



# Maury County Public Schools

Employee Handbook

Revised: August 2022

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The Maury County Board of Education does not discriminate on the basis of race, creed, religion, national origin, age, gender, marital status, disability, or any other unlawful area in the operations of its educational programs and in personnel administration.



Maury County Public Schools  
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## Educating Every Child for LIFE!

On behalf of your colleagues, Welcome to Maury County Public Schools!

We believe that each employee contributes directly to Maury County Public Schools' growth and success, and we hope you will take pride in being a member of our team.

This handbook was developed to describe some of the expectations of our employees and to outline the policies, programs, and benefits available to eligible employees. Employees should familiarize themselves with the contents of the employee handbook as soon as possible, for it will answer many questions about employment with Maury County Public Schools. Employees should also review all Maury County Board of Education policies.

We hope that your experience here will be challenging, enjoyable, and rewarding. Please contact the Human Resources Department with any concerns or questions you may have.

Again, welcome to the Maury County Public Schools Team! We look forward to working with you.

### Human Resources Team:

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# General Terms of Employment

## Nature of Employment

This handbook is intended to provide employees with a general understanding of our personnel policies for all employees. Employees are encouraged to familiarize themselves with the contents of this handbook, for it will answer many common questions concerning employment with Maury County Public Schools. Maury County Board of Education Policy supersedes any information in this handbook. In the event there is conflict between this handbook and Board Policy, Maury County Board of Education Policy will prevail.

This handbook cannot anticipate every situation or answer every question about employment. It is not an employment contract and is not intended to create contractual obligations of any kind.

In order to retain necessary flexibility in the administration of policies and procedures, Maury County Public Schools reserves the right to change, revise, or eliminate any of the policies, procedures, and/or benefits described in this handbook. The only recognized deviations from the stated policies are those authorized and signed by the Superintendent of Schools.

## Equal Employment Opportunity

To provide equal employment and advancement opportunities to all individuals, employment decisions at Maury County Public Schools will be based on merit, qualifications, and abilities.

Maury County Public Schools does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, familial status, or genetic information, or any other characteristic protected by law.

## Harassment/Discrimination

Any employee who believes that he/she, or any other employee, student, or visitor to the school or District, has been subjected to harassment or discrimination shall bring the matter to the attention of his/her principal/immediate supervisor. Concerns may also be brought to Maury County Public Schools Federal Rights Coordinator or the Superintendent of Schools per board policy [5.500](#).

Employees shall not be subject to any form of retaliation for reporting in good faith. For additional information concerning reporting and responding to alleged incidents, see board policy [5.500](#).

## Title IX & Sexual Harassment

In order to maintain a safe, civil, and supportive learning environment, all forms of sexual harassment and discrimination on the basis of sex are prohibited. This shall cover employees, employees' behaviors, students, and students' behaviors while on school property, at any school-sponsored activity, on school-provided equipment or transportation, or at any official school bus stop in accordance with federal law.

The Title IX Coordinator shall respond promptly to all general reports as well as formal complaints of sexual harassment and may be reached at any time at 931-388-8403 or [titleixcoordinator@mauryk12.org](mailto:titleixcoordinator@mauryk12.org).

For additional information concerning Title IX and sexual harassment, see board policy [5.500](#).

See appendix below for forms.

## Business Ethics and Conduct

The successful business operation and reputation of Maury County Public Schools is built upon the principles of fair dealing and ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

The continued success of Maury County Public Schools is dependent upon our community's trust, and we are dedicated to preserving that trust. Employees owe a duty to the Board of Education and our children to act in a way that will merit the continued trust and confidence of the public.

Maury County Public Schools will comply with all applicable laws and regulations and expect all employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct.

In general, the use of good judgment, based on high ethical principles, will guide you with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with your immediate supervisor and, if necessary, with the Human Resources Department for advice and consultation.

Compliance with Board Policy [5.611](#) is the responsibility of every Maury County Public Schools employee.

## Disability Accommodations

Maury County Public Schools will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Employees who seek reasonable accommodations should contact their supervisor and the Human Resources Department.

## Section 504 and ADA Grievance Procedures

*[Refer to Board Policy 1.802](#)*

## Hiring and Job Postings

Maury County Public Schools provides employees an opportunity to indicate their interest in open positions and advance within the organization according to their skills and experience. Notices of regular, full-time, and part-time job openings are posted on Maury County Public Schools website, [www.mauryk12.org](http://www.mauryk12.org).

Maury County Public Schools reserves its discretionary right not to post a particular opening. Other recruiting sources may also be used to fill open positions in the best interest of the organization.

For more information, see board policies [5.105](#) and [5.106](#).

## Employment Applications

Maury County Public Schools relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

Knowingly falsifying information required by TCA 49-5-406(a)(1) shall be sufficient grounds for termination of employment and shall also constitute a Class A misdemeanor which must be reported to the District Attorney for prosecution. The accuracy of such information may be verified by fingerprint and criminal history record check conducted by the TBI pursuant to TCA 49-5-413(a).

For more information, see board policy [5.106](#).

## Transfer Procedures

The Superintendent of Schools, when necessary to the efficient operation of the school system, may transfer an employee from one location to another with the school system, or from one type of work to another for which he/she is qualified. See board policy [5.115](#).

### **Voluntary Transfers**

#### **Professional Personnel**

Existing, regular, full-time employees (excludes part-time, temporary, contract, or interim) must apply via the online portal for the position. External candidates and MCPS employees who are not in regular full-time positions must submit a new application for the desired job posting. For additional questions and clarification, please contact the Human Resources Department.

Voluntary transfers must occur prior to October 15 of each year. Any exceptions must be approved by the Superintendent.

If a transfer is offered and accepted after the first day students report, a certified employee will only be held for a maximum of thirty (30) calendar days at their current position/location. After thirty (30) calendar days, the employee will be transferred to the new position/location. The employee may not be considered for subsequent transfers during the same school year.

NOTE: The Superintendent, when necessary to the efficient operation of the school system, may involuntarily transfer an employee from one location to another within the school system, or from one type of work to another for which he/she is qualified.

## **Classified Personnel**

Employees interested in transferring voluntarily to any open and posted position must apply via the online portal for the position. External candidates and MCPS employees who are not in regular positions must submit a new application for the desired job posting. Some transfers may require testing, with the employee scoring a passing score. For additional questions and clarification, please contact the Human Resources Department.

If a transfer is offered and accepted after the first day students report, a classified employee will only be held for a maximum of fourteen (14) calendar days. After fourteen (14) calendar days, the employee will be transferred to the new position/location. The employee may not be considered for subsequent transfers during the same school year.

NOTE: The Superintendent, when necessary to the efficient operation of the school system, may involuntarily transfer an employee from one location to another within the school system, or from one type of work to another for which he/she is qualified.

## **Administrative Personnel**

Voluntary transfers must occur prior to October 15 of each year. Any exceptions must be approved by the Superintendent.

If a transfer is offered and accepted after the first day students report, a certified employee will only be held for a maximum of thirty (30) calendar days, a classified employee will only be held for a maximum of fourteen (14) calendar days. After thirty (30) calendar days for a certified employee or fourteen (14) calendar days for a classified employee, the employee will be transferred to the new position/location. The employee may not be considered for subsequent transfers during the same school year.

NOTE: The Superintendent, when necessary to the efficient operation of the school system, may involuntarily transfer an employee from one location to another within the school system, or from one type of work to another for which he/she is qualified.

## **Criminal Background Check**

Maury County Public Schools shall require all employees working in proximity to students to submit to fingerprint samples and a criminal background check that will be conducted by the Tennessee Bureau of Investigation / Federal Bureau of Investigation. Employment is contingent upon receiving a satisfactory criminal history background check.

Any reasonable costs incurred by the TBI/FBI in conducting such investigations of applicants shall be paid by the applicant.

For more information, see board policies [5.106](#) and [5.118](#).

## **Employee Medical Examinations**

All classified employees must complete a "Medical History Form" prior to employment. This form must be submitted to the Human Resources Department.



Current employees may be required to take medical examinations to determine fitness for duty. Such examinations will be scheduled at reasonable times and intervals and performed at Maury County Public School's expense.

Information on an employee's medical condition or history will be kept separate from other employee information and maintained confidentially. Access to this information will be limited to those who have a legitimate need to know.

Upon initial hiring, all bus drivers must pass a Tennessee Department of Transportation physical. Each year after, all bus drivers must pass a physical examination prior to the beginning of each school year. These physical examinations will alternate between a regular physical and a Tennessee Department of Transportation physical as determined by the physician and T.D.O.T requirements. Physical examination forms that meet T.D.O.T. requirements will be provided by Maury County Public Schools Transportation Department. Maury County Public Schools reserves the right to designate a physician to perform the physical examinations.

## Drug Testing

Maury County Public Schools is committed to providing a safe, efficient, and productive work environment for all employees. Prior to employment, all applicants will be required to take a drug screen at the expense of Maury County Public Schools.

The Employee Assistance Program (EAP) provides confidential counseling and referral services to employees for assistance with such problems as drug and/or alcohol abuse or addiction. It is the employee's responsibility to seek assistance from the EAP prior to reaching a point where his or her judgment, performance, or behavior has led to imminent disciplinary action. Participation in the EAP after the disciplinary process has begun may not preclude disciplinary action, up to and including termination of employment. For more information on how you can receive confidential counseling, contact Melinda Guettner in the Human Resources Department. Ms. Guettner may be reached at (931) 388-8403 ext. 8120 or [mguettner@mauryk12.org](mailto:mguettner@mauryk12.org).

For more information, see board policy [5.403](#).

## Immigration Law Compliance

Maury County Public Schools is committed to employing only United States citizens and aliens who are authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form 1-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an 1-9 with Maury County Public Schools within the past three years, or if their previous 1-9 is no longer retained or valid.

Employees with questions or seeking more information on Immigration law issues are encouraged to contact the Human Resources Department. Employees may raise questions or complaints about immigration law compliance without fear of reprisal.

## Employment Status & Records

It is the intent of Maury County Public Schools to clarify the definitions of employment classifications so that employees understand their employment status and benefit eligibility.

Experience gained with Maury County Public Schools may or may not count toward salary rating in a new position.

No employee shall work under the direct supervision of a member of his/her immediate family (see Maury County Board of Education policy [5.108](#)). Immediate family includes: spouse, children, parents, parents-in-law, brothers, sisters, brothers-in-law, and sisters-in-law.

## Employment Classifications

- Support/Classified Personnel
  - Support staff/classified members are personnel whose regular employment does not require certification in accordance with rules and regulations of the State Department of Education.
  - Support staff are employees at-will. Neither the employee nor Maury County Public Schools is bound to continue the employment relationship. Either may choose, at its will, to end the relationship at any time.
  - All support staff/classified personnel are assigned to specific job titles (classifications) and work sites/departments. The Superintendent of Schools may assign employees to specific positions as the need requires. No classified employee may hold two (2) full-time positions or two (2) substitute positions on any one given day. The times of the workday for two (2) classified positions will not overlap.
- Professional Personnel
  - Professional staff members are the personnel whose employment status requires certification in accordance with the rules and regulations of the State Board of Education.
- Administrative and Supervisory Personnel
  - To be considered for certificated administrative or supervisory positions, the applicant must show the following qualifications:
    - Professional teaching certification; and
    - Administrative or supervisory certification and experience in accordance with state law and State Board Rules and Regulations in the appropriate area based on the minimum of a master's degree.
  - Non-certified administrative and supervisory personnel shall possess sufficient training and experience to perform the services required and such additional qualifications as the Board and the superintendent of schools shall determine.

## Categories

- REGULAR FULL-TIME employees are those who are not in a temporary or introductory status and who are regularly scheduled to work Maury County Public School's full-time schedule for a minimum

of thirty (30) hours per week. Generally, they are eligible for Maury County Public Schools benefit package, subject to the terms, conditions, and limitations of each benefit program.

- PART-TIME employees are those who are not assigned to a temporary or introductory status and who are regularly scheduled to work less than 30 hours per week. While they do receive all legally mandated benefits (such as Social Security and workers' compensation insurance), they are not eligible for all of Maury County Public Schools other benefit programs.
- PROBATIONARY employees are employees whose performance is being evaluated to determine whether further employment in a specific position or with Maury County Public Schools is appropriate.
- INTERIM employees are those who are hired as replacements, to temporarily supplement the work force, or to assist in the completion of a specific project. Employment assignments in this category are of a limited duration. Employment beyond any initially stated period does not in any way imply a change in employment status. Interim employees receive all legally mandated benefits such as workers' compensation insurance and Social Security.

## Status

Each employee is designated as either NON-EXEMPT or EXEMPT from federal and state wage and hour laws. An employee's EXEMPT or NON-EXEMPT classification may be changed only upon written notification by Maury County Public Schools management.

- NON-EXEMPT employees must be paid overtime or accrue compensatory time (at a rate of time and one-half their regular rate of pay) for time worked beyond forty (40) hours per workweek.
- EXEMPT employees are not required to be paid overtime for work performed beyond forty (40) hours in a workweek. Executives, professional employees, supervisory personnel, and certain employees in administrative positions are typically exempt.

## Access to Personnel Files

Maury County Public Schools maintains an official personnel file on each employee. The personnel file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals, documentation of salary increases, and other employment documents. Worksite files are not part of the official file housed at the Central Office.

Employees who wish to review their own file should contact the Human Resources Department. With reasonable advance notice, employees may review their own personnel file at Maury County Public Schools Administrative Offices in the presence of an individual appointed by Maury County Public Schools to maintain the files. Copies may be obtained at a rate set by Maury County Public Schools.

For more information, see board policy [5.114](#).

## Personnel Data Changes

It is the responsibility of each employee to promptly notify Maury County Public Schools of any changes in personnel data. Employee mailing addresses, telephone numbers, number and names of dependents, and individuals to be contacted in the event of emergency, educational accomplishments, and other such status reports should be accurate and current at all times. If any personnel data has changed, notify the Human Resources Department as soon as possible so that your file will remain current, and information may be handled correctly.

## Probationary Period

*Refer to Board Policies [5.106](#) and [5.107](#)*

## Performance Evaluation

The evaluation of personnel will cover the major areas of the employee's responsibilities and may include but are not limited to the following: appearance, initiative, judgment, attitude, attendance, and knowledge of the job, quality of work, time management, dependability, and safety.

Employee evaluation forms can be located online at [www.mauryk12.org](http://www.mauryk12.org) or from the Human Resources Department.

For more information, see policy [5.109](#).

## Employee Benefits and Leave

### Employee Benefits

Eligible employees at Maury County Public Schools are provided a wide range of benefits. A number of the programs cover all employees in the manner prescribed by law.

Benefits eligibility is dependent upon a variety of factors, including employee classification. The Human Resources Department can identify the programs for which you are eligible. Details of these programs can be received by contacting the Human Resources Department. The following benefit programs are available to eligible employees:

- Cafeteria Plan
- Vision Insurance
- Dental Insurance
- Family Leave
- Health Insurance
- Holidays
- Short Term Disability
- Long Term Disability
- Sick Leave Benefits
- Supplemental Life Insurance
- Tax-sheltered Annuities/403 B
- Uniform and Uniform Maintenance
- Vacation Benefits
- Cancer Policies
- Worker's Compensation
- Retirement
- COBRA

## Vacation and Holidays

[Refer to Board Policy 5.310](#)

## Leave Policies

Employees shall inform their immediate supervisor of any planned or emergency absence as soon as possible. General information regarding the types of leave available is listed below. Please note that, for many types of leave, an advanced, written request is required. For additional information, see board leave policies 5.300 – 5.309.

Absence from work that is not covered by an appropriate request for one of the leave options may lead to disciplinary consequences, up to and including termination of employment.

## Personal and Professional Leave

[Refer to Board Policy 5.303](#)

## Sick Leave

In the event that an employee's circumstances require him/her to request a leave of absence with or without pay, to use accumulated sick leave, or to take personal/professional leave, the employee must follow the procedures outlined.

An employee that requires a substitute (teacher or educational assistant), must submit their time off in ReadySub. An employee that does not require a substitute, must submit a triplicate form indicating their reason for the absence. If an employee does not have sufficient sick leave, the time off will be absent without pay (AWOP).

All employees must complete a "Request for Leave of Absence" form if the employee is expected to be off for more than ten (10) consecutive workdays in duration even though the employee has enough accumulated sick and/or personal/professional leave to cover the absence.

Employees shall complete the above mentioned form thirty (30) days in advance of the needed leave, or as soon as practicable in the case of an emergency. A physician's statement may be required for some types of leaves. Under no circumstance will leave be charged to any employee for full or partial days the employee is absent when the employee's normal duty station is closed.

The leave of absence must be approved by the Superintendent in accordance with Board policy or applicable state or federal law within fifteen (15) days of receipt of request. The Superintendent may approve or deny the requested leave without establishing precedent. No leave shall be denied for arbitrary or capricious reasons.

If an employee utilized FMLA leave for a serious illness and/or accommodations must be made to meet the essential functions of the job or comply with the Americans with Disabilities Act, a statement from the health care provider may be required.

An employee must submit the return-to-work form on the first day back from the approved leave.

A full-time employee on a board approved unpaid leave of absence (has exhausted his/her accumulated sick and/or vacation leave days or requested an unpaid leave) may continue family coverage for up to a maximum of ninety (90) calendar days. The full-time employee's individual coverage will be paid by the Board for a maximum of ninety (90) calendar days. The employee will be responsible for payment of spouse/dependent coverage.

If the employee is on an approved leave of absence for more than ninety (90) calendar days. An extension of health insurance coverage is available through the State of Tennessee with the full-time employee on board approved unpaid leave of absence assuming the entire cost. Payment must be made directly to the insurance company.

Please visit the [website](#) for updated forms or see appendix below for forms.

*[Refer to Board Policy 5.302](#)*

## Family and Medical Leave (FMLA)

Anyone who has been employed for at least twelve (12) months by the school system and anyone who has at least 1,250 hours of service (hours used for leave, even FMLA leave, shall not be credited for service for purposes of FMLA eligibility) during the previous twelve-month period shall be eligible to use FMLA leave.

An eligible employee shall be granted, upon request, up to twelve (12) weeks unpaid leave during a fixed calendar year for the following reasons:

1. The birth of a child;
2. The placement of a child with the employee for adoption or foster care;
3. A serious health condition of the employee that makes the employee unable to perform the essential functions of his/her job position;
4. The care of a spouse, child, or parent of the employee who has a serious health condition; and
5. Any qualifying circumstances arising out of the fact that a spouse, child, or parent of the employee is on covered active duty or has been notified of an impending call or order to covered active duty in the Armed Forces.

For more information, see board policy [5.305](#).

## Maternity/Paternity Leave

FMLA leave runs concurrently with leave provided under the Tennessee Maternity Act, which affords eligible employees leave for a period not to exceed four (4) months for the adoption, pregnancy, childbirth, and nursing of a newborn child.

Spouses who are both eligible employees of Maury County Public Schools are limited to a combined total of twelve (12) workweeks of FMLA leave in a single twelve (12) month period if the leave is taken for the birth and care of a newborn child, for the placement of a child for adoption or foster care, or to care for a parent who has a serious health condition. Under certain circumstances, spouses who share leave for the birth or adoption of a child may be eligible for limited amounts of additional leave for other qualifying FMLA reasons.

For additional information, see board policy [5.305](#).

## Bereavement

*[Refer to Board Policy 5.311](#)*

## Military Leave

*[Refer to Board Policy 5.306](#)*

## Jury Duty or Other Government Service

If an employee is summoned for jury duty, he/she shall present written evidence that he/she has been summoned to serve on a jury. The employee shall be entitled to the usual compensation, less the amount paid by the court.

For more information, see board policy [5.301](#).

## Workers' Compensation Insurance

Maury County Public Schools provides worker's compensation coverage for all employees. If you have an on-the-job injury or accident, you must comply with the following instructions:

1. When an on-the-job injury or accident occurs, the employee must immediately notify their principal, immediate supervisor, or department head. If the injury is life threatening, the employee should be transported immediately to the emergency room. The Human Resources Department shall be notified as soon as possible. An employee occurrence report should be emailed or faxed (931-548-0547) immediately and the original can be sent via courier.
2. If medical treatment is needed, the employee's treatment must be provided by an authorized health care facility or physician.
3. The principal, immediate supervisor, or secretary will notify the Human Resources Department for proper authorization of the appropriate medical provider for the specific injury. Notification shall be received by the Human Resources Department immediately after the employee reports the injury.
4. A panel of physicians is posted at all school locations and the Central Office. Please contact the Human Resources Department for a copy of the panel.

5. If the panel of physicians or approved facility cannot provide necessary treatment, the employee will be referred to another authorized physician or approved medical facility. Please contact the Human Resources Department for referral of authorized physicians.
6. Serious injuries requiring immediate emergency treatment such as unconsciousness, shock, profuse bleeding, broken bones, etc., shall warrant emergency treatment.
7. For all serious emergencies, call 911. Only if you are qualified, should you administer first aid until professional help arrives.
8. Injuries not requiring emergency treatment should be treated by one of the physicians on the authorized panel. Verbal authorization and completion of the proper forms must be done through the Human Resources Department prior to receiving treatment. Failure to comply with these procedures may result in the employee paying for the unauthorized services.
9. If an employee is absent from work due to a work-related injury, the injured employee must contact the Human Resources Department regarding compensation benefits. Compensation will be paid at 66 2/3% of the employee's average weekly wages based on 1 year prior to injury date. Worker's Compensation wage benefits will start on the eighth day after missing seven consecutive authorized days from work.

## Employee Retirement

Since January 1, 2000, Maury County Public Schools has provided retirement benefits for full-time employees under Tennessee Consolidated Retirement System (TCRS). Full-time employees of Maury County are covered under Group I of the retirement system as a condition of employment. Any full-time employee who was an employee prior to January 1, 2000, had a one-time option to enroll in the retirement system.

A full-time employee attains vesting rights after five (5) years of service. A vested member is one who has accrued enough years of service to guarantee a retirement benefit once age requirements are met. All members must attain vested status to qualify for retirement benefits. Any member who is out of service for a period of seven years before attaining a vested status shall lose membership.

A vested member's membership shall continue until he/she terminates employment and withdraws his/her contributions, retires, or dies. A non-vested member who loses membership must request a refund of any contributions credited to his/her account in the retirement system.

If retiring, the participant is eligible to withdraw their contributions, county contributions, and any interest accrued. If resigning, participants are eligible to withdraw only the contributions they have made plus any interest that has accrued.

Employees who retire while covered under the TCRS retirement plan—or upon the death of an employee, then the employee's beneficiary, surviving spouse, or estate—will be paid for accrued sick leave at the rate of \$10.00 per day for support personnel and \$50.00 per day for professional and administrative personnel. Employees cannot be paid for accumulated sick leave and also receive retirement credit. If the employee receives compensation for sick leave, such payments are not reported to TCRS and will not be



reported for service credit or salary credit towards retirement. For more information, see Board Policy [5.302](#).

Upon retirement, the retired employee's individual health insurance premium will be paid directly to Tennessee Consolidated Retirement System monthly until the full-time employee reaches age 65, providing that:

1. The full-time employee is eligible for retirement under the eligibility standards as set by Tennessee Consolidated Retirement System.
2. The employee is between the age of 55 and the age at which he/she becomes eligible for Medicare or has at least thirty (30) years' service in the Tennessee Consolidated Retirement System.
3. For employees hired prior to July 1, 2012, ten (10) years of the above service must have been in the Maury County School System. For employees hired after June 30, 2012, fifteen (15) years of the above service must have been in the Maury County School System. For employees hired or rehired after June 30, 2022, fifteen (15) years of the above service must have been the immediate prior fifteen years in the Maury County School System.

And one of the two (2) following options:

4. The employee has at least ten years of creditable service with the state or a participating local education agency and at least three (3) years of continuous insurance coverage in the plan immediately prior to retirement. The date of retirement must immediately follow the employee's date of final termination from employment.
5. The employee has at least 20 or more years of creditable service with the state or a participating local education agency and at least one year of continuous insurance coverage in the plan immediately prior to retirement. The period of time between the employee's final termination date and the retirement date may be up to five (5) years.

Retired employees who have spouse/dependent/family health insurance coverage and who are eligible to continue insurance upon retirement shall be permitted to pay the difference between individual coverage and family coverage on a monthly basis until they reach the age of 65. The premium must be paid directly to the State of Tennessee, Tennessee Consolidated Retirement System. The retiring employee must have dependent coverage in place at time of retirement.

For more information on retirement, contact the Human Resources Department.

## Timekeeping/Payroll

### Timekeeping

Accurately recording time worked is the responsibility of every employee. Federal and state laws require Maury County Public Schools to keep an accurate record of time worked to calculate employee pay and benefits. Time worked is all the time actually spent on the job performing assigned duties.

Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.

Non-exempt employees should not report to work prior to the scheduled starting time nor stay beyond the scheduled stop time more than a total of thirty (30) minutes daily without expressed, prior authorization from their supervisor. The employee's immediate supervisor must authorize work in excess of 40 hours per week.

It is the employee's responsibility to clock in and out or check in and out of the time keeping system to certify the accuracy of all time recorded. The supervisor will also review and then sign the time record before submitting it for payroll processing. In addition, if corrections or modifications are made to the time record, both the employee and the supervisor must verify the accuracy of the changes by initialing the time record. If the supervisor authorizes overtime, the supervisor must initial the addition of hours on the time sheet when he/she signs it.

All time sheets must be submitted in a timely manner in order to meet payroll deadlines.

For more information, see board policy [5.602](#).

## Pay Corrections

Maury County Public Schools takes all reasonable steps to ensure employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled payday.

In the unlikely event there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of the Payroll Department so that corrections can be made no later than the next regularly scheduled payroll.

## Pay periods and Methods of Payment

An employee will have his/her check directly deposited to his/her account at a participating financial institution. Pay dates will be on the 15<sup>th</sup> and the last day of each month.

In the event a payroll check is issued and is lost by the employee, the employee must notify the Payroll Department in writing and allow 10 days for the check to be located.

If the lost check is not located within the 10-day waiting period, then a replacement check will be issued not later than the next regular scheduled payroll period after the 10-day waiting period has expired.

For more information, see board policy [2.802](#).

## Duplicate Payroll Stubs and W2's

An employee shall access his/her check (stub) electronically. If an employee requests a copy of a payroll stub, the employee must make a request in writing, to the Payroll Department. A copy will be provided in five business days. After 3 requests, there will be a charge at the current copy rate.

If an employee requests a copy of their W2 form, the employee must make a request in writing, to the Payroll Department. A copy will be provided in five business days. There will be a \$5.00 charge for each additional W2 form.

## Overtime Pay/Compensatory Time

*[Refer to Board Policy 5.602](#)*

## Employee Conduct & Disciplinary Action

### Employee Conduct, Rights, and Responsibilities

Maury County Public Schools' Employee Code of Conduct establishes the context of our standards of all employees in the school system and the expected employee's behavior. The Code of Conduct applies to all employees setting a clear expectation that the standards be followed in all job-related activities. Code violations will be administered within the context of reasonableness, consistency, and fairness for all employees. Questions concerning the Employee Code of Conduct should be directed to the Human Resources department.

For more information, see board policies [5.600](#) and [5.611](#).

### Attendance and Punctuality

To maintain a safe and productive work environment, Maury County Public Schools expects employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on Maury County Public Schools. In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, they should notify their supervisor as soon as possible in advance of the anticipated tardiness or absence.

Poor attendance and excessive tardiness are disruptive. Either may lead to disciplinary action, up to and including termination of employment.

### Child Abuse Reporting

If personnel know or have reasonable cause to suspect child abuse, sexual abuse, or neglect, a report shall be filed immediately with the Department of Children's Services, local law enforcement, and the school's Child Abuse Coordinator. When alleged abuse involves someone employed by, previously employed by, or otherwise affiliated with the school, the report may be made directly to the DCS and law enforcement prior to notifying the Coordinator. The report shall include, to the extent known by the reporter:

1. The name, address, telephone number, and age of the child;
2. The name, telephone number, and address of the parents or persons having custody of the child;
3. The nature and extent of the abuse or neglect; and

4. Any evidence to the cause or any other information that may relate to the cause or extent of the abuse or neglect.

The identity of the person reporting shall remain confidential except when the juvenile court determines otherwise.

For further information, see board policy [6.409](#).

## Drug-Free/Alcohol-Free Schools

*[Refer to Board Policy 1.804](#)*

## Weapons

Except where expressly permitted by state law, possessing any weapon or dangerous instrument on school property is prohibited. Except for authorized law enforcement officials, carrying concealed weapons on school property is prohibited. Employees who violate this are subject to disciplinary action including termination.

Employees who know or believe that an employee is in unlawful possession of a weapon on school property shall immediately report this to the local police department and building administration.

## Tobacco Products

*[Refer to Board Policy 1.803](#)*

## Grievance Procedures

*[Refer to Board Policy 5.501](#)*

## Gifts and Solicitations

*[Refer to Board Policy 5.605](#)*

## Political Activities

*[Refer to Board Policy 5.606](#)*

## Non-School Employment

*[Refer to Board Policy 5.607](#)*

## Personal Appearance

Maury County Public Schools' staff are expected to dress in accordance with accepted professional standards for their positions and duties.

For more information, see your local school rules and board policy [5.600](#).

## Resignation

Resignation is a voluntary act initiated by the employee to terminate employment with Maury County Public Schools. Forms for this purpose may be obtained from the MCPS website under the Human Resources tab or see appendix below for forms.

Employees under contract shall give 30 days' notice of resignation. Employees not under contract should give 14 days' notice.

Employees must return all property of Maury County Public Schools (keys, uniforms, etc.) to the immediate supervisor/department head before receiving their last paycheck. Employees access will be terminated at the end of the school year/contract or immediately if the resignation is received after the last day of school/contract.

If an employee does not provide advance notice as requested, the employee may be considered ineligible for rehire.

For more information, see board policies [5.200](#), [5.201](#), and [5.202](#).

## Miscellaneous

### Emergency Closings

*[Refer to Board Policy 1.8011](#)*

### Visitors in the Workplace

To provide for the safety and security of employees and the facilities at Maury County Public Schools, only authorized visitors are allowed in the workplace. Restricting unauthorized visitors helps maintain safety standards, protects against theft, ensures security of equipment, protects confidential information, safeguards employee welfare, and avoids potential distractions and disturbances.

Because of safety and security reasons, family and friends of employees are discouraged from visiting. In cases of emergency, employees will be called to meet any visitor outside his/her work area.

All visitors should enter the work site at the main entrance and sign in at the office. Authorized visitors will receive directions or be escorted to their destination. Employees are responsible for the conduct and safety of their visitors.

If an unauthorized individual is observed on Maury County Public School's premises, employees should immediately notify their supervisor or, if necessary, direct the individual to the main entrance.

For more information, see board policies [1.501](#) and [3.201](#).

# Privacy Laws

## Tennessee Replevin Law

In accordance with TCA 8-32-101, all employees must receive a copy of TCA 39-16-504.

Tennessee Code TCA 39-16-504. Destruction of and tampering with governmental records.

(a) It is unlawful for any person to:

- (1) Knowingly make a false entry in, or false alteration of, a governmental record;
- (2) Make, present, or use any record, document or thing with knowledge of its falsity and with intent that it will be taken as a genuine governmental record; or
- (3) Intentionally and unlawfully destroy, conceal, remove or otherwise impair the verity, legibility or availability of a governmental record.

(b) A violation of this section is a Class E felony.

(c)(1) Upon notification from any public official having custody of government records, including those created by municipal, county or state government agencies, that records have been unlawfully removed from a government records office, appropriate legal action may be taken by the city attorney, county attorney or attorney general, as the case may be, to obtain a warrant for possession of any public records which have been unlawfully transferred or removed in violation of this section.

(2) Such records shall be returned to the office of origin immediately after safeguards are established to prevent further recurrence of unlawful transfer or removal. [Acts 1989, ch. 591, 5 1; 1998, ch. 906, 5 1.]

Cross-References. Penalty for Class E Felony - TCA § 40-35-111; TCA § 39-16-501 — § 39-16-507 are referred to in § 40-Demeanor, TCA § 40-35-111.12-201. Section to Section References. Sections This section is referred to in TCA § 5-23-107.

The Explanation:

Possession and sale by private individuals of any government record is prohibited in Tennessee according to Tennessee Code Annotated § 39-16-504. Called the Replevin law, it prohibits the removal of records from governmental agencies in the state. This law includes all records created by state, county, or municipal government. Section (a)(3) states that it is unlawful to, “Intentionally and unlawfully destroy, conceal, remove or otherwise impair the verity, legibility or availability of a government record.” Section (c)(1) and (2) further state that, “Upon notification from any public official having custody of government records, including those created by municipal, county or state government agencies, that records have been unlawfully removed from a government records office, appropriate legal action may be taken by the city attorney, county attorney, or general attorney, as the case may be, to obtain a warrant for possession of any public records which have been unlawfully transferred or removed in violation of this section,” and that “such records shall be returned to the office of origin immediately after safeguards are established to prevent further recurrence of unlawful transfer or removal.”

Violating this law is a Class E Felony.

# FERPA

## FERPA/CONFIDENTIAL INFORMATION ACKNOWLEDGEMENT

The Family Educational Rights and Privacy Act (FERPA), a Federal law, states that any information which relates to the educational program of instruction of a student is an “education record.” Education records may include but are not limited to: teacher notes regarding a student; special education documents, including IEP materials; student assessments; Star Student information and other Portal materials. The law requires that a School District, with certain exceptions, obtain a parent’s written consent prior to the disclosure of personally identifiable information from a child’s education records. In addition to FERPA, the National School Lunch Act (NSLA) provides additional confidentiality protection to information regarding students who participate in free and reduced lunch programs.

A School District may disclose appropriately designated “Directory information” in certain school publications and to certain outside companies without written consent. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to advise the District that they do not wish even for their child’s Directory information to be disclosed, in accordance with District procedures.

Because of a parent’s rights to protect their child’s confidential educational records, all employees of the Maury County School System must take extreme care with information about students which they come into contact with on a daily basis. Furthermore, all employees of the Maury County School System must not release or discuss confidential student information to/with third parties who do not have a right to receive or review such information. If an employee of the Maury County School System has a concern regarding the possible disclosure of confidential student information, they should discuss that concern with their supervisor and the Superintendent of Schools BEFORE disclosing the information to a third party.

### ACKNOWLEDGEMENT

After reviewing the foregoing, I understand that as an employee of the Maury County Public School System, I am bound by the requirements of FERPA and must take precautions in maintaining the confidentiality of student education records. If any circumstance arises which I am concerned may involve a disclosure of confidential student information, I will contact my supervisor and the Superintendent of Schools before disclosing the information or discussing the information with a third party.

I understand that maintaining confidentiality of student information is part of the responsibilities and requirements as to my employment position with the Maury County Public School System. I understand that failure to follow these requirements may result in disciplinary action.

## Employee Acknowledgement

The employee handbook describes important information about Maury County Public Schools, and I understand that I should consult the Human Resources Department regarding any questions not answered in the handbook. I have entered my employment relationship with Maury County Public Schools voluntarily.

Since the information, policies, and benefits described here are subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the elected officials of the Maury County Board of Education can adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand that it is my responsibility to read and comply with the policies contained in this handbook, and any revisions made to it.



# Acknowledgement Form

Please sign the form below and submit it to Human Resources.

As an employee of Maury County Public Schools, it is my responsibility to read and review board policies, administrative procedures, as well as the Employee Handbook. The policies and procedures are posted on the website at [www.mauryk12.org](http://www.mauryk12.org).

My signature acknowledges that I am responsible for complying with all board policies and administrative procedures and that I have received a copy of the Employee Handbook.

---

Signature of Employee

---

Date

Appendix – Forms

Request for Leave of Absence Form



**Maury County Public Schools  
REQUEST FOR LEAVE OF ABSENCE**

(Short-Term & Long Term)

**\*This form MUST be completed in its entirety otherwise it will be returned back to you INCOMPLETE\***

**ALL Requests for leave MUST be submitted AT LEAST thirty (30) days PRIOR to beginning date of leave unless under extreme emergency**

**ALL Leave Extensions MUST complete a NEW “Request for Leave of Absence” Form at least ten (10) days PRIOR to the scheduled date of Return to Work**

*\*Please Note: A Leave of Absence is for absences OVER 10 days. Any absences LESS than 10 days are to be submitted via Ready Sub, or a triplicate form. \**

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Type of Personnel: Licensed  Classified  Admin

Today’s Date: \_\_\_\_\_ (mm/dd/yyyy)

**REQUEST FOR LEAVE:**

Position: \_\_\_\_\_

School: \_\_\_\_\_

I hereby request a leave of absence from my duties for a period of time beginning on ***(First day absent)***: \_\_\_\_\_ through ***(Last day absent)***: \_\_\_\_\_.

(mm/dd/yyyy)

(mm/dd/yyyy)

**RETURN TO WORK DATE *(Actual first day back in the office)***: \_\_\_\_\_ (mm/dd/yyyy)

**\*YOU MUST PROMPTLY FILL OUT A “RETURN TO WORK” FORM THE FIRST DAY YOU RETURN TO WORK. See Page 27\***

**PURPOSE OF LEAVE: (Please check ONE) (\*See the Appendix on pages 34-37 for essential information)**

- Military/Legislative Service
- Maternity/Paternity
  - a. Anticipated Period of Actual Disability: \_\_\_\_\_ (mm/dd/yyyy)
- Family and Medical Leave (FMLA): (Please Specify) \_\_\_\_\_
- Non-FMLA Leave: (Please Specify) \_\_\_\_\_
- Other: (Please Specify) \_\_\_\_\_

**PLEASE INDICATE HOW THE DISPERSEMENT OF ACCUMULATED LEAVE DAYS ARE TO BE USED IN THE BLANKS BELOW. {If you have inquiries about your leave balance, please contact the UKG Time Team in the Finance Department at (931) 375-2301}**

# Of Vacation Days to be Used: \_\_\_\_\_  
# Of Sick Days to be Used: \_\_\_\_\_  
# Of Personal Days to be Used: \_\_\_\_\_  
# Of Days Without Pay to be Used: \_\_\_\_\_

-----  
I, \_\_\_\_\_ (Print Name), understand, accept, and agree that it is my intent to return to the position from which leave is being requested. I shall notify the Director of Schools **in writing at least thirty (30) days prior** to the date of return **if I do not intend to return to this position**. I understand failure to render such notice may be considered breach of contract.

I, \_\_\_\_\_ (Print Name), understand that I am requesting a (re: *Medical or Personal*) \_\_\_\_\_ Leave of Absence. This leave will be without pay unless I have sufficient unused sick or personal days. ***{Note to Certified Personnel: UNPAID LEAVE DAYS MAY CAUSE A REDUCTION IN YOUR ACCUMULATED EXPERIENCE RATING.}***

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

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                                    City                                    State                                    Zip

-----  
Principal Comments: \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_

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

Recommend Leave: \_\_\_\_\_

Do Not Recommend Leave: \_\_\_\_\_

---

**Superintendent of Schools or Designee Signature:** \_\_\_\_\_

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

Leave Approved:

Leave Denied:



# Maury County Public Schools

## RETURN TO WORK

***This is to be emailed to Human Resources ON THE DATE YOU ARE SCHEDULED TO RETURN TO WORK. Email to: Melinda Guettner: [mguettner@mauryk12.org](mailto:mguettner@mauryk12.org)***

Employee Name: \_\_\_\_\_

School: \_\_\_\_\_

Date (the day employee was scheduled to return to work from his/her leave of absence): \_\_\_\_\_ (mm/dd/yyyy)

Did employee return on the date listed above?  Yes  No

If NO, was the supervisor notified?  Yes  No

Date/Time of notification: \_\_\_\_\_ (mm/dd/yyyy)

Other Comments: \_\_\_\_\_  
\_\_\_\_\_

Was an interim employee used?  Yes  No

Name of Interim: \_\_\_\_\_

Interim's last day worked: \_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_  
Employee Signature Date: \_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_  
Immediate Supervisor's Signature Date: \_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_  
HR Signature Date: \_\_\_\_\_ (mm/dd/yyyy)

Received by HR on: \_\_\_\_\_ (mm/dd/yyyy)

**CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH  
CONDITION**

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least fifteen (15) calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313.

**SECTION I: FOR COMPLETION BY THE EMPLOYEE**

**INSTRUCTIONS to EMPLOYEE:**

**\*Please complete this section (Section I) BEFORE giving this form to your medical provider\***

This form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **Employers may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, employers **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. **In order to comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information.** Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. If providing medical certification for a family member, please note that GINA Title II does allow you to provide information about the medical condition of an employee's spouse, parent, or child to certify the need for leave under the Family and Medical Leave Act, other applicable state or local laws, or a policy that permits the use of leave to care for a family member.*

1. Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)  
(List date of certification requested)

2. Employee Name: \_\_\_\_\_  
(First) (Middle) (Last)

3. Employee's Job Title: \_\_\_\_\_

4. Employee's Regular Work Schedule: \_\_\_\_\_

5. Employee's Essential Job Functions: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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

**SECTION II: FOR COMPLETION BY THE HEALTH CARE PROVIDER**

**INSTRUCTIONS to HEALTH CARE PROVIDER:**

\*The **Health Care Provider must complete this Section** (Section II) **AFTER** the employee seeking FMLA/non-FMLA leave has completed Section I\*

Please complete this form for the employee listed above who has requested leave under the FMLA to care for your patient or who is requesting non-FMLA leave. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. **Please be sure to sign and date the form on the last page (Page 8).**

Employee's Name (Seeking leave): \_\_\_\_\_

Patient's Name (If different than employee): \_\_\_\_\_

Health Care Provider's Name (Print): \_\_\_\_\_

Health Care Provider's Business Address: \_\_\_\_\_

Type of Practice/Medical Specialty: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**PART A: MEDICAL FACTS**

1. Approximate date condition started or will start: \_\_\_\_\_

2. Probable duration of condition: \_\_\_\_\_

3. Date(s) you treated/will treat the patient for the condition: \_\_\_\_\_

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

a. Yes  No

b. If you answered Yes in 4(a), please list the date(s) of admission: \_\_\_\_\_

5. Was medication (other than over-the-counter medication) prescribed: Yes  No

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

7. Was the patient referred to other health care provider(s) for evaluation/treatment i.e. physical therapy?

a. Yes  No

b. If you answered Yes to (7a), state the nature of such treatment(s), and expected duration of such treatment:

\_\_\_\_\_

8. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (Medical Facts may include: symptoms; diagnosis; any regimen of continuing treatment such as the use of specialized equipment or necessary intermittent off work basis/work on a reduced leave schedule)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B: AMOUNT OF CARE NEEDED**

9. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition/family member's medical condition, including any time for treatment and recovery?

a. Yes  No

b. If you answered Yes to (9a), please estimate the beginning and ending dates for the period of incapacity:

\_\_\_\_\_  
*(For FMLA purposes, "incapacity" means inability to work, attend schools, or perform regular activities due to the condition, treatment of the condition, or recovery from the condition.)*

10. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's/family member's medical condition?



a. Yes  No

b. If you answered Yes to (10a), are the treatments or the reduced number of hours of work medically necessary?

Yes  No

c. If you answered Yes to (10b), please estimate the part-time or reduced work schedule the employee needs:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_ .

11. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?

a. Yes  No

b. Is it medically necessary for the employee to be absent from work during the flare-ups?

Yes  No

If you answered Yes to (11b), please explain: \_\_\_\_\_

\_\_\_\_\_.

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

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

Additional Information (*Identify the Question number with your additional answer*)

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**PART C: ESSENTIAL JOB FUNCTIONS**

If provided to you, the information in Section I Question #5 may be used to answer this question. If the employee fails to provide a statement of their essential function(s) or job description in Section I, answer these questions based upon the employee’s own description of the essential job function(s). An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be *not able* to perform the essential job functions of the position during the absence for treatment(s).

12. Due to the condition, the employee ( was not able  / is not able  / will not be able  ) to perform one or more of the essential job function(s). Identify at least one essential job function the employee is not able to perform:

---

---

**Signature of Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(mm/dd/yyyy)

**PAPERWORK REDUCTION ACT**

*If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.*

**SECTION III: RELEASE TO RETURN TO WORK: FOR COMPLETION BY THE HEALTH CARE PROVIDER**

The Release to Return to Work Form must be completed when an employee is released to return to work following a leave of absence as a result of an injury or illness. **This form must be completed and submitted at least five (5) days BEFORE the employee can return to work.**

Patient Name: \_\_\_\_\_

Patient is released to return to work on: \_\_\_\_\_

No Restrictions \_\_\_\_\_

With Restrictions \_\_\_\_\_

Restrictions Requested: \_\_\_\_\_

Dates of Restrictions: \_\_\_\_\_

\_\_\_\_\_  
Health Care Provider Name (*Print*)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
**Health Care Provider Signature**

\_\_\_\_\_  
**Date**



## APPENDIX OF IMPORTANT POLICY INFORMATION

For complete requirements regarding all leave of absences, our policies are located at

[www.mauryk12.org](http://www.mauryk12.org)

### **\*MILITARY/LEGISLATIVE SERVICE REQUEST FOR LEAVE\***

#### MILITARY LEAVE:

See [Policy 5.306](#) for further requirements.

1. You are required to supply **a copy of the orders for duty, including the dates of departure**, and return it to the Superintendent of Schools prior to, or simultaneous with, requesting leave.

#### LEGISLATIVE LEAVE:

See [Policy 5.309](#) for further requirements.

1. Per policy, all dates for leave are expected to be certain for legislative leave.
2. The employee shall notify the principal at least **five (5) days PRIOR** to leave being taken.

### **\*MATERNITY/PATERNITY REQUEST FOR LEAVE\***

See [Policy 5.305](#) for further requirements.

Per Policy 5.305, please **carefully read** the following instructions applicable to your requested leave:

1. If you need to revise the return-to-work date and ask for an extension, such extensions shall be made **in writing** and on file with Human Resources **ten (10) days PRIOR to the scheduled date of return.**

2. You are **required** to submit a physician’s “Release to Return to Work” statement **five (5) days PRIOR to return** to service (Located on Page 8 of this document).
3. Per Policy 5.305, Spouses who are both eligible employees of the school district **are limited to a combined total of twelve (12) workweeks of FMLA leave in a single twelve (12) month period.** Under certain circumstances, spouses who share leave for the birth or adoption of a child may be eligible for limited amounts of additional leave for other qualifying FMLA reasons.
4. In order to be eligible to use sick leave, **written request** of the teacher **accompanied** by a **statement from the teacher’s physician verifying pregnancy or accompanied by a written statement from an adoption agency/other entity handling the adoption** shall be submitted.
5. If found eligible for this leave, the Tennessee Maternity Act affords a leave period **not to exceed four (4) months (16 weeks)** for the adoption, pregnancy, childbirth, and nursing of a newborn child. Any eligible employee shall be granted upon request four (4) weeks of time paid.

**\*FAMILY AND MEDICAL LEAVE ACT (FMLA) REQUEST FOR LEAVE\***

See [Policy 5.305](#) for further requirements.

Per Policy 5.305, please **carefully read** the following instructions applicable to your requested leave:

1. If the FMLA leave is foreseeable, the employee shall give **thirty (30) days’ notice**. If the leave is not foreseeable, the employee shall notify Human Resources as soon as practicable, generally, either the same or next business day.
2. If you need to revise the return-to-work date and ask for an extension, such extensions shall be made **in writing** and on file with Human Resources **ten (10) days PRIOR to the scheduled date of return**.
3. You are also required to submit a physician’s “Release to Return to Work” statement at least **five (5) days PRIOR to return** to service (Located on Page 8 of this document).

**\*OTHER REQUESTS FOR LEAVE\***

**SABBATICAL LEAVE**

See [Policy 5.308](#) for further requirements.

1. Regular employees or teachers shall be entitled to a leave of absence **without pay not exceeding one (1) year** to further education on a full-time basis. No regular employee or teacher shall be eligible for more than one (1) such leave every seven (7) years of consecutive service with the school system.

### PHYSICAL ASSAULT LEAVE

See [Policy 5.307](#) for further requirements.

1. A signed statement listing the cause of the absence shall be provided by the employee on forms furnished by the Superintendent and shall promptly be given to the immediate supervisor in support of all claims. A certificate from the physician on forms furnished by the Superintendent of Schools may also be required to verify the extent of the injury.

### EMERGENCY AND LEGAL LEAVE

See [Policy 5.301](#) for further requirements.

#### Emergency Leave

1. If using emergency leave, the employee shall be confirmed on the appropriate forms the day after returning to work. When the total time of emergency leave reaches one-half (1/2) day, the employee shall be charged with one-half (1/2) day of applicable leave.

#### Jury Duty

1. If a teacher summoned for jury duty is eligible for a postponement of jury service, that teacher shall request a postponement until a time outside the academic year so that disruption to the instructional year may be avoided. The following procedures shall regulate the leave for jury duty for teachers:
  - a. The teacher must present **written evidence** that he/she has been summoned to serve on a jury; and
  - b. The teacher shall be entitled to the usual compensation, less the amount paid by the court.

#### Court Appearances

1. When a teacher appears in state court, either personal leave or leave without pay shall be granted in accordance with the established board policies on leave.
2. Support Personnel called for jury duty or who serve as court witnesses **must present the subpoena or other documents which give reporting instructions** to the immediate supervisor. The employee shall obtain a form indicating the days served and the court pay to be received from the court's clerk for submitting to the payroll office. The employee shall receive the usual compensation, less the amount paid by the court.

## SICK LEAVE

See [Policy 5.302](#) for further requirements.

1. A signed statement listing the cause of absence shall be provided by the employee on forms furnished by the Superintendent of Schools and shall promptly be given to the immediate supervisor in support of all claims for sick leave pay. A falsified statement shall be grounds for dismissal.
2. A certificate from the physician on forms furnished by the Board may be required in support of any claim for sick leave pay.

## PERSONAL AND PROFESSIONAL LEAVE

See [Policy 5.303](#) for further requirements.

1. If you need to revise the return-to-work date and ask for an extension, such extensions shall be made **in writing** and on file with Human Resources **ten (10) days PRIOR to the scheduled date of return.**
2. The employee shall notify the principal **at least five (5) days PRIOR** to leave being taken.
3. Regular full-time classified employees may request that two (2) of their accumulated sick leave days be used as personal/professional days.
4. A maximum of two (2) days absence without loss of pay shall be allowed for the observance of an established religious rite or ordinance within any one (1) school year provided that the teacher's failure to observe this rite or ordinance shall impede the practice of his/her religion and no reporting requirement interferes with the teacher's rights.
5. Personal leave may be taken at the discretion of the employee, except when subject to particular conditions.



# Maury County Public Schools

## COMPLAINT FORM 5.501.1

An employee who wishes to launch a complaint may do so by filing this form with any district complaint manager. Fill out the below and submit the completed form to **Central Office**. If an employee has any questions as to the form, the complaint manager may assist the employee in filing a grievance.

Name of Complainant: \_\_\_\_\_ Date(s) of Incident(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Name of person(s) that the grievance is lodged against:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Site of Grievance: \_\_\_\_\_

Nature of Grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Attach a signed statement giving complete account of the specifics of the grievance.

\_\_\_\_\_  
Signature of Employee

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



*Internal Use Only:*

Grievance filed by:             Telephone             Written Document             Personal Visit

Date Written Complaint Received: \_\_\_\_\_

Complaint Investigator: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Complaint Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal or Supervisor

\_\_\_\_\_  
Date



**Maury County Public Schools**

**GRIEVANCE FORM 5.109.2**

Employee Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Name of Evaluator/Reviewer: \_\_\_\_\_

Date Challenged Evaluation was Received: \_\_\_\_\_

Evaluation Period in Question: \_\_\_\_\_

Basis for Grievance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Corrective Action Desired: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sufficient Facts or Other Information to Aide in Investigation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*A failure to state the basis for the grievance shall result in the grievance being considered invalid.*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date



# Maury County Public Schools

## RESIGNATION FORM

Licensed/Classified Employees

*Please Send Completed Form to:*

**Classified:** Gia Davis-Evans: [gdavisevans@mauryk12.org](mailto:gdavisevans@mauryk12.org)

**Licensed:** Belinda Williams AND Debbie McKnight at [bwilliams1@mauryk12.org](mailto:bwilliams1@mauryk12.org) ;  
[dmcknight1@mauryk12.org](mailto:dmcknight1@mauryk12.org)

**To: Maury County Public Schools**

From: \_\_\_\_\_  
(Employee Full Name)

Employee ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Last Day Worked: \_\_\_\_\_

Please accept my letter of resignation effective at the end of the day on \_\_\_\_\_ (mm/dd/yyyy) for:

Position(s): \_\_\_\_\_

Status:  Full-time  Part-time

School/Department/Location(s): \_\_\_\_\_

**Please select the reason(s) for your resignation here:**

- Relocating out of the area       Pursing an advanced degree       Military
- Salary/Benefits/Rate of Pay       Personal/Family Illness       Conflict with an Employee or Supervisor
- Personal Reasons       Transitioning into a new career

Accepted a position with the following school district/company: \_\_\_\_\_

Due to:  Salary/Benefits/Rate of Pay       Closer to Home       Moving with family

Other (Please explain): \_\_\_\_\_

**SICK LEAVE REQUEST:**

**\*This box is ONLY for LICENSED EMPLOYEES to complete\***

*Please Note: It is the new hire's responsibility to request a transfer of sick days to the new school district. (Transfers are normally sent two weeks after last day of employment)*

I, \_\_\_\_\_, request my remaining balance of sick days to be transferred.  
*(Full Name)*

Please forward this documentation to: \_\_\_\_\_, bringing it to the attention  
*(New School District)*

of \_\_\_\_\_ to \_\_\_\_\_.  
*(Name) (Email Address)*

**\*Your MCPS email address access will be shut off after your date of resignation\***

Personal Email Address: \_\_\_\_\_

**If relocating, please complete:**

My new address will be \_\_\_\_\_  
*Street City State Zip*

Effective Date: \_\_\_\_\_ *(mm/dd/yyyy)*

Please initial: \_\_\_\_\_ I understand and agree that I am required to return all MCPS property (laptops, etc.) at the end of my last day with MCPS.

By signing this form, I understand and accept that this letter cannot be rescinded without express approval of the Superintendent or her/his designee.

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

Date: \_\_\_\_\_ *(mm/dd/yyyy)*

***Please Send Completed Form to:***

**Classified:**

Gia Davis-Evans: [gdavisevans@mauryk12.org](mailto:gdavisevans@mauryk12.org)

**Licensed:**

Belinda Williams AND Debbie McKnight  
[bwilliams1@mauryk12.org](mailto:bwilliams1@mauryk12.org) ; [dmcknight1@mauryk12.org](mailto:dmcknight1@mauryk12.org)

Please contact the Human Resources Department at Maury County Public Schools at 931-388-8403, ext. 8120 or Melinda Guettner at [mguettner@mauryk12.org](mailto:mguettner@mauryk12.org) for information regarding your benefits.



### Maury County Public Schools

## EMPLOYEE INCIDENT TITLE IX & SEXUAL HARASSMENT FORM

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Date and Location of Incident: \_\_\_\_\_

Name of Witness(es): \_\_\_\_\_

\_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Incident Reported To: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

*Internal Use Only:*

Form Received By: \_\_\_\_\_ Date: \_\_\_\_\_