payroll/benefit needs you may have. For employees who have last names A-K, you can email Kristen Quilty at kquilty@pgusd.org or call 831-646-6515 to request an appointment. For employees who have last names L-Z, you can email Alyssa Rodriguez at alyssarodriguez@pgusd.org or call 831-607-8891.



MONTEREY COUNTY

OFFICE of EDUCATION

2023-24 PAYROLL SCHEDULE

DATA ENTRY DEADLINE: REGULAR & MANUAL PAYROLL 6:00 A.M.
(Includes clearing labor errors) SUPPLEMENTAL PAYROLL 3:00 P.M.

WARRANT PICK UP: REGULAR & SUPPLEMENTAL PAYROLL 8:00 A.M.-NOON
 MANUAL PAYROLL 10:30 A.M.-1:00 P.M.

JULY			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Wed. 5	Wed. 5	Wed. 5
Sup.	Wed. 5	Fri. 7	Mon. 10
Man.	Fri. 14	Fri. 14	Fri. 14
Reg.	Tue. 25	Fri. 28	Mon. 31
5, 10, 14 - LIABILITY PAYROLLS			

AUGUST			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Fri. 4	Fri. 4	Fri. 4
Sup.	Mon. 7	Wed. 9	Thur. 10
Man.	Tue. 15	Tue. 15	Tue. 15
Reg.	Fri. 25	Wed. 30	Thur. 31

SEPTEMBER			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Tue. 5	Tue. 5	Tue. 5
Sup.	Tue. 5	Thur. 7	Fri. 8
Man.	Fri. 15	Fri. 15	Fri. 15
Reg.	Mon. 25	Thur. 28	Fri. 29

OCTOBER			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Thur. 5	Thur. 5	Thur. 5
Sup.	Thur. 5	Mon. 9	Tue. 10
Man.	Fri. 13	Fri. 13	Fri. 13
Reg.	Wed. 25	Mon. 30	Tue. 31

NOVEMBER			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Fri. 3	Fri. 3	Fri. 3
Sup.	Mon. 6	Wed. 8	Thur. 9
Man.	Wed. 15	Wed. 15	Wed. 15
Reg.	Wed. 22	Wed. 29	Thur. 30

DECEMBER			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Tue. 5	Tue. 5	Tue. 5
Sup.	Tue. 5	Thur. 7	Fri. 8
Man.	Fri. 15	Fri. 15	Fri. 15
Reg.	Mon. 18	Wed. 20	Thur. 21
MCOE CLOSED 12/25-12/29			

JANUARY			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Fri. 5	Fri. 5	Fri. 5
Sup.	Fri. 5	Tue. 9	Wed. 10
Man.	Fri. 12	Fri. 12	Fri. 12
Reg.	Thur. 25	Tue. 30	Wed. 31

FEBRUARY			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Mon. 5	Mon. 5	Mon. 5
Sup.	Tue. 6	Thur. 8	Fri. 9
Man.	Thur. 15	Thur. 15	Thur. 15
Reg.	Fri. 23	Wed. 28	Thur. 29

MARCH			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Tue. 5	Tue. 5	Tue. 5
Sup.	Tue. 5	Thur. 7	Fri. 8
Man.	Fri. 15	Fri. 15	Fri. 15
Reg.	Mon. 25	Thur. 28	Fri. 29

APRIL			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Fri. 5	Fri. 5	Fri. 5
Sup.	Fri. 5	Tue. 9	Wed. 10
Man.	Mon. 15	Mon. 15	Mon. 15
Reg.	Wed. 24	Mon. 29	Tue. 30

MAY			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Fri. 3	Fri. 3	Fri. 3
Sup.	Tue. 7	Thur. 9	Fri. 10
Man.	Wed. 15	Wed. 15	Wed. 15
Reg.	Fri. 24	Thur. 30	Fri. 31

JUNE			
TYPE	CUT-OFF	PICK UP	PAY DAY
Man.	Wed. 5	Wed. 5	Wed. 5
Sup.	Wed. 5	Fri. 7	Mon. 10
Man.	Fri. 14	Fri. 14	Fri. 14
Reg.	Mon. 24	Thur. 27	Fri. 28

Man=Manual ♦ Reg=Regular ♦ Sup=Supplemental

Please make sure that your signed Pay01 and Pay22 reports are submitted prior to payroll pick-up, which can be emailed to payroll-submit@montereycoe.org or faxed to (831) 753-1616.

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
PAY DAY SCHEDULE
2023/2024**

Supplemental Payroll	Monday, July 10, 2023
Manual Payroll	Friday, July 14, 2023
Regular Payroll	Monday, July 31, 2023
Supplemental Payroll	Thursday, August 10, 2023
Regular Payroll	Thursday, August 31, 2023
Supplemental Payroll	Friday, September 8, 2023
Regular Payroll	Friday, September 29, 2023
Supplemental Payroll	Tuesday, October 10, 2023
Regular Payroll	Tuesday, October 31, 2023
Supplemental Payroll	Thursday, November 9, 2023
Regular Payroll	Thursday, November 30, 2023
Supplemental Payroll	Friday, December 8, 2023
Regular Payroll	Thursday, December 21, 2023
Supplemental Payroll	Wednesday, January 10, 2024
Regular Payroll	Wednesday, January 31, 2024
Supplemental Payroll	Friday, February 9, 2024
Regular Payroll	Thursday, February 29, 2024
Supplemental Payroll	Friday, March 8, 2024
Regular Payroll	Friday, March 29, 2024
Supplemental Payroll	Wednesday, April 10, 2024
Regular Payroll	Tuesday, April 30, 2024
Supplemental Payroll	Friday, May 10, 2024
Regular Payroll	Friday, May 31, 2024
Supplemental Payroll	Monday, June 10, 2024
Regular Payroll	Friday, June 28, 2024

NOTE: Regular payroll includes employees with regular positions and sometimes overtime, extra hours and stipends.

Supplemental checks include timesheet pay for substitutes, overtime or extra hours for regular employees, with the pay period being from the 1st through the last day of the month and are paid on the 10th of the following month.

Employees enrolled in direct deposit will have payments for regular and supplemental payrolls posted on payday. ACH pay advices will be delivered to the personal email address on file.

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
435 HILLCREST AVENUE
PACIFIC GROVE, CA 93950

**AUTHORIZATION OF AUTOMATIC DEPOSIT OF PAYROLL
WARRANTS**

The Monterey County Office of Education has the ability to deposit your paycheck/payroll warrant directly into your checking account. In order to do this; the Payroll Department must have the information contained on a personal check including name of the institution, address and account number (You **must** attach a voided check or a copy of a voided check to this form). This form must be submitted to Payroll no later than the 15th of the month. The automatic deposit becomes effective with the 2nd payroll warrant after this form is implemented, to allow for bank account verification.

Paperless Pay Stub: PGUSD requires employees who elect direct deposit to receive paperless pay stubs at the personal email address provided. The employer-issued email address will be used as default if a personal email is not provided. Paperless pay stubs will be delivered in a secured, password-protected PDF.

It is extremely important that you notify the Payroll Department if you change banks or change bank account numbers at your current bank.

If you have any questions please contact the Payroll Department at 831-646-6515 or via email Payroll@pgusd.org.

ATTACH YOUR CHECK HERE

In signing this form, the employee shall hold harmless the school district; its employees and agents, for the entire automatic deposit process of any and all payroll warrants. It is the responsibility of the employee to submit the correct information, which will result in the automatic deposit of funds to the proper account.

The authority granted by the execution of this form is to remain in full force and effect until the employee revokes it in writing. Revocation must occur at least 10 working days prior to the end of the month by notifying the Payroll Department in writing to allow the Office of Education a reasonable opportunity to act on it, or upon termination of my employment from the District.

I have read and understand the above information concerning automatic deposit authorization and I hereby authorize the Pacific Grove Unified School District and the Monterey County Office of Education to deposit my entire payroll warrant (and/or corrections to the previous credits) to the institution indicated on the attached personal check. The institution is authorized to credit and/or correct the amounts to my account.

Type of Account: Checking Savings
Financial Institution Name: _____
Account Number: _____
Routing Transit Number: _____

Print Name

Employee Email Address

Authorizing Signature

Date

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
435 HILLCREST AVENUE
PACIFIC GROVE, CA 93950

DEFERRED PAY ELECTION FORM

EMPLOYEE NAME: _____

SCHOOL SITE: _____ WORK YEAR (10 OR 11 MONTHS) _____

SOCIAL SECURITY NUMBER: _____

How Deferred Pay works:

A portion of your net pay (after taxes) is withheld each month that you are paid. This shows up as "Deferred Pay" on your paystub. IF every month your net pay (after taxes) is exactly the same, the amount that was withheld for 10 months is divided in half and paid to you in June and again in July. For 11 months, the amount withheld will be paid to you in July. The amount paid out in June and July, or just July, is approximately the amount of net pay that you were paid each of the ten months.

If during the 10/11 months, your pay changes for any reason, the amount withheld for deferred comp changes, so therefore the amount to be paid out in June and July will differ from the previous months' net pay. The amount you are paid out on your non work month(s) is EXACTLY the amount that you had deferred (withheld) during the 10/11 months of pay.

Payout(s) of deferred pay are net pay only, no gross pay, no deductions, and no taxes.

I understand that if I decide to stop participation in the Deferred Pay Program during the work year, I must submit a written request to Payroll to do so. It is further understood that I would not be able to reinstate the Deferred Pay Program until the beginning of the next school year. I understand that during the next payroll cycle after cancellation, I will be paid out the amount withheld in full.

REGARDING YOUR _____ **(School Year)** SALARY (CHECK ONE):

_____ I prefer to register for the Deferred Pay Program, and hereby request that a portion of my monthly, after tax earnings, are set aside for the month or months that I do not work.

_____ I prefer to **not** register for the Deferred Pay Program, I understand I will not receive a check in the months I do not work.

Employee Signature

Date

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CERTIFICATED - 10 MONTH
2023 HEALTH, DENTAL, & VISION RATES
PAYROLL PREMIUMS EFF 01/01/23-12/31/23

COST BASED OFF	\$ 5,900.00	DISRICT YEARLY CONTRIBUTION EE ONLY	10 PAY PERIODS FTE	1
COST BASED OFF	\$ 10,524.00	DISTRICT YEARLY CONTRIBUTION EE+1 & FAMILY	10 PAY PERIODS FTE	1
PLAN	COVERAGE OPTIONS	2022 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$25	EMPLOYEE ONLY	1404.00	590.00	814.00
	EE + 1	2800.80	1052.40	1748.40
	FAMILY	3638.40	1052.40	2586.00
PPO \$30	EMPLOYEE ONLY	1281.60	590.00	691.60
	EE + 1	2541.60	1052.40	1489.20
	FAMILY	3302.40	1052.40	2250.00
PPO \$40	EMPLOYEE ONLY	1207.20	590.00	617.20
	EE + 1	2409.60	1052.40	1357.20
	FAMILY	3128.40	1052.40	2076.00
PPO \$50	EMPLOYEE ONLY	1131.60	590.00	541.60
	EE + 1	2262.00	1052.40	1209.60
	FAMILY	2937.60	1052.40	1885.20
PPO \$60	EMPLOYEE ONLY	1020.00	590.00	430.00
	EE + 1	2026.80	1052.40	974.40
	FAMILY	2635.20	1052.40	1582.80
PPO Select	EMPLOYEE ONLY	848.40	590.00	258.40
	EE + 1	1689.60	1052.40	637.20
	FAMILY	2194.80	1052.40	1142.40
Kaiser Low	EMPLOYEE ONLY	774.00	590.00	184.00
	EE + 1	1519.20	1052.40	466.80
	FAMILY	2138.40	1052.40	1086.00
Kaiser Med	EMPLOYEE ONLY	854.40	590.00	264.40
	EE + 1	1680.00	1052.40	627.60
	FAMILY	2366.40	1052.40	1314.00
Kaiser High	EMPLOYEE ONLY	987.60	590.00	397.60
	EE + 1	1947.60	1052.40	895.20
	FAMILY	2744.40	1052.40	1692.00
DENTAL	EMPLOYEE ONLY	72.00	0.00	72.00
	EE + 1	133.20	0.00	133.20
	FAMILY	230.40	0.00	230.40

VISION	EMPLOYEE ONLY	14.40	0.00	14.40
	EE + 1	24.00	0.00	24.00
	FAMILY	42.00	0.00	42.00

*PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING
RATES SUBJECT TO CHANGE ANNUALLY

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CERTIFICATED - 11 MONTH
2023 HEALTH, DENTAL, & VISION RATES
PAYROLL PREMIUMS EFF 01/01/23-12/31/23

COST BASED OFF	\$ 5,900.00	DISRICT YEARLY CONTRIBUTION EE ONLY	11 PAY PERIODS FTE	1
COST BASED OFF	\$ 10,524.00	DISTRICT YEARLY CONTRIBUTION EE+1 & FAMILY	11 PAY PERIODS FTE	1
PLAN	COVERAGE OPTIONS	2022 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$25	EMPLOYEE ONLY	1276.36	536.36	740.00
	EE + 1	2546.18	956.73	1589.45
	FAMILY	3307.64	956.73	2350.91
PPO \$30	EMPLOYEE ONLY	1158.55	536.36	622.18
	EE + 1	2310.55	956.73	1353.82
	FAMILY	3002.18	956.73	2045.45
PPO \$40	EMPLOYEE ONLY	1097.45	536.36	561.09
	EE + 1	2190.55	956.73	1233.82
	FAMILY	2844.00	956.73	1887.27
PPO \$50	EMPLOYEE ONLY	1028.73	536.36	492.36
	EE + 1	2056.36	956.73	1099.64
	FAMILY	2670.55	956.73	1713.82
PPO \$60	EMPLOYEE ONLY	927.27	536.36	390.91
	EE + 1	1842.55	956.73	885.82
	FAMILY	2395.64	956.73	1438.91
PPO Select	EMPLOYEE ONLY	771.27	536.36	234.91
	EE + 1	1536.00	956.73	579.27
	FAMILY	1995.27	956.73	1038.55
Kaiser Low	EMPLOYEE ONLY	703.64	536.36	167.27
	EE + 1	1381.09	956.73	424.36
	FAMILY	1944.00	956.73	987.27
Kaiser Med	EMPLOYEE ONLY	776.73	536.36	240.36
	EE + 1	1527.27	956.73	570.55
	FAMILY	2151.27	956.73	1194.55
Kaiser High	EMPLOYEE ONLY	897.82	536.36	361.45
	EE + 1	1770.55	956.73	813.82
	FAMILY	2494.91	956.73	1538.18
DENTAL	EMPLOYEE ONLY	65.45	0.00	65.45
	EE + 1	121.09	0.00	121.09
	FAMILY	209.45	0.00	209.45

VISION	EMPLOYEE ONLY	13.09	0.00	13.09
	EE + 1	21.82	0.00	21.82
	FAMILY	38.18	0.00	38.18

*PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING
RATES SUBJECT TO CHANGE ANNUALLY

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CERTIFICATED - 12 MONTH
2023 HEALTH, DENTAL, & VISION RATES
PAYROLL PREMIUMS EFF 01/01/23-12/31/23

COST BASED OFF	\$ 5,900.00	DISRICT YEARLY CONTRIBUTION EE ONLY	12 PAY PERIODS FTE	1
COST BASED OFF	\$ 10,524.00	DISTRICT YEARLY CONTRIBUTION EE+1 & FAMILY	12 PAY PERIODS FTE	1
PLAN	COVERAGE OPTIONS	2022 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$25	EMPLOYEE ONLY	1170.00	491.67	678.33
	EE + 1	2334.00	877.00	1457.00
	FAMILY	3032.00	877.00	2155.00
PPO \$30	EMPLOYEE ONLY	1062.00	491.67	570.33
	EE + 1	2118.00	877.00	1241.00
	FAMILY	2752.00	877.00	1875.00
PPO \$40	EMPLOYEE ONLY	1006.00	491.67	514.33
	EE + 1	2009.00	877.00	1132.00
	FAMILY	2607.00	877.00	1730.00
PPO \$50	EMPLOYEE ONLY	944.00	491.67	452.33
	EE + 1	1885.00	877.00	1008.00
	FAMILY	2448.00	877.00	1571.00
PPO \$60	EMPLOYEE ONLY	850.00	491.67	358.33
	EE + 1	1689.00	877.00	812.00
	FAMILY	2197.00	877.00	1320.00
PPO Select	EMPLOYEE ONLY	707.00	491.67	215.33
	EE + 1	1408.00	877.00	531.00
	FAMILY	1829.00	877.00	952.00
Kaiser Low	EMPLOYEE ONLY	645.00	491.67	153.33
	EE + 1	1266.00	877.00	389.00
	FAMILY	1782.00	877.00	905.00
Kaiser Med	EMPLOYEE ONLY	712.00	491.67	220.33
	EE + 1	1400.00	877.00	523.00
	FAMILY	1972.00	877.00	1095.00
Kaiser High	EMPLOYEE ONLY	823.00	491.67	331.33
	EE + 1	1623.00	877.00	746.00
	FAMILY	2287.00	877.00	1410.00
DENTAL	EMPLOYEE ONLY	60.00	0.00	60.00
	EE + 1	111.00	0.00	111.00
	FAMILY	192.00	0.00	192.00

VISION	EMPLOYEE ONLY	12.00	0.00	12.00
	EE + 1	20.00	0.00	20.00
	FAMILY	35.00	0.00	35.00

*PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING
RATES SUBJECT TO CHANGE ANNUALLY

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CLASSIFIED - 10 MONTH
2023 HEALTH, DENTAL, & VISION RATES
PAYROLL PREMIUMS EFF 01/01/23-12/31/23

COST BASED OFF	\$ 7,425.36	DISTRCT YEARLY CONTRIBUTION EE ONLY	10 PAY PERIODS FTE	0.75
COST BASED OFF	\$ 7,701.36	DISTRICT YEARLY CONTRIBUTION EE+1 & FAMILY	10 PAY PERIODS FTE	0.75

PLAN	COVERAGE OPTIONS	2022 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$25	EMPLOYEE ONLY	1404.00	556.90	847.10
	EE + 1	2800.80	577.60	2223.20
	FAMILY	3638.40	577.60	3060.80
PPO \$30	EMPLOYEE ONLY	1274.40	556.90	717.50
	EE + 1	2541.60	577.60	1964.00
	FAMILY	3302.40	577.60	2724.80
PPO \$40	EMPLOYEE ONLY	1207.20	556.90	650.30
	EE + 1	2409.60	577.60	1832.00
	FAMILY	3128.40	577.60	2550.80
PPO \$50	EMPLOYEE ONLY	1131.60	556.90	574.70
	EE + 1	2262.00	577.60	1684.40
	FAMILY	2937.60	577.60	2360.00
PPO \$60	EMPLOYEE ONLY	1020.00	556.90	463.10
	EE + 1	2026.80	577.60	1449.20
	FAMILY	2635.20	577.60	2057.60
PPO Select	EMPLOYEE ONLY	848.40	556.90	291.50
	EE + 1	1689.60	577.60	1112.00
	FAMILY	2194.80	577.60	1617.20
Kaiser Low	EMPLOYEE ONLY	774.00	556.90	217.10
	EE + 1	1519.20	577.60	941.60
	FAMILY	2138.40	577.60	1560.80
Kaiser Med	EMPLOYEE ONLY	854.40	556.90	297.50
	EE + 1	1680.00	577.60	1102.40
	FAMILY	2366.40	577.60	1788.80
Kaiser High	EMPLOYEE ONLY	987.60	556.90	430.70
	EE + 1	1947.60	577.60	1370.00
	FAMILY	2744.40	577.60	2166.80
DENTAL	EMPLOYEE ONLY	72.00	0.00	72.00
	EE + 1	133.20	0.00	133.20
	FAMILY	230.40	0.00	230.40
VISION	EMPLOYEE ONLY	14.40	0.00	14.40
	EE + 1	24.00	0.00	24.00
	FAMILY	42.00	0.00	42.00

*PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING
RATES SUBJECT TO CHANGE ANNUALLY

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CLASSIFIED - 11 MONTH
2023 HEALTH, DENTAL, & VISION RATES
PAYROLL PREMIUMS EFF 01/01/2023-12/31/23

COST BASED OFF	\$ 7,425.36	DISRICT YEARLY CONTRIBUTION EE ONLY	11 PAY PERIODS FTE	1
COST BASED OFF	\$ 7,701.36	DISTRICT YEARLY CONTRIBUTION EE+1 & FAMILY	11 PAY PERIODS FTE	1
PLAN	COVERAGE OPTIONS	2022 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$25	EMPLOYEE ONLY	1276.36	675.03	601.33
	EE + 1	2546.18	700.12	1846.06
	FAMILY	3307.64	700.12	2607.51
PPO \$30	EMPLOYEE ONLY	1158.55	675.03	483.51
	EE + 1	2310.55	700.12	1610.42
	FAMILY	3002.18	700.12	2302.06
PPO \$40	EMPLOYEE ONLY	1097.45	675.03	422.42
	EE + 1	18255.64	700.12	17555.51
	FAMILY	2844.00	700.12	2143.88
PPO \$50	EMPLOYEE ONLY	1028.73	675.03	353.69
	EE + 1	2056.36	700.12	1356.24
	FAMILY	2670.55	700.12	1970.42
PPO \$60	EMPLOYEE ONLY	927.27	675.03	252.24
	EE + 1	1842.55	700.12	1142.42
	FAMILY	2395.64	700.12	1695.51
PPO Select	EMPLOYEE ONLY	771.27	675.03	96.24
	EE + 1	1536.00	700.12	835.88
	FAMILY	1995.27	700.12	1295.15
Kaiser Low	EMPLOYEE ONLY	703.64	675.03	28.60
	EE + 1	1381.09	700.12	680.97
	FAMILY	1944.00	700.12	1243.88
Kaiser Med	EMPLOYEE ONLY	776.73	675.03	101.69
	EE + 1	1527.27	700.12	827.15
	FAMILY	2151.27	700.12	1451.15
Kaiser High	EMPLOYEE ONLY	7482.91	675.03	6807.88
	EE + 1	1770.55	700.12	1070.42
	FAMILY	2494.91	700.12	1794.79
DENTAL	EMPLOYEE ONLY	65.45	0.00	65.45
	EE + 1	121.09	0.00	121.09
	FAMILY	209.45	0.00	209.45

VISION	EMPLOYEE ONLY	13.09	0.00	13.09
	EE + 1	21.82	0.00	21.82
	FAMILY	38.18	0.00	38.18

*PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING
RATES SUBJECT TO CHANGE ANNUALLY

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CLASSIFIED - 12 MONTH
2023 HEALTH, DENTAL, & VISION RATES
PAYROLL CHANGE EFF 1/1/2023 PREMIUMS EFF 1/1/23-12/31/23

COST BASED OFF	\$ 7,425.36	DISTRIC YEARLY CONTRIBUTION EE ONLY	12 PAY PERIODS FTE	1
COST BASED OFF	\$ 7,701.36	DISTRIC YEARLY CONTRIBUTION EE+1 & FAMILY	12 PAY PERIODS FTE	1
PLAN	COVERAGE OPTIONS	2022 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
PPO \$25	EMPLOYEE ONLY	1170.00	618.78	551.22
	EE + 1	2334.00	641.78	1692.22
	FAMILY	3032.00	641.78	2390.22
PPO \$30	EMPLOYEE ONLY	1062.00	618.78	443.22
	EE + 1	2118.00	641.78	1476.22
	FAMILY	2752.00	641.78	2110.22
PPO \$40	EMPLOYEE ONLY	1006.00	618.78	387.22
	EE + 1	2009.00	641.78	1367.22
	FAMILY	2607.00	641.78	1965.22
PPO \$50	EMPLOYEE ONLY	944.00	618.78	325.22
	EE + 1	1885.00	641.78	1243.22
	FAMILY	2448.00	641.78	1806.22
PPO \$60	EMPLOYEE ONLY	850.00	618.78	231.22
	EE + 1	1689.00	641.78	1047.22
	FAMILY	2197.00	641.78	1555.22
PPO Select	EMPLOYEE ONLY	707.00	618.78	88.22
	EE + 1	1408.00	641.78	766.22
	FAMILY	1829.00	641.78	1187.22
Kaiser Low	EMPLOYEE ONLY	645.00	618.78	26.22
	EE + 1	1266.00	641.78	624.22
	FAMILY	1782.00	641.78	1140.22
Kaiser Med	EMPLOYEE ONLY	712.00	618.78	93.22
	EE + 1	1400.00	641.78	758.22
	FAMILY	1972.00	641.78	1330.22
Kaiser High	EMPLOYEE ONLY	823.00	618.78	204.22
	EE + 1	1623.00	641.78	981.22
	FAMILY	2287.00	641.78	1645.22
Dental	EMPLOYEE ONLY	60.00	0.00	60.00
	EE + 1	111.00	0.00	111.00
	FAMILY	192.00	0.00	192.00
VISION	EMPLOYEE ONLY	12.00	0.00	12.00
	EE + 1	20.00	0.00	20.00
	FAMILY	35.00	0.00	35.00

*PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING
RATES SUBJECT TO CHANGE ANNUALLY

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
MANAGEMENT - 12 MONTH
2023 HEALTH, DENTAL, & VISION RATES
PAYROLL PREMIUMS EFF 01/01/23-12/31/23**

PLAN	COVERAGE OPTIONS	2022 MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST
COST BASED OFF	\$ 4,200.00	DISTRICT YEARLY CONTRIBUTION EE ONLY	12 PAY PERIODS FTE	1
COST BASED OFF	\$ 4,560.00	DISTRICT YEARLY CONTRIBUTION EE+1 & FAMILY	12 PAY PERIODS FTE	1
PPO \$25	EMPLOYEE ONLY	1170.00	350.00	820.00
	EE + 1	2334.00	380.00	1954.00
	FAMILY	3032.00	380.00	2652.00
PPO \$30	EMPLOYEE ONLY	1062.00	350.00	712.00
	EE + 1	2118.00	380.00	1738.00
	FAMILY	2752.00	380.00	2372.00
PPO \$40	EMPLOYEE ONLY	1006.00	350.00	656.00
	EE + 1	2008.00	380.00	1628.00
	FAMILY	2607.00	380.00	2227.00
PPO \$50	EMPLOYEE ONLY	944.00	350.00	594.00
	EE + 1	1885.00	380.00	1505.00
	FAMILY	2448.00	380.00	2068.00
PPO \$60	EMPLOYEE ONLY	850.00	350.00	500.00
	EE + 1	1689.00	380.00	1309.00
	FAMILY	2197.00	380.00	1817.00
PPO Select	EMPLOYEE ONLY	707.00	350.00	357.00
	EE + 1	1408.00	380.00	1028.00
	FAMILY	1829.00	380.00	1449.00
Kaiser Low	EMPLOYEE ONLY	645.00	350.00	295.00
	EE + 1	1266.00	380.00	886.00
	FAMILY	1782.00	380.00	1402.00
Kaiser Med	EMPLOYEE ONLY	712.00	350.00	362.00
	EE + 1	1400.00	380.00	1020.00
	FAMILY	1972.00	380.00	1592.00
Kaiser High	EMPLOYEE ONLY	823.00	350.00	473.00
	EE + 1	1623.00	380.00	1243.00
	FAMILY	2287.00	380.00	1907.00
DENTAL	EMPLOYEE ONLY	60.00	0.00	60.00
	EE + 1	111.00	0.00	111.00
	FAMILY	192.00	0.00	192.00
VISION	EMPLOYEE ONLY	12.00	0.00	12.00
	EE + 1	20.00	0.00	20.00
	FAMILY	35.00	0.00	35.00

*PLEASE NOTE EMPLOYEE COST MAY VARY DUE TO ROUNDING
RATES SUBJECT TO CHANGE ANNUALLY

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
SPECIAL ASSIGNMENT TIME SHEET

This Special Assignment time sheet should be completed by the individual appointed to that position at the conclusion of the assignment. Upon approval by the site principal, the time sheet should be forwarded to Human Resources for signature.

Completed Assignment: _____
(Coaching, Advisor, Director, etc)

School: _____ Season: Fall___ Winter___ Spring___

Employee: _____ SS# _____

- All uniforms have been returned, inventoried, and stored properly.
- All equipment has been collected and stored in the appropriate storage area.
- District key has been returned.
- Athletic Director has allowed Coach/Advisor to keep site key until _____.

Employees Signature _____ Date _____

Approved by Athletic Director _____ Date _____

Approved by Principal _____ Date _____

ATTENTION SITE PRINCIPALS:

Prior to receiving payment for a Special Assignment, an employee must have filed employment paperwork with the Human Resource office for the assignment. Current and "Walk On" employees must have had the assignment approved by the School Board on an Assignment Order. The principal is responsible for submission of the Assignment Order to the Human Resources office for School Board approval prior to the start of the Special Assignment.

- **If the paperwork and process is incomplete, the stipend will not be paid.**

Approved by HR Director _____ Date _____

Budget Code: _____

To be completed by the Payroll Office:

Stipend for the position per the current contract \$ _____

Number of years at this same assignment: _____

Date Paid _____

CERTIFICATED TIMESHEET
Pacific Grove Unified School District

CERTIFICATED PAYROLL TIME SHEET

WORK PERFORMED:

Name of Employee: _____

Sub for Emp: _____ (name of employee that is out)

Month: _____ / Year: _____

				Last 4 of SS#		School or Department:			
Date	IN	OUT	TOTAL	Work Performed	Date	IN	OUT	TOTAL	Work Performed
1					16				
2					17				
3					18				
4					19				
5					20				
6					21				
7					22				
8					23				
9					24				
10					25				
11					26				
12					27				
13					28				
14					29				
15					30				
					31				
COLUMN TOTAL					COLUMN TOTAL				
					FINAL TOTAL				

Pay cycle: 16th of the month to the 15th of the following month. **SITE/DEPT DEADLINE: 16-31 DUE ON THE FIRST, BY 10 A.M., 1-15 DUE ON THE 16TH BY 10 AM.** All hourly, daily, or Other Work Pay must be approved by the District Payroll Office before payment can be made.

Fund	Resource	Year	Goal	Funct.	Object	Sub-Obj	Site	Program	Mgmt	Straight	OT HRS	Payroll USE

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

CLASSIFIED TIMESHEET
Pacific Grove Unified School District

CLASSIFIED PAYROLL TIME SHEET

WORK PERFORMED:

Name of Employee: _____

Sub for Emp: _____ (name of employee that is out)

Month: _____ / Year: _____

OT _____

				Last 4 of SS#		School or Department:			
Date	IN	OUT	TOTAL	Work Performed	Date	IN	OUT	TOTAL	Work Performed
1					16				
2					17				
3					18				
4					19				
5					20				
6					21				
7					22				
8					23				
9					24				
10					25				
11					26				
12					27				
13					28				
14					29				
15					30				
					31				
COLUMN TOTAL					COLUMN TOTAL				
					FINAL TOTAL				

Pay cycle: 16th of the month to the 15th of the following month. **SITE/DEPT DEADLINE: 16-31 DUE ON THE FIRST, BY 10 A.M., 1-15 DUE ON THE 16TH BY 10 AM.** All hourly, daily, or Other Work Pay must be approved by the District Payroll Office before payment can be made.

Fund	Resource	Year	Goal	Funct.	Object	Sub-Obj	Site	Program	Mgmt	Straight	OT HRS	Payroll USE

EMPLOYEE SIGNATURE _____

DATE _____

SUPERVISOR SIGNATURE _____

DATE _____

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CERTIFICATED ABSENCE REPORT

Employee _____ Date(s) Absent _____

School or Work Location _____

REASON FOR ABSENCE (check one)

- Bereavement
- Industrial illness or accident
- Inservice release time *¹
- Jury Duty
- Leave with differential pay, when authorized
- Leave without pay
- Other _____
- Personal illness
- Witness Leave

*¹ Note: HR keeps records of inservice release time. Use of inservice release time must be coordinated with HR prior to use.

PERSONAL NECESSITY LEAVE (not more than seven days per school year)*²

- Serious illness or death in family (beyond Bereavement Leave)
- Accident to person and/or property of immediate family
- Leave with prior authorization (Use "Request for Personal Necessity Leave" form)
- Three days leave with prior notification to Principal but without explanation

*² Note: Personal necessity leave will be charged to sick leave unless you prefer they be charged to an Inservice Release Day instead.

Employee's Signature

Date

_____ Approved _____ Not approved

Supervisor's Signature

Date

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
REQUEST FOR PERSONAL NECESSITY LEAVE

To: Immediate Supervisor (normally site principal or designee:

Personal necessity leave is requested on _____
date/dates

for the following reason or purpose: (seven days per school year limit

It is not possible for me to accomplish the above during non-working hours. I understand that approval of this request will result in an equivalent reduction of my accumulated sick leave benefits.

Signature

To: _____

From: Immediate Supervisor

Response: _____

Signature

Note: contract language states that "In the event of a denial by the immediate supervisor, the employee shall have the right to meet with the Superintendent to appeal the decision. The Superintendent's decision shall be presented to the employee in writing in a timely fashion."

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

CLASSIFIED ABSENCE REPORT

Employee: _____ Date(s) Absent: _____

School or Work Center: _____

CHECK REASON FOR ABSENCE AND EXPLAIN IN SPACE PROVIDED:

- | | |
|--|--------------------------------|
| _____ Sick Leave | _____ Personal Necessity Leave |
| _____ Industrial Accident or Illness Leave | _____ Childbirth Leave |
| _____ Bereavement Leave | _____ Child Rearing Leave |
| _____ Jury Duty or Witness Leave | _____ Vacation Leave |
| _____ Absence for Promotional Examination | _____ Military Leave |
| _____ Leave of Absence without Pay | _____ Voting Leave |
| _____ Leave of Absence for Study or Retraining | _____ Other _____ |

	I certify that during my absence I was ill or injured and unable to work.
	Attached is a doctor's verification of illness.
	I certify that I have not consulted a physician but was treated by someone in a religious sect.

Approved Disapproved

Employee's Signature Date

Supervisor's Signature Date



Pacific Grove Unified School District

Personal Information Change Form

Please submit ALL name/address/phone changes on this form to Human Resources

Date: _____
Name: _____ Last First

Name Change: (Must include copy of new Social Security Card)

New Name: _____
Last First

Address Change:

New Physical Address

New Mailing Address:

_____	_____
_____	_____
_____	_____

Telephone Number Change:

New Phone Number: _____

If you have district insurance you will ALSO need to fill out a change form for MCSIG (the form is located in the staff forms on our web site)

Please let your union president know so they can update your information with your union.

Employee Signature

Office Use Only	<input type="checkbox"/> Payroll	<input type="checkbox"/> MCSIG	<input type="checkbox"/> STRS	<input type="checkbox"/> Additional Benefits
	<input type="checkbox"/> Personnel/Escape	<input type="checkbox"/> CSEA/CTA	<input type="checkbox"/> PERS	



www.pgusd.org

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
435 Hillcrest Avenue Pacific Grove, CA 93950

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rporras@pgusd.org

Song Chin-Bendib
Assistant Superintendent
Business Services
(831) 646-6509 Fax (831) 646-6582
schinbendib@pgusd.org

Pacific Grove Unified School District

Accident/Injury Protocol

1. If the injured person is unresponsive or unable to communicate-CALL 911
2. If the injured person is responsive and able to communicate, the injured person should follow these steps:
 - a. Obtain and complete an accident/injury packet from the front office at their designated site.
 - b. Complete the MERMA Incident Report and give to the principal or manager to complete the bottom portion
 - c. Call the Company Nurse@ 1-855-602-5266
 - d. Complete the top portion of the Industrial Medical Service Order, and leave the accident/injury packet with the front office staff to send via inter-district mail to Payroll/Benefits Department.
 - e. **IF** you are seeking medical treatment, take a copy of the Industrial Medical Service Order with you to Doctors On Duty, 389 Lighthouse Ave. in Monterey.
 - f. **Within 24 hours of incident**, complete the 2 pages Workers' Compensation Claim Forms send via inter-district mail to Payroll/Benefits Department.

IN CASE OF WORKPLACE INJURY:
ACCION a seguir en caso de un accidente en el trabajo



1-855-602-5266

AVAILABLE 24 HOURS A DAY

- 1** Injured worker notifies supervisor.
Empleado lesionado notifica a su supervisor.
- 2** Supervisor / Injured worker immediately calls injury hotline.
Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.
- 3** Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.
Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.

EMPLOYER NAME
(NOMBRE DE COMPANIA)

SEARCH CODE
(CÓDIGO DEL BÚSQUEDA)

Pacific Grove Unified School District	QI84
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Notice to Employer/Supervisor:

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

Visit us online: www.CompanyNurse.com

MERMA

Monterey Educational
Risk Management Authority
P.O. Box 3320
Salinas, CA 93912

Incident Report: Employee Injury or Illness

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
(DISTRICT)

SECTION A: TO BE COMPLETED BY EMPLOYEE

- a. School _____ Department _____ Accident Date _____ Hour _____
- b. Employee's Name _____ Soc. Sec. No. (Last 4) _____
- c. Occupation _____ Location of Accident (be specific) _____
- d. To whom reported and title _____ Date Reported _____ Hour _____
- e. Description of Accident (*include task being performed; step by step detail of incident, and tool, or object involved*) _____

_____ Regular work when injured: Yes No
- f. Specific body part injured _____ Name(s) of witness(s) _____
- g. Employee's Signature _____ Home Phone _____ Date _____

SECTION B: TO BE COMPLETED BY SUPERVISOR

1. What has been or will be done to prevent future similar injuries? _____

2. Does the employee have any input on how this type of injury can be avoided in the future? _____

3. Any inservice/training necessary for staff: Yes No If so, when will this be done? _____

4. Any physical deficiencies need correcting: Yes No If so, what steps have been taken: _____

5. Any procedural/operational changes necessary? _____

6. Check Medical Aid given:
First Aid? () Describe: _____
Visit Doctor? () Name/Location _____
Hospital? () Name/Location _____

**If more than first aid given, be sure to fill out Form 5020 - Employer's Report of Occupational Injury or Illness.*

7. Supervisor's Signature: _____ Phone #: _____ Date: _____



Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDDB): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despida por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance-SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A): Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

**PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL
TRABAJADOR (DWC 1)**

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. *Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.*

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above **Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____

2. Home Address. *Dirección Residencial.* _____

3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____

4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.

5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____

6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____

7. Social Security Number. *Número de Seguro Social del Empleado.* _____

8. Check if you agree to receive notices about your claim by email only. *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. _____ *Correo electrónico del empleado.* _____

You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*

9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

10. Name of employer. *Nombre del empleador.* **PACIFIC GROVE UNIFIED SCHOOL DISTRICT**

11. Address. *Dirección.* **435 HILLCREST AVE. PACIFIC GROVE, CA 93950**

12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____

13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____

14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____

15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.*
INTERCARE HOLDINGS INSURANCE SERVICES INC P.O. Box 579 Roseville, CA 95661

16. Insurance Policy Number. *El número de la póliza de Seguro.* _____

17. Signature of employer representative. *Firma del representante del empleador.* _____

18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador Employee copy/Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

First Fill Temporary Pharmacy Card

Making it easy to get your workers' compensation prescriptions filled.

Employer:

Immediately upon receiving notice of injury, fill in the information below and give it to your employee.

Injured Employee:

1. If you need a prescription filled for a work-related injury or illness, go to a Tmesys network pharmacy.
2. Give this page to the pharmacist.
3. The pharmacist will fill your prescription at no cost.

**Questions?
Call 1.866.599.5426**

**¿Necesitas ayuda en español? Llame al
1.866.599.5426**

Prescription Card			
CARRIER / TPA	EMPLOYER		
PACIFIC GROVE UNIFIED SCHOOL DISTRICT			
INJURED WORKER NAME			
SOCIAL SECURITY NUMBER	DATE OF INJURY		
<p>Notice to Cardholder: This card should be presented to your pharmacy to receive medication for your work-related injury. It is only valid within 30 days of your date of injury. For information regarding the program or to find nearby pharmacies call 866.599.5426.</p>			
<p>Attention Pharmacists: Call 800.964.2531 to establish First Fill benefit eligibility and obtain the ID# for online adjudication of approved benefits for the injured worker.</p>			
<p>Tmesys is the designated PBM for this patient.</p>			
<p>Tmesys Pharmacy Help Desk 800.964.2531</p>			
	NDC	Envoy	
RxBin	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #

(To create a card for your wallet, cut along outer line and fold in half.)

Pharmacist:

1. Call the Tmesys Pharmacy Help Desk at **800.964.2531**.
2. Provide the information from the card.
3. The Help Desk will provide an ID number for adjudication.

Finding a Network Pharmacy

Use one of these easy methods to find a network pharmacy:

- Visit your local **Walgreens** or **Rite Aid Pharmacy**
- Call us: **866.599.5426**
- Use our pharmacy locator online: www.tmesys.com.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.

California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

E M P L O Y E R	1. FIRM NAME PACIFIC GROVE UNIFIED SCHOOL DISTRICT		1a. Policy Number	Please do not use this column CASE NUMBER OWNERSHIP
	2. MAILING ADDRESS: (Number, Street, City, Zip) 435 HILLCREST AVE. PACIFIC GROVE, CA 93950		2a. Phone Number 831-646-6515	
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)		3a. Location Code	
	4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc. SCHOOL		5. State unemployment insurance acct.no	
I N J U R Y O R I L L N E S S	6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input checked="" type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____			INDUSTRY
	7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)	8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM	9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM	10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)
	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. DATE LAST WORKED (mm/dd/yy)	13. DATE RETURNED TO WORK (mm/dd/yy)	14. IF STILL OFF WORK, CHECK THIS BOX: <input type="checkbox"/>
	15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)	18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm/dd/yy)
	19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning			
	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY	21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.		23. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold			
	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.			
	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY			
27. Name and address of physician (number, street, city, zip)			27a. Phone Number	NATURE OF INJURY
28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes then, name and address of hospital (number, street, city, zip)			28a. Phone Number	PART OF BODY
			29. Employee treated in emergency room? <input type="checkbox"/> <input type="checkbox"/>	
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.				SOURCE
30. EMPLOYEE NAME		31. SOCIAL SECURITY NUMBER	32. DATE OF BIRTH (mm/dd/yy)	EVENT
33. HOME ADDRESS (Number, Street, City, Zip)				
34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		SECONDARY SOURCE
36. DATE OF HIRE (mm/dd/yy)		37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours		
37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED		EXTENT OF INJURY
38. GROSS WAGES/SALARY \$ _____ per _____		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Completed By (type or print)	Signature & Title	Date (mm/dd/yy)
------------------------------	-------------------	-----------------

* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.

CURRICULUM FORM

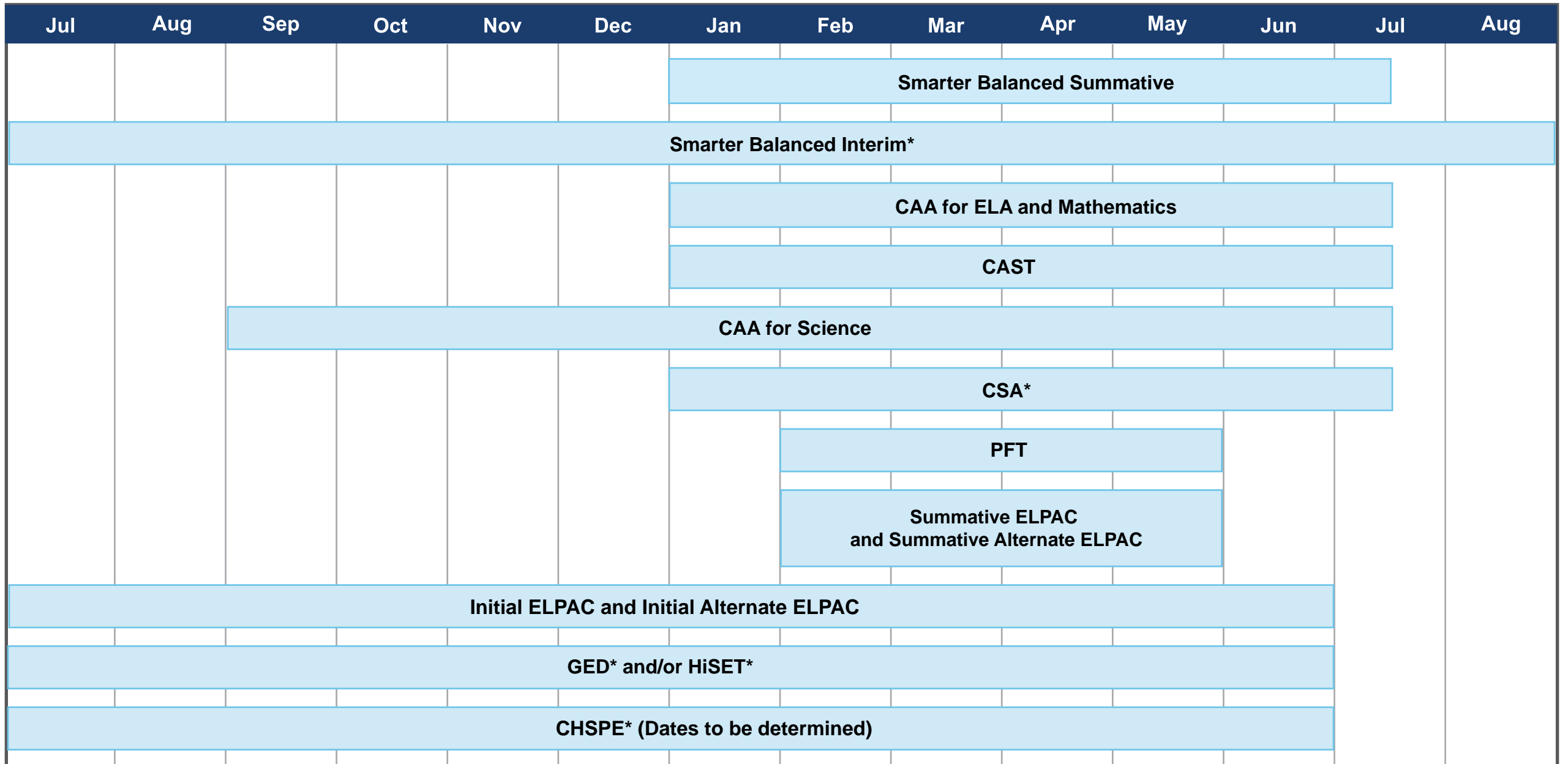
2023/2024 Textbook Order Form	School:	Grade:	Subject:
--------------------------------------	----------------	---------------	-----------------

<ul style="list-style-type: none"> • <i>Please fill out COMPLETELY</i> • <i>Return to LESLIE TERNULLO: Curriculum Office or SARA BIRKETT: SPED Office at the DO.</i> • <i>Attach additional pages as needed</i> 	Date:
	Publisher:
	Publisher Address:
	Publisher Phone:
	Publisher Fax:
Publisher Rep/Any other info:	

Name of Text/Workbook	Grade Level	Date Published	ISBN or Item Number	Quantity	Price	Total Cost

Person Submitting Order (please print):	Subtotal:	
Department Chair Signature:	Tax (8.25%):	
Principal's Signature:	Shipping (10%):	
Curriculum Signature:	TOTAL:	

California Assessment Timeline



CAA – California Alternate Assessments
CAST – California Science Test
CHSPE – California High School Proficiency Exam
CSA – California Spanish Assessment
ELA – English Language Arts/Literacy

ELPAC – English Language Proficiency Assessments for California
GED – General Educational Development
HiSET – High School Equivalency Test
PFT – Physical Fitness Test

All tests are operational.

***Optional test**

**DISTRICT FORMS /
SAMPLES AND
INSTRUCTIONS**

2023-2024 Food Service Field Trip/ Sports Trip Form

Please complete, scan and email
no later than

7 SCHOOL DAYS BEFORE THE TRIP

Teacher's Name

School Site

Day and Date of Trip

Destination

Time of Departure

Number of students requesting a Breakfast / Lunch _____

Lunches will be kept in the kitchen refrigerator on the day of the field trip.

Please return cooler box to cafeteria when you return to school.

—Please attach student roster/ list with names and student IDs

Applicable to Trips Leaving Before 11:30 AM

Please scan and email to:

Robert Silveira, School Nutrition Director

Email: rsilveira@pgusd.org

Phone: 646-6521

Fax: 646-6500



www.pgusd.org

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
435 Hillcrest Avenue Pacific Grove, CA 93950

Joshua Jorn
Interim Superintendent
(831) 646-6509
Fax (831) 646-6582
josh.jorn@pgusd.org

District Forms that are submitted electronically

- [Special Assignment Time Sheet](#)
 - This form is to be submitted electronically and can be found at the pgusd.org under staff – staff forms – District Forms. Paper submission are no longer accepted.

- [Request for off campus activity](#)
 - This form is to be submitted electronically and can be found at pgusd.org under staff – staff forms – district forms. Paper submission are no longer accepted.

- [Request to attend Conference/Training/Meeting](#)
 - This form is to be submitted electronically and can be found at pgusd.org under staff – staff forms – district forms. Paper submission are no longer accepted.

- [Request for Use of School Facilities Form](#)

Informed K-12 Form

PACIFIC GROVE UNIFIED SCHOOL DISTRICT REQUEST FOR OFF CAMPUS ACTIVITY

Board Approval is required for all out-of-county, out-of-state, or overnight activities. The request must be approved by the Board prior to the event, therefore the request must be submitted **AT LEAST TWO (2) WEEKS PRIOR TO THE BOARD MEETING PRIOR TO THE EVENT**. For ALL other activities, submit a request two weeks in advance of activity.

Date of Activity: _____ Day of Activity: _____

Activity Name/ Location: _____ Address: _____

City: _____ County: _____

School: _____ Teacher/ Class or Club: _____ Grade: _____

School Departure Time: _____ Pickup Time from Place of Activity: _____

Name(s) of Employee(s) Accompanying Students: _____

Number of Adults: _____ Number of Students: _____

Description of Activity/ Educational Objective: _____

List All Stops: _____

Means of Transportation:
(Board Regulation 3541.1 requirements will be complied with when using private autos: _____ (Teacher Initials)

Name(s) of Auto Drivers (subject to change): _____
 Form-OCA-1 Release of Driver Record Information is on file with the District
 Form-OCA-2 Personal Automobile Information is on file with the District
 Fingerprint clearance is on file with the District

Cost of Activity: \$ _____ + Cost of Transportation: \$ _____ = Total Cost (Est): \$ _____

Funds to be charged for all activity expenses: Students Club PG Pride Other _____

Account Code: _____

Substitute Required: _____ Account Code (for sub): _____

Requested By: _____ Date: _____
Employee Signature (accompanying students) *(Printed Name)*

Administrative Approval/Principal: _____ Date: _____

TRANSPORTATION DEPARTMENT/ DISTRICT OFFICE USE

Date Received: _____ Transportation Available: _____

Transportation Type: School Bus Charter

Cost Estimate: \$ _____

Approved by Transportation Supervisor: _____ Date: _____

Approved by Assistant Superintendent: _____ Date: _____

Board Approval: _____ Date of Board Approval: _____

Vendor # _____

PACIFIC GROVE UNIFIED SCHOOL DISTRICT REQUEST FOR REIMBURSEMENT

Purchases using the reimbursement procedure are discouraged and are conducted at the employee's own risk. The district is not committed to reimburse an employee unless prior authorization has been obtained. (Board Regulation #3310)

Name: _____

Date: _____

Type of expense: _____

School/Dept. _____

(Specify: conference, travel, instructional supplies, admin. supplies, etc.)

Directions: Be specific. **NOTE THAT FIRST AND LAST DAY MEALS ARE REIMBURSABLE AT 75%.** If expense is for mileage specify from...to... in Location column and attach a mileage map printout from your site to event venue. Each trip should be listed separately. All expenditures must be accompanied by the ORIGINAL ITEMIZED RECEIPT.

Date Incurred	Location	Type of Expense	Purpose of Expense	Receipt Attached	Reimbursable Amount *

Signature of Person Claiming Expense Reimbursement

Total Reimbursement _____

Principal or Supervisor

Accounts to be charged:

Business Office Authorization

* Per Board Policy

NOTE: This form will not be honored unless it is signed by the principal or program administrator.

**BOARD POLICY AND / OR
REGULATIONS**



PACIFIC GROVE UNIFIED SCHOOL DISTRICT
435 Hillcrest Avenue Pacific Grove, CA 93950

Joshua Jorn
Interim Superintendent
(831) 646-6509
Fax (831) 646-6582
josh.jorn@pgusd.org

www.pgusd.org

Pacific Grove Unified School District Board Policy and/or Regulation

- [Student Wellness Policy \(BP/AR/E 5030\)](#)
- [Non-discrimination in District Programs and Activities \(BP 0410\)](#)
- [Employee Use of Technology \(BP/AR 4040\)](#)
- [Sexual Harassment \(BP/AR 4119.11\)](#)
- [Exposure Control Plan For Bloodborne Pathogens \(BP/AR 4119.42\)](#)
- [Universal Precautions \(BP/AR 4119.43\)](#)
- [Drug and Alcohol-Free Workplace \(BP 4020\)](#)
- [Tobacco Free Schools \(BP/AR 3513.3\)](#)
- [Personnel Leaves, Personal Necessity \(AR 4161\)](#)
- [Travel Expenses \(BP 3350\)](#)
- [Professional Growth \(Found in PGTA CBA agreement\)](#)
- [Staff Development \(Classified\) \(BP 4231\)](#)
- [Campus Security \(BP/AR 3515\)](#)
- [Emergency and Disaster Preparedness \(BP/AR 3516\)](#)

The Pacific Grove Unified School District does not discriminate against on the basis of sex, sexual orientation, gender, gender identity, gender expression, pregnancy, race, ancestry, national origin, religion, color, mental or physical disability, medical condition, genetic information, marital status, age, and military and veteran status.



THE BIG FIVE

Pacific Grove Unified School District

SCHOOL EMERGENCY GUIDELINES
IMMEDIATE ACTION RESPONSE

Immediate Action Response: The Big Five

RESPONSE

Response is the process of implementing appropriate actions while an emergency situation is unfolding. In this phase, schools mobilize the necessary resources to address the emergency at hand.

CALLING 911

When calling 911 be prepared to remain on the phone and answer specific questions. In order to complete an accurate assessment of the situation, the 911 Dispatcher must obtain as much information as possible to best inform emergency responders and engage the appropriate level of medical response.

WHEN REPORTING AN EMERGENCY

- Remain calm and speak slowly and clearly
- Be prepared to provide name, location of the incident, and caller's location, if different from the scene of the emergency
- Although caller ID information may transfer immediately to the 911 Dispatcher, it is **not** available in all locations. The 911 Dispatcher will confirm and verify the phone number and address for EVERY call received
- Answer all questions asked by the 911 Dispatcher, even those that seem repetitious
- Do not hang up until the Dispatcher says to do so

CALLING 911 FROM A CELL PHONE

- 911 calls from cell phones may need to be transferred to another agency because cell phone calls are often sent to a 911 answering point based on cell radio coverage. Cell coverage areas don't always match political boundaries
- Know your cell phone number and be prepared to give the dispatcher an exact address

When calling 911, time is of the essence. Remain calm; speak slowly and clearly. The 911 Dispatcher needs to gather the correct information the first time he/she asks for it.



Immediate Action Response: The Big Five

IMMEDIATE ACTION RESPONSE: THE BIG FIVE

An Immediate Action Response is a protocol that can be implemented in a variety of different emergency situations. When an emergency occurs, it is critical that staff members take **immediate** steps to protect themselves, their students, and other people on campus. With an Immediate Action Response, staff can follow specific directions without having to learn extensive protocols for each of several dozen different emergency situations.

Staff members must become familiar with each Immediate Action Response and be prepared to perform assigned responsibilities. All students must be taught what to do in the event that any of these response actions is implemented.

IMMEDIATE ACTION RESPONSES: THE BIG FIVE

ACTION	DESCRIPTION
SHELTER IN PLACE	Implement to isolate students and staff from the outdoor environment and provide greater protection from external airborne contaminants or wildlife. Close windows and air vents and shut down air conditioning/heating units
DROP, COVER & HOLD ON	Implement during an earthquake or explosion to protect building occupants from flying and falling debris
SECURE CAMPUS	Initiate for a potential threat of danger in the surrounding community. All classroom/office doors are closed and locked and all students and staff remain inside until otherwise directed. Instruction continues as planned
LOCKDOWN / BARRICADE	Initiate for an immediate threat of danger to occupants of a campus or school building and when any movement will put students and staff in jeopardy. Once implemented, no one is allowed to enter or exit rooms for any reason unless directed by law enforcement
EVACUATION	Implement when conditions outside the building or off-site are safer than inside or on-site. Requires the orderly movement of students and staff from school buildings to a pre-determined safe location

Immediate Action Response: The Big Five

SHELTER IN PLACE

SHELTER IN PLACE is a short-term measure implemented to isolate students and staff from the outdoor environment and prevent exposure to airborne contaminants or threats posed by wildlife or other hazards. The procedures include closing and sealing doors, windows, and vents; shutting down the classroom/building heating, ventilation and air conditioning systems to prevent exposure to the outside air; and turning off pilot lights.

SHELTER IN PLACE is considered appropriate for, but is not limited to, the following types of emergencies:

- External Chemical Release
- Fire in the Community
- Hazardous Material Spills

During a Shelter-in-Place response as a result of air contamination, the HVAC systems must be shut down to provide protection from outside air. Students and staff may freely move about inside the buildings, but no one should leave the room until directed by fire officials, law enforcement, or site administration.

SHELTER IN PLACE:

- Requires an understanding that all heating, air conditioning, and ventilation systems may be shut down immediately
- Requires an understanding that all pilot lights and sources of flame may need to be extinguished
- Requires an understanding that any gaps around doors and windows may need to be sealed
- Allows for free movement within classrooms or offices



Immediate Action Response: The Big Five

SHELTER IN PLACE

STAFF ACTIONS:

- Immediately clear students from the halls. Stay away from all doors and Windows
- Keep all students in the classroom until further instructions are received. Support those needing special assistance
- Secure individual classrooms: a) close doors and windows; b) shut down the classroom HVAC system; c) turn off fans; d) seal gaps under doors and windows with wet towels, duct tape, or other materials if instructed by School Incident Commander
- Take attendance and call or e-mail status to school secretary, according to site protocol

Wait for another action or, if **ALL CLEAR** announcement is issued, return to normal class routine



Immediate Action Response: The Big Five

DROP, COVER AND HOLD ON

DROP, COVER AND HOLD ON is the immediate action taken during an earthquake to protect students and staff from flying and falling debris. It is an appropriate action for, but is not limited to, the following types of emergencies

- Earthquake
- Explosion

In the event of an explosion, earthquake, or other event causing falling debris, immediately "DROP, COVER, and HOLD ON." Students and staff should drop to the floor, duck under a sturdy desk or table, cover the head with arms and hands, and hold onto furniture. Turn away from windows to stay clear of breaking glass. Individuals in wheelchairs can remain in the chair if mobility is limited. Move wheelchair against an interior wall and lock the wheels. Protect head by covering with arms if possible.

DROP, COVER, AND HOLD ON:

- Must be practiced for immediate and automatic response
- Is the single most useful action to protect oneself in an earthquake
- In the event it is impossible to duck under sturdy furniture, continue to cover face and head with arms and hold onto something sturdy
- Requires an awareness that most injury in earthquakes is the result of breaking glass or falling objects
- Requires an awareness that fire alarms and sprinkler systems may go off in buildings during an earthquake, even if there is no fire
- Requires alert attention to aftershocks
- Requires that staff and students assist those with special needs to ensure safe cover for all

Evacuate only if there is damage to the building, the building is on fire, or location is in a tsunami zone



Immediate Action Response: The Big Five

DROP, COVER AND HOLD ON

STAFF ACTIONS: INSIDE

- At first recognition of an earthquake, instruct students to move away from Windows
- Initiate **DROP, COVER AND HOLD ON** procedures. Immediately drop to the floor under desks, chairs, or tables. With back to windows, place head between knees, hold on to a table leg with one hand and cover the back of the neck with the other arm
- Move as little as possible. However, if a person is unable to find protection under sturdy furniture, direct them to shelter against an **interior** wall and turn away from windows and other glass
- Any person in a wheelchair should shelter against an **interior** wall. Turn back to the windows, lock the wheels, and if possible, protect head and neck with arms
- Each time an aftershock is felt, **DROP, COVER AND HOLD ON**. Aftershocks frequently occur minutes, days, even weeks following an earthquake
- When it appears safe to release from Cover, assess any injuries and/or damage and report status to Incident Commander according to site communications protocol. Be prepared to call 911 directly if necessary
- Wait for further instructions from School Incident Commander or First Responders or if that seems unlikely and building is compromised, evacuate students to predetermined Evacuation Assembly Area

STAFF ACTIONS: OUTSIDE

- Find a clear spot and drop to the ground. (Stay away from buildings, power lines, trees and streetlights, etc.)
- Commence **DROP AND COVER** in the **DROP, COVER AND HOLD ON** procedures

Place head between the knees; cover back of neck with arms and hands



Immediate Action Response: The Big Five

DROP, COVER AND HOLD ON

STAFF ACTIONS: OUTSIDE

- Any person in a wheelchair should find a clear spot, lock the wheels, and if possible, place head between the knees; cover back of neck with arms and hands
- Remain in place until shaking stops or for at least 20 seconds
- Each time an aftershock is felt, **DROP AND COVER**. Aftershocks frequently occur minutes, days, even weeks following an earthquake
- When it appears safe to move, report location, injuries and/or any damage to School Incident Commander according to site communications protocol

Wait for further instructions from School Incident Commander or First Responders, or if that seems unlikely, evacuate students to predetermined Evacuation Assembly Area



Immediate Action Response: The Big Five

SECURE CAMPUS

SECURE CAMPUS is implemented when the threat of violence or police action in the surrounding community requires precautionary measures to ensure the safety of staff and students. When a campus is in **SECURE CAMPUS** status, classroom instruction and/or activity may continue as long as all classroom and office doors are locked and all students and staff remain inside **through the duration of the event**. Outer gates and other entrance/exit points can be closed (**NOT LOCKED**) to deter a potential perpetrator from entering school grounds.

This response is considered appropriate for, but not limited to, the following types of emergencies:

- Potential threat of violence in the surrounding community
- Law enforcement activity in the surrounding community

A **SECURE CAMPUS** response may be elevated to **LOCKDOWN / BARRICADE** in which case instruction immediately ceases and students and staff follow **LOCKDOWN / BARRICADE** procedures.

Secure Campus is a precautionary measure against the threat of potential violence in the surrounding community. Secure Campus requires locking all classroom/office doors and closing entrance and exit points on the school's perimeter. The objective is to protect against a potential threat at large in the community from coming onto campus. Secure Campus differs from Lockdown/Barricade in that it allows classroom instruction to continue.

SECURE CAMPUS:

- Is intended to prevent a potential community threat from entering campus
- Heightens school safety while honoring instructional time
- Requires that **all** exterior classroom / office doors are locked and remain Locked
- Is intended to prevent intruders from entering occupied areas of the Building
- Requires that students and staff remain in **SECURE CAMPUS** status until **ALL CLEAR** is issued by School Incident Commander



Immediate Action Response: The Big Five

SECURE CAMPUS

STAFF ACTIONS:

- Move to the door and instruct any passing students to return to assigned classroom immediately
- Close and lock the door
- Continue the class instruction or activity as normal
- Enforce the no entrance; no exit protocol. Remain in the classroom or secured area and wait for further instructions
- Be alert to the possibility that the response may elevate to **LOCKDOWN / BARRICADE**
- Do not call the office to ask questions; School Incident Commander will send out periodic updates
- Wait for another action or, if **ALL CLEAR** is issued, return to normal class routine

STAFF ACTIONS: IF STUDENTS ARE ENGAGED IN CLASS ACTIVITY ON AN OUTLYING FIELD (PE OR OTHER ACTIVITY)

- Gather students together and organize into an orderly formation
- Inform students that as part of **SECURE CAMPUS** procedures, the class will move immediately to a pre-determined classroom location
- Proceed to pre-determined classroom location as quickly as possible
- Once inside, take attendance to ensure all students are accounted for
- By classroom phone, cell phone, walkie-talkie, or other means, contact School Incident Commander to report class location and any absent or missing students
- Implement all classroom policies and procedures for **SECURE CAMPUS** status
- Wait for another action or, if **ALL CLEAR** announcement is issued, return to normal class routine



Immediate Action Response: The Big Five

LOCKDOWN / BARRICADE

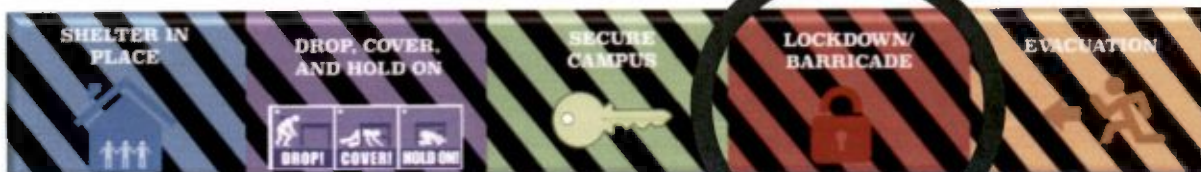
LOCKDOWN / BARRICADE is implemented when the imminent threat of violence or gunfire is identified on the campus or the school is directed by law enforcement. During **LOCKDOWN / BARRICADE**, students are to remain in designated classrooms or lockdown locations at all times. Do not evacuate until room is cleared by law enforcement or site administration. This response is considered appropriate for, but not limited to, the following types of emergencies:

- Gunfire
- Threat of extreme violence outside the classroom
- Immediate danger in the surrounding community

Lockdown/Barricade is a protective action against human threat while Shelter-in-Place protects against environmental threat. Lockdown/Barricade requires closing and locking doors and barricading with heavy objects. No one is allowed to enter or exit until door-to-door release by Law Enforcement or School Incident Commander. Shelter-in-Place calls for closed, unlocked doors and allows for the free movement of staff and students within the classroom or office.

LOCKDOWN / BARRICADE:

- Is a response to an immediate danger; it is **not** preceded by any warning
- Demands quick action; an active shooter, for example, can fire one round per second
- Requires common sense thinking under duress; do what must be done to best ensure survival of both students and staff
- If it is possible to safely **get off campus** with students, take that action immediately (Run)
- If it is not possible to get off campus, **quickly lockdown** inside a safe room and **barricade** the entrance (Hide)
- Once a room is secured, no one is allowed to enter or exit under any Circumstances
- In the extreme instance that a Violent Intruder is able to enter a room, occupants should be prepared to fight back (Fight)



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“THINK ON YOUR FEET”

In the event of a Violent Intruder on campus, quick thinking is imperative for survival. Especially when an active threat of violence is present, an individual will have to think on his/her feet to quickly determine the best course of action. These choices may include getting off campus, hiding, implementing Lockdown/Barricade or even, in the most extreme of situations, fighting an assailant. Understanding and practicing these options can help an individual respond decisively and in so doing, best ensure the safety and survival of self, students, and other staff. In the event of a Violent Intruder on campus, expect to hear noise from alarms, gunfire, explosions and shouting. It is not uncommon for people confronted with a threat to first deny the possible danger rather than respond. Quality training can help individuals think clearly in the midst of a chaotic scene. Proper training should include helping staff recognize the sounds of danger and teaching them to forcefully communicate and take necessary action. These actions would likely include:

Escape / Get Off Campus

- Only attempt this if you are confident the suspect(s) is not in the immediate vicinity
Safely get off campus; find a position of cover or safe place for assembly
- Guide/instruct others you encounter on the way to follow you to safety
- Call 911 immediately to report location and request emergency services if necessary
- Once in a safe place – stay there

Hide / Lockdown/Barricade

- Clear all hallways; get students and staff inside immediately
- Once locked and barricaded inside a room, follow all protocols for Lockdown/Barricade as practiced
- Direct all those in the room to remain still and quiet; turn off/silence cellphones
- If unable to find cover inside a secure room, quickly seek out a hiding place on campus

Fight

- If confronted by an assailant, as a last resort, consider trying to disrupt or incapacitate through aggressive force or by using items in the environment such as fire extinguishers or chairs
- There are documented instances where aggressive action on the part of the victims resulted in stopping the attacker
- Fighting back is NOT an expectation, merely one option for a last resort response



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LOCKDOWN / BARRICADE

STAFF ACTIONS: IF STUDENTS ARE IN CLASS AT TIME OF LOCK DOWN / BARRICADE

- Immediately** move to the door and check for passing students. Divert as many students as possible into the classroom
- Lock and close the door and barricade with heavy objects
- Close blinds and turn off lights. If the door has a window, cover with a pre-cut piece of heavy black construction paper
- Instruct students to stay quiet and out of sight. Relocate against the wall least visible to the outside and most out of the line of harm
- Turn off television, LCD projector, document camera, etc. The room should be dark and quiet
- Silence all cell phones
- DO NOT OPEN THE DOOR FOR ANYONE.** Law enforcement and/or School Incident Commander will use keys to unlock door and clear the room.
- Only If** there is a life-threatening emergency inside the room and there is no other way to request medical assistance, place a red colored item (card, red cross, sweatshirt, etc.) on/in the window or slide under the outside door
- If an active threat is still present at the time Law Enforcement comes on scene, Law Enforcement will ignore the red signal until the active threat has been neutralized
- If safe to do so, locate emergency packet and attendance roster. Remove staff ID placard and put it on
- If safe to do so, take attendance and document on appropriate form
- Remain in the classroom or secured area until further instructions are provided by School Incident Commander or law enforcement
- Do **NOT** call office to ask questions; School Incident Command will send out periodic updates
- In the extreme instance that a Violent Intruder is able to enter a room, occupants should be prepared to fight back (Fight)

Maintain order in all areas of shelter or assembly and await the arrival of law enforcement. Be ready for lengthy stay of 2-4 hours



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LOCKDOWN / BARRICADE

STAFF ACTIONS: IF STUDENTS ARE OUT OF CLASS AT THE TIME OF LOCK DOWN / BARRICADE

- Move students to nearest available safe building or location, without drawing attention to self or students. If doors are locked, continue to look for a safe area. Consider moving students off-campus if that seems the safest option
- Do **not** chase students that run. Let them go
- Do **not** go into rooms that cannot be secured and offer no way out
- If secure inside a room, lock all doors, close blinds/curtains, turn off lights, and direct students to relocate against the wall least visible to the outside and most out of the line of harm
- Instruct students to stay quiet and out of sight
- Silence all cell phones
- Turn off television, LCD projector, document camera, etc.
- Remain calm. If safe to do so, attempt to maintain separation between students and the perpetrator
- Only If** there is a life-threatening emergency inside the room and there is no other way to request medical assistance, place a red colored item (card, red cross, sweatshirt, etc.) on/in the window or slide under the outside door
- If an active threat is still present at the time Law Enforcement comes on scene, Law Enforcement will ignore the red signal until the active threat has been neutralized
- If safe to do so, locate emergency packet and remove staff ID placard and put it on
- If safe to do so, take attendance and document on appropriate form
- If safe to do so and according to site communications protocol, contact School Incident Commander or designee to document your whereabouts as well as any students/staff under your supervision
- In the extreme instance that a Violent Intruder is able to enter a room, occupants should be prepared to fight back (Fight)

Maintain order in all areas of shelter or assembly and await the arrival of law enforcement. Be ready for lengthy stay of 2-4 hours



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LOCKDOWN / BARRICADE

STAFF ACTIONS: IF STUDENTS ARE ENGAGED IN CLASS ACTIVITY ON AN OUTLYING FIELD (PE OR ACTIVITY CLASSES)

- Gather students together and organize into an orderly formation
- Inform students that as part of **LOCKDOWN / BARRICADE** procedures, the class will evacuate off-campus to a pre-determined Off-Site Evacuation Location
- Follow pre-arranged evacuation route to evacuation location
- Should the group be confronted by the intruder who is intent on doing harm, consider taking defensive measures to run, hide or fight the assailant
- Upon arrival at the pre-arranged location, take attendance
- By radio communication or cell phone, contact School Incident Commander or designee or 911 Dispatcher to report class location and any absent or missing students
- Maintain order in all areas of shelter or assembly. Do not release students to parent/guardian until instructed by School Incident Commander or law enforcement



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EVACUATION

EVACUATION is implemented when conditions make it unsafe to remain in the building. This action provides for the orderly movement of students and staff along prescribed routes from inside school buildings to a designated outside area of safety.

EVACUATION is considered appropriate for, but is not limited to, the following types of emergencies:

- Bomb threat
- Chemical accident
- Explosion or threat of explosion
- Fire
- Earthquake

In the event of an explosion, earthquake, or other event causing falling debris, **EVACUATION** will be preceded by a "DROP, COVER and HOLD ON" protocol. Students and staff should drop to the floor, duck under a desk or table, cover the head with arms and hands, and hold onto furniture.

EVACUATION:

- Requires exit from the building to a designated safe site, on-campus or off-site
- May require that students and staff rely on district bus transportation
- May require staff to exit via alternate routes based on circumstances
- Requires that students remain with assigned teachers unless circumstances prohibit that
- Requires that staff and students assist those with special needs to ensure for safe egress of all



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EVACUATION

STAFF ACTIONS:

- Prepare students to leave all belongings and calmly exit the building
- Gather emergency supplies/materials (Go Pack) including the student roster for current class and that of "Buddy Teacher"
- Remove staff ID placard from emergency materials and put it on
- Ensure that the door is closed, but **unlocked**
- Check with "Buddy Teacher(s)" to determine each other's health status, need to assist with injuries, need to stay with injured students, responsibility to ICS duty, etc.
- If necessary, one "Buddy Teacher" will evacuate both classrooms
- Take care to ensure the safety and address the unique needs of students or staff with disabilities according to site protocol
- Emphasize that the class stay together en route to the Evacuation Assembly Area
- Appoint a responsible student to lead class while teacher brings up the rear, seeing that everyone has cleared the room. Follow closely with the class, actively monitoring safe egress. Give clear direction for all students to go to designated Evacuation Assembly Area
- Use the designated evacuation routes and reassemble in the assigned Evacuation Assembly Area
- According to site protocol, take attendance once class is safely in assembly location
- According to site protocol, report missing students
- Remain in the Evacuation Assembly Area until further instructions
- Wait for another action or, if **ALL CLEAR** announcement is issued, return to school buildings and normal class routine



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EVACUATION

HOW TO ASSIST THOSE WITH DISABILITIES DURING AN EVACUATION

The needs and preferences of non-ambulatory individuals will vary. Those at ground floor locations may be able to exit without help. Others may have minimal ability to move, but lifting them may be dangerous. Some non-ambulatory people also have respiratory complications. Oversee their careful evacuation from smoke or vapors if danger is immediate.

To alert visually-impaired individuals:

- Announce the type of emergency
- Offer arm for guidance
- Tell person where you are going, obstacles you encounter
- When you reach safety, ask if further help is needed

To alert individuals with hearing limitations:

- Turn lights on/off to gain person's attention –OR–
- Indicate directions with gestures –OR–
- Write a note with evacuation directions

To evacuate individuals using crutches, canes or walkers:

- Evacuate these individuals as injured persons
- Assist and accompany to evacuation site, if possible –OR–
- Use a sturdy chair (or one with wheels) to move person –OR–
- Help carry individual to safety

To evacuate individuals using wheelchairs

- Give priority assistance to wheelchair users with electrical respirators
- Most wheelchairs are too heavy to take downstairs; consult with the affected individual to determine the best carry options
- Reunite person with the wheelchair as soon as it is safe to do so

