

Employee Handbook



**Pacific Grove Unified School District
435 Hillcrest Ave
Pacific Grove, CA 93950
Phone: (831) 646-6553 Fax: (831) 646-6500**

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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.

Elliott Hazen, President
Jennifer McNary, Vice President/Clerk
Laura Ottmar, Member
Elizabeth Shammass, Member
Michael Wachs, Member

Regularly scheduled meetings of the Board of Education are typically held on the first Thursday of each month. In addition, special meetings are held on the Third Thursday of the month as needed. 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.

Board Meeting Date 2025-2026

Please note all Board Meeting will be held in person at the Pacific Grove Unified School District Office at 435 Hillcrest Ave, in Pacific Grove. Board Meeting are also available via zoom. Please find the zoom link on the board meeting agenda.

*Please visit board packets and agendas to review meeting details

Thursday, August 7, 2025

Thursday, August 21, 2025 (Special Meeting)

Thursday, September 4, 2025

Thursday, September 18, 2025 (Special Meeting)

Thursday, October 2, 2025

Thursday, October 23, 2025 (Special Meeting)

Thursday, November 6, 2025

Thursday, November 20, 2025 (Special Meeting)

Thursday, December 11, 2025

Thursday, December 18, 2025 (Special Meeting)

Thursday, January 15, 2026

Thursday, January 22, 2026 (Special Meeting)

February - June 2026 Dates to be determined in the fall 2025

District Office			
435 Hillcrest Ave. Pacific Grove, CA 93950 p. 831-646-6553 f. 831-646-6500			
Dr Linda Adamson, Superintendent			
9202	831-646-6510	Lucero Villegas	Executive Assistant to Superintendent
Business Services			
9203	831-646-6509	Josh Jorn	Assistant Superintendent for Business Services
9204	831-646-6517	Carey O'Sullivan	Administrative Assistant to the Assistant Superintendent
9208	831-646-6516	Carly Adams	Fiscal Officer
9225	831-646-6515	Kristen Quilty	Payroll-Benefits Specialist
9212	831-646-6515	Cristina Olmos	Payroll-Benefits Specialist
9207	831-646-6519	TBD	Account Clerk III
9209	831-646-6521	Robert Silveira	Director of School Nutrition
Human Resources			
9205	831-646-6507	Buck Roggeman	Chief Human Resources Officer
9207	831-646-6593	Angela Lippert	Administrative Assistant to the Chief Human Resources Officer
9217	831-646-6537	Kimberly Ortiz	Personnel Specialist
9226	831-607-8892	Bree Nehring	Personnel Technician
Educational Services			
9215	831-646-6526	Dr Larry Haggquist	Executive Director of Educational Services
9216	831-646-6508	Leslie Ternullo	Administrative Specialist Curriculum
Information Technology			
9222	831-646-6525	Louis Algaze	Director of Technology Systems
9200	831-646-6618	Matthew Binder	Director of Education Technology
9221	831-646-6636	Andrew Bradley	District Technology Teacher
Student Services			
9213	831-646-6523	Yolanda Cork-Anthony	Executive Director of Student Services
9214	831-646-6524	Petrie Alvarez-Leijssen	Administrative Specialist Student Services
9219	831-275-5396	Katrina Powley	District Nurse
Maintenance, Operations, Transportation & Grounds			
9210	831-646-6511	Jon Anderson	Director of Facilities & Transportation
9211	831-646-6530	Michelle Padula	Administrative Assistant

Forest Grove Elementary			Robert Down Elementary		
1065 Congress Ave Pacific Grove, CA 93950 p. 831-646-6560 f. 831-648-8415			482 Pine Ave Pacific Grove, CA 93950 p.831-646-6540 f.831-648-8414		
3200	Abbie Arbrun	Principal	2302	Emily Tsai Brownfield	Principal
3201	Rebecca Gemacho	Office Manager	2300	Amy Riedel	Office Manager
3125	Debbie Pinheiro	Attendance Clerk III	2118	Annie Deis	Attendance Clerk III
3126	Zoe Roach	Counselor	2139	Sonda Frudden	Counselor
3207	Oscar Orozco	Custodian	2114	Edward Overstreet	Custodian
Pacific Grove High School			Pacific Grove Middle School		
615 Sunset Ave Pacific Grove, CA 93950 p.831-646-6590 f.831-646-6660			835 Forest Ave Pacific Grove, CA 93950 p.831-646-6568 f.831-646-6652		
6273	Greg O'Meara	Principal	5309	Sean Roach	Principal
6274	Sean Keller	Assistant Principal	5308	Jason Tovani	Assistant Principal
6311	Jill Houston	Office Manger	5300	Apple Atofau	Office Manager
6201	Johanna Biondi	Admin Asst to AP	5306	Melissa Gibson	Clerk
6293	Dan Powers	Athletic Director	5305	Luciana Morgan	Clerk
6211	Diana Santos-Dorantes	Attendance	5304	Vanessa Ginez	Counselor
6332	James Ehret	Counselor	5301	Jason Cota	Custodian
6279	Michelle Cadigan	Counselor			
6278	Margaret Rice	Counselor			
6209	Felicia Afifi	Student Store/ASB Clerk			
Community High School			Pacific Grove Adult School		
1004 David Ave Bldg A Pacific Grove, CA 93950 p.831-646-6535 f.831-648-8417			1025 lighthouse Ave Pacific Grove, CA 93950 p.831-646-6580 f.831-646-6578		
6273	Greg O'Meara	Principal	8426	Barbara Martinez	Principal
7104	Nathalia Pastor	Office Manager	8422	Michelle Kerkhoff	Admin Asst IV
7102	Sheri Deeter	Teacher in Charge	8441	Kristen Arps	Program Coordinator
7103	Mansour Abdur-Rahim	Teacher	8420	Sandra Dorantes-Sanchez	Clerk III – Main Office
7106	TBD	Speech	8441	Diane Cates-Pegis	Clerk III – Parent Ed
			8442	Noah Jensen	Clerk III – Parent Ed



PGUSD Board Goals 2024-2025

Pacific Grove Unified School Board Goals (August 15, 2024)
“Challenging every student with exceptional learning opportunities”

PGUSD Mission Statement *The Reason We Exist*

Pacific Grove Unified School District, in partnership with the community, will **challenge every student** by providing a quality instructional program in a **positive, safe and stimulating environment**. The District will **ensure opportunities for students** to acquire and apply the knowledge and skills that develop the insight and character necessary for a **productive and rewarding life**.

PGUSD CORE VALUES

At Pacific Grove Unified School District, we pledge that all students who come through our doors will do so with the right and the full expectation of experiencing three core values: **BELONGING SAFETY PROSPERITY**

PGUSD Local Control Accountability Plan (LCAP)

The **PGUSD LCAP** identifies what is important for our students, our staff, and our families through the implementation of **FOUR GOALS** that provide direction for our district. These goals represent the fundamentals of our district and identify actions that are essential to both the academic success and social emotional growth of our students. **Each GOAL** generates actions that direct staff and the use of our resources. These actions serve as the catalysts that drive us toward continuous and sustainable improvement and it is with these goals that we have developed and aligned the following four **Board Goals for the 2024-2025 school year**.

PGUSD Board Goals 2024-2025

Board Goal 1: Overall Student Success: **Aligns with LCAP Goal 1: Academic Program** *Belonging Prosperity*

PGUSD will create a **“culture of we”** at every school site where educators and families work together as partners, sharing responsibility, leadership, and advocacy for the **academic success** of all students. All PGUSD families will **feel welcome** and fully invested in their student’s education through authentic partnerships with teachers and site leaders in a **safe, nurturing, and culturally responsive** school environment. All district and school policies and **practices will be equitable and inclusive for all** students and families creating a culture of belonging where students of **every economic circumstance, culture, religion, race, ethnicity, gender, sexual orientation, learning ability, and language** feel welcome and a sense of connection.

Board Goal 2: Student Wellness
Aligns with LCAP Goal 2: Social & Emotional Learning
Belonging Safety

All schools will nurture learning environments that are **intellectually, physically, and emotionally safe**. Our educators will create an environment that promotes **positive relationships** among students and staff to increase school connectedness and a sense of belonging. Every student will **feel connected to a minimum of one adult on campus** who cares for them, watches out for them, checks in with them regularly, and to whom they can turn during times of need.

Board Goal 3: Targeted Student Success
Aligns with LCAP Goal 3: Targeted Academic Support
Prosperity

Unduplicated students (low socio-economic, foster youth, and English Learners) as well as homeless students and students with disabilities will receive the **necessary differentiation and support to make accelerated growth to close the achievement gap**. When necessary, **targeted intervention** using a variety of strategies, programs, and small group instruction will be implemented for **students requiring additional tiered support**. These programs will be designed to show an increase in our state testing scores for all groups and an improvement in our English learner reclassification rate.

Board Goal 4: Community Engagement and Cultural Proficiency
Aligns with LCAP Goal 4: Cultural Proficiency
Belonging Safety Prosperity

PGUSD will strive to create a **“Culture of We”** at every school site where educators, families, and students work together as partners, sharing responsibility, leadership, and advocacy for the success of ALL students. All PGUSD families will **feel welcome** and fully invested in their student’s education through authentic partnerships with teachers and site leaders in a safe, nurturing, and culturally responsive school environment. All district and **school policies and practices will be equitable and inclusive** for all students and families creating a **culture of belonging** where students of every economic circumstance, culture, race, ethnicity, gender, sexual orientation, learning ability, or language feel a **strong sense of connection**.

Board Goal 5: Resource Management
Aligns with LCAP Goals 1-4
Belonging Safety Prosperity

PGUSD will **utilize and generate resources effectively** to ensure all fiscal and capital resources are geared toward supporting a wide array of educational opportunities that promote the building of a district wide “culture of we” in which our students, our staff, and our families are afforded the right and the full expectation of experiencing our three core values: **BELONGING SAFETY PROSPERITY**

Alignment of Initiatives in Pacific Grove Unified School District

Introduction

The Pacific Grove Unified School District (PGUSD) is dedicated to creating a school environment that values every student’s unique identity, fosters academic success, and supports social-emotional development. The district is currently carrying forward several key initiatives aimed at building a more inclusive, equitable, and culturally responsive educational environment. These include fostering a “Culture of We” focused on belonging, safety, and prosperity; implementing cultural proficiency; carrying out restorative justice practices; and re-launching Professional Learning Communities (PLCs) district-wide.

Given the breadth of these initiatives, it is understandable and expected that there will be overlap among them. This overlap is not only natural but also intentional, as these initiatives work together to create a cohesive, comprehensive approach to student success. This report examines how these initiatives align with each other and with PGUSD’s overarching mission of educational equity, student achievement, and community engagement.

1. Building a Culture of We

At the core of PGUSD's vision is the creation of a “Culture of We”—a school environment where every student, educator, and family feels a sense of BELONGING, SAFETY, and PROSPERITY. This initiative emphasizes the importance of:

- **Fostering connection and belonging:** Ensuring that every student feels valued and supported in their learning environment.
- **Partnership between educators and families:** Encouraging collaborative efforts where educators, families, and students work together as partners in the educational process.
- **Inclusive practices:** Supporting students from all backgrounds—regardless of race, culture, gender, sexual orientation, ability, or language—through equitable opportunities and culturally responsive practices.

The “Culture of We” initiative is closely aligned with PGUSD’s cultural proficiency goals, as both focus on building an inclusive school culture where diversity is celebrated, and every student’s unique needs are addressed.

2. Cultural Proficiency Framework

Cultural proficiency provides a critical framework for the district’s approach to creating an inclusive and equitable school environment. The framework defines a continuum of practice, guiding the district through various stages of cultural understanding and competence:

- **Cultural Destructiveness:** Practices that negate, disparage, or actively harm cultures that are different from one’s own.

- **Cultural Incapacity:** Practices that elevate one's own culture while suppressing or ignoring others.
- **Cultural Blindness:** The belief that cultural differences do not matter or should be ignored.
- **Cultural Pre-Competence:** Recognizing that one's own knowledge and experience may limit interactions with other cultures, and acknowledging the need to grow and adapt.
- **Cultural Competence:** Interacting with other cultures in ways that value their differences and strive for inclusivity.
- **Cultural Proficiency:** Honoring cultural differences and viewing diversity as a benefit that enriches the learning environment and strengthens the community.

PGUSD is committed to moving toward **Cultural Proficiency**, where diversity is celebrated as an asset. This means not just recognizing cultural differences, but actively embracing them and ensuring that practices, policies, and behaviors honor and support the diversity of students and families. This aligns directly with the district's goals of fostering a "Culture of We" where all students feel they belong and are supported, and the initiative's values become a foundational part of everyday school life.

3. Restorative Justice Framework

Restorative justice is another essential initiative within PGUSD, aimed at creating a just and equitable school environment. While restorative justice is a distinct framework, it is inextricably linked with the district's cultural proficiency efforts. Restorative justice focuses on three key pillars:

1. **Creating Just and Equitable Learning Environments**
This pillar directly supports PGUSD's cultural proficiency goal by ensuring that all students, regardless of background, have access to a fair and supportive learning environment. Restorative justice encourages inclusive practices and equitable treatment for all students, making sure that systemic inequalities are addressed and that every student has an equal opportunity to succeed.
2. **Nurturing Healthy Relationships**
Restorative justice emphasizes the importance of building strong, respectful relationships among students, educators, and families. This is aligned with PGUSD's goal of creating a "Culture of We" by promoting mutual respect, trust, and collaboration within the school community. Healthy relationships are key to fostering a sense of belonging and safety for every student.
3. **Repairing Harm and Transforming Conflict**
Restorative justice teaches students and educators to view conflict not as a disruption but as an opportunity for growth. The focus is on repairing harm, restoring relationships, and finding solutions together. This pillar complements PGUSD's cultural proficiency goals by encouraging open dialogue, accountability, and conflict resolution through restorative practices.

The restorative justice framework provides essential tools for PGUSD to create a supportive, empathetic school environment where students are treated with respect and encouraged to resolve conflicts in ways that strengthen the community.

4. Professional Learning Communities (PLCs)

Professional Learning Communities (PLCs) are a critical initiative aimed at fostering collaboration among educators, improving student outcomes, and ensuring continuous professional growth. PLCs support PGUSD's restorative justice and cultural proficiency goals in several ways:

- 1. Shared Mission, Vision, and Values**

PLCs help align educators around a shared mission and values, which can directly connect with the district's "Culture of We" work. PLCs ensure that all educators are on the same page regarding the district's commitment to creating an inclusive and supportive learning environment for all students.

- 2. Collaborative Culture with a Focus on Learning**

PLCs emphasize collaboration and shared responsibility for student success. This collaborative culture aligns with PGUSD's cultural proficiency goals by encouraging educators to work together to address the diverse needs of their students, including those related to cultural background, language, and social-emotional well-being.

- 3. Collective Inquiry Into Best Practices and Current Reality**

PLCs foster data-driven inquiry and reflective practice, allowing educators to assess their current reality and identify areas for growth. This aligns with PGUSD's commitment to equity by ensuring that educators are continuously improving their practice to better meet the needs of all students, particularly those who may have been historically underserved.

- 4. Action Orientation**

PLCs are action-oriented, ensuring that collaborative inquiry leads to tangible improvements in teaching and learning. This aligns with PGUSD's restorative justice goal of creating just and equitable learning environments, as well as its cultural proficiency goal of ensuring that all students have the resources and support they need to succeed.

- 5. Commitment to Continuous Improvement**

PLCs encourage ongoing professional development and refinement of teaching practices. This commitment to continuous improvement supports PGUSD's efforts to progress along the continuum of cultural proficiency, moving toward a more inclusive and equitable school culture.

- 6. Results Orientation**

PLCs focus on outcomes, ensuring that teachers' work leads to measurable improvements in student achievement and school climate. Students are assessed on a regular basis and in a variety of ways so that teachers have concrete and reliable data that provides them with information about the "whole child," assisting them in making intentional and differentiated decisions around student learning. In addition to common

formative assessments at the classroom level, the district requires students grades 3 and up to take the CORE SEL (a social emotional assessment) twice a year, and K-12 students to take the NWEA MAP assessment in English and Math three times a year. These assessments, along with yearly state testing results, allow PLC teams to use multiple data points to holistically track student growth. This results-oriented approach supports PGUSD's goal of fostering a safe, nurturing, and academically rigorous environment for all students.

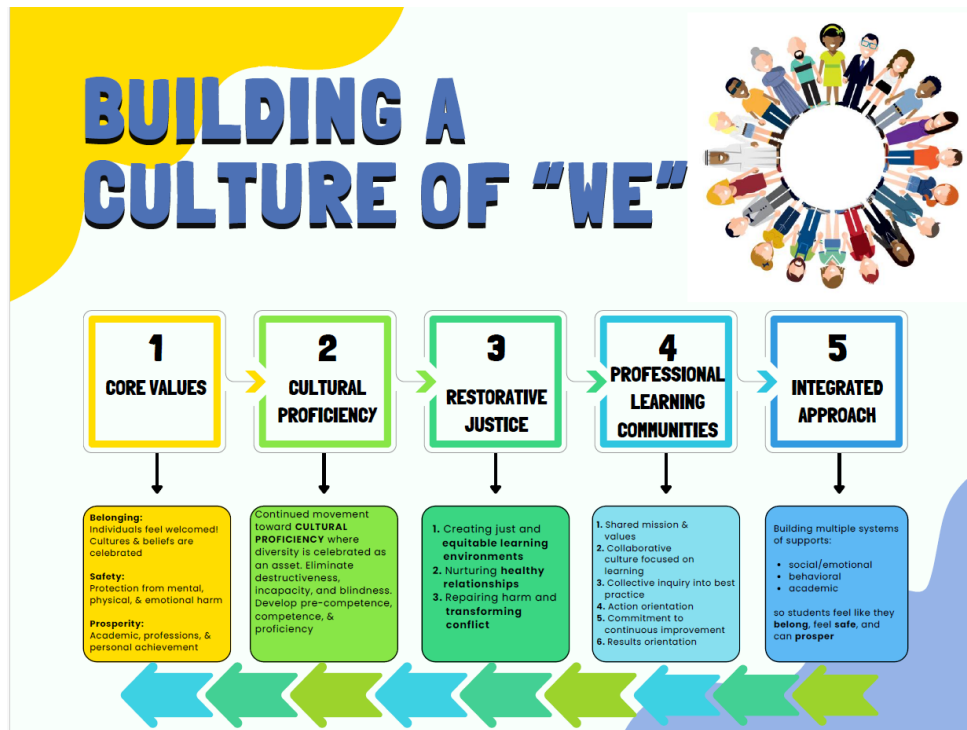
PLCs also help further PGUSD's restorative justice efforts by providing educators with the tools to collaborate on interventions, share strategies for inclusive teaching, and collectively address barriers to student success.

5. Overlapping Initiatives and Integrated Approach

It is important to acknowledge that the initiatives PGUSD is carrying forward—building a “Culture of We,” advancing cultural proficiency, implementing restorative justice practices, and re-launching PLCs—are inherently interconnected. Given their complementary nature, some degree of overlap is both expected and beneficial. For example:

- **Restorative justice** practices help build healthy relationships and just learning environments, which support the goals of both the “Culture of We” initiative and cultural proficiency.
- **PLCs** provide a platform for educators to collaborate and refine their practices in alignment with cultural proficiency and restorative justice, ensuring that all students are supported in a culturally responsive way.
- The “**Culture of We**” work strengthens restorative justice and cultural proficiency by focusing on fostering a sense of belonging, which is foundational to student success and well-being.

Rather than seeing overlap as a challenge, PGUSD views this synergy as an opportunity to integrate these efforts into a unified approach that promotes equity, collaboration, and continuous improvement. By aligning these initiatives, the district can create a more cohesive and comprehensive support system for students, educators, and families.



6. Conclusion

PGUSD’s initiatives to create a “Culture of We,” promote cultural proficiency, implement restorative justice, and re-launch Professional Learning Communities are deeply aligned and mutually reinforcing. These initiatives work together to foster an inclusive, equitable, and supportive learning environment where all students feel valued, respected, and empowered to succeed.

As the district continues to implement these initiatives, it is important to recognize the natural overlap among them. This overlap is expected and serves to strengthen the overall effectiveness of PGUSD’s approach. By integrating these efforts and ensuring alignment with shared goals, PGUSD is laying the foundation for lasting change and continuous improvement in its schools.

Through ongoing collaboration, reflection, and commitment to inclusive practices, PGUSD is creating an educational experience where all students, regardless of their background, feel a strong sense of belonging and can thrive academically, socially, and emotionally.

BUILDING A CULTURE OF "WE"





PGUSD CORE VALUES

What We Stand For And Represent

At Pacific Grove Unified School District, we pledge that all students who come through our doors will do so with the right and the full expectation of experiencing three core values:



BELONGING

We will strive to create a “Culture of We” at every school site where ALL individuals feel welcomed, heard, respected, and included and where their culture, backgrounds, and beliefs are celebrated and valued.



SAFETY

We will strive to create a “Culture of We” in which ALL individuals are assured respect and dignity and each person is uniformly protected from mental, physical, and emotional harm.



PROSPERITY

We will strive to create a “Culture of We” in which ALL students feel assured of an environment and culture dedicated to the greatest measure of preparedness for their highest degree of academic, professional, and personal achievement.





Building Safety and Belonging in PGUSD

It is the mission of Pacific Grove Unified School District to *“challenge every student by providing a quality instructional program in a positive, safe, and stimulating environment.”* To achieve this mission for **ALL** students, **PGUSD** recognizes that a sense of belonging and guaranteed safety within the schools and the surrounding community is essential. The district is using the acronym **P.E.A.C.E.** as a framework to help guide the journey forward toward a future where the district mission is accomplished and the core values of **BELONGING, SAFETY,** and **PROSPERITY** can be instilled throughout the organization. This is an ambitious endeavor, but one that can be achieved if **WE** work together!

What Does P.E.A.C.E. stand for?

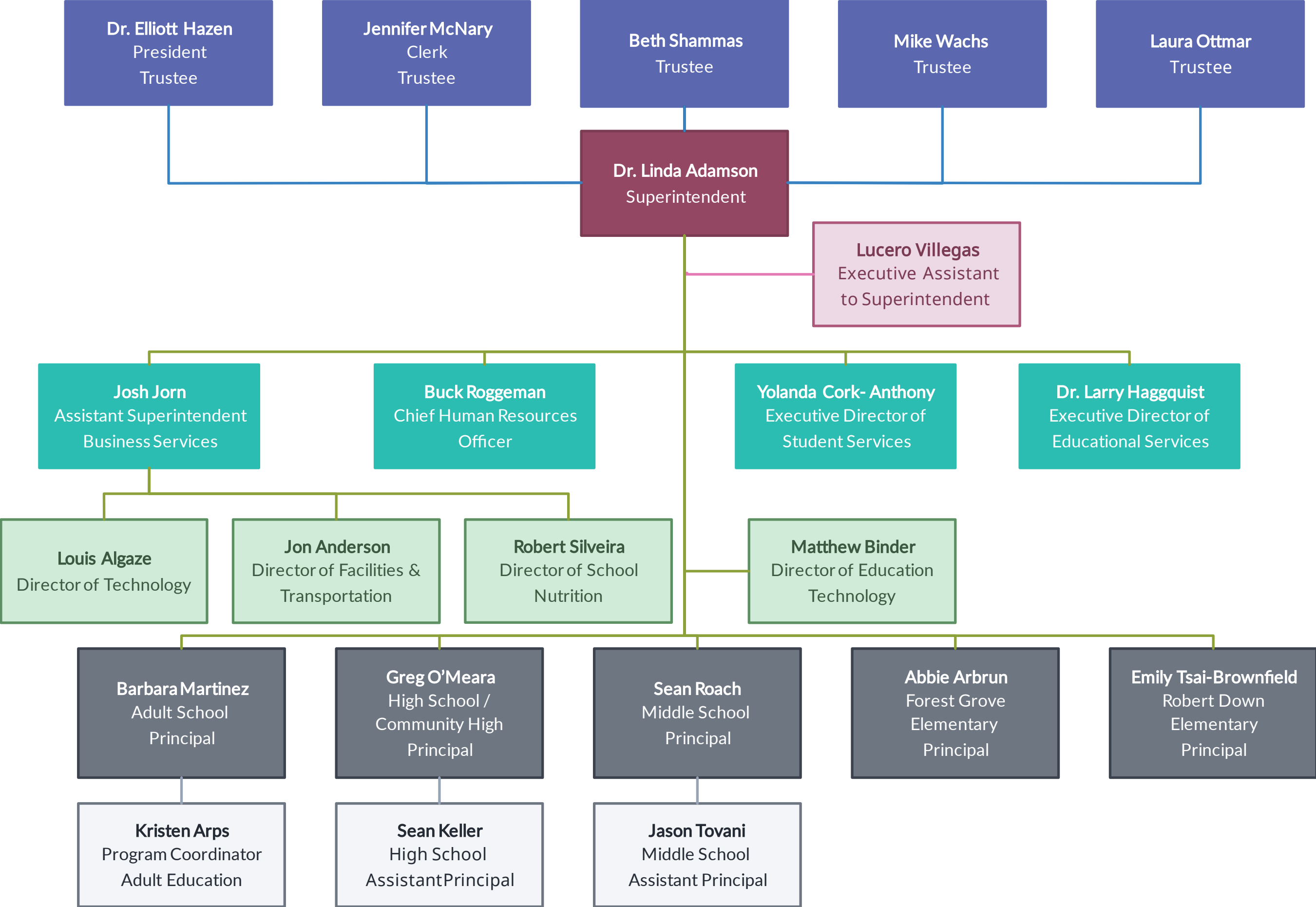
- P - Prevent and Prepare:** Belonging and safety starts with relationship-building, the focus of our first district-wide professional development day put on by Restorative Justice Partners and site leadership
- E - Encourage Reporting:** We are implementing Sandy Hook Promise as a reporting tool, as well as a program to build a culture of reporting
- A - Act Quickly and Respond:** We have set in place a Bias Incident Response Protocol (see below), which was the focus of our afternoon trainings at our Aug. 2 District-wide professional development.
- C - Communicate:** This communication is an example of the efforts we will be making toward strengthening communication practices throughout the district
- E - Educate and Heal:** In addition to the intervention, support, and counseling available at all sites, we will be partnering with community organizations to help reinforce our efforts to instill our core values.

Bias Incident Response Protocol

(What WE Will Do When an Incident Occurs)

- 1. Interrupt** - We can't ignore when incidents of bias or racism occur. Acting quickly is critical. Some example interruptive phrases include:
 - Let's pause and address what you just said
 - That language is not acceptable
- 2. Ask a question** - Questions help encourage empathy, expressions of feelings, and accountability. Through questions WE can more easily avoid blaming and shaming. Some suggested phrases include:
 - What do you mean?
 - Do you know the meaning of that term?
- 3. Explain the Impact** - When expectations are clear and communicated in advance, it is easier to explain the impact of an incident of bias. Example phrasing:
 - Do you know how that symbol makes people feel?
 - That kind of statement causes fear and pain. Can you understand why?
- 4. Broaden to a Universal** - An explanation will allow individuals to reflect on how their actions/behaviors impact the universal values of the group. For example: it is important to respect all individuals. Example phrasing:
 - Every person is an individual and deserves respect
 - What you just said is a generalization. Do you know what that means?
- 5. Make the Moment Teachable** - In the classroom, the goal is to get back to instruction. Incidents of bias can serve as opportunities for learning. As a community, LEARNING is at the core of what we do. Punishing, shaming, and excluding are detrimental to the learning process for all.

Pacific Grove Administration Organizational Chart



District Leadership Responsibilities

Superintendent	Assistant Superintendent	Chief Human Resources Officer	Executive Director of Educational Services	Executive Director of Student Services
Dr. Linda Adamson	Josh Jorn	Buck Roggeman	Dr. Larry Haggquist	Yolanda Cork-Anthony
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Acting Superintendent – Business • Budget • Payroll/Accounting/Insurance/Accounts Payable/Accounts Receivable • Mandated Costs • Attendance Accounting • MCSIG Board Representative • Risk Management – Workers’ Comp • Surplus Disposal 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 • Intervention Programs 	<ul style="list-style-type: none"> • Special Education • Student Services • Health • 504 Meetings and Compliance • Home Hospital • Speech Therapy & Occupational Therapy • Mental Health Therapists • Students Experiencing Homelessness • Foster Youth Liaison

Director of Technology Systems	Director of Education Technology	Director of Facilities & Transportation	Director of School Nutrition
Louis Algaze	Matthew Binder	Jon Anderson	Robert Silveira
<ul style="list-style-type: none"> • Technology Leadership • District Technology Plan • District Technology Committee 	<ul style="list-style-type: none"> • Technology Ninja's • District Educational Technology Plan • Classroom Technology Curriculum • Digital Tool's Training • District Technology Committee • Synergy 	<ul style="list-style-type: none"> • Construction Management • Deferred Maintenance Plan • Integrated Pest Management • Hazardous Materials • Asbestos and Lead Management Plan • Storm Water Pollution Prevention Plan 	<ul style="list-style-type: none"> • Directs the district Child Nutrition Program • Supervises and trains food service personnel

Forest Grove Elementary Principal	Robert Down Elementary Principal	PG Middle School Principal	PG Middle School Assistant Principal
Abbie Arburn	Emily Tsai-Brownfield	Sean Roach	Jason Tovani
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

PG High School / Community Principal	PG High School Assistant Principal	PG Adult School Principal	PG Adult School Program Coordinator
Greg O'Meara	Sean Keller	Barbara Martinez	Kristen Arps
<ul style="list-style-type: none"> • Staff Supervision, Evaluation, Leadership • Instructional Leadership of School • Site Budget Development and Oversight • Western Association Schools and Colleges (WASC) • Community High School • Special Education • Parent/booster clubs • District Negotiation Representative 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Staff Supervision, Evaluation, Leadership • Instructional Leadership • Site Budget • Western Association Schools and Colleges Advisory Committee • High School Diploma Counseling & Schedule Development • Coordinated Compliance Review • Parent Education, Older Adults with Disabilities • Coordinate Programs Preschool through Adult • Emergency Procedures • Preschools 	<ul style="list-style-type: none"> • Coordinate Programs Preschool through Adult • Staff Development • Western Association Schools and Colleges Coordinator • GED/CAHSEE Testing Coordinator • ABE/ESL/HS Diploma/Distance Learning • Budget Development • Community Partnerships

Superintendent	Human Resources			Student Services	
Executive Assistant, Superintendent	Admin Asst to the Chief Human Resource Officer	Personnel Specialist	Personnel Technician	Admin Specialist, Student Services	District Nurse
Lucero Villegas	Angela Lippert	Kimberly Ortiz	Bree Nehring	Petrie Alvarez-Leijssen	Katrina Powley
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Support to Director of Human Resources • Recruitment • Interview Coordination • Employee Orientation • Position Control • HR Event Coordination • Professional Growth • Escape Maintenance • New Hire Handbook • Negotiation Research • Recruitment Fair Coordinator 	<ul style="list-style-type: none"> • Support to Director of Human Resources • D.O. Reception • Employee Orientation • DOJ Processing • HR Event Coordination • Guest Teacher Coordination • Employee/Guest Teacher Handbooks • Frontline System Management • Negotiations Handbook • Bargaining Agreement Updates • Credential Monitoring 	<ul style="list-style-type: none"> • Support to Director of Human Resources • D.O. Reception • DOJ Processing • Volunteer Database • Classified Employee Testing • Process and Maintain Electronic Files • Records Maintenance • HR/Staff Website Maintenance 	<ul style="list-style-type: none"> • Support for Special Education Services • Support for Speech, Occupational, Mental Health Therapist • Students Experiencing Homelessness • Foster Youth 	<ul style="list-style-type: none"> • Student Wellness • Site Health Clerks

Education Service	Business Office				Facilities & Transportation
Admin Specialist, Education Services	Admin Asst to the Asst Superintendent	Payroll & Benefits Specialist	Fiscal Officer	Account Clerk III	Admin Assistant
Leslie Ternullo	Carey O’Sullivan	Kristen Quilty & Cristina Olmos	Carly Adams	TBD	Michelle Padula
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Business Office Operations • District Forms • Accounts Receivable/Billing/ Cash Deposits • Purchase Order Processing • Inventory Control Tagging • Retiree Benefits 	<ul style="list-style-type: none"> • Certificated and Classified Payroll • Health Insurance/ Benefits • Worker Compensation • Voluntary Deductions/ Tax Sheltered Annuities • Employee Attendance Tracking • Paycheck Distribution 	<ul style="list-style-type: none"> • Budget • State Reports • Mandated Cost Logs • District Attendance 	<ul style="list-style-type: none"> • Accounts payable processing and questions • Employee Reimbursements • Purchase Orders 	<ul style="list-style-type: none"> • Dispatching (Maintenance, Grounds, Transportation) • Facility Use Request (Facilitron) • School Bus Transportation • Field Trip Scheduling and billing • Work Order (Facilitron works) • Measure D

Pacific Grove Unified School District - 2025-2026

180 School Calendar						Date	Event
July 2025	28	29	30	31	1	7/30	New Hire Orientation
Aug 2025	4	5	6	7	8	7/31	Welcome
	11	12	13	14	15	8/1	Professional Development Day (Non Student Day)
	18	19	20	21	22	8/4	Teacher Prep Day (Non Student Day)
	25	26	27	28	29	8/5	First day of School
Sept 2025	1	2	3	4	5	9/1	Labor Day Holiday
	8	9	10	11	12		
	15	16	17	18	19		
	22	23	24	25	26		
Oct 2025	29	30	1	2	3	10/4	Butterfly Parade
	6	7	8	9	10	10/10	End of 1st Quarter (48 Days)
	13	14	15	16	17	10/13-10/17	Fall Break
	20	21	22	23	24		
Nov 2025	27	28	29	30	31		
	3	4	5	6	7	11/11	Veterans Day Holiday
	10	11	12	13	14	11/26	Minimum Day for Students and Classified Staff
	17	18	19	20	21	11/27-11/28	Thanksgiving Holiday
Dec 2025	24	25	26	27	28		
	1	2	3	4	5	12/19	End of 2nd Quarter (42 Days)
	8	9	10	11	12	12/19	End of 1st Semester (90 Days)
	15	16	17	18	19	12/19	Minimum Day for Students and Classified Staff
	22	23	24	25	26	12/22-1/2	Winter Break
Jan 2026	29	30	31	1	2		
	5	6	7	8	9	1/5	Teacher Prep Day (Non Student Day)
	12	13	14	15	16		
	19	20	21	22	23	1/19	Martin Luther King Jr. Holiday
Feb 2026	26	27	28	29	30		
	2	3	4	5	6		
	9	10	11	12	13		
	16	17	18	19	20	2/13-2/20	Presidents' Break
March 2026	23	24	25	26	27		
	2	3	4	5	6		
	9	10	11	12	13	3/13	End of 3rd Quarter (42 Days)
	16	17	18	19	20	3/16	Professional Development Day (Non Student Day)
April 2026	23	24	25	26	27		
	30	31	1	2	3		
	6	7	8	9	10	4/10	Minimum Day for Students and Classified Staff
	13	14	15	16	17	4/13-4/17	Spring Break
May 2026	20	21	22	23	24		
	27	28	29	30	1	5/25	Memorial Day
	4	5	6	7	8	5/29	End of 4nd Quarter (48 days)
	11	12	13	14	15	5/29	End of 2nd Semester (90 days)
May 2026	18	19	20	21	22	5/29	Last Day of School
	25	26	27	28	29	5/29	Minimum Day for Students /180-190 Classified Staff
	First Day/Last Day of School						
Professional Development Day/Teacher Prep Day							Breaks
Welcome							Holiday (9 total)
Minimum Day for Classified Staff (4 total)							Local Holiday (5 total)
185 Work Days - Current Teachers			186 Work Days - New Teachers			Work Days 180	
Board Approved 1/11/24							

PACIFIC GROVE UNIFIED SCHOOL DISTRICT	
Classified Computation of Work Days for 2025-2026	
365 = days in one year	
104 = weekend days	
365 - 104 = 261 work days per year (wd/y)	
261 work days 12 months = 21.75 work days per month (wd/m)	
12 Month Classified Employee	
261 work days per year - 15 holidays = 246 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	
251 work days per year - 15 holidays = 236 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 21.75 wd/m = 239 wd/y - 13 holidays = 226 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 14, 2025 - Last day June 11, 2026	Library Media Tech III (HS)
	Clerk III (HS) Account Clerk I (HS)
10.75 Month Classified Employee	
10.75 months x 21.75 wd/m = 234 wd/y - 13 holidays = 221 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 14, 2025 - Last day June 11, 2026	
10.5 Month Classified Employee	
10.5 months x 21.75 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 16, 2025 - Last day June 5, 2026	Clerk III (MS)
	Career Tech (HS)
10 Month Classified Employee	
10 months x 21.75 wd/m = 218 wd/y - 13 holidays = 205 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 30, 2025 - Last day June 5, 2026	
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 29, 2025 - Last day June 5 2026	
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 1, 2025 - Last day June 3, 2026	
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 5, 2025 - Last day May 29, 2026	BASRP Rec. Attend., Healthcare Assist.
	Crossing Guard

HUMAN RESOURCES INFORMATION

Oath or Affirmation

All district employees are declared by law to be disaster service workers and thus shall take the oath or affirmation required by disaster service workers before beginning employment with the district. In the event of natural, human-caused, or war-caused emergencies which result in conditions of disaster or extreme peril to life, property and resources, all District employees are subject to disaster service activities as assigned by them by their supervisors or by law. ([AR 4112.3,4212.3,4312.3](#)) (Govt Code [3100-3102](#))

Hiring

All potential candidates for positions are subject to an application and an interview process. Openings are emailed District wide, posted at each school and department, and/or on [EdJoin.org](#). District employees are encouraged to apply for advanced level jobs within the district as positions become available.

Certificated: Current certificated employees are encouraged to refer to Article VI of their [collective bargaining agreement](#) regarding assignment/reassignment and transfers.

Classified: Current classified employees are encouraged to refer to Article VIII of their [collective bargaining agreement](#) regarding employee promotions and/or transfers.

Change of Name or Address

Employees must inform Human Resources immediately of any change of name, address, or telephone number, so that employee records are current and accurate. Failure to do so may cause pay warrants and income tax statements to be delayed. Prior to turning in a name change, you must obtain a new Social Security card showing the new name. You should also keep your emergency contact and beneficiary designation information up to date. Forms are available on the staff page forms tab at [www.pgusd.org](#).

Certificated Staff: In addition to immediately informing Human Resources of any change of name, you will also need to change your name on your credential. You may do this either by submitting a name change at the time you change your name, or by waiting and changing your name at the time you renew your credential online. If you choose to change your name on your credential before you renew your credential, please visit [www.ctc.ca.gov](#), to change your name online or complete form 41-C and mail it to CTC; at this time, CTC is not charging to process a name change form.

Attendance/Reporting Absences

The district stresses regular attendance and requests that employees miss work only on those days when it is absolutely necessary. Certificated staff members and all classified employees (with the exception of maintenance, custodians, bus drivers, BASRP and food service positions) are required to input their absence to Frontline before the start of the schedule shift.

[Frontline](#)

Maintenance, custodians, bus drivers, BASRP and food service are to call their immediate supervisor and/or leave a voicemail message at their supervisor's extension to report an absence or tardiness prior to the beginning of the workday along with putting the absence in Frontline.

If an absence is for one or more weeks, or if Human Resources deems it necessary, a medical release may be requested to return to work.

Completion of an Absence Request Form is required the following day after an illness-related absence. The form is available from the site office manager or on the district [website](#).

Name Badge

Upon hire you will receive a name badge they will need to wear at all times 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 it 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 Human Resources Tab/ Bargaining Agreement

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 your 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 Informed K-12 that HR will send out. Please complete it at your earliest convenience.

Tuberculosis

California state law requires all employees to have a current tuberculosis (TB) test result on file. Those who have a history of a positive skin test must present a certificate from a health provider stating that they are free of communicable disease. The TB skin test or risk assessment questionnaire must be repeated every four years and proof must be submitted to Human Resources.

Attendance Sheets

Certificated Leave Form and Classified Leave Form can be found in the PGTA or CSEA contract and Staff tab of the district webpage. 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 be filled out and approved by your supervisor. Your office manager can help answer questions with these two forms.

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

Frontline/Absence Management

You will be provided a Frontline account from HR upon hire. You will get an email to your district email from Frontline; follow the link to set up your account. You will be able to log in with your district email and do Single Sign On (SSO), or you can create username and password. This is the absence management system that we use. If you cannot remember your username or forgot your password

Kimberly Ortiz (kimt@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.



Absence Management

SIGNING IN

Go to app.frontlineeducation.com. Enter your username and password and click **Sign In**. Or, if applicable, use the Organization SSO link.

LOGIN SUPPORT

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

Sign in with a Frontline ID

Frontline Username

Frontline Password

Sign In with Frontline ID

[Forgot Username](#) | [Forgot Password](#)

Having trouble signing in?
[Click here for more information](#)
[Or Sign In with Organization SSO](#)

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**.

Absence Management ▾ Victoria County School District ▾

 ? Amy Pond ▾ Employee

June 2023

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2023

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

August 2023

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Create Absence

0 Scheduled Absences

2 Past Absences

0 Denied Absences

Please select a date

June 2023

SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

Substitute Required Yes

Absence Reason Select One ▾

Time
Please enter a valid time range using the HH:MM AM format.
Full Day ▾
07:00 AM to 03:00 PM

Notes to Administrator Notes to Substitute
(not viewable by Substitute)

FILE ATTACHMENTS

DRAG AND DROP FILES HERE

Choose File No file chosen

Shared Attachments

Seating Chart.docx
Seating Chart

Cancel
✔ Create Absence

© Frontline Education

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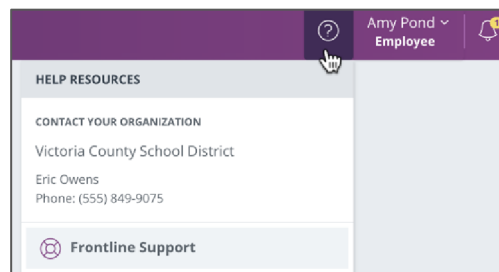
MANAGING YOUR PIN AND PERSONAL INFORMATION

Use the “Account” option in the side navigation to manage personal information, change your PIN, upload shared attachments (lesson plans, classroom rules, etc.), manage your preferred substitutes, and more.

Personal Info	Personal Info
Phone Credentials	General Information
Shared Attachments	Name: Amy Pond
Preferred Substitutes	Phone: <input type="text" value="6735553747"/>
	Email Address: <input type="text" value="apond@edu.com"/>

GETTING HELP AND RESOURCES

If you have questions, click **Help Resources** in the top purple bar of your application. View your Organization Admin’s contact details or select **Frontline Support** to access learning resources.



MOBILE OPTIONS

Mobile App

You have access to the Frontline Education mobile app. This *free* app provides increased accessibility to absence creation, Leave Balance recognition, and multiple absence tracking tools. Search “Frontline Education” via the app store to download it and use your system username and password to sign in.

To call the Absence Management system, dial **1-800-942-3767**. You will 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**

ADDITIONAL RESOURCES

Sign in and search for the following topics in the Learning Center for next steps:

• Getting Started	• Popular Questions	• Frontline Mobile App
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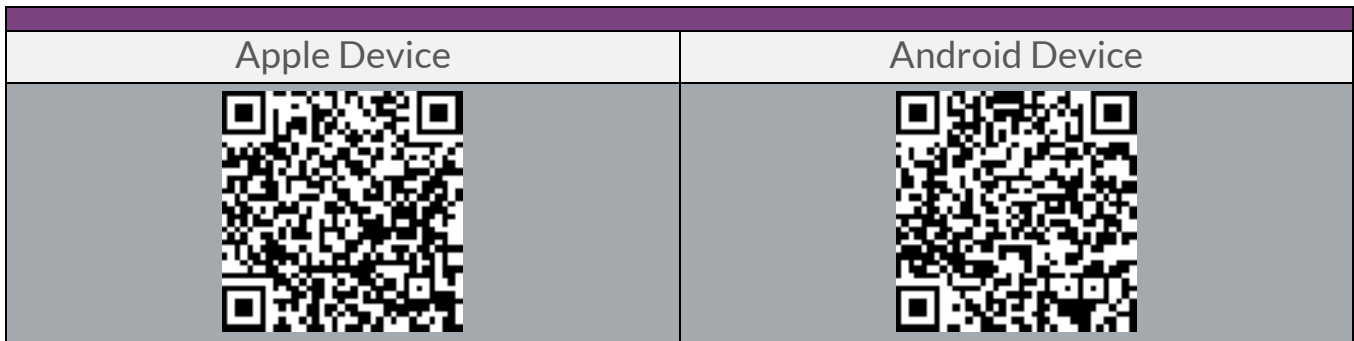


Mobile App

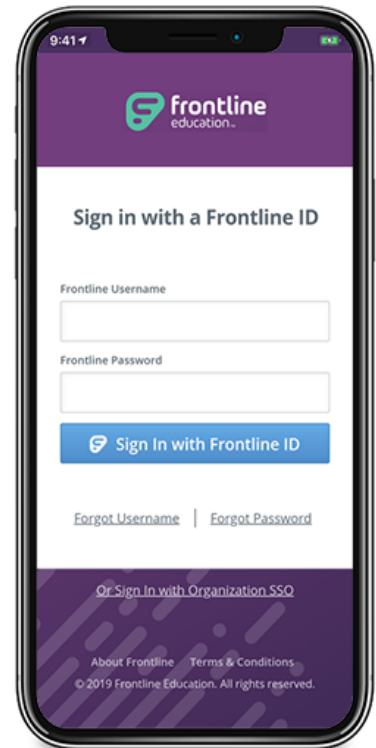
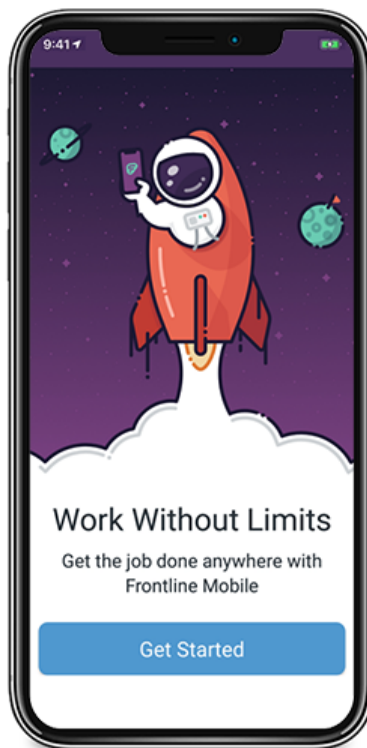
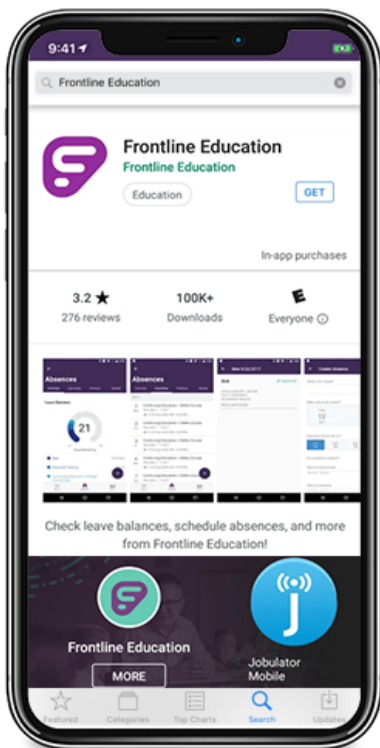
Districts that use the Frontline Insights Platform also gain access to the free Frontline Education mobile app. The app provides increased accessibility to absence creation and other absence tracking tools.

GETTING STARTED

Go to your device's App/Play store or use the following QR code to download the Frontline Education app.



Once the download is complete, press **Get Started** to proceed to a sign in page. From there, enter your Frontline ID account or use SSO and sign in. *Once signed in, you may be prompted to select an org.



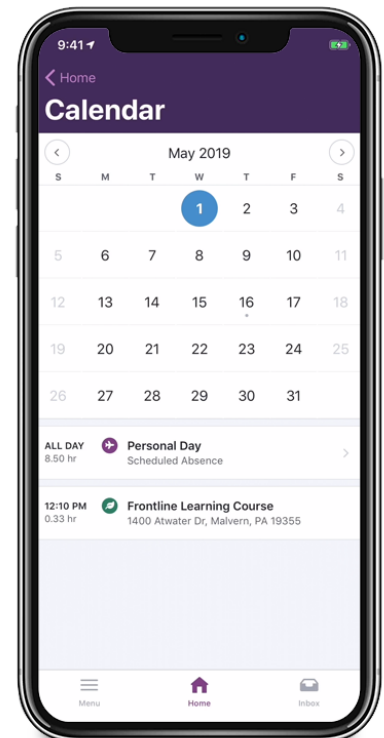
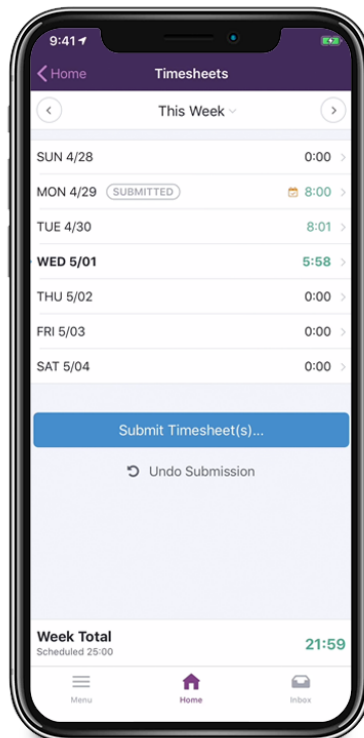
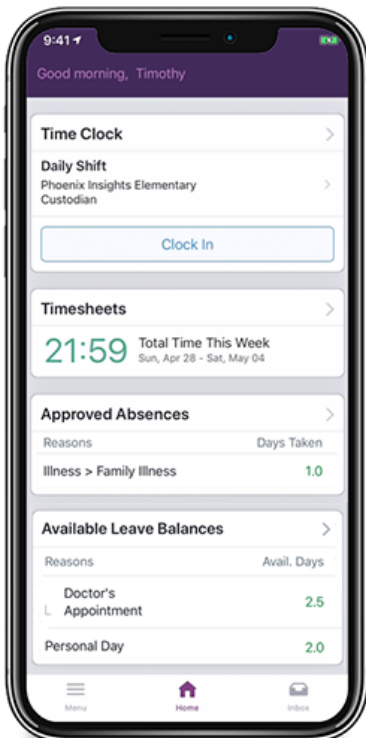
HOMEPAGE

The homepage displays information applicable to your permission setup. Potential in-app features include current absence or leave balance details (if enabled), clock-in/out functionality, timesheet details, and the option to schedule an absence.

MENU/SIDE NAVIGATION

The “Menu” option opens a side navigation bar where you can access current tools and settings.

People	View your contact list and reference email and/or personal phone options.
Absences	View available Paid Time Off (if leave balances are enabled), approved, upcoming, past, or denied absences, and option to schedule an absence.
Time Clock	Clock in and out.
Timesheets	View, edit, and submit your timesheets on the go.
Calendar	View upcoming scheduled absences and any Professional Development events you have registered for through Professional Learning Management.
Inbox	Review any received web alerts from your district.
Help Center	Access online help resources specific to your Frontline mobile app.
Settings	Review your current district details or to log out of the app.
Feedback	Please provide feature-related feedback or use this tab to contact Mobile Support with any questions/issues you may have regarding the app.



PAYROLL INFORMATION / FORMS

PAYROLL INFORMATION

Your Payroll Staff:

Cristina Olmos – Employees A-K – 831-659-6515 – colmos@pgusd.org

Kristen Quilty – Employees L-Z – 831-607-8891 – kquilty@pgusd.org

Payroll Email – payroll@pgusd.org

FORMS:

All forms referred to in this section are available on our website at pgusd.org. Hover over the staff 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. Warrants will not be released to anyone other than you without your written permission.

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 Stipend Salary Schedule, found on our website. 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 31st. 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:

PAYROLL INFORMATION

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, and turn it in to your site.

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, as well as American Fidelity for all staff, at the employee's cost. Please email payroll 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 within 24 hours of the injury occurring. No injury is too small. We must be notified so that you may be covered. Worker's Comp required paperwork can be found on the PGUSD website. If you have any questions, please call the payroll office at 646-6515 (A-K) or 607-8891 (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 831-755-8055. 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 due to a qualifying event. Open enrollment occurs in November, with an effective date of January 1 of the following year, every year.

PAYROLL INFORMATION

APPOINTMENTS:

Due to many deadlines in the payroll office, we request that you make an appointment for any payroll/benefit needs you may have.

If your last name starts with the letter **A-K**, please email colmos@pgusd.org or call 831-646-6515 to request an appointment.

If your last name starts with the letter **L-Z**, please email kquilty@pgusd.org or call 831-607-8891 to request an appointment.

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
PAY DAY SCHEDULE
2025/2026**

Supplemental Payroll	Thursday, July 10, 2025
Manual Payroll	Tuesday July 15, 2025
Regular Payroll	Thursday, July 31, 2025
Supplemental Payroll	Friday, August 8, 2025
Regular Payroll	Friday, August 29, 2025
Supplemental Payroll	Wednesday, September 10, 2025
Regular Payroll	Tuesday, September 30, 2025
Supplemental Payroll	Friday, October 10, 2025
Regular Payroll	Friday, October 31, 2025
Supplemental Payroll	Monday, November 10, 2025
Regular Payroll	Wednesday, November 26, 2025
Supplemental Payroll	Wednesday, December 10, 2025
Regular Payroll	Tuesday, December 23, 2025
Supplemental Payroll	Friday, January 9, 2026
Regular Payroll	Friday, January 30, 2026
Supplemental Payroll	Tuesday, February 10, 2026
Regular Payroll	Friday, February 27, 2026
Supplemental Payroll	Tuesday, March 10, 2026
Regular Payroll	Tuesday, March 31, 2026
Supplemental Payroll	Friday, April 10, 2026
Regular Payroll	Thursday, April 30, 2026
Supplemental Payroll	Friday, May 8, 2026
Regular Payroll	Friday, May 29, 2026
Supplemental Payroll	Wednesday, June 10, 2026
Regular Payroll	Tuesday, June 30, 2026

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

MCSIG CHANGE FORM  **MCSIG**  **EMPLOYER'S COBRA FORM**

*Employee or Employer representative: Use this form to report certain events to MCSIG as required under provisions of the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Failure to complete and submit this form in a timely manner may result in a loss of health insurance continuation that are available under COBRA. The notice must be sent back within 10 days after the later of (a) the date of qualifying event, or (b) the date that qualifying beneficiary would lose coverage on account of the qualifying event.

I	EMPLOYEE NAME (must be legal name)										
	Last: _____			First: _____			MI: _____				
	Birth Date: ____/____/____		Social Security ____-____-____		District _____						
II	EMPLOYEE ADDRESS								Phone # (____) _____		
	Mailing Address Required: _____										
	Street _____			City _____			State _____		Zip _____		
	Email Address: _____@_____										
III	DEPENDENT CHANGE Note: You may only add dependents during annual November open enrollment or a special qualifying event										
	Type "Add" or "Remove" in the box provided next to each dependent's name										
<i>Add or Remove</i>	Last Name	First Name	MI	SSN Required	Relationship	Gender (type below)	DOB	MED	DEN	VIS	
IV	BENEFIT PLAN CHANGES (Required Documentation on reverse side)										
	Medical		Dental		Vision		Reason for Plan Change		OPT-OUT (EE only)		
	PPO25		High		Plan C		Term		Medical		
	PPO40		w/Ortho				Marriage		Dental		
	PPO60						Retirement		Vision		
	PPO SELECT (Complete Disclaimer on reverse side)		Life Insurance Opt-In				Addition/Loss of Other Coverage		Eff. Date ____ / ____ / ____		
			EAP/Life Insurance (Selection only for active employees opting out of medical)				Add Dependents		Proof of other coverage must be attached		
			KAISER				Loss Coverage				
							Change of Employment				
	Trio HMO		Low		Med		High		Loss or Ineligible Dependent		
	COMPLETECARE								Special Open Enrollment		
V	EMPLOYEE NAME CHANGE Note: Copy of social security card is required										
	Former Last Name _____				Present Last, MI, First _____						
VI	CHANGE OF BENEFICIARY Note: Life insurance is provided with medical plan enrollment only (25K Active / 5K Retiree)										
	Beneficiary Name			Beneficiary Address			Beneficiary Relationship		Percentage = 100%		
COMMENTS											
I hereby request the changes hereon to be made and authorize the applicable change in my contributions.											
Employee Signature X _____						Date Signed _____		20____			
Employee Representative X _____						Date Signed _____		20____			
EMPLOYER USE ONLY					MCSIG USE ONLY						
Eff. Date _____			Group # _____			Posted _____		Date _____		Initial _____	
FSA: Yes _____ No _____			Sub group # _____								

PPO Select Plan Disclaimer

I understand that by enrolling in the PPO Select plan, my dependents and I do not have out-of-network coverage. I can search for Blue Shield of California in-network providers by selecting PPO Select as the plan option at: [Blue Shield/MCSIG's microsite](#).

Initial _____

I have reviewed this information with my adult dependents covered by my plan and they understand the plan restrictions.

Initial _____

I understand that the PPO Select plan **excludes** Monterey County hospitals and their owned facilities that bill under the Monterey county hospitals Tax Identification number. The excluded hospitals are Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Mee Memorial Hospital. Note: Salinas Valley Health Medical Center is in-network, effective 3/1/24. Note: you and your dependents will be covered in the case of a true emergency (e.g. taken by ambulance, severe and sudden pain, broken bones or referral by a medical provider). All plan design charges will apply. Please note: that the billing submitted by the hospital is what will determine if the visit was a true emergency. If referred to one of the above hospitals by your doctor, urgent care facility, Teladoc, Transcarent or any other medical provider but the hospital bill does not reflect an emergency, call MCSIG Customer Service at (831) 755-8055 to report the referral so that your claim can be reviewed. For a list of in-network hospitals, register and search at: [Blue Shield/MCSIG's microsite](#).

Initial _____

The PPO Select Plan includes Transcarent Surgery Care, a free high quality surgery benefit with more than 100% coverage and no out-of-pocket expenses. Their suite of tools, services and dedicated Care Coordinators are available to help you when considering a planned surgery. Get connected with a Care Coordinator at (855) 586-2744.

Once enrolled and benefits have been activated, obtain further guidance to best manage your healthcare needs, by registering online at [webapp.transcarent.ai/activate](#) and connect with a health guide to get concierge-level support on your needs. In addition, MCSIG Customer Service is at your service at (831) 755-8055, M-F 8-5 p.m.

I attest by signing below that I have reviewed the PPO Select Disclaimer within this document. I understand that I am eligible to change plans during Open Enrollment every November for a January 1 effective. I may also change plans if I encounter a qualifying event outside of Open Enrollment (e.g. marriage, divorce, birth of a child). Please refer to your Benefit Booklet for a complete list of qualifying events at: [www.mcsig.com](#) (under the Health Plans tab).

Insured Legal Last Name: _____ Legal First Name: _____

Insured Signature: _____ Date: _____

REQUIRED DOCUMENTATION* Attach copies of: Certified Marriage Certificate, Domestic Partner State Registration Certificate (Same sex partners or opposite sex partners), Birth Certificates (for ALL dependent children), Adoption (Adoption Placement Papers), Legal Guardianship (final paperwork showing effective date), Proof of enrollment in other medical coverage (for employee to opt-out of medical plan), MCSIG Disabled Dependent Form.

*Any required documentation that is not included with the enrollment form will delay the enrollment process.



Municipalities, Colleges, Schools, Insurance Group

ENROLLMENT FORM

DISTRICT USE					
Group # (4-digit District ID)			Subgroup # (3-digit employee class)		

I. EMPLOYEE INFORMATION						
Social Security Number ____ - ____ - ____	First Legal Name	MI	Last Legal Name	Mailing Address	City	State Zip Code
Date of Birth - - / /	Gender (type below)	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner	Are you married to a MCSIG covered employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide Spouse WorkLocation: _____		Email _____ @ _____	Home Phone (____) _____

II. MCSIG PLAN SELECTION NOTE: Employees must enroll in their own plan in order to be enrolled as a dependent of another employee's MCSIG plan											
NEW ENROLLMENT	COVERAGE OPTIONS	MEDICAL PLAN OPTIONS						DENTAL PLAN OPTIONS	VISION PLAN OPTIONS	LIFE INSURANCE OPT-IN	
EFFECTIVE DATE ____/____/____		PPO \$25	PPO \$40	PPO \$60	PPO SELECT	Trio HMO	COMPLETECARE	KAISER PLANS Check one <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	High w/Ortho	Plan C	EAP/Life Insurance (Selection only for active employees opting out of medical)
	Employee Only										
DATE OF HIRE ____/____/____	Employee + One										
	Employee + Family										

III. DEPENDENT ENROLLMENT INFORMATION (Please list all dependents to be enrolled (Attach additional sheets if necessary.) Documentation required: Marriage License, Birth Certificate, etc... See reverse													
MEDICAL	DENTAL	VISION	RELATIONSHIP Type for each	GENDER Type for each	EFFECTIVE DATE	LAST NAME	FIRST NAME	MI	SOCIAL SECURITY # REQUIRED	Has other health plan? Enter YES or NO	BIRTH DATE	AGE	TOTALLY DISABLED? Enter YES or NO

IV. LIFE INSURANCE BENEFICIARY DESIGNATION* – To be completed by employee. If more space is needed, please attach separate page. *Life Insurance is provided with Medical Plan enrollment only.						
Beneficiary #1 Name	Address	City	State	Zip Code	Relationship	Percentage %
Beneficiary #2 Name	Address	City	State	Zip Code	Relationship	Percentage %

PLEASE READ CAREFULLY-SIGNATURE REQUIRED

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions and misstatements.

DEDUCTION AUTHORIZATION: If applicable, I authorize my employer to deduct from my wages the required contribution.

NON-PARTICIPATION PROVIDER: I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.

ELIGIBILITY: I understand that eligible dependents must be enrolled within 31 days of a qualifying event. If a dependent is no longer eligible for coverage (i.e., divorce, overage child, etc.) I will notify MCSIG of the change within 31 days. Adding ineligible dependents to the MCSIG plans constitutes fraud, and I will be liable to pay back any claims paid for ineligible members.

SETTLEMENT OF DISPUTES: I understand that MCSIG has a Settlement of Disputes process, as described in the Benefits Booklet (available at www.mcsig.com).

AUTHORIZATION: I hereby authorize my physician, health care practitioner, hospital, clinic, or other medical or medically related facility to furnish an agent of MCSIG any and all records related to medical history, services rendered, or treatment given to anyone enrolled in my health plan for purpose of review, investigation, or analysis of any application or claim. I also authorize MCSIG or its agents, designees or representatives to disclose to a hospital or health care service plan, self-insurer or insurer any such medical information obtained if such disclosure is necessary if such processing is necessary to allow the processing of any claim. This authorization shall become effective immediately and shall remain in effect as is necessary to enable MCSIG to process claims.

Summary of Benefits and Coverage (SBC) summarizes important information about any health care option in a standard format and is available on the web at www.MCSIG.com. A paper copy of the SBC and Plan Handbook is also available, free of charge, by calling 1(800) 287-1442 (toll free). The information you are asked to provide on this enrollment form is used only for technical and administration purposes and is not shared with anyone outside of the confines of administering your health care coverage.

Employee Signature: X _____ **Date:** _____

REQUIRED DOCUMENTATION* Attach copies of: Certified Marriage Certificate, Domestic Partner State Registration Certificate (Same sex partners or opposite sex partners), Birth Certificates (for ALL dependent children), Adoption (Adoption Placement Papers), Legal Guardianship (final paperwork showing effective date), Proof of enrollment in other medical coverage (for employee to opt-out of medical plan), MCSIG Disabled Dependent Form. *Any required documentation that is not included with the enrollment form will delay the enrollment process.

PPO Select Plan Disclaimer

I understand that by enrolling in the PPO Select plan, my dependents and I do **not** have out-of-network coverage. I can search for BlueShield of California in-network providers at: Blue Shield/MCSIG's microsite. **initial**

I have reviewed this information with my adult dependents covered by my plan and they understand the plan restrictions. **initial**

I understand that the PPO Select plan **excludes:** Monterey County hospitals and their owned facilities that bill under the Monterey County hospitals Tax ID #. The excluded hospitals are Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Mee Memorial Hospital. Note: Salinas Valley Health Medical Center is in-network, effective 3/1/24. Note: you and your dependents will be covered in the case of a true emergency (e.g. taken by an ambulance, severe and sudden pain, broken bones or referral by a medical provider). All plan design charges will apply. Please note: that the billing submitted by the hospital is what will determine if the visit was a true emergency. If referred to one of the above hospitals by your doctor, urgent care facility, Teladoc, Transcarent or any other medical provider but the hospital bill does not reflect an emergency, call MCSIG Customer Service at (831) 755-8055 to report the referral so that your claim can be reviewed.

For a list of in-network hospitals, register and search at: Blue Shield/MCSIG's microsite. **initial**

The PPO Select Plan includes Transcarent Surgery Care, a free high-quality surgery benefit with more than 100% coverage and no out-of-pocket expenses. Their suite of tools, services and dedicated Care Coordinators are available to help you when considering a planned surgery. Get connected with a Care Coordinator at (855) 586-2744. Once enrolled and benefits have been activated, obtain further guidance to best manage your healthcare needs, by registering online at webapp.transcarent.ai/activate and connect with a health guide to get concierge-level support on your needs. In addition, MCSIG Customer Service is at your service at (831) 755-8055, M-F 8-5 p.m. I attest by signing below that I have reviewed the PPO Select Disclaimer within this document. I understand that I am eligible to change plans during Open Enrollment every November for a January 1 effective. I may also change plans if I encounter a qualifying event outside of Open Enrollment (e.g. marriage, divorce, birth of a child). Please refer to your Benefit Booklet for a complete list of qualifying events at: www.mcsig.com (under the Health Plans tab).

Insured Legal Name: _____ **Insured Signature:** _____ **Date:** _____

DECLINATION OF COVERAGE FORM

I was provided with and am signing acknowledgment of review and receipt of coverage and enrollment information for the insurance coverages provided through MCSIG.

I hereby decline the indicated coverages offered for the following persons:

SELF	SSN
Check applicable coverages: <input type="checkbox"/> Medical* <input type="checkbox"/> Dental <input type="checkbox"/> Vision	
*MUST provide proof of other medical coverage	
SPOUSE	SSN
Check applicable coverages: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	
Check reason: <input type="checkbox"/> covered under another plan <input type="checkbox"/> not covered, but do not choose to enroll at this time	
CHILD	SSN
CHILD	SSN
CHILD	SSN
Check applicable coverages: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	
Check reason: <input type="checkbox"/> covered under another plan <input type="checkbox"/> not covered, but do not choose to enroll at this time	

I, the undersigned, understand that if I decline **medical coverage** (includes declining Life Insurance) at this time, I waive my right to be re-enroll in the medical plan until the next annual open enrollment* **initial**

I, the undersigned, understand that if I decline **dental coverage** at this time, I waive my right to enroll in the dental plan until the next annual open enrollment* **initial**

I, the undersigned, understand that if I decline **vision coverage** at this time, I waive my right to enroll in the vision plan until the next annual open enrollment* **initial**

*ACTIVE EMPLOYEES are eligible to participate in the Annual Open Enrollment.

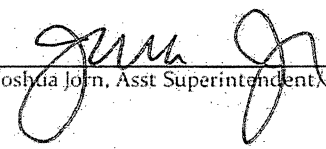
*RETIREES are not subject to the Annual Open Enrollment.

<input type="text"/>	<input type="text"/>
Employee Name	Employer
<input type="text"/>	<input type="text"/>
Employee Signature	Employer Representative & Title
<input type="text"/>	<input type="text"/>
Date	Date

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
ADULT EDUCATION SALARY SCHEDULE - CREDENTIALIED
2025/2026

	A	B	C	D
	PRELIMINARY	CLEAR	CLEAR CREDENTIAL	CLEAR CREDENTIAL
STEP	CREDENTIAL	CREDENTIAL	PLUS B.A.	PLUS MASTERS DEGREE
1	38.22	38.77	39.38	39.96
2	39.58	40.19	40.79	41.39
3	40.19	40.79	41.39	42.01
4	40.79	41.39	42.01	42.65
5	41.39	42.01	42.65	43.28
6	42.01	42.65	43.28	43.93
7	42.65	43.28	43.93	44.57
8	43.28	43.93	44.60	45.27
9		44.60	45.27	45.94
10		45.27	45.94	46.63
11		45.94	46.63	47.34
12		46.63	47.34	48.04
13		47.34	48.04	48.77

Step movement is based on length of service
 One step = 600 hours of service
 Column movement is based on credential then degree
 Step movement effective July 1st each year based on length of service (hours)
 Column movement shall occur for any specific pay period only for teacher providing evidence by at least 30 days prior to the closing date of said pay period of changes in credential or advanced degree status.
 Maximum on step movement and one column movement per year.
 Adult School Annual computation for STRS rate x 1560 = Annual
 Increase of 2% Effective 7/1/2007, increase of 4% effective 7/1/2011
 Increase of 5% effective 7/1/2014, Increase of 7% effective 7/01/2016
 Increase of 3% effective 7/01/2017- 02/01/2018 additional .5% retro eff 07/01/2017 = 3.5% eff 07/01/2017
 Increase of 3.2% effective 7/1/2018, Increase of 2.21% effective 7/1/2019
 Increase of 3.0% effect 7/1/2020, Increase of 5.0% effect 7/1/2021
 Increase of 5.0% effect 7/1/2021, Increase of 5.0% effect 7/1/2022. Increase to H&W of \$1000 per year, eff 7/1/22.
 Increase of 3.25% effect 7/1/2023, Increase to H&W of \$3300 per year, eff 7/1/23
 2024/2025 - Creation of an Adult Ed Credentialed and Non Credentialed Salary Schedule - no change in salary
 2024/2025 - Effective 7/1/24 0% Salary Increase, 0% H&W Increase
 2025/2026 - Effective 7/1/25 2% Base Salary Increase, .5% H&W Increase (\$1441)

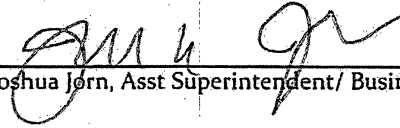
4-21-25
 Date  Business Mgr
 Joshua John, Asst Superintendent

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
 ADULT EDUCATION SALARY SCHEDULE - NON-CREDENTIALLED
 2025/2026

STEP	Column			
	A	B*	C*	D*
1	38.22	38.77	39.38	39.96
2	39.58	40.19	40.79	41.39
3	40.19	40.79	41.39	42.01
4	40.79	41.39	42.01	42.65
5	41.39	42.01	42.65	43.28
6	42.01	42.65	43.28	43.93
7	42.65	43.28	43.93	44.57
8	43.28	43.93	44.60	45.27
9*		44.60	45.27	45.94
10*		45.27	45.94	46.63
11*		45.94	46.63	47.34
12*		46.63	47.34	48.04
13*		47.34	48.04	48.77

Notes on Salary Schedule Changes

Step movement is based on length of service
 One step = 600 hours of service
 Step movement effective July 1st each year based on length of service (hours)
 Maximum one step movement per year.
 Adult School Annual computation for STRS rate x 1560 = Annual/PERS rate x 2080 = Annual
 Adult School Annual computation for PERS = 2080 hours per year
 Increase of 2% Effective 7/1/2007, increase of 4% effective 7/1/2011
 Increase of 5% effective 7/1/2014, Increase of 7% effective 7/01/2016
 Increase of 3% effective 7/01/2017- 02/01/2018 additional .5% retro eff 07/01/2017 = 3.5% eff 07/01/2017
 Increase of 3.2% effective 7/1/2018, Increase of 2.21% effective 7/1/2019
 Increase of 3.0% effect 7/1/2020, Increase of 5.0% effect 7/1/2021
 Increase of 5.0% effect 7/1/2021, Increase of 5.0% effect 7/1/2022. Increase to H&W of \$1000 per year, eff 7/1/22.
 Increase of 3.25% effect 7/1/2023, Increase to H&W of \$3300 per year, eff 7/1/23
 2024/2025 - Creation of an Adult Ed Credentialed and Non Credentialed Salary Schedule - no change in salary.
 *2024/2025 - Only grandfathered, non-credentialed adult education teachers are allowed to be on Step 9-13, as well as column B-D. All newly hired, non-credentialed adult education teachers are to remain on column A, between steps 1
 2024/2025 - Effective 7/1/24 0% Base Salary Increase, 0% H&W Increase
 2025/2026 - Effective 7/1/25 2% Base Salary Increase, .5% H&W Increase (\$1441)

4-21-25 
 Date Joshua Jörn, Asst Superintendent/ Business Mgr

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CONFIDENTIAL SALARY SCHEDULE
2025/2026**

	A	B	C	D	E	F
Executive Assistant (Superintendent)	89314	93409	97696	102194	106909	111854
Hourly Rate	42.77	44.74	46.79	48.94	51.20	53.57
Admin. Asst to the Asst. Superintendent	82595	86364	89899	94461	98805	103355
Hourly Rate	39.56	41.36	43.06	45.24	47.32	49.50
Admin. Asst to the Chief HR Officer	82595	86364	89899	94461	98805	103355
Hourly Rate	39.56	41.36	43.06	45.24	47.32	49.50
Fiscal Officer	103516	108144	112553	117874	123195	128515
Hourly Rate	49.58	51.79	53.90	56.45	59.00	61.55
Payroll-Benefits Specialist	79439	83059	86849	90827	94993	99361
Hourly Rate	38.05	39.78	41.59	43.50	45.49	47.59
Personnel Technician	72491	75778	79219	82827	86611	90577
Hourly Rate	34.72	36.29	37.94	39.67	41.48	43.38
Personnel Specialist	76633	80113	83757	87575	91579	95774
Hourly Rate	36.70	38.37	40.11	41.94	43.86	45.87

*position created 12/10/2009, revised to 12 month 12/13

Health Allowance PAYMENT \$3,000

Note: In addition to other compensation each full time confidential employee who is enrolled in the district medical, dental, and vision plans shall have their annual compensation increased by the amount of this payment. The payment shall be made in installments over the normal monthly payroll. Eligible part-time employees shall receive a proportional share of the allowance subject to enrollment in the insurance plans. Eff. 7/1/2021 health allowance payment increased to \$4200.00. Eff 7/1/2022 Health Allowance of \$4200.00

3.13% increase effective 7-1-2003

4.46% increase effective 7-1-2004

2.5% increase effective 7-1-2005

5.68% increase effective 7-1-2006

3.49% increase effective 7-1-2007

2.0% increase effective 7-1-2008 No increase Effective 7-1-2009

1.4% increase effective 7-1-2010

0.7% increase effective 7-1-2011

1.45% increase effective 7/1/2012

2013-14 Effective July 1, 2013 salaries were increased 7.00% & employees pay own PERS contributions

2.5% increase effective 7/1/2013

2.5% increase effective 7/1/2014; 3.5% increase. eff 07/01/2015

Added each cell \$ 2936 from HA eff. 7/1/15, added 10,15,20,25 longevity Columns eff. 7/1/15

1/1/2016 Business Services changed to reflect Personnel Technician (180 day employee)

3.5% increase eff 07/01/2016 Column name changed 7/1/2016 1=A/ 2=B/ 3=C/ 4=D/ 5=E/ 6=F

Percentage of increase at Step 3 in accordance with research that showed each position (not Business Services) and the % difference to make them at least 3rd on the grid. From that point each salary step is figured at the median % of 4.81 to make a uniform grid. Steps 1 and 2 are also 4.81% below Step 3 and 2.

3% increase eff. 7/1/2017 - 02/01/2018 .5% eff 07/01/2017 = 3.5% eff 07/01/2017 : 3.2% inc. eff 07/01/2018

2.21% Base Salary inc. eff. 7/01/2019; 3.0% inc. eff. 7/01/2020. 5% Base Salary inc. eff. 7/1/2021. 5.5% Base Salary inc. eff. 7/1/2022

2023-2024 4.65% Salary Inc. Eff 7/1/2023 plus \$1000 to H&W, Longevity increase to 5% at each step G-J

2024/25 - Longevity is now an add-on that compounds. 5% 10 yrs. 10.25% 15 yrs. 15.76% 20 yrs. 21.55% 25 yrs.

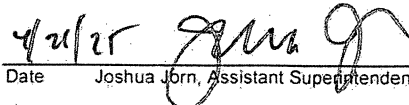
2024/25 - 0% Salary Increase, 0% Health and Welfare Increase.

2024/25 - Longevity is now an add-on that compounds: 5% 10 yrs. 10.25% 15 yrs. 15.76% 20 yrs. 21.55% 25 yrs.

Negotiated 24/25 on this. - Employees hired prior to 4/9/25 grandfathered in to compounding longevity, those hired after are a flat 5, 10, 15, 20% per signed TA 4/9/25

2025/26 - 2% Salary Increase, 5% H&W Increase (\$1441)

CONF_25_26

Date 4/21/25  Assistant Superintendent, Business Services

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
LICENSED PROFESSIONALS SALARY SCHEDULE
2025/2026**

POSITION	WK YEAR	1	2	3	4	5	6	7	8
Mental Health Therapist	217 Days	95427	99226	103024	106823	110623	122015	127383	131231
Occupational Therapist	185 Days	95427	99226	103024	106823	110623	122015	127383	131231

Mental Health Therapist and Occupational Therapist Salary Schedules Combined/Changed for 2022-2023 School Year
New Salary Schedule Name - LICENSED PROFESSIONALS SALARY SCHEDULE - see prior individual salary schedules for history

Eff 7/1/22 5% Sal Inc.

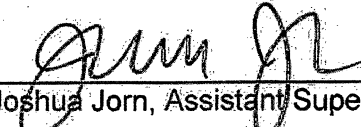
Eff 7/1/22 \$1000/yr. H&W Inc.

Eff 7/1/23 3.25% Sal Inc., \$3718.78 H&W Increase eff 7/1/23 (\$12,223.78 per year total)

Eff 7/1/24 0% Pay increase for 2024/25, no increase to health and welfare.

Eff 7/1/25 2% Base Salary Increase. Effective 7/1/25 .5% increase to health & welfare. Increase to MHT calendar from 185 days to 217 days.

Lic Prof 25_26_

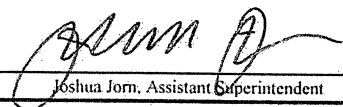
5/5/25 
Date Joshua Jorn, Assistant Superintendent

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
 CLASSIFIED SALARY SCHEDULE
 2025/2026

173.33 hours month

RANGI	A		B		C		D		E		F	
	Monthly	Hourly	Monthly	Hourly	Monthly	Hourly	Monthly	Hourly	Monthly	Hourly	Monthly	Hourly
20	3233	\$18.65	3415	\$19.70	3603	\$20.79	3778	\$21.80	3962	\$22.86	4149	\$23.94
21	3325	\$19.18	3501	\$20.20	3682	\$21.24	3867	\$22.31	4063	\$23.44	4255	\$24.55
22	3415	\$19.70	3602	\$20.78	3778	\$21.80	3962	\$22.86	4150	\$23.94	4357	\$25.14
23	3501	\$20.20	3682	\$21.24	3867	\$22.31	4063	\$23.44	4255	\$24.55	4469	\$25.78
24	3602	\$20.78	3778	\$21.80	3962	\$22.86	4150	\$23.94	4357	\$25.14	4602	\$26.55
25	3682	\$21.24	3867	\$22.31	4063	\$23.44	4255	\$24.55	4469	\$25.78	4703	\$27.13
26	3778	\$21.80	3962	\$22.86	4149	\$23.94	4357	\$25.14	4602	\$26.55	4814	\$27.77
27	3867	\$22.31	4063	\$23.44	4255	\$24.55	4469	\$25.78	4703	\$27.13	4942	\$28.51
28	3962	\$22.86	4149	\$23.94	4357	\$25.14	4602	\$26.55	4815	\$27.78	5068	\$29.24
29	4063	\$23.44	4254	\$24.54	4469	\$25.78	4703	\$27.13	4942	\$28.51	5203	\$30.02
30	4149	\$23.94	4357	\$25.14	4604	\$26.56	4814	\$27.77	5068	\$29.24	5305	\$30.61
31	4254	\$24.54	4469	\$25.78	4704	\$27.14	4942	\$28.51	5203	\$30.02	5456	\$31.48
32	4357	\$25.14	4602	\$26.55	4815	\$27.78	5068	\$29.24	5305	\$30.61	5596	\$32.29
33	4467	\$25.77	4703	\$27.13	4942	\$28.51	5203	\$30.02	5456	\$31.48	5742	\$33.13
34	4602	\$26.55	4814	\$27.77	5069	\$29.24	5305	\$30.61	5596	\$32.29	5883	\$33.94
35	4701	\$27.12	4941	\$28.51	5204	\$30.02	5456	\$31.48	5743	\$33.13	6018	\$34.72
36	4814	\$27.77	5067	\$29.23	5307	\$30.62	5596	\$32.29	5883	\$33.94	6183	\$35.67
37	4941	\$28.51	5203	\$30.02	5457	\$31.48	5742	\$33.13	6018	\$34.72	6317	\$36.44
38	5067	\$29.23	5304	\$30.60	5597	\$32.29	5883	\$33.94	6183	\$35.67	6479	\$37.38
39	5203	\$30.02	5456	\$31.48	5744	\$33.14	6018	\$34.72	6317	\$36.44	6646	\$38.34
40	5304	\$30.60	5595	\$32.28	5884	\$33.95	6183	\$35.67	6479	\$37.38	6817	\$39.33
41	5456	\$31.48	5742	\$33.13	6019	\$34.73	6317	\$36.44	6646	\$38.34	6981	\$40.28
42	5595	\$32.28	5883	\$33.94	6184	\$35.68	6479	\$37.38	6817	\$39.33	7170	\$41.37
43	5742	\$33.13	6018	\$34.72	6318	\$36.45	6646	\$38.34	6981	\$40.28	7346	\$42.38
44	5882	\$33.94	6182	\$35.67	6480	\$37.39	6817	\$39.33	7170	\$41.37	7527	\$43.43
45	6018	\$34.72	6316	\$36.44	6647	\$38.35	6981	\$40.28	7346	\$42.38	7692	\$44.38
46	6182	\$35.67	6477	\$37.37	6818	\$39.34	7170	\$41.37	7527	\$43.43	7905	\$45.61
47	6316	\$36.44	6644	\$38.33	6983	\$40.29	7346	\$42.38	7692	\$44.38	8107	\$46.77
48	6477	\$37.37	6816	\$39.32	7171	\$41.37	7527	\$43.43	7905	\$45.61	8304	\$47.91
49	6644	\$38.33	6981	\$40.28	7348	\$42.39	7692	\$44.38	8107	\$46.77	8514	\$49.12
50	6816	\$39.32	7169	\$41.36	7529	\$43.44	7905	\$45.61	8304	\$47.91	8730	\$50.37
51	6980	\$40.27	7346	\$42.38	7693	\$44.39	8107	\$46.77	8514	\$49.12	8939	\$51.57
52	7169	\$41.36	7526	\$43.42	7908	\$45.62	8304	\$47.91	8730	\$50.36	9173	\$52.92
53	7345	\$42.37	7691	\$44.37	8109	\$46.79	8514	\$49.12	8940	\$51.58	9386	\$54.15
54	7526	\$43.42	7904	\$45.60	8307	\$47.93	8730	\$50.36	9173	\$52.92	9639	\$55.61
55	7691	\$44.37	8106	\$46.77	8516	\$49.13	8939	\$51.57	9386	\$54.15	9885	\$57.03
56	7904	\$45.60	8303	\$47.90	8732	\$50.38	9173	\$52.92	9641	\$55.62	10124	\$58.41
57	8106	\$46.77	8513	\$49.11	8941	\$51.59	9386	\$54.15	9885	\$57.03	10360	\$59.77
58	8303	\$47.90	8730	\$50.36	9175	\$52.93	9641	\$55.62	10125	\$58.41	10617	\$61.25
59	8513	\$49.11	8939	\$51.57	9390	\$54.17	9885	\$57.03	10362	\$59.78	10882	\$62.78

Long. inc. of 3% for 10, 15, 20 & 25 years, granted on anniver of initial date of employment
 Inc. 2% eff. 7-1-2002, 3.13% inc. eff. 7-1-2003, 04/05 inc. added to employee benefits.
 Inc. of 5.36% eff. 7-1-2005, Inc. of 5% eff. 7-1-2006, Inc. of 3.69% eff. 7-1-2007
 Inc. of 2.0% eff. 7-1-2008, Inc. 1.4% eff. 7-1-2010, Inc. of 0.7% eff. 7-1-2011
 Inc. of 1.45% eff. 7-1-12, 2.5% eff. 7-1-13, 2.5% eff. 7-1-14, 3.5% eff. 7-1-15, 3.5% eff. 7-1-16
 Eff. July 1, 2013 salaries increased 7% and employees will pay their own PERS contribution
 3% Eff. July 1, 2017 - 02/01/2018 .5% added= 3.5% eff 07/01/2017, eff 07/01/2018 3.2%
 2.21% Base Salary inc. eff 7/1/19, 3% Base Salary inc. eff 7/1/2020
 Eff 7/1/2021 5% Base Salary inc. and \$1200/yr. H&W inc. 5% Base Salary inc eff 7/1/2022
 and \$1000/yr. H&W inc. eff 7/1/22
 Eff 7/1/2023 3.25% salary inc. Eff 7/1/23 H&W increase of \$3718.78 for a total of \$12223.78.
 2024/25 - Effective 7/1/24 0% Salary Increase, 0% Health & Welfare Increase. Longevity is now an add-on that
 compounds. 5% 10 yrs. 10.25% 15 yrs. 15.76% 20 yrs. 21.55% 25 yrs. Negotiate 24/25 on this. - Employees hired
 prior to 4/9/25 grandfathered in to compounding longevity, those hired after 4/9/25 are a flat 5, 10, 15, 20% per
 signed TA 4/9/25
 2025/26 - Effective 7/1/25 2% Salary Increase, .5% Increase to Health & Welfare (\$1441).

4-24-25
 Date  Joshua Jorn, Assistant Superintendent

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
MANAGEMENT SALARY
2025/2026

POSITION	WK YEAR	1	2	3	4	5	6	7	8
High School Principal	220	183,045	187,597	192,137	196,692	201,231	205,778	210,324	216,598
**Adult School Principal	220	171,370	175,626	179,882	184,131	188,390	192,644	196,895	202,767
Middle School Principal	215	169,608	173,817	178,032	182,239	186,452	190,659	194,871	200,682
Elementary Principal	215	168,171	172,364	176,525	180,697	184,945	189,049	193,384	199,904
High/ Middle Asst. Principal	210	161,269	165,269	169,269	173,276	177,278	181,277	185,273	190,796
**Summer/ESY Principal	24	10,635	10,635	10,635	10,635	10,635	10,635	10,635	10,635
Executive Director Education Services	220	168,893	173,081	177,274	181,470	185,663	189,857	194,041	199,828
	Daily Rate	768	787	808	825	844	863	882	908
Executive Director Student Services	220	171,371	175,625	179,882	184,132	188,390	192,644	196,895	202,767
	Daily Rate	779	798	818	837	856	876	895	922
Director Educational Technology	215	158,202	159,801	161,415	163,046	164,694	166,358	168,039	172,346
	Daily Rate	736	743	751	758	766	774	782	802
Chief Human Resources Officer	Annual 225	181,099	185,592	190,087	194,591	199,085	203,579	208,069	214,273
	Daily Rate	805	825	845	865	885	905	925	952
Nutrition Director	Annual 220	113,280	117,874	122,467	127,061	131,654	136,248	140,841	145,436
	Daily Rate	515	536	557	578	598	619	640	661
Director of Technology	Annual 222	148,357	150,102	151,867	153,645	155,445	157,263	159,097	160,952
	Daily Rate	668	676	684	692	700	708	717	725
Director Facilities & Transportation	Annual 225	149,163	152,956	156,850	160,841	164,833	168,922	173,118	177,415
	Daily Rate	663	680	697	715	733	751	769	789
Adult School Program Coordinator	Annual 220	106,432	109,892	113,463	117,150	120,957	124,889	128,947	133,138
	Daily Rate	484	500	516	533	550	568	586	605
Assistant Superintendent Business Services	Annual 225	202,731	219,055	230,008	235,758	241,652	247,694	253,886	260,233
	Daily Rate	901	974	1,022	1,048	1,074	1,101	1,128	1,157

Health Allowance payment \$3000 eff. 7/1/2016-\$872 to each cell. Eff 7/1/2021 Health Allowance increased to \$4200. Eff 7/1/2022 Health Allowance of \$4200 changed to District Contribution.

Note: In addition to other compensation each full time management employee who is enrolled in the district medical, dental and vision plans, shall have their annual compensation increased by the amount of this payment. The payment shall be made in installments over the normal monthly payroll. Eligible part-time employees shall receive a proportional share of the Health Allowance subject to enrollment in the insurance plans. Eff 7/1/2022 Health Allowance changed to district contribution. No compensation will be made for enrollment in district medical, dental and vision plans.

Earned doctorate stipend=3.02% of Step 1 of Assist Principal's salary

Paid ACSA Dues, eff 7/1/16 - Dir. ET add/ Dir. Ed. Inf. Tech inc. to comps

Longevity to be instituted in the 2006-07 school year, requires years to be served in Management capacity in PGUSD.

completion of 10 years of service 2.5% of salary (effective 7-1-2005)

completion of 12 years of service 2.5% of salary (effective 7-1-2006)

completion of 15 years of service 2.5% of salary (effective 7-1-2006)

completion of 20 years of service 2.5% of salary (effective 7-1-2006)

** Eligibility for these steps require 10 or more years of service with the Pacific Grove Unified School District

Dir Ed Tech added 2010/11 * not eligible for increase 10/11

Nutrition Director added 2006/2007 Dir. Fac. & Trans added 10/30/2014

Increase of 7.0% effective 7-1-2005. Increase of 6.87% effective 7-1-2006. Increase of 4.0% effective 7-1-2007

Increase of 2.0% effective 7-1-2008, increase 1.4% effective 7-1-2010, increase of 0.7% effective 7-1-2011

** Revision incorporates Adult School Administrators into the Management Salary Schedule. Previously separated as

Increase of 1.45% effective 7-1-2012. Increase of 2.25% effective 7-1-2013

2013-2014 Eff July 1, 2013 Classified Management salaries increase 7% and employees will pay their own PERS contributions.

Increase of 2.25% effective 7-1-2014, Increase 3.5% eff 7/1/15, Increase 3.5% eff. 7/1/2016

Add 5 days to elem prin. Rate change eff. 7-1-2015, Add 10 days to Curr/Sp. Proj. Dir eff. 7/1/2015; 3.5% increase eff 07/01/2017; 3.2% inc eff 07/01/20

eff 02/13/2019 add Adult School Program Coordinator 220 work days

eff 06/20/2019 for 2019/2020 remove Director of Educational and Informational Technology replace with Technology Systems Coordinator

2.21% Base Salary inc. eff. 7/1/19, 3.0% Base Salary inc. eff. 7/1/20, 5% Base Salary inc.

7/1/22 5% Base Salary Increase, \$1000 increase to H&W

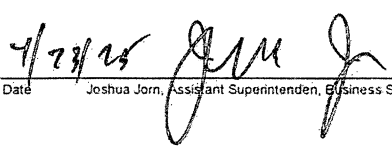
7/1/23 3.25% Base Salary Increase, \$3300 increase to H&W

7/1/24 0% Base Salary Increase, \$0 increase to H&W

7/1/24 0% Base Salary Increase, \$0 increase to H&W

7/1/25 2% Base Salary Increase, .5% increase to H&W (\$1441)

MGT_25_26

Date  Joshua Jorn, Assistant Superintendent, Business Services

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CERTIFICATED SALARY SCHEDULE
2025/2026**

185 Work Days

	BA	BA+15	BA+30	BA+45 or MA	BA+60 or MA +15	BA+75 prof credits or MS + 30 or Doctorate
STEP	I	II	III	IV	V	VI
1	70,409	76,473	81,206	84,603	86,610	87,397
2	71,871	78,360	83,523	87,348	89,837	90,992
3	73,332	80,249	85,838	90,091	93,007	94,590
4	74,795	82,137	88,153	92,835	96,178	98,187
5	76,254	84,027	90,470	95,577	99,347	101,785
6	77,718	85,916	92,785	98,318	102,518	105,381
7	79,180	87,805	95,100	101,063	105,687	108,979
8	80,642	89,696	97,417	103,806	108,859	112,576
9	80,642	91,581	99,734	106,548	112,028	116,173
10	81,515	92,455	103,851	111,094	116,676	121,257
11				113,906	120,240	124,899
12					123,411	128,838
13					126,720	132,437
15					128,830	134,650
17					130,940	136,863
19						138,633
21						140,403
23						142,816
25						145,875
27						149,972

NOTE: The additional units must be obtained following the completion of a degree.

a.) Longevity Stipends

\$600 stipend after year 10 (This is already included in the salary schedule and subject to COLA)

\$750 additional stipend at years 20-24, years 25-29 and year 30 and above (Not subject to COLA)

Stipends are based on initial salary placement plus accumulated years of satisfactory service thereafter.

b.) Masters/Doctorate Stipend \$1500.00 stipend for Masters or Doctorate Degree beginning 7/1/2006. Effective 15/16 Master Stipend increase to \$2,000.

c.) Health Allowance Payment-\$10361.00 changed to \$3000 eff. 4/1/2015. Changed to \$3350 eff 7/1/2019. Changed to \$4700 eff 7/1/2020

Changed to \$5900 eff 7/1/2021. Eff 7/1/2022 \$5900 health allowance is changed to DISTRICT CONTRIBUTION.

In addition to other compensation, each certificated, full time employee, who is enrolled in the Dist./Assoc. medical, dental and vision insurance plans, shall have their annual compensation increased by the amount of this payment. The payment shall be made in equal installments over the normal monthly payroll. Eligible part-time employees shall receive a share of the "Health allowance" per contract subject to enrollment in the insurance plans. \$4624 per year for dependent coverage as a district contribution Eff 7/1/2019 (See Article III, 2)

d.) Speech Pathologist Stipend effective 15/16 \$1,000

Increase 2.53% effective 7/1/2003, Increase 2.41% effective 7/1/2004 VI-25 added in 2004, added V-17 in 2005

Increase 4% effective 7-1-2005, increase 0 5.43% effective 7/1/2006

Increase 3.42% effective 7-1-2007, increase 0.7% effective 7-1-2008, increase in lieu of \$10361.00 as of 7-1-2010

Increase 0.7% effective 7/1/2011, Increase 2% effective 7/1/2012, increase 2.25% eff. 7/1/2013

Increase 2.25% eff 7/1/2014, \$7361 added each cell from Health Allowance eff.4/1/2015, Inc 3.25% eff. 7/1/15, Inc 3.5% eff. 7/1/2016, Inc 3.5% eff. 7/1/2017

Increase 3.2% salary .55% for value of addtl training day .25% premium to additional trainin day eff. 7/1/2018

Increase 2% Base Salary effective 7/1/2019; Increase 2.27% Base Salary effective 7/1/2020, Incr 5% Base Salary Effective 7/1/2021

Increase 5% Base Salary effective 7/1/22 and \$1000/yr H&W inc.

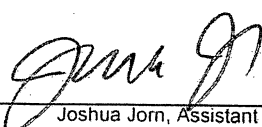
Effective 7/1/2022, per 21-22 T.A., newly hired certificated employees may transfer up to 11 years of prior teaching experience, with maximum salary schedule placement being step 12 on the PGTA Salary Schedule.

*Step VI-27 Effective 7-1-2005

Effective 7/1/23, 3.25% increase to salary schedule. \$3300 increase to benefits. Removal of step 22 in 24/25 school year.

Effective 7/1/24 - 0% Pay increase for 2024/25, no increase to health and welfare.

Effective 7/1/25 - 2% Base Salary Increase. Effective 7/1/25 .5% increase to health & welfare (\$1441)

4/21/25
Date  Joshua Jorn, Assistant Superintendent

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
PSYCHOLOGIST SALARY SCHEDULE 2025/2026

STEP	203 Work Days		
	BA +45 or MA I	BA+60 or MA+15 II	BA+75, INCLUDING MA or MA+30 III
1	119,734	123,943	127,553
2	123,943	127,553	131,765
3	127,553	131,765	135,976
4	131,765	135,976	139,583
5	135,976	139,583	143,795
6	139,584	143,794	147,403
7	143,794	147,403	151,616
8	147,403	151,616	155,825
9	151,616	155,825	159,434
10	152,488	156,700	160,307
11	152,488	156,700	160,307
12	152,488	156,700	160,307
13	152,488	156,700	160,307
17	152,488	156,700	160,307

NOTE: The additional units must be obtained following the completion of a degree. The base salary of the psychologist is the first column and first step of the teacher's salary schedule. The base salary multiplied by the appropriate ratio will equal the total salary for the psychologist. The ratio provides for the responsibility assumed by the psychologist and an extended work year of 18 days beyond that expected of teachers. Ratio included in the salary calculations above. An employee within the district who assumes the position of school psychologist will be placed on the next highest level of the schedule above his current annual salary.

a.) Longevity Stipends

\$600 stipend after year 10 (This is already included in the salary schedule and subject to COLA)

\$750 additional stipend at years 20-24, years 25-29 and year 30 and above (Not subject to COLA)

Stipends are based on initial salary placement plus accumulated years of satisfactory service thereafter.

b.) Masters/Doctorate Stipend \$1,500.00 stipend for Masters or Doctorate Degree eff. 15/16 Masters Stipend increase to \$2,000

c.) Health Allowance PAYMENT - \$3,350.00 eff 7/1/2019, Health allowance inc. to \$4,700 eff 7/1/2020

Health Allowance increased to \$5900 eff 7/1/2021, Eff 7/1/2022 \$5900 health allowance is changed to DISTRICT CONTRIBUTION.

In addition to other compensation, each certificated, full time employee, who is enrolled in the Dist./Assoc. medical, dental and vision insurance plans, shall have their annual compensation increased by the amount of this payment. The payment shall be made in equal installments over the normal monthly payroll. Eligible part-time employees shall receive a proportional share of the Health Allowance subject to enrollment in the insurance plans. Eff 7/1/19 \$4,624.00 per year for dependent coverage as a district contribution. (See Art. III, 2)

Increase of 2.53% effective 7/1/2003; Increase of 2.41% effective 7/1/2004_ VI-25 added in 2004, added V-17 in 2005

Increase of 4% effective 7-1-2005, increase of 5.43% effective 7/1/2006

Increase of 3.42% effective 7-1-2007, increase .7% effective 7-1-2008, increase 1.14% effective 7-1-2010

Inc. of 0.7% eff. 7-1-2011, Inc. of 2% eff. 7-1-2-12, 13/14 inc. 2.25%, 14/15 inc. 2.25%, 3.25% inc. eff 7/1/15, 3.5% eff. 7/1/16

Added \$ 7361 to each cell from HA eff. 4/1/2015

3.5% increase eff 07/01/2017, eff. 7/1/2018 inc 3.2% salary .55% for value of addtl training day .25% premium to additional trainin day

2% Base Salary inc. eff 7/1/19, 2.27% Base Salary inc. eff 7/1/2020, 5.0% Base Salary Increase Eff 7/1/2021, 5.0% Base Salary Increase Eff 7/1/2022. H&W increase from \$5900 per year to \$6900 eff 7/1/22.

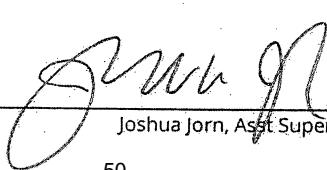
**COVID-19 20/21 Calendar to include 205 days vs. 203 Days

7/1/2023 3.25% salary increase, H&W \$3300 increase eff 7/1/23.

7/1/2024 0% salary increase, H&W \$0 increase eff 7/1/24.

7/1/2025 2% salary increase, H&W \$1441 increase eff 7/1/25.

4/23/25
Date



Joshua Jorn, Asst Superintendent/CBO

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
Retired Annuitant Salary Schedule
2025/2026

POSITION	WK YEAR	1	2	3	4	5	6	7	8
Retired Annuitant Fiscal Office Management	Annual 225	\$202,731.38	\$219,055.20	\$230,007.96	\$235,758.16	\$241,652.11	\$247,693.42	\$253,885.75	\$260,232.89
	Hourly Rate	\$112.63	\$121.70	\$127.78	\$130.98	\$134.25	\$137.61	\$141.05	\$144.57
Retired Annuitant Fiscal Office Support	Annual 261	\$103,515.72	\$108,144.48	\$112,552.92	\$117,874.26	\$123,194.58	\$128,514.90		
	Hourly Rate	\$49.58	\$51.79	\$53.90	\$56.45	\$59.00	\$61.55		
Retired Annuitant Payroll Support	Annual 261	\$79,438.62	\$83,058.60	\$86,848.92	\$90,826.92	\$94,992.60	\$99,361.26		
	Hourly Rate	\$38.05	\$39.78	\$41.59	\$43.50	\$45.49	\$47.59		
Retired Annuitant Chief Human Resources Officer Support	Annual 225	\$181,098.96	\$185,592.06	\$190,087.20	\$194,590.50	\$199,084.62	\$203,578.74	\$208,068.78	\$214,273.44
	Hourly Rate	\$100.61	\$103.11	\$105.60	\$108.11	\$110.60	\$113.10	\$115.59	\$119.04

Notes:

Effective 5/1/24

2024/2025 Created to accommodate fiscal office management support for PGUSD by retired annuitants

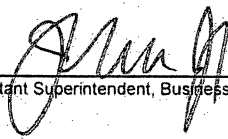
1-9-2025 amended to accommodate Fiscal Office Support and Payroll support for PGUSD retired annuitants

1/13/25 - amended to add Chief Human Resources Officer Support for retired annuitants

2024/2025 - Effective 7/1/24 0% Base Salary Increase

2025/2026 - Effective 7/1/25, 2% Base Salary Increase

RET ANNUIT 25/26

Date 4/21/25  Joshua Jom, Assistant Superintendent, Business Services

ADULT SCHOOL TIMESHEET

Pacific Grove Unified School District

Name of Employee: _____

EmpID: _____

Job Title _____

Month: _____ Year: _____

Regular Hours
 Extra Hours (< 8 hrs)
 OT (> 8 hrs)
 Sub for:

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's Signature

Date

Principal or Supervisor

Date

SUBSTITUTE CERTIFICATED TIMESHEET

Pacific Grove Unified School District

Name of Employee: _____

EmpID: _____ School or Department: _____

Month: _____ Year: _____

Date	IN	OUT	TOTAL	Sub for	Office Use
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total					

Pay cycle: 1-31 paid on the 10th of 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.

Payroll Use:

Employee's Signature Date

Principal or Supervisor Signature Date

SUBSTITUTE CERTIFICATED TIMESHEET

Pacific Grove Unified School District

Name of Employee: _____

EmpID: _____

School or Department: _____

Month: _____

Year: _____

Date	IN	OUT	TOTAL	Sub For	Office Use
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					

Pay cycle: 1-31 paid on the 10th of 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.

Payroll Use:

Employee's Signature Date

Principal or Supervisor Signature Date

CERTIFICATED TIMESHEET

Pacific Grove Unified School District

Name of Employee: _____ EmpID: _____ School or Department: _____

Month: _____ Year: _____ Regular Hours Extra Hours (< 8 hrs) OT (> 8 hrs) Out of Class

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: 1-31 is paid on the 10th of the following month. **SITE/DEPT DEADLINE: 16-31 DUE ON THE 1ST, 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's Signature

Date

Principal or Supervisor

Date

CLASSIFIED TIMESHEET

Pacific Grove Unified School District

Name of Employee: _____

EmpID: _____

School or Department: _____

Month: _____

Year: _____

Regular Hours
 Extra Hours (< 8 hrs)
 OT (> 8 hrs)
 Out of Class

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: 1-31 is paid on the 10th of the following month. **SITE/DEPT DEADLINE: 16-31 DUE ON THE 1ST, 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's Signature

Date

Principal or Supervisor

Date

SUBSTITUTE CLASSIFIED TIMESHEET

Pacific Grove Unified School District

Name of Employee: _____

EmpID: _____ School or Department: _____

Month: _____ Year: _____

Date	IN	OUT	TOTAL	Sub for	Office Use
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total					

Pay cycle: 1-31 paid on the 10th of 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.

Payroll Use:

Employee's Signature Date

Principal or Supervisor Signature Date

SUBSTITUTE CLASSIFIED TIMESHEET

Pacific Grove Unified School District

Name of Employee: _____

EmpID: _____

School or Department: _____

Month: _____

Year: _____

Date	IN	OUT	TOTAL	Sub For	Office Use
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					

Pay cycle: 1-31 paid on the 10th of 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.

Payroll Use:

Employee's Signature Date

Principal or Supervisor Signature Date

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CERTIFICATED ABSENCE REPORT

Employee _____ Date(s) Absent _____

School or Work Location _____

REASON FOR ABSENCE (check one)

- | | |
|---|--|
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Leave without pay |
| <input type="checkbox"/> Industrial illness or accident | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Inservice release time * ¹ | <input type="checkbox"/> Personal illness |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Witness Leave |
| <input type="checkbox"/> Leave with differential pay, when authorized | |

*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

**REQUEST FOR
PERSONAL NECESSITY LEAVE
or
VACATION LEAVE**

To: Superintendent (site principal) or designee.

From: _____ (Employee)

PERSONAL NECESSITY LEAVE is requested on _____ (date/dates)
for the following reason or purpose: (Seven days per school year limit)

A. _____

B. _____ I have contacted the Superintendent or his/her designee for confidential reasons.

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 of Employee

VACATION LEAVE is requested on _____ (date/dates)

Signature of Employee

To: _____

From: Immediate Supervisor

Your request is: Approved Disapproved

Signature of Superintendent or Designee

REQUEST FOR FLEX TIME

I _____ hereby request the flexing of my time, in accordance with Article IV F of the CSEA contract.

The time I request to work beyond my normal schedule is as follows:

Identify Date(s)

Identify Time(s)

The time I request to take off through use of the above noted time is as follows:

Identify Date(s)

Identify Time(s)

Employee Please Print

Employee Signature

Date

- Approved
- Not approved

Supervisor

Date

Ref: Flex Time Request

REQUEST FOR COMP TIME

I _____ hereby request compensatory time off in lieu of overtime pay, in accordance with Article IV E of the CSEA contract. I understand that the number of overtime hours worked will be converted to 1.5 times the total hours worked to the number of hours to be used as comp time. (4 hours overtime worked = 6 hours comp time)

No overtime or compensatory time shall be granted without specific approval in advance by the immediate supervisor.

The time I worked overtime and request comp time instead is as follows:

Identify Date(s)

Identify Time(s)

The time I request to take off through use of the above noted time is as follows:

Identify Date(s)

Identify Time(s)

Employee Please Print

Employee Signature Date

- Approved
- Not approved

Supervisor

Date

Ref: Compensatory Time Off Request



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

Ralph Gomez Porras
Superintendent
(831) 646-6520
Fax (831) 646-6500
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
--	------

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: _____ 68 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

INDUSTRIAL MEDICAL SERVICE ORDER

To: Doctors on Duty Date: _____
389 Lighthouse Avenue
Monterey, CA 93940 831-649-0770

The below-referenced employee has claimed an industrial injury. Please render medical aid in accordance with the California Workers Compensation Laws.

Employee: _____

Date of Injury: _____

Nature of Injury: _____

Instructions

1. Prepare "Physician & Surgeon's Report of Injury (Form 5021) and mail an original copy to MCS-WC-JPA, 76 Stephanie Drive, Salinas, CA 93903 831-783-3311
2. Mail all original bills to Monterey County Schools WC JPA, the address is indicated below.
3. When the employee is able to return to work, please prepare a "release to work" listing in detail, any and all restrictions.

EMPLOYER NAME: Pacific Grove Unified School District
ADDRESS: 435 Hillcrest Avenue
Pacific Grove, CA 93950
831-646-6515

Authorized Signature

**Monterey County Schools Workers' Compensation JPA
76 Stephanie Drive
Salinas, California 93903**

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> <table border="1"> <thead> <tr> <th></th> <th><u>NDC</u></th> <th><u>Envoy</u></th> </tr> </thead> <tbody> <tr> <td>RxBin</td> <td>004261</td> <td>or 002538</td> </tr> <tr> <td>RxPCN</td> <td>CAL</td> <td>or Envoy Acct. #</td> </tr> </tbody> </table>					<u>NDC</u>	<u>Envoy</u>	RxBin	004261	or 002538	RxPCN	CAL	or Envoy Acct. #
	<u>NDC</u>	<u>Envoy</u>										
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.

EMPLOYER	1. FIRM NAME PACIFIC GROVE UNIFIED SCHOOL DISTRICT	1a. Policy Number	Please do not use this column	
	2. MAILING ADDRESS: (Number, Street, City, Zip) 435 HILLCREST AVE. PACIFIC GROVE, CA 93950	2a. Phone Number 831-646-6515		CASE NUMBER
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)	3a. Location Code		OWNERSHIP
	4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc. SCHOOL	5. State unemployment insurance acct.no		

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)	OCCUPATION
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"/>	SEX
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)	AGE

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				AGE
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				DAILY HOURS
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.				DAYS PER WEEK
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				WEEKLY HOURS
27. Name and address of physician (number, street, city, zip)				WEEKLY WAGE
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)				COUNTY
29. Employee treated in emergency room? <input type="checkbox"/> <input type="checkbox"/>				NATURE OF INJURY
28a. Phone Number				PART OF BODY
29. Employee treated in emergency room? <input type="checkbox"/> <input type="checkbox"/>				SOURCE

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.

30. EMPLOYEE NAME		31. SOCIAL SECURITY NUMBER	32. DATE OF BIRTH (mm/dd/yy)	NATURE OF INJURY
33. HOME ADDRESS (Number, Street, City, Zip)		33a. PHONE NUMBER		EVENT
34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		36. DATE OF HIRE (mm/dd/yy)	SECONDARY SOURCE
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	
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		EXTENT OF INJURY

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

TIME OF HIRE PAMPHLET

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to www.dwc.ca.gov and looking under "Workers'

Compensation programs and units” for the “Information & Assistance Unit” link or visit the DIR web site at www.dir.ca.gov.

Workers’ compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers’ compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don’t delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don’t hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers’ compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Address: _____

Phone: _____.

You may be able to find the name of your employer’s workers’ compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it’s a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

_____.

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit
All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California’s workers’ compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to www.dwc.ca.gov and under “Workers’ Compensation programs and units”, click on “Information & Assistance Unit.” At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at: Address: _____ Phone number: _____.

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may 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. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print):

Employee's Address:

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

§ 9783.1. DWC Form 9783.1 Notice of Personal Chiropractor or Personal Acupuncturist.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(telephone number)

Employee Name (please print):

Employee's Address:

Employee's Signature _____ Date: _____

NOTICE TO EMPLOYEES UNEMPLOYMENT INSURANCE BENEFITS

This employer is registered under the California Unemployment Insurance Code and is reporting wage credits to the Employment Development Department (EDD) that are being accumulated for you to be used as a basis for Unemployment Insurance benefits.

You may be eligible to receive Unemployment Insurance benefits if you are:

- Unemployed or working less than full-time.
and
- Out of work due to no fault of your own and physically able to work, ready to accept work, and looking for work.

Employees of Educational Institutions:

Unemployment Insurance benefits based on wages earned while employed by a public or nonprofit educational institution may not be paid during a school recess period if the employee has reasonable assurance of returning to work at the end of the recess period (California Unemployment Insurance Code section 1253.3). Benefits based on other covered employment may be payable during recess periods if the unemployed individual is in all other respects eligible, and the wages earned in other covered employment are sufficient to establish an Unemployment Insurance claim after excluding wages earned from a public or nonprofit educational institution(s).

Note: Some employees may be exempt from Unemployment and Disability Insurance coverage.

The fastest way to file for Unemployment Insurance (UI) is with UI Online at www.edd.ca.gov/UI_Online.

You may also file for Unemployment Insurance by calling toll-free from anywhere in the U.S. at:

English	1-800-300-5616	Mandarin	1-866-303-0706
Spanish	1-800-326-8937	Vietnamese	1-800-547-2058
Cantonese	1-800-547-3506	TTY	1-800-815-9387

Note: Waiting to file a claim could delay benefits.

EDD representatives are available Monday through Friday between 8 a.m. and 12 noon (Pacific Time).

CURRICULUM FORMS

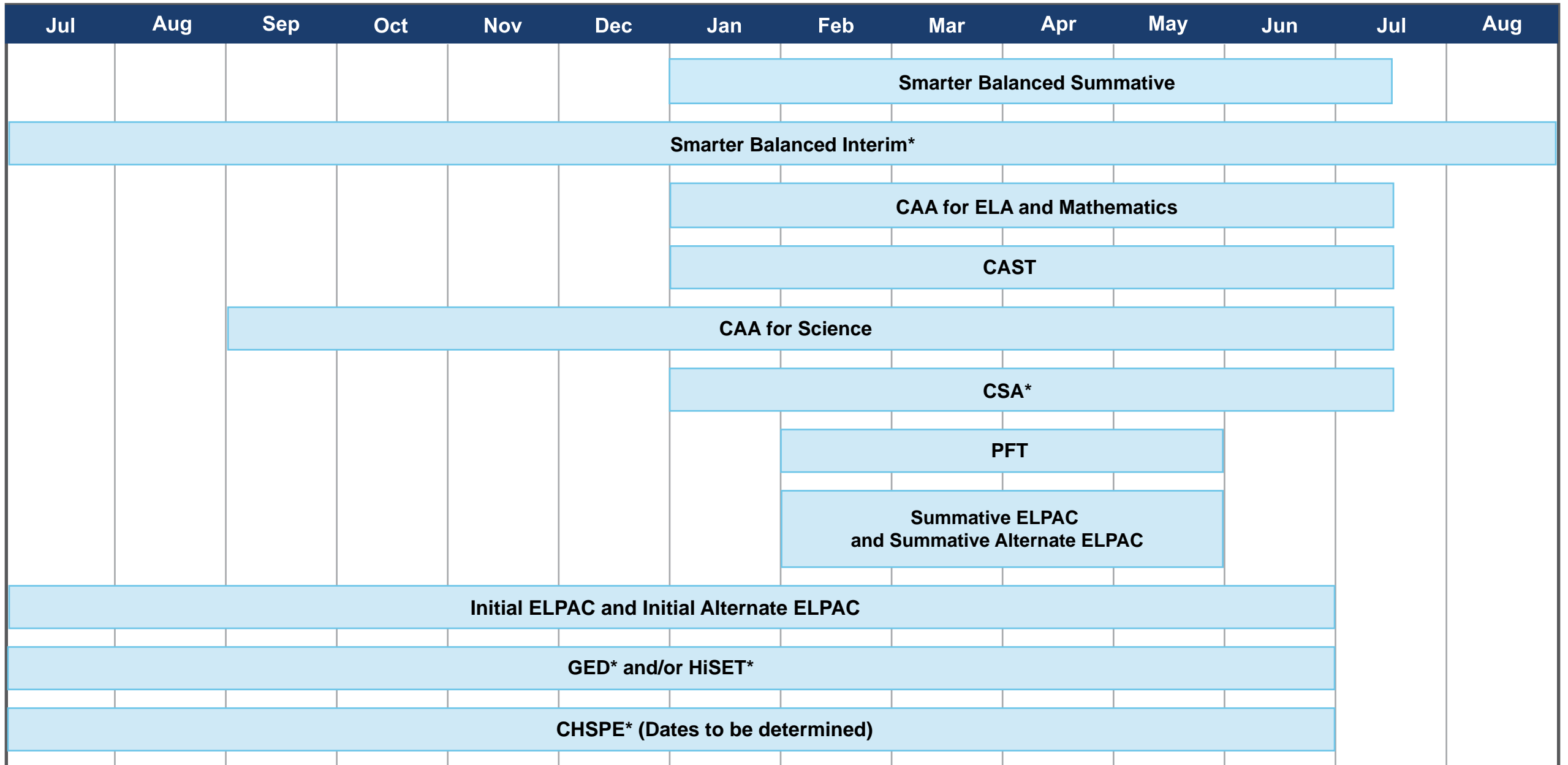
2025/2026 Textbook Order Form	School:	Grade:	Subject:
--------------------------------------	----------------	---------------	-----------------

<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> 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Date:</td></tr> <tr><td>Publisher:</td></tr> <tr><td>Publisher Address:</td></tr> <tr><td>Publisher Phone:</td></tr> <tr><td>Publisher Fax:</td></tr> <tr><td>Publisher Rep/Any other info:</td></tr> </table>	Date:	Publisher:	Publisher Address:	Publisher Phone:	Publisher Fax:	Publisher Rep/Any other info:
Date:							
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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**

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 Meals Pickup

Number of students requesting a Breakfast _____ Lunch _____

**Please attach student roster/ list with names and student IDs
Every meal requires a student ID attached to it**

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

Dr. Linda Adamson
Superintendent
(831) 646-6510
Fax (831) 646-6500
ladamson@pgusd.org

Joshua Jorn
Assistant 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 login – forms – District Form – Timesheets. 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 login – forms – Class support. 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 login – forms – Professional Growth. Paper submission are no longer accepted.
- [Request for Use of School Facilities Form](#)

**OFF CAMPUS ACTIVITY FORM OCA-1
RELEASE OF DRIVER RECORD INFORMATION**

This form is required and must be completed and returned to PGUSD Business Office.
The information below will be submitted to the Department of Motor Vehicle
(DMV) in accordance with Title 8, California Code of Regulations.

I _____ authorize Pacific Grove Unified School District to review driving, motor vehicle related information periodically for the duration of being a volunteer driver. I understand that my driving privileges for the District and District related trips are contingent upon the Pacific Grove Unified School District's review of such information.

I understand my signature is confirmation that I have read and understand the above information.
Should any information change, expire or need to be updated, I will notify the District Office and provide updated information that is required to be on file.

Organization: Pacific Grove Unified School District

Signature: _____ Date: _____
Printed Name (as it appears on driver license): _____
Driver License Number: _____ State: _____ Gender: _____
Birth Date (Month/Day/Year): _____ Contact Phone: _____

Volunteer/Parent: _____ District Employee: _____
Fingerprint Clearance Completed by Human Resources: _____

Please submit a clear copy of the driver license with this form. Be aware of timelines and plan for the necessary preparation time prior to submitting this form.

****This form must be submitted (6) weeks in advance for all trips requiring drivers. The sole purpose of the information is to verify driver license validity. All other information is not relevant to driving privileges. This form is confidential and may be privileged. The information is intended solely for Pacific Grove Unified School District use or entity outlined for audit purposes and review or disclosure by anyone else is unauthorized.***

Student(s) Name:

OFF CAMPUS ACTIVITY FORM - OCA-2
VOLUNTEER PERSONAL AUTOMOBILE USE FORM
[One Form Required for Each Driver to be Approved]

Thank you for volunteering your time and your automobile to help transport our students to off-site events or activities. In order to protect the health and safety of our students, our District requires that anyone (employee or volunteer) using their personal automobile to transport students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least 6 weeks before you transport our students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

REQUIRED INFORMATION:

Name of Driver:	
Drivers License No and Expiration:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No:	
Insurance Carrier:	
Insurance Policy # and Expiration Date:	
Liability Coverage Limits:	

The District also requires a photocopy of your driver’s license. Should your driver’s license expire during the school year, an updated photocopy showing the renewal is required before you will again be eligible to transport students. By signing below, you are also authorizing the District to (a) obtain a copy of your driver record history and status of your driver’s license, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, please be advised that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, your insurance will provide the primary coverage for any accident resulting in bodily injury or property damage. The District’s automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, by signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport students in a vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport students unless I have a working seatbelt for each student. Seatbelts are to be used at all times by myself and all transported students. The vehicle(s) may be inspected by a District representatives.
3. I am over the age of 21 and will be the sole driver of the vehicle for any given activity, event or competition. I will not let anyone other than myself and authorized students ride in the vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the vehicle to a specific activity, event, or competition if the destination involves an activity, event or competition generally available

Printed Name

Signature

Date

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

School: _____

PURCHASE REQUISITION - PRE AUTHORIZATION

Your Name: _____ Date: _____

Dept./Fund to Charge _____

Select One Below

OFFICE, PREPARE A PURCHASE ORDER _____	I WILL SELF-PURCHASE AND SUBMIT FOR REIMBURSEMENT _____
--	---

Is this for curriculum software from Measure A? No ___ Yes ___

If yes, requires Curriculum Director approval prior to purchase

Vendor Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Page#	Quantity	Unit	Catalog No.	Item Description	Price	Extension

Subtotal: _____
 Sales Tax 9.25%: _____
 Shipping 12% min: _____
 Total: _____

 Approved by Principal: _____ Date _____

 Director of Curriculum (only required for curriculum software from Measure A) _____ Date _____

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.

Technology References

Welcome to PGUSD, below are a few references to help you fully utilize the technology we have here. Follow links to learn more about any topic listed below. If you have any questions, feel free to utilize the PG Tech FAQ page or create a Technology Ticket, see below.

PGUSD Intranet

The PGUSD.org public pages contain information for Parents and the public. Information specific to Staff is contained on the [Staff Site](#) accessible via the link at the top of any of the PGUSD site's public pages. Google Authentication is needed for access to the [Staff Site](#)

Forms

Forms for staff to fill out and submit for various reasons are available on our [Staff Site](#) on the [Forms Page](#).

Synergy

Is our Student Information System. Synergy is used by teachers, staff, and administration to manage all student and parent information including grades, transcripts, attendance, behavior, scheduling, and health records. End-user resources and training materials can be found on the [Staff Site](#) > Assistance > [Synergy Support - Teachers](#) and [Synergy Support - Front Office](#)

Phones

Staff who receive phones can get more information about setting it up and using it by going to the [Staff Site](#) > Assistance > [8x8 Phones](#)

Initial Computer Setup Recommendations

[Make Chrome your default browser](#)

Disable the startup of any Microsoft apps

- In either Windows 10 or 11
 - click the Start menu and select the ⚙ Settings icon.
 - Head to Apps > Startup.
 - Turn off any apps you don't immediately need when your computer boots
- Mac
 - System Settings -> General - > Login Items. then click the minus to remove them from the list.
 - Some applications need to be disabled individually, Right-click on the App you want to stop opening >>> Click Options >>> Uncheck the Open at Login option.

FAQs

Best practices and FAQs are available on a [PG Tech FAQ page](#) available. Access to this page requires Google Authentication.

Technology Tickets

Each site has a Site Technician. Questions can be directed to them by submitting a ticket via the [Staff Site](#) > Assistance > [Timely Tech Ticket](#)

BOARD POLICY AND / OR REGULATIONS

Board Policies, Administrative Regulations & Annual Notifications

Staff are required to be notified of specific board policies and administrative regulations annually.

What are Board Policies (BP)?

Board policies are statements which set forth the purposes and prescribe in general terms the organization and program of a school system. They create a framework within which the superintendent and staff can discharge their assigned duties with positive direction. They tell what is wanted.

Policy is:

- a guideline adopted by the board to chart a course of action.
- what is wanted or not wanted.
- may also include "why" and "how much".
- broad enough to allow administrative discretion/specific enough to give clear guidance.

Policy is not:

- a detailed direction.
- restatements or paraphrases of state or federal law.
- forms, job descriptions, etc..

What are Administrative Regulations (AR)?

Administrative regulations are detailed directions developed by the superintendent and administrative staff to put policy into practice. They tell how, by whom, where and when things are to be done.

An Administrative Regulation:

- provides the details for carrying out policy and enforcing it.
- sets forth specific requirements.
- may list do's and don'ts.
- may include step by step procedures.
- may assign specific responsibility.



www.pgusd.org

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

435 Hillcrest Avenue Pacific Grove, CA 93950

Dr. Linda Adamson
Superintendent
(831) 646-6510
Fax (831) 646-6500
ladamson@pgusd.org

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

Pacific Grove Unified School District Board Policy and/or Regulation

- [Administering Medication and Monitoring Health Conditions \(BP/AR 5141.21\)](#)
- [Drug and Alcohol-Free Workplace \(BP 4020\)](#)
- [Employee Safety \(BP/AR 4157, 4257, 4357\)](#)
- [Universal Precautions \(BP/AR 4119.43\)](#)
- [Health Care and Emergencies \(BP/AR 5141\)](#)
- [Hazardous Substances \(BP/AR 3514.1\)](#)
- [Integrated Pest Management \(AR 3514.2\)](#)
- [Lactation Accommodation \(BP 4033\)](#)
- [Child Abuse Prevention and Reporting \(BP/AR 5141.4\)](#)
- [Employee Use of Technology \(BP/E 4040\)](#)
- [Nondiscrimination in District Programs and Activities \(BP 0410\)](#)
- [Non School Employment \(BP 4136, 4236, 4336\)](#)
- [Professional Standards for Certificated \(BP/E 4119.21\)](#)
- [Professional Standards for Classified \(BP/E 4219.21\)](#)
- [Sexual Harassment \(BP/AR 4119.11\)](#)
- [Exposure Control Plan For Bloodborne Pathogens \(BP/AR/E 4119.42\)](#)
- [Tobacco Free School \(BP/AR 3513.3\)](#)



THE Big Five

Staff Packet - 2025-26

Immediate Action Emergency
Response for Schools



The Monterey County Safe and Healthy Schools and Communities Coalition

© Coalition for Safe Schools & Communities and the San Mateo County Office of Education

STEERING COMMITTEE

MONTEREY COUNTY SAFE AND HEALTHY SCHOOLS AND COMMUNITIES STEERING COMMITTEE (2023-24 Members)

AGENCY/DISTRICT	REPRESENTATIVE	POSITION/TITLE
Child Abuse Prevention Council	Ginger Pearce	Director
Community Alliance for Safety and Peace	Jose Arreola	Division Administrator and Director
Community Human Services	Robin McCrae	Chief Executive Officer
Monterey County Health Department	Elsa Jimenez	Director of Health Services
County of Monterey	Leslie Girstard	County Counsel
Federal Bureau of Investigation	Sandra Florez	Senior Supervisory Resident Agent – Monterey
Hartnell Community College	Michael Gutierrez	President
Monterey County Probation Department	Gregory Glazzard	Chief Probation Officer/Director
Monterey County	Jeannine Pacioni,	District Attorney
Monterey County Health Department	Marni Sandoval	Deputy Director of Behavioral Health
Monterey County Health Department	Katy Eckert	Behavioral Health Directory
Monterey County	Chris Lopez	Supervisor – District 3
Monterey County	Luis Alejo	Supervisor – District 1
Monterey County	Susan Chapman	Public Defender
Monterey County Children and Family Services	Lori Medina	Director
Monterey County District Attorney’s Office	Ashley Butler	Administrative Analyst
Monterey Peninsula College	Mark Zacovic	President
Monterey Peninsula College	Suzanne Ammons	Administrative Analyst
Monterey Peninsula Unified School District	PK Diffenbaugh	Superintendent
North Monterey County Unified School District	Kari Yeater	Superintendent
North Monterey County Unified School District	Noemy Loveless	Assistant Superintendent
Department of Emergency Management	Kelsey Scanlon	Director of Emergency Management
Salinas City Elementary School District	Rebeca Andrade	Superintendent
Seaside Fire Department	Paul Plaha	Fire Captain
Seaside Fire Department/Fire Chief Association	Mary Gutierrez	Fire Chief/President
Monterey County Sheriff’s Office	Tina Nieto	Sheriff
San Lucas Union Elementary	Jessica Riley	Superintendent
Salinas Union High School District	Zandra Jo Galván	Superintendent
Soledad Unified School District	Randy Bangs	Superintendent



To access the resources referred to in this document, scan the QR code or search:

bit.ly/Big5-resources

The Big Five Emergency Response for Schools was developed at the San Mateo County Office of Education in 2014 as a project of the San Mateo County Coalition for Safe Schools and Communities. The protocols create a common language for school emergency response across multiple school districts and municipalities, strengthens training and emergency preparedness, and encourages collaboration across partner agencies including law enforcement, regional emergency services, county government departments, local education agencies, and other stakeholders.

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TRAUMA-INFORMED APPROACHES

To minimize detrimental mental health impacts on students and staff, school leaders are asked to use trauma-informed approaches when practicing and implementing The Big Five protocols. The following table provides grade-appropriate guidance for supporting students during the preparation, response, and recovery phases of emergency planning and/or incidents. Specific recommendations for planning and implementing trauma-informed safety safety drills can be found on page 5.

	Preparedness	Response	Recovery
All Grades	<p>Staff: Train all staff on procedures Use the phrase “safety drills” when conducting training</p> <p>Students: Practice grounding and calming skills with students</p> <p>Parents/Guardians: Educate parents on protocols Inform parents of safety drills in advance</p>	<p>Staff: Remain calm Model calm confidence. Students take their cues from adults</p> <p>Students: Students practice their calming skills during training</p> <p>Parents/Guardians: Provide communication to families in their home language</p>	<p>Engage students in a movement or reflective activity</p> <p>Notice students who may be experiencing anxiety/fear. Check in personally with any students of concern and inform counselors or parents as needed.</p>
<p>Pre-K to Kinder</p> <p><i>Developmental Considerations:</i> Students require adult guidance to determine what action to take Engage in social stories with students instead of simulated safety drills No prior knowledge of The Big Five or emergency response actions</p>	<p>Students: Use The Big Five posters as a visual tool Use <i>Think-on-your-Feeet</i> books to help students learn and prepare for emergency safety drills and responses</p>	<p>Staff: Act with confidence Use age-appropriate language</p> <p>Students: Allow/encourage students to hold a calming item (stuffed animal, book, small toy)</p>	<p>Praise students for what they did well during the safety drill</p> <p>Reinforce the concept that preparedness is key to overall school safety</p>

TRAUMA-INFORMED APPROACHES

	Preparedness	Response	Recovery
<p>1st Grade to 5th Grade</p> <p><i>Developmental Considerations:</i> Students can understand safety directions and instructions Students are capable of understanding the purpose of safety safety drills Teachers/leaders engage in social stories with students instead of simulated safety drills</p>	<p>Students: Use The Big Five posters as a visual tool Use <i>Think-on-Your-Feeet</i> Peet and related curriculum to help students prepare and learn</p> <p>Parents/Guardians: Encourage families to discuss The Big Five Protocols and emergency preparedness at home using <i>Think-on-Your-Feeet</i> Peet</p>	<p>Staff: Give clear instructions and follow protocol</p> <p>Students: If needed, allow students to hold a calming item (stuffed animal, book, small toy)</p>	<p>Identify how the class worked well together Give students time to ask questions Reiterate that safety drills help us stay safe Move back into learning when class is ready</p>
<p>6th Grade to 8th Grade</p> <p><i>Developmental Considerations:</i> Students are capable of understanding purpose of safety safety drills Students benefit from adult direction but are able to perform The Big Five actions independently Review prior knowledge of The Big Five protocols</p>	<p>Staff: Clearly post The Big Five Protocols in each classroom</p> <p>Parents/Guardians: Encourage families to discuss The Big Five Protocols and emergency preparedness at home</p>	<p>Staff: Give clear instructions and follow protocol Emphasize cooperation as a class</p> <p>Students: Assign students to perform action steps during the incident</p>	<p>Acknowledge students who performed specific tasks and identify how the class worked well together Give students time to ask questions Reiterate that safety drills help us stay safe Move back into learning when class is ready</p>
<p>9th Grade to 12th Grade</p> <p><i>Developmental Considerations:</i> Students are able to identify potential dangers confronting a school Students benefit from adult direction, but are able to perform The Big Five actions independently in an emergency</p>	<p>Staff: Clearly post The Big Five Protocol in classroom</p> <p>Students: Have students discuss what to expect during a safety drill or incident Assign students specific roles and have them walk through those actions</p>	<p>Staff: Give clear instructions and follow protocol</p> <p>Students: Assign students to perform specific action steps during the safety drill or incident</p>	<p>Spend time debriefing the safety drill or incident with the class Allow students to ask questions Identify how the class worked well together Move back into learning when class is ready</p>

DISASTER SERVICE WORKER

California Government Code, Section 3100, Title 1, Division 4, Chapter 4 states that public employees are Disaster Service Workers and are subject to such disaster service activities as may be assigned by their superiors or emergency service commanders. The term “public employees” includes all persons employed by the state or any county, city, state agency or public district. The law applies in the following cases:

- When a local emergency is proclaimed
- When a state of emergency is proclaimed
- When a federal disaster declaration is made

WHAT DOES A DISASTER SERVICE WORKER DO?

- Public employees serving in the role of Disaster Service Workers may be asked to do jobs other than their usual duties for periods exceeding normal work hours
- Employees may be scheduled in shifts and asked to return to the work site at hours outside the normal workday
- Disaster Service Workers will be deployed within the Incident Command System and may perform a variety of duties including oversight of shelter care, communications, logistics, first aid and comfort, or community support and safety
- When pressed into disaster service, employees’ Workers Compensation coverage becomes the responsibility of state government (OES), but the employer pays the overtime. These circumstances apply only when a local or state emergency is declared.

To provide effective support as a Disaster Service Worker, employees must have confidence their own families are well prepared to deal with emergencies in their absence. The time and energy a staff member commits to being prepared at home will provide the best assurance they are capable of dealing with the emergency situation at the school/work site.

CALLING 911

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. This may include calling or texting 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:

- Cell phone calls to 911 are often sent to a 911 answering point based on cell radio coverage. Cell coverage areas don't always match city boundaries.
- Know your cell phone number and be prepared to give the dispatcher an exact address

TEXT TO 911:

Text to 911 is the ability to send a text message to reach 911 emergency call takers from your mobile phone or device. However, because text to 911 is currently only available in certain locations, always make a voice call to contact 911 during an emergency whenever possible. Call if you can. Text if you can't.

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 they ask for it.

SAFETY DRILLS AND EXERCISES

It is essential for school and district staff to conduct safety drills and engage in various preparedness exercises. Exercises should occur on a regular basis and include key school staff and local partners. A standardized and compliant emergency management plan utilizes a graduated approach to safety drills. Begin simply with orientation activities before advancing to more complex and sophisticated safety drills and exercises. Use safety drills and exercises to:

- Reveal gaps in preparedness
- Identify resource and supply needs
- Improve coordination between the school and community
- Clarify roles and responsibilities
- Increase overall level of emergency readiness, including response capacity of all staff and students

TYPES OF SAFETY DRILLS AND EXERCISES:

- **Orientation Seminar:** Introduces emergency policies and procedures to new staff and students, allows for discussion and clarifying questions
- **Tabletop Exercises:** Simulates an emergency situation in an informal, stress-free environment, elicits discussion and questions
- **Safety Drill:** Simulates an incident in a limited scope, tests function of emergency plan, initiates informal discussion of simulated emergencies
- **Functional Exercise:** Simulates a real emergency under time-sensitive conditions, tests and measures seldom-used resources
- **Full-Scale Exercise:** Tests an entire community's response capability, uses real equipment, takes place in "real time"

TRAUMA-INFORMED SAFETY DRILLS AND LESSON PLANS:

Students and staff may experience anxiety when anticipating and participating in safety drills. School leaders should take explicit steps to minimize the impact of safety drills on students and staff. Use a **TRAUMA-INFORMED** and developmentally appropriate approach to safety drills including using the Think on Your Feet: Big Five Lesson Plan for Lockdown/Barricade (which can be accessed at www.smcoe.org/schoolsafety).

- The Big Five Lesson Plan for Lockdown/Barricade helps students understand the Think on Your Feet concept and the immediate actions taken during a Lockdown/Barricade in a trauma informed and developmentally appropriate way. Lesson plans have corresponding activities, vocabulary words and visual aids, including the *Think-on-Your-Feet Peet*

SAFETY DRILLS AND EXERCISES

and the Slimeville Monsters book for TK-5th grade students.

- Conduct Lockdown / Barricade safety drills only with adult staff when students are not present
- Consider conducting a tabletop exercise with adult staff
- Always announce safety drills in advance to prepare all participants. “Surprise” safety drills can cause unnecessary panic
- Prioritize the most serious gaps and focus on the specific objectives
- Because children are sensitive to adult behavior, staff should be trained to exhibit confidence and remain calm during safety drills
- Make sure the school team is ready for the type of safety drill planned
- Allow enough time for the exercise
- Gradually increase sophistication of exercises over time, but do not add unnecessary complications
- Adults should monitor students during the safety drill for signs of emotional distress and provide support as needed
- Evaluate every exercise and conduct a debrief with staff and students

INCLUSIVE PRACTICES

This section lists inclusive practices that can be employed to assist students with ambulatory, cognitive, developmental, sensory, and mental health needs.

- Student needs will vary depending on the individual student
- It is important to model confidence and competence during a safety drill or emergency incident
- All students need to know it is okay to feel afraid, sad, angry, or worried during an emergency incident and be encouraged to talk about what they are feeling or experiencing
- Consider creating an Individual Emergency Plan for each student

For students with unique needs, consider creating an Individual Emergency Plan for each student.

Student Group	Actions
All Students	<p>Work with students prior to the emergency incident. Explain expectations and outcomes in a developmentally appropriate way (using story boards, social narratives, The Big Five Books or Picture Exchange Systems, etc.).</p> <p>Identify the stressors/triggers for students (e.g. noise, chaotic environment, change in schedule, items out of place, hiding in locations, etc.).</p> <p>Provide calming activities and soothing objects for students to hold (stuffed animal, stress ball, fidget spinner, etc.).</p> <p>If students use ASL, PECS, tablets or GoTalk for communication, use these for instructional commands during the incident.</p>
Visual/Auditory Needs	<p>Use visual signals in conjunction with verbal commands (classroom signage, The Big Five Posters, desk sized visual aids related to the Big Five or even American Sign Language)</p> <p>Flash lights on and off to secure the student’s attention after an announcement or when fire alarm is activated</p>
Ambulatory Needs	<p>Students on crutches, canes or walkers should be evacuated as injured persons. Use a sturdy chair or one with wheels to move the student or help carry the person to the evacuation location.</p> <p>Give priority assistance to wheelchair users.</p> <p>Accompany students to the evacuation site and reunite with their ambulatory equipment as soon as safe to do so</p>

INCLUSIVE PRACTICES

Student Group	Actions
<p>Cognitive/Developmental Needs Sensory/Autism Needs Mental Health Needs</p>	<p>Use the student’s reward/reinforcement systems to promote participation and following of directions.</p> <p>Allow use of self-soothing behaviors, such as fidgeting, placing hands in pockets or hands in hair.</p> <p>Speak slowly, whisper commands and avoid physical contact between others during safety drills and incidents if able to do so.</p> <p>Provide earplugs/noise canceling headphones to decrease sensory input. Allow students to use calming strategies during the emergency incident.</p> <p>Be aware of students who may be vulnerable to stress or trauma. Provide appropriate and timely services or referrals after the emergency incident.</p>

THINK ON YOUR FEET

In the event of an emergency, quick thinking is imperative for survival. During a crisis, an individual must think on their feet to determine the best course of action. These choices may include:

- Get off campus
- Hide
- Go into Lockdown/Barricade
- Protect/defend against an assailant in the most extreme circumstances

Understanding and practicing these options can help an individual respond decisively and in so doing, best ensure the safety and survival of self and others.

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 experiencing a dangerous situation to first deny or rationalize the possible danger rather than respond. Quality training can help individuals think clearly and quickly during a chaotic scene. Proper training should include helping staff recognize the sounds of danger. Train staff and students to act decisively and remain flexible with a "think on your feet" approach.

LOOK, LISTEN, AND LEAVE: FIRE ALARM

The **LOOK, LISTEN, AND LEAVE** protocol is an important action to practice when training the "think on your feet" mindset. At the sound of a fire alarm, staff and other leaders should take a moment to assess the scene before evacuating. The three steps of **LOOK, LISTEN, AND LEAVE** are:

- **LOOK** - open the classroom door and look out. Do you see or smell smoke or fire? Is the path to the pre-planned evacuation spot clear of obstacles? Do you notice anything out of the ordinary?
- **LISTEN** - in addition to the alarm, are there other sounds? Do you hear anything that would indicate it is unsafe to leave the room (explosions, panicked voices, the discharge of a weapon)?
- **LEAVE** - having determined it is safe to do so, direct students to leave the room toward the pre-determined evacuation spot.

THE BIG FIVE IMMEDIATE ACTION RESPONSES

The Big Five is a set of Immediate Action Responses intended to be implemented quickly in any variety of 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. Staff members must become familiar with each Immediate Action Response and be prepared to perform assigned responsibilities. All students must also be taught how to implement each of The Big Five protocols.

THE BIG FIVE IMMEDIATE ACTION RESPONSES

THE BIG FIVE ACTION	WHEN	WHAT
SHELTER IN PLACE	Environmental hazards, dangerous air quality due to smoke or other contaminants, fire off-site, dangerous wildlife in the area, or severe weather	Isolate students and staff from the outdoor environment. Go inside. If hazard is airborne, close doors, windows, and air vents. Shut down air conditioning/heating units.
DROP, COVER AND HOLD ON	Earthquake, explosion, or falling debris	Protect students and staff from falling debris, drop to the floor, take cover under heavy furniture and hold on.
SECURE CAMPUS	Potential threat of violence in the surrounding community and/or police activity off-campus and nearby	Calmly direct all staff/students indoors. Close and lock all classrooms/office doors. Continue instruction as planned. Remain indoors until otherwise directed.
LOCKDOWN/ BARRICADE	Violent intruder on campus	Immediately seek safety indoors. Once inside, lock and barricade all doors. Cover windows and turn off lights. Remain quiet and alert. No one is allowed to enter or exit for any reason unless directed by law enforcement.
EVACUATION	Bomb threat, chemical/gas leak, fire inside the building or nearby premises, severe weather alert, after an earthquake or explosion, or when implementing Student Release/Reunification	Use the “Look, Listen, and Leave” protocol. Once it is deemed safe to exit buildings, lead students and school staff from school buildings to a predetermined location.



SHELTER IN PLACE

SHELTER IN PLACE is implemented to isolate students and staff from the outdoor environment and prevent exposure to airborne contaminants or threats posed by wildlife or other environmental hazards. The procedures may necessitate 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
- Unhealthy air quality outside
- Wildlife on or near campus posing a danger
- High winds or severe weather

A Shelter-in-Place response may require that HVAC systems be shut down to provide protection from contaminated outside air. Students and staff may freely move about inside the buildings, but no one should leave the protected space until directed by fire officials, law enforcement, or site administration.

SHELTER IN PLACE:

- All heating, air conditioning, and ventilation systems may need to be shut down immediately depending on the hazard
- All pilot lights and sources of flame may need to be extinguished
- Any gaps around doors and windows may need to be sealed
- Allows for free movement within classrooms or offices
- Allows for free movement within classrooms or offices

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.
- If directed by Incident Command, secure individual classrooms: a) close doors and windows; b) shut down the classroom HVAC system to; 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 email attendance report to school secretary or according to site protocol
- Wait for another action or, if **ALL CLEAR** announcement is issued, return to class routine



DROP, COVER, AND HOLD ON

DROP, COVER AND HOLD ON is the immediate action taken in the event of an earthquake or explosion and protects 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 secure 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 from injury 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
- Most injuries in earthquakes are caused by breaking glass or falling objects
- Fire alarms and sprinkler systems may go off in buildings during an earthquake, even if there is no fire
- Stay alert to aftershocks
- 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

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
- Each time an aftershock is felt, **DROP, COVER, AND HOLD**. 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



DROP, COVER, AND HOLD ON

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
- 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

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 school is in **SECURE CAMPUS** status, classroom instruction and/or activity should continue and all students and staff remain inside *through the duration of the event*, except for essential needs. Outer gates and other entrance/exit points can be closed (**NOT LOCKED**) to deter a potential perpetrator from entering school grounds.

During a Secure Campus, the Incident Command Team or staff assigned by the Incident Command Team shall assist in escorting students and staff who may need to leave the classroom for Essential Needs. Essential Needs can include but are not limited to the following:

- Bathroom/Toileting
- Medical Attention/Response
- Mental Health/Wellness Needs/Response

SECURE CAMPUS 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
- Anonymous targeted threat to campus

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

Secure Campus allows for instruction to continue while the school takes preventative action in the event of a threat in the neighborhood surrounding a school. Lock all classroom/office doors, close entrance and exit points on the school's perimeter, and continue classroom instruction.



SECURE CAMPUS

SECURE CAMPUS:

- Is intended to prevent a potential threat present in the community 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

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 routine
- 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
- Be prepared to escort students to locations on campus for essential needs
- Wait for another action or, if **ALL CLEAR** is issued, return to 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 class routine



LOCKDOWN / BARRICADE

LOCKDOWN / BARRICADE is implemented when the imminent threat of violence or gunfire is identified on the campus, or the school is directed to do so by law enforcement. During **LOCKDOWN / BARRICADE**, students are to always remain in designated classrooms or lockdown locations. 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 on the classroom

During a **LOCKDOWN / BARRICADE**, remember that immediate safety from the violent intruder is the priority and guides all actions, above all other concerns.

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 who will unlock door from the outside with keys.

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 students and staff
- If it is possible to safely get off campus with students, take that action immediately (Escape/Get Off Campus)
- If it is not possible to get off campus, quickly lockdown inside a safe room and barricade the entrance (Hide/Lockdown/Barricade)
- Once a room is secured, no one is allowed to enter or exit under any circumstances
- Prioritize clear communication
- In the extreme instance that a Violent Intruder is able to enter a room, occupants should be prepared to protect or defend by any means necessary (Protect/Defend)

LOCKDOWN / BARRICADE



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 must think on their feet to quickly determine the best course of action.

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 during 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 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/encourage others you might 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 cell phones
- If unable to find cover inside a secure room, quickly seek out a hiding place on campus



LOCKDOWN / BARRICADE

PROTECT/DEFEND:

- If confronted by a Violent Intruder, 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
- Protect/defend is NOT an expectation, merely one option for a last resort response

LOOK, LISTEN, AND LEAVE: FIRE ALARM

If an alarm is triggered during Lockdown/Barricade, always respond with caution and **LOOK** and **LISTEN** for unusual or violent activity before initiating an evacuation **LEAVE**.

- **LOOK** - open the classroom door and look out. Do you see smoke or fire? Is your pre-planned evacuation path clear of obstacles? Do you notice anything out of the ordinary?
- **LISTEN** - in addition to the alarm, are there other sounds? Do you hear anything that would indicate it is unsafe to leave the room (explosions, panicked voices, the discharge of a weapon)?
- **LEAVE** - only after determining it is safe to do so, direct students to leave the room toward the pre-determined evacuation location

LOCKDOWN / BARRICADE



STAFF ACTIONS - IF STUDENTS ARE IN CLASS AT TIME OF LOCKDOWN / 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 dark paper or cardboard
- Instruct students to stay quiet and out of sight. Relocate against the wall least visible to the outside and out of sight of intruder
- 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 rooms
- *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 students who are present in the room
- 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 protect/defend back (Protect/defend)
- 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



LOCKDOWN / BARRICADE

STAFF ACTIONS - IF STUDENTS ARE OUT OF CLASS AT TIME OF LOCKDOWN / 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 who 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 out of harm's way
- Instruct students to stay quiet and out of sight
- Silence all cell phones
- Turn off television, LCD projector, document camera, etc. The room should be dark and quiet
- Remain calm and stay alert to changing conditions
- If an active threat is still present at the time law enforcement comes on scene, law enforcement will bypass injured victims in order to neutralize the threat
- 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 individuals who are present in the room
- 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 protect/defend back (Protect/defend)
- 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

LOCKDOWN / BARRICADE



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

- Gather students together
- Inform students that as part of **LOCKDOWN / BARRICADE** procedures, the class will evacuate off-campus to a pre-determined Off-Site Evacuation Location or any nearby location that is out of harm's way
- Should the group be confronted by the intruder who is intent on doing harm, consider taking measures to protect and defend against
- Upon arrival at the Off-Site 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



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.

THINK ON YOUR FEET: LOOK, LISTEN, AND LEAVE - FIRE ALARM

Before evacuation, take a moment to look outside the door for any potential dangers. Listen for anything unusual that might pose a safety risk. Once it's determined the path is safe, evacuate the office or classroom to a designated safe area.

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 it
- Requires that staff and students assist those with special needs to ensure for safe egress of all

EVACUATION



EVACUATION ROUTES:

Take care in choosing a designated evacuation area. Consider whether there is a clear route to the area from all parts of the campus, and whether it is far enough away in the case of a fire or gas leak, but close enough to be reached on foot. Consider also having multiple designated evacuation areas in the event one is obstructed or otherwise becomes unsafe during an emergency. Make sure there is a clear, unblocked path onto campus for emergency vehicles. Be sure to include evacuation to designated area(s) as part of safety drills and training.

STAFF ACTIONS:

- Prepare students to leave all belongings and calmly exit the building
- Gather emergency supplies/materials (Go Bag, p. 39) including the student roster for current class and that of “Buddy Teacher” (p. 40)
- Remove staff ID placard from emergency materials and put it on
- Take in-room attendance as students are leaving
- Ensure the door is closed. Leave the door unlocked if possible
- 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 in route to the Evacuation Assembly Area
- According to site protocol, take attendance using evacuation attendance forms once class is safely in assembly location
- According to site protocol, report missing students
- Remain in the Evacuation Assembly Area until further instruction
- Wait for another action or, if **ALL CLEAR** announcement is issued, return to school buildings and normal class routine

FIRST AID: TRIAGE

First Aid response is an important part of any emergency response plan and should be developed in cooperation with partner agencies including local Emergency Medical Services, local hospitals, and the health department. All employees should be trained, and staff roles should be clearly defined and integrated into the site's written plan.

THE BASICS OF FIRST AID RESPONSE:

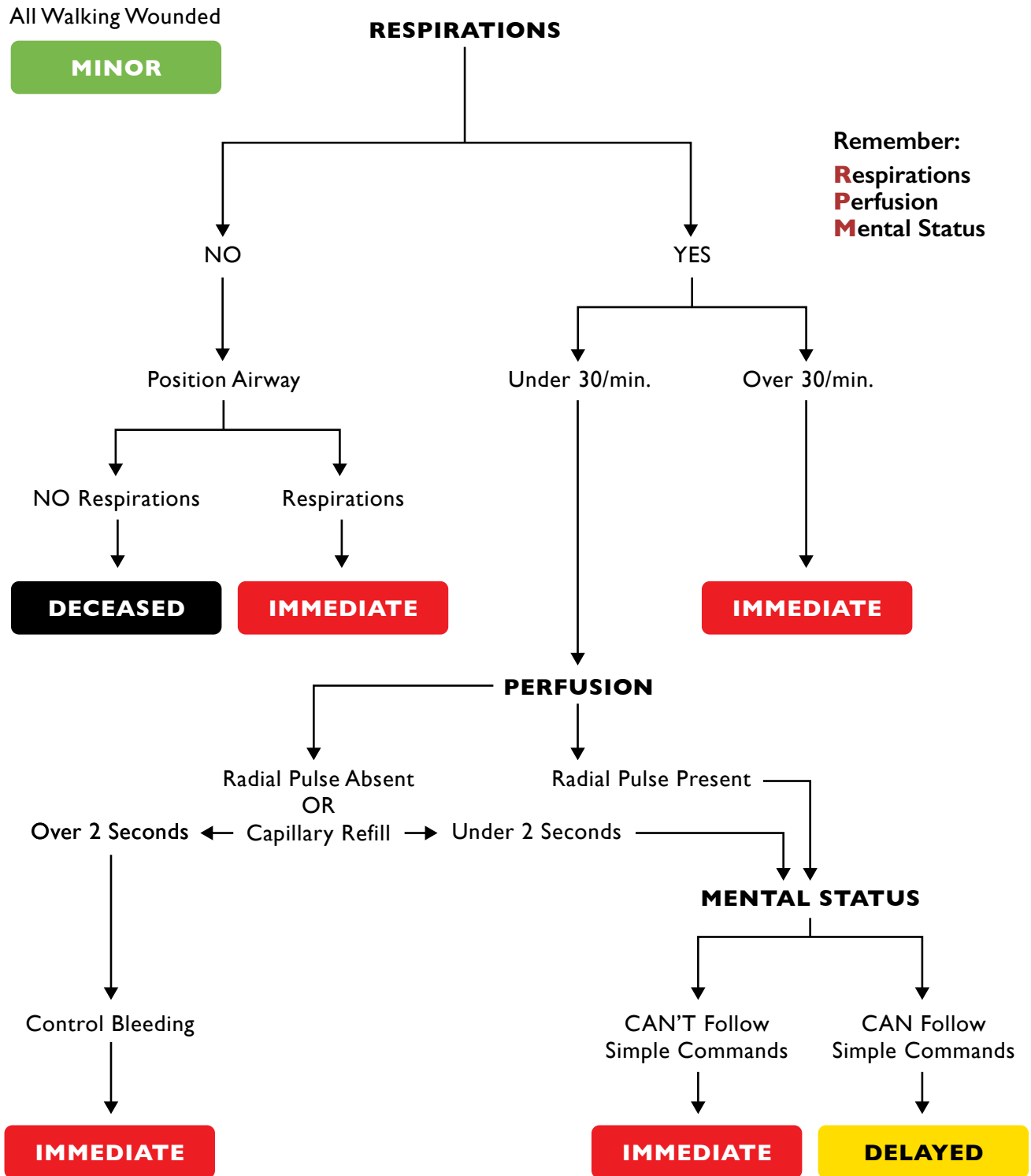
- Remain calm and assess the situation
- Be sure the situation is safe for the responder
- In the case of serious injury involving difficulty breathing, loss of consciousness, uncontrolled bleeding, head injury, or possible poisoning, call **911** immediately
- Do NOT move a severely injured or ill person unless necessary for immediate safety
- If moving is necessary, protect the neck by keeping it straight to prevent further injury

RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS:

1. Portable stretcher and cot with waterproof cover
2. Ten Triage Tags
3. Blankets, sheets/pillows/pillowcases (disposable covers are suitable)
4. Wash cloths, hand towels, and small portable basin
5. Covered waste receptacle with disposable liners
6. Bandage scissors, tweezers
7. Disposable thermometer
8. Pocket mask/face shield for CPR
9. Disposable latex free gloves
10. Cotton-tipped applicators, individually packaged
11. Assorted adhesive bandages (1" x 3")
12. Gauze squares (2" x 2"; 4" x 4"), individually packaged
13. Trauma Pads (5" x 9")
14. Adhesive tape (1" width)
15. Gauze bandage (2" and 4" widths) rolls
16. Ace bandage (2" and 4" widths)
17. Splints (long and short)
18. Quick clot dressing
19. Cold packs
20. Triangular bandages for sling and safety pins
21. Tongue blades
22. Disposable facial tissues, paper towels, sanitary napkins
23. One flashlight with spare bulb and batteries

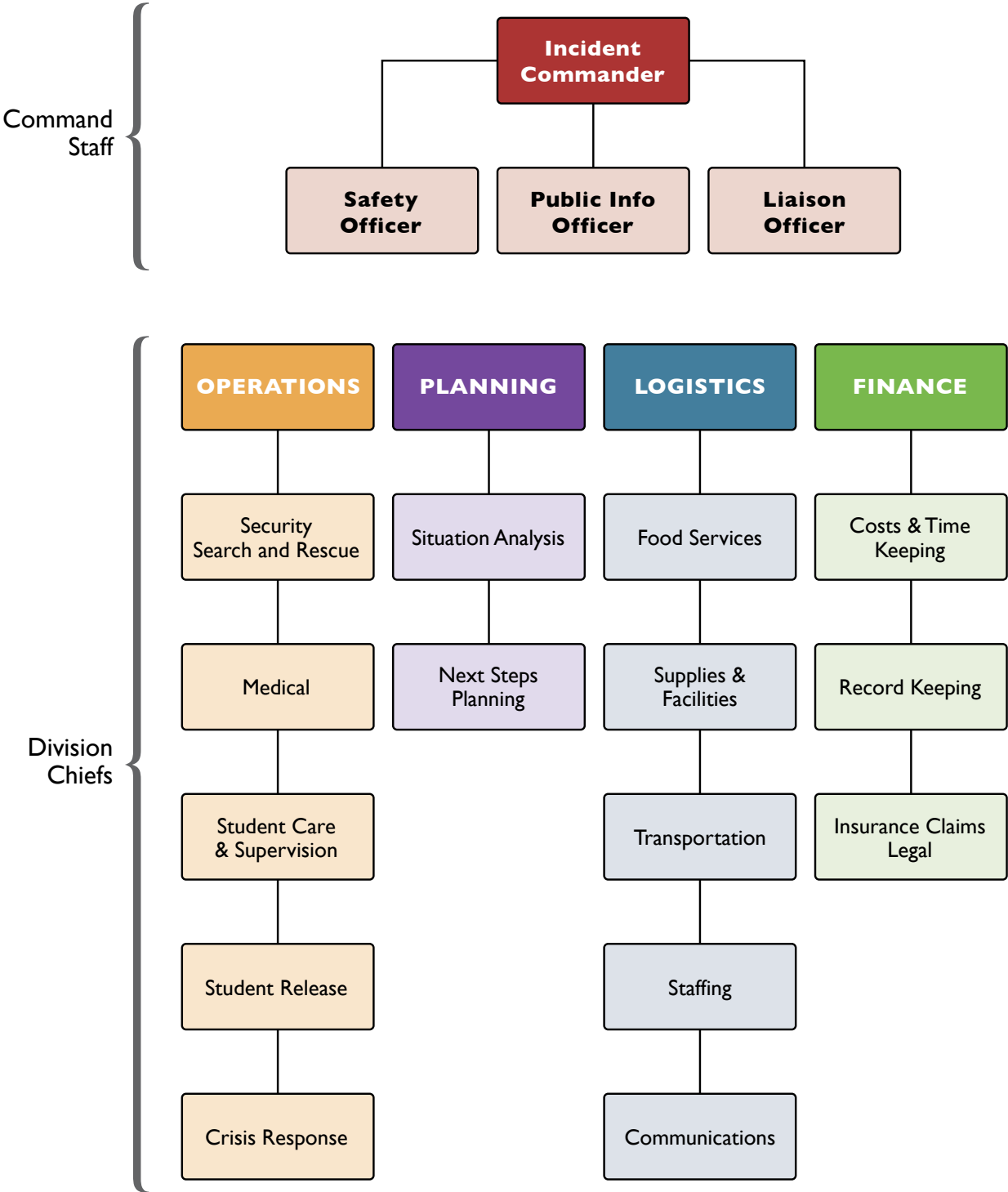
FIRST AID: TRIAGE

In **TRIAGE**, patients are classified with a color tag to indicate the level of urgency. Those colors are displayed in this diagram.



SCHOOL INCIDENT COMMAND CHART

This chart should be used as a guide for school sites and districts to plan their Incident Command Structure. At a school site, the flexibility for each role is paramount as staff may not be on site or able to perform duties during an emergency. For an explanation of roles and job duty expectations, please see the *ICS Cards and Roles*.



GO BAG

Each classroom should maintain an up-to-date Go Bag. Each teacher is responsible to monitor the contents of their classroom's Go Bag and to obtain any materials that need replacing or updating. While other appropriate items might be included, each Go Bag must contain the following:

#	Item	Verified (Date)	Verified (by Whom)
1	Updated Class Lists		
2	"Buddy" Class Lists		
3	In-Room Attendance Forms		
4	Evacuation Attendance Forms		
5	Staff ID Placard		
6	Teacher Name Sign		
7	Evacuation Routes Map		
8	Red Cross Placard		
9	Pens/Pencils		
10	Individual Safety Plans of Students with Special Needs		
11	Comforting Objects for Students		
12	Transition Markers/Surprise Cards		
13	Snacks (optional, depending on class)		

BUDDY TEACHER LIST

Use the chart below to assign Buddy Teachers for emergency evacuation purposes. Each teacher is responsible for assisting the Buddy Teacher's class evacuate should the need arise. The classroom Go Bag should contain current rosters for both classrooms.

BUDDY TEACHER ASSIGNMENTS

#	Teacher	Room No.	Teacher	Room No.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Acknowledgement of Receipt Form

I acknowledge that I have received the following items through Employee Handbook:

Board Policy/and or Regulation:

- Administering Medication & Monitoring Health Conditions (BP/AR 5141.21)*
 - Drug & Alcohol Free Workplace (BP 4020)*
 - Employee Safety (BP/AR 4157, 4257, 4357)*
 - Universal Precautions (BP/AR 4119.43, 4219.43, 4319.43)*
 - Health Care and Emergencies (BP/AR 5141)*
 - Integrated Pest Management (AR 3514.2)*
 - Lactation Accommodation (BP 4033)*
 - Child Abuse Prevention and Reporting (BP/AR 5141.4)*
 - Employee Use of Technology (BP/E 4040)*
 - Nondiscrimination in District Programs and Activities (BP 0410)*
 - Non School Employment (BP 4136, 4236, 4336)*
 - Professional Standards for Certificated (BP/E 4119.21)*
 - Professional Standards for Classified (BP/E 4219.21)*
 - Sexual Harassment (BP/AR 4119.11)*
 - Exposure Control Plan for Bloodborne Pathogens (BP/AR/E 4119.42)*
 - Tobacco Free School (BP/AR 3513.3)*
-
- Employee Handbook
 - Bargaining Agreement

Print Name

Employee Signature

Date

Please, sign and date this form and return it to the district Human Resource Department.