



MADEIRA CITY SCHOOLS
7465 Loannes Drive • Cincinnati, OH 45243
(513) 985-6070
(513) 985-6072 fax

NEW ADMINSTRATOR OR TEACHER CHECK LIST

Welcome to Madeira City Schools! My name is Melody Gregory I am the Payroll & Benefits Coordinator for Madeira City Schools. I am your Human Resources contact.

The following items are necessary for you to complete for payroll purposes and to maintain a personnel file on each employee. Please use the **Certified Check List** enclosed to ensure you don't miss anything. All paperwork must be read, completed, and **returned prior to meeting with you via zoom. You will scan and email all documents to me prior to your appointment. Please email to me @ mgregory@madeiracityschools.org. When I have received and reviewed the documents, I will email you to confirm completion of your packet or request any additional information needed. It is important to submit your paperwork in a timely manner so that you receive compensation in a timely manner.**

Administrator's contract pay and any transition pay will start on **8/15/2021**. Teacher's contract pay will start on **9/15/2021**.

Please COMPLETE ALL PAPERWORK THEN SCAN AND EMAIL TO ME.

GENIUS SCAN APP

If you do not have a way to scan your documents but you have a smartphone, please download the free app called GENIUS SCAN. It will scan and email your forms right to me. When you take the first picture just keep pressing the PLUS '+' button to add multiple pages rather than hitting done after each one and sending multiple emails.

IT IS IMPERATIVE THAT YOU FOLLOW THE CHECK LIST, PRINT AND COMPLETE ALL PAPERWORK AND THEN SCAN TO ME.

DO THIS FIRST:

1. First order of business! To access the online benefit enrollment system, Benefitsolver, so that you can enroll or waive benefits, you will need to email the following information to me as soon as possible. Email the info to: mgregory@madeiracityschools.org

2. SUBJECT LINE OF YOUR EMAIL: YOUR FIRST AND LAST NAME/NEWHIRE

IN THE BODY OF THE EMAIL I NEED THIS INFORMATION:

____SSN (you can call me at 924-3701 if you don't want to email your SSN)

____DATE OF BIRTH

____FULL ADDRESS

____EMAIL ADDRESS

____YOUR GENDER

____INSURANCE EFFECTIVE DATE (see info below to determine your effective date)

____PHONE #

____PLEASE SEND A SELFIE PICTURE

****In addition, please email a selfie to Lora Graziani at lgraziani@madeiracityschools.org Please let Lora know your name/position and building(s) you will be working in.**

Lora will use your selfie for your badge. I also need your selfie to compare to your photo IDs, so be sure to email to both of us.

- 3. You will need to complete the online enrollment (enroll or waive) prior to our zoom meeting so that I can double check the enrollment online has what you intended to participate in. When I have your setup complete in Benefitsolver I will email you. At that time you will need to register with Benefitsolver and start your enrollment process. You will need to register to enroll and/or the benefits offered.**
- 4. **INSURANCE START DATE – THIS IS IMPORTANT AND DETERMINES WHEN YOUR BENEFITS EFFECTIVE DATE WILL BE. YOU ARE ELIGIBLE FOR BENEFITS ON YOUR FIRST DAY OF WORK. FOR ADMINISTRATORS THAT IS 8/1/21 AND FOR TEACHERS IT WILL BE 8/13/21. If you have an existing plan that covers you through 8/31/2021, you can start your new plans with Madeira on 9/1/2021.**

You have 30 days from your first date of work to enroll. **ALL EMPLOYEES WHO WORK 20 OR MORE HOURS PER WEEK MUST ENROLL IN THE BASIC LIFE INSURANCE WHICH IS PAID BY THE BOARD OF EDUCATION.**

If you miss the deadline to enroll, you will have to wait until open enrollment which means you can't enroll until October and your plan(s) will not be effective until 1/1/2022.

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TO ENROLL OR WAIVE/DECLINE BENEFITS, PLEASE FOLLOW THE LINK BELOW.

The online enrollment system includes medical, dental, vision, board paid life insurance, voluntary employee life insurance, voluntary spouse life insurance, voluntary long term disability, and voluntary child life insurance.

The board paid life insurance is mandatory for any employee who works 20 or more hours per week. You will need to enroll for the Basic Life insurance with benefitsolver. Be sure to add your beneficiary(s).

**American Fidelity insurance benefits are not housed in the online enrollment system. You will continue to meet with a Phil Fite to enroll or make changes. Phil will return the first two days of the 2021-2022 school year to meet with the new staff.

You must use the online enrollment system, Benefitsolver, to self-enroll for coverage or waive/decline coverage if you are working 20 or more hours per week.

LINK TO ONLINE ENROLLMENT SYSTEM: (This is the link you will use once you receive an email from me and/or GCIC to enroll)

<https://www2.benefitsolver.com/benefits/BenefitSolverView>

LOOK ON THE RIGHT FOR THE 'REGISTER' BUTTON AND REGISTER. SAVE THE LINK TO YOUR FAVORITES BAR AS YOU WILL NEED THIS LINK PERIODICALLY.

This is the company key you will need to register: GCIC

You will need to register, check your personal information for typos, enroll or waive the benefits offered, enter your beneficiaries for the board paid life insurance and any other voluntary insurances you enroll in.

If you need assistance, there is a live chat feature and a call center to help you!

For more detailed information the 'BENEFITSOLVER EASY ENROLLMENT' flyer is located in the "Insurance Enrollment Forms" block on the Human Resources page on our website.

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We will continue with ZOOM meetings this summer instead of meeting in person. You will complete your paperwork and scan and email to me along with your IDs and selfie.

Items you will need if you are adding dependents to your insurance plans:

1. Your marriage license
2. Birth certificates
3. Social security cards
4. And possibly the spousal coordination of benefits form
- 5.

These forms will need to be uploaded to the Benefitsolver online enrollment system when you are enrolling. You will elect to add your dependents within the online enrollment system and then you will receive an email OR a prompt requesting your dependent verification.

IMPORTANT: Your dependents WILL NOT BE ADDED TO YOUR PLAN UNTIL THE DEPENDENT VERIFICATION HAS BEEN RECEIVED AND PROCESSED.

*****Keep in mind that you have 30 days to upload any Dependent Verification forms.***

In addition, copies of your BCI & FBI background checks that are not more than one year old will be needed at our meeting. Otherwise, please be sure you have had them done before we meet. Please tell them to send a copy to ODE and Madeira City Schools, Attention: Melody Gregory.

YOU WILL NEED THIS OHIO REVISED CODE FOR YOUR BACKGROUND CHECKS: 3319.291

When completed, please call me @ 924-3701 or email me at melody@madeiracityschoools.org to schedule a zoom appointment to review your paperwork.

To review coverage booklets for medical, dental, vision, board paid life insurance, voluntary life insurance, voluntary long term disability insurance, they can be found here:

Login to Benefitsolver: <https://www2.benefitsolver.com/benefits/BenefitSolverView>

Click on: REFERENCE CENTER

Click on: MADEIRA

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It's time to locate the payroll paperwork!

PLEASE FOLLOW THE DIRECTIONS BELOW:

Go to: www.madeiracityschoools.org

Click on: HUMAN RESOURCES

Click on: FORMS & DOCUMENTS

Scroll down looking on the right to find the required paperwork.

Paperwork is divided into four categories:

#1 Mandatory Paperwork for ALL STAFF

#2 Mandatory Paperwork for Certified Staff

#3 Informational Paperwork

#4 Insurance Information

Mandatory: #1 PAYROLL FORMS – ALL NEW STAFF:

****Official Transcripts** – Please request transcripts to be sent directly to the attention of the Treasurer, Emily Hauser, from the universities for your bachelor's degree, master's degree and any post master's coursework via hard copy or secure email. Please do this as soon as possible.

1. GENERAL APPLICATION – ALL NEW EMPLOYEES MUST complete the general application.

2. FINGERPRINTING – This is required by **ALL** staff. Please be sure to have your fingerprints processed early so that they are received by the district prior to your first day of work. If you have a copy of your BCI and/or FBI that is within the past 12 months of your date of hire, you may email me a copy.

BCI/FBI: 3319.291 (THE ORC WILL BE NEEDED WHEN YOU GO TO GET YOUR BACKGROUND CHECKS)

3. DIRECT DEPOSIT – PAGES 1 & 2 - DIRECT DEPOSIT OF YOUR PAYCHECK IS MANDATORY. EMAIL NOTIFICATION of your check stub is also mandatory. Please read the info and complete the form.

4. MADEIRA EMAIL ACCOUNT – Every employee is required to have a MADEIRA email address in order to receive their pay stub, payroll and benefit information as well as information regarding daily operations. Your information will be forwarded to the IT Department, who will set you up with an email account. IT will also set you up with the DASL program and Progress Book if your position requires it. If you have not heard from Matt Jones in our IT department by August 8th, please contact Matt Jones at mjones@madeiracityschools.org

5. RACE & CONTACT INFO – The Ohio Department of Education requires every public school district to report numerous pieces of information on our staff. Please complete this form. **THIS FORM IS MANDATORY.**

6. I9-FORM – PAGES 1&2 – You are required to provide (IN PERSON/VIA EMAIL DURING COVID) two forms of identification. Please refer to the list of acceptable forms of identification. Please bring your two items of ID and the completed I-9 form when you meet with Melody Gregory. Be sure you bring the correct 2 forms of ID to save yourself a second trip. Basically, you can bring a **PASSPORT** or a **DRIVERS LICENSE AND A SOCIAL SECURITY CARD OR A DRIVERS LICENSE AND YOUR BIRTH CERTIFICATE. IF YOU HAVE A PASSPORT, A 2ND FORM OF ID IS NOT NEEDED. ****THIS SUMMER YOU WILL BE EMAILING THESE DOCUMENTS DUE TO COVID-19.****

7. MANDATORY MEDICARE COVERAGE - Congress passed H.R. 3128 which requires mandatory Medicare coverage for all employees hired after March 1, 1986. The contribution rate for this coverage is 1.45% of your gross earnings. The Board also will pay 1.45% on your gross earnings. This will be an automatic deduction on your paycheck.

8. AUDITOR OF STATE – FRAUD HOTLINE: Please read and sign the form indicating you have received the information. **THIS FORM IS MANDATORY. IT IS NOT NECESSARY TO PRINT THE FRAUD LAW. I ONLY NEED THE SIGNATURE PAGE.**

9. AUDITOR OF STATE – OHIO ETHICS LAW: We are required to provide you with the 26 page OHIO ETHICS LAW. You will need to print and sign the form to indicate you have been provided with the Ohio Ethics Law. The 26 page Ethics Law is located on our website. **You are not required to print the 26 pages of the Ethics Law, only the signature page. THIS INFORMATION IS MANDATORY.**

10. NEW FEDERAL TAX/W-4 FORM – the W-4 is for Federal Income Tax. Please complete and sign the form. **THIS FORM IS MANDATORY. THE W4 FORM WAS REVISED IN 2020. PAY ATTENTION TO STEP 3/CLAIM DEPENDENTS. IF YOU HAVE 2 CHILDREN AND ENTER 4,000 AND 1 SPOUSE AND ENTER \$500, THE SYSTEM WILL ASSUME YOU WANT 3 EXEMPTIONS ON YOUR FEDERAL TAX WITHHOLDING. THERE IS NO SECTION FOR EXEMPTIONS ON THE NEW FORM. IF YOU LEAVE IT BLANK, IT WILL ASSUME YOU WANT ZERO EXEMPTIONS.**

___ **11. STATE TAX/IT-4** - IT-4 is for Ohio State Income Tax. If you need to deduct KY State Tax - please call 1-859-371-9049. The KY State Tax Dept can help you determine how much money should be deducted from your check each pay. Once you have made this determination, please put it in writing and submit with your paperwork. **THE IT-4 FORM IS MANDATORY FOR OHIO RESIDENTS.**

___ **12. CITY TAX** - As an employee of Madeira City Schools 1% Earnings Tax for the City of Madeira is automatically deducted from your pay check. If you live in a community that also has an earnings tax we may be able to withhold this tax from your check. Please complete the enclosed form. This is optional depending on whether or not your city/village/community requires that you pay an earnings tax. Please note that the district offers this service as a courtesy and has the right to refuse to withhold an outside city tax if the process is burdensome.

___ **13. HEALTH INSURANCE EXCHANGE OPTIONS** - You must print this and keep for your records. All new staff are required to receive this information.

___ **14. RECEIVED HEALTH INSURANCE OPTIONS:** - You must print, date, and sign this form to indicate you have received the Health Insurance Exchange Options. **THIS FORM IS MANDATORY.**

Mandatory: #2 Certified Paperwork:

___ **1. STRS FORM Pages 1&2-** All teachers and administrators in the State of Ohio are required to belong to the State Teachers Retirement System. If you are a retired teacher or administrator returning to work, please complete the Rehired Retiree form rather than the standard membership form. Beginning in 2016-2017, the employee pays 14% of their gross earnings and the Board of Education pays 14% on the employee's gross earnings. **This form must be completed even if you are already a member of STRS in another school district.** Both forms must be completed and signed. **PLEASE NOTE THE STRS RETIREMENT AMOUNT DEDUCTED FROM YOUR PAY CHECK IS NOT TAXED.**

****NOTE: The district does not withhold FICA tax as we are not required to when the employer/employee is contributing to STRS.**

___ **2. HQ TEACHER INFO:** This paperwork must be printed and completed and returned with the rest of your paperwork. If you have any questions about this paperwork, **please contact Dave Bergan at 985-6070.**

___ **3. STAFF NETWORK FORM** - This must be signed before using any computers in the district.

#3 Informational Paperwork:

___ **1. FRINGE BENEFITS** – List of benefits and rates offered by Madeira City Schools. Insurance premiums can be found on this form. Rates renew each year on July 1st with deductions beginning on the June 15th paycheck.

___ **2. TSA** – An Approved list of Tax Sheltered Annuity Companies is located in the Informational Material block on our website. The website also has a comparison brochure to help you understand the difference between the 403b and the 457 plan. You may start or stop a TSA plan at any time. Please allow 30 days for the start of a new plan or the ending of an existing plan. You must have 5 employees participating in a new annuity in order to bring on a new 403b or 457 provider.

___ **3. PAYTYPE** – ALL STAFF are paid on the 1st and 15th of each month. If the 1st or 15th falls on a weekend or holiday, you will be paid the day before.

___ **4. VERIZON FORM** – 15% discount available to all employees. Show your badge to your Verizon rep.

___ **5. SICK LEAVE** - Each full-time employee accumulates 15 days of sick leave per year up to a maximum of 260 days. Upon initial employment by the Board, any person who has, immediately preceding employment, been in the service of another board of education or State, county, or municipal government in Ohio, shall receive credit,

within the last ten (10) years, for the sick leave accumulated up to 260 days in his/her previous service as shown in the records requesting the transfer of sick leave days from their former employer. Your previous employer can fax their form to my attention (Melody Gregory) at (513) 985-6072. It can also be emailed to me at mgregory@madeiracityschools.org.

Effective July 1, 2019 – part-time staff who work 20-34.99 hours per week will accumulate 1 sick day per month, for a total of 12 days per year. .

Effective July 1st, 2019 (This was initially changed in October 2011) - employees who work less than 20 hours per week will accumulate sick leave based on the hours worked. **For every 80 hours worked the less than part-time employee whose position is based on an 8 hour day will accumulate .575 of sick leave. For the part-time employee whose position is based on a 7 hour day will accumulate .657 of sick leave. The maximum days that can be accrued for less than part-time staff is **260 days**.

**A position could be 7-8 hours a day but only 2 or 3 days a week, for example, an educational assistant's position is based on a 7 hour day, however, the position is driven by the needs of the student, so the employee may only work 4 hours a day, but the sick leave accumulation will be based on the 7 hour position and will accrue .657 for every 80 hours worked.

NOTE: Sick leave can only be documented in quarter increments.

Example:

0-2 hours = .25,

2+-4 hours = .50,

4+-6 hours = .75,

6+-8 hours = 1.00

If you work:

4 hours per day – 1 hour is a quarter day

5 hours per day – 1.25 hours is a quarter day

6 hours per day – 1.5 hours is a quarter day – 6.5 rounds down to 1.5 hours

7 hours per day – 1.75 hours is a quarter day

8 hours per day – 2 hours is a quarter day

****Sick and/or Personal Leave cannot be carried over to multiple days.** Example: Kasey Smith has a doctor's appointment on Wednesday and needs to leave an hour early. Kasey also has a dentist appointment on Friday and needs to leave an hour early. Since we dock in quarter increments and time off cannot be carried over to multiple days, Kasey would have ¼ of a day deducted from her sick bank for Wednesday and ¼ of a day deducted for Friday.

6. AESOP - Madeira City Schools uses the **AESOP** program to report absences. **ALL EMPLOYEES ARE REQUIRED TO USE AESOP TO REPORT ANY ABSENCE. PLEASE FAMILIARIZE YOURSELF WITH THE PROGRAM BEFORE YOU BECOME ILL. Please refer your questions re: AESOP to Lora Graziani at ext. #1330.**

7. PERSONAL LEAVE - Each employee gets 3 personal days per year. You may use these days at your discretion, however, please review the personal leave policy located on our website in regards to guidelines and limitations. You may be asked to disclose your reason if your personal day request is for consecutive days or backed up to a holiday or break. Personal days must be entered into **AESOP FOR APPROVAL**. Your building supervisor will receive the **AESOP** request and approve or deny your requested day. If your day is approved you will receive an email from AESOP indicating this. If your day has been denied, you will receive an email indicating the day has been denied.

NOTE: Personal leave can only be documented in quarter increments.

Example based on an 8 hour day:

0-2 hours = .25

2-4 hours = .50

4-6 hours = .75
6-8 hours = 1.00

___ **8. CREDIT UNION** - Payroll Deductions are available for the KEMBA (513-762-1641) and the Cincinnati Police Federal Credit Union. (513-381-2677)

___ **9. NAME CHANGE GUIDELINES** – To change your last name due to a marriage or divorce, you must present your social security card which shows your new name.

___ **10. RMS** – Please complete this form if you would like to donate (payroll deducted per pay) to the Levy campaign.

#4 INSURANCE INFORMATION

If you do not wish to ENROLL in any or all of the insurance plans and you work 20 or more hours per week, you must login to the online enrollment system and waive coverage. You will need to enroll in the BASIC LIFE INSURANCE AS THE BOARD PAYS THE PREMIUM AND IT IS MANDATORY.

___ **1. ANTHEM MEDICAL** – Anthem offers a single or family plan. See Fringe Benefits rate sheet for premiums. Coverage will begin on your first day of employment. If you will be covered by your former employer thru August 31st, 2021, please let me know this and we may be able to start your benefits on September 1st, 2021 **Make an election or waive/decline coverage. This is an optional plan**

___ **2. ANTHEM BASIC LIFE & ADD (BOARD PAID)** - The Board provides Term Life Insurance to full-time staff in the amount of one times your base salary, (or a minimum of \$40,000) at **NO COST TO YOU**. Employees working part-time (20-34.99 hours per week) will be provided with \$25,000 Term Life Insurance. The coverage does not require a medical history, it is guaranteed. Complete the enrollment form online. The effective date is the first day of your employment. **THIS LIFE INSURANCE PLAN IS MANDATORY.**

___ **3. DENTAL CARE PLUS** - The Board provides dental insurance through Dental Care Plus to all full-time employees at **NO COST TO YOU**. The Board will pay 50% of the cost of dental insurance for part-time employees. See the Fringe Benefits rate sheet regarding costs. If you will be covered by your former employer through August 31st, 2021, please let me know this and we may be able to start your benefits on September 1st, 2021. **Make an election or waive/decline coverage. This is an optional plan**

___ **4. AVESIS VISION BENEFITS** - The Board provides full-time and part-time staff the opportunity to purchase vision insurance through Avesis Vision Benefits. You are responsible for paying 100% of the premium. Please see the Fringe Benefits rate sheet regarding costs. If you will be covered by your former employer through August 31st, 2021, please let me know this and we may be able to start your benefits on September 1st, 2021. **Make an election or waive/decline coverage. This is an optional plan**

___ **5. ANTHEM VOLUNTARY LIFE INS** – We have two companies that offer voluntary life insurance. ANTHEM is one of them. New Staff working 20 or more hours per week are guaranteed UP TO 5x your annual salary, not to exceed \$250,000, if you enroll within the first 30 days of employment. This is a voluntary life insurance policy. The employee is responsible for the premium. You may wish to compare rates on both plans (American Fidelity and Anthem) to determine which one better meets your needs. You will need to contact Phil Fite at American Fidelity if you wish to compare their plan to Anthem's. (513-478-0214) **This is an optional plan.**

___ **6. VOLUNTARY DISABILITY INSURANCE** - Anthem and American Fidelity both offer short/long term disability plans. The premium is paid by the employee. The Anthem disability plan is available in the online enrollment system. The disability plan with American Fidelity would require that you sign up during your meeting

with Phil Fite in August. The plans differ quite a bit, so be sure you have compared coverage and choose according to your needs. **This is an optional plan**

7. AMERICAN FIDELITY – SECTION 125 – ALL staff who works 20 or more hours per week are required to sign an acceptance or waiver form for Section 125. Phil Fite from American Fidelity will return in August 2021 at the start of school to meet with the new staff. **THIS IS MANDATORY.**

American Fidelity also offers additional insurance products such as Cancer, Heart, Long-Term Care, Disability, Voluntary Life Insurance, and Accident Insurance. These products are paid by the employee should you decide to participate in any of them. If you are a NEW employee to schools or transferring from another district and have no sick leave accumulated, you may want to inquire about the disability insurance when you meet with Phil Fite. It would provide a safety net until you build up your sick leave bank.

8. AMERICAN FIDELITY - FLEXIBLE SPENDING ACCOUNT - A Flexible Spending Account (FSA) allows you to reduce your salary to pay for eligible health care and dependent care expenses on a tax-free basis. The money deposited into a flexible spending account is never taxed at the federal or state level. Your salary is reduced by an amount you specify at the beginning of the plan year. **The plan year starts September 15, 2021 and ends September 14, 2022. DEBIT CARDS WILL BE AVAILABLE AGAIN THIS YEAR! Debit cards are FREE!!! This is an optional plan**

Be sure to ask the AF Rep, Phil Fite, for more info! Direct deposit of your reimbursement is now mandatory. The max for FSA is now \$2750 a year for the FSA medical plan. This is an optional plan.

9. VERIFICATION OF EMPLOYMENT – the form can be found at the end of this packet along with the sick leave transfer form. Please forward the VOE form to all of your previous employers that you have teaching experience with. Please make copies if you have more than one previous employer with teaching experience. Your past employer(s) will complete the form and return to Emily Hauser, Treasurer.

When you have completed all of your forms, please scan and email them to me and then call or email me to **schedule a ZOOM appointment** to review your forms. melody@madeiracityschools.org or 513-924-3701.

DO NOT DROP OFF YOUR PAPERWORK AND LEAVE. IT IS IMPORTANT THAT WE REVIEW SEVERAL ITEMS IN YOUR PACKET.

If you have any questions concerning your pay, benefits or any other benefit item please feel free to call or email Melody Gregory, Payroll & Benefits Coordinator. I'm looking forward to meeting with you!

Extension: #1332

Direct line: 924-3701

Email: melody@madeiracityschools.org

Teaching Verification Form: Please complete your personal information and forward to your previous employer. They should complete and fax to Madeira City Schools to the attention of Emily Hauser, Treasurer.

Sick Leave Transfer Form: any person who has, immediately preceding employment, been in the service of another board of education or State, county, or municipal government in Ohio, shall receive credit, within the last ten (10) years, for the sick leave accumulated up to 220 days in his/her previous service as shown in the records requesting the transfer of sick leave days from their former employer.

Please complete the form below and forward to your previous employer's payroll department.

**MADEIRA CITY SCHOOLS
7465 LOANNES DRIVE
CINCINNATI, OH 45243**

TEACHING EXPERIENCE VERIFICATION FORM

PREVIOUS EMPLOYERS NAME & ADDRESS:

TO: _____

For salary purposes a statement of teaching experience verification, outside of the Madeira City School District, has been requested. I would appreciate you providing official verification on the form below. Please return this form directly to Emily Hauser, Treasurer, Madeira City Schools to the above address, or faxed to (513) 985-6072 or emailed to ehauser@madeiracityschools.org

Teacher's Name – Printed

Teacher's Signature

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NOTE: If teacher was under contract for less than a full school year, please give the number of days under contract. Continuous service at the same school may be listed on one line.

SCHOOL YEAR	SCHOOL NAME	BEGIN SERVICE MM/DD/YYYY	TERMINATED MM/DD/YYYY	HOURS PER DAY IF LESS THAN FULL-TIME	DAYS WORKED IN SCHOOL YEAR

This is to certify that the teaching experience listed above is correct for this school district.

Contract held (Limited or Continuing)

Person completing verification – please print

Date

School District

REQUEST TO TRANSFER SICK LEAVE

Please complete the form below, then forward to your last employer that holds your sick leave balance.

Note: Each full-time employee accumulates 15 days of sick leave per year up to a maximum of 260 days. Upon initial employment by the Board, any person who has, immediately preceding employment, been in the service of another board of education or State, county, or municipal government in Ohio, shall receive credit, within the last ten (10) years, for the sick leave accumulated up to 220 days in his/her previous service as shown in the records requesting the transfer of sick leave days from their former employer. Your previous employer can fax their form to my attention (Melody Gregory) at (513) 985-6072. It can also be emailed to me at mgregory@madeiracityschools.org.

To Whom It May Concern:

I, _____, would like to request to have
(PLEASE PRINT YOUR NAME)

my sick leave balance accumulated through July 31st, 2021 transferred to:

**Madeira City Schools
Attn: Melody Gregory
7465 Loannes Drive
Cincinnati, OH 45243
OR**

**Fax to: 513-985-6072 or
EMAIL to: mgregory@madeiracityschools.org**

Thank you for your time.

SIGNATURE

PHONE # (IN CASE THEY NEED TO CONTACT YOU)