

**Riceville Community School  
Riceville, IA**

The Board of Education of the Riceville Community School District held their monthly board meeting July 27<sup>th</sup>, 2020, at 6:00 p.m. in High School Library. Board members present Hale, Guertin, Winters, Eastman and Fox. Also, in attendance: Barb Schwamman- Superintendent, Marcia Grimm & Heather Suckow-Principals, Jennifer Dunn—Board Secretary/Treasurer, Casandra Leff—Monitor Recorder. Teachers: Shary Ebert and Kendra Evans Parents: Scott Schumann, Angie Condon, and Scott and Sandy Sullivan.

Fox called the meeting to order @ 6:05 PM.

A public hearing was held on the school calendar.

Motion by Guertin, seconded by Winters to close the public hearing on school calendar. 5 Ayes. MC.

Motion by Guertin, seconded by Hale to approve the agenda with the removal of Fusion Forward. 5 Ayes. MC.

Motion by Guertin, second by Eastman to approve the minutes of previous meeting, financials, and summary of bills. Ayes 5. MC.

Written communication, a letter was read from Elain Govern on the Wildcat Trail.

Motion by Eastman, seconded by Guertin to approve the open enrollments. 5 Ayes. MC.

Motion by Hale, seconded by Winters to approve the contract for Missy McElroy as JV Volleyball Coach. Roll Call Vote: Eastman, aye Guertin, aye; Winter, aye; Hale, aye; Fox, aye. MC.

Mrs. Suckow spoke about the different levels the school will have for COVID.

Superintendent Schwamman spoke about the Return to Learn Plan, reading curriculum, and the new technology director.

Motion by Winters, seconded by Guertin to approve the mow bids for the John Deere to Bob Dohlman in the amount of \$444.00. 5Ayes. MC

Motion by Winters, seconded by Eastman to continue with intown busing, but have it be a separate route. 5 Ayes. MC.

Motion by Hale, seconded by Guertin to approve a block schedule for the High School students, attending school four days a week. 3 Ayes, 2 Nays. MC.

Motion by Guertin, seconded by Hale to approve that masks will be required in school when social distancing is not possible, as well as on buses, hallways, and lunchroom. 4 Ayes. 1 Nay. MC.

Motion by Hale, seconded by Guertin to approve the agreement with Turning leaf Counseling. 5 Ayes. MC.

A discussion was had on the Legislative Properties: 1. Preschool 2. State Aid 3. Wage, Benefit & Recruitment 4. Mental Health.

Motion by Hale, seconded by Guertin to approve the engagement letter with Nolte, Corman, & Johnson. 5 Ayes. MC.

Motion by Winters, seconded by Guertin to approve the volleyball fundraiser of clothing from Aug 1 to Aug 15. 5 Ayes. MC

Motion by Guertin, seconded by Winters to approve Student Health & Illness Protocols with the addition of COVID-19 protocol. 5 Ayes. MC.

Motion by Hale, seconded by Eastman to approve letting bids out for completion of cement for the wildcat trail. 5 Ayes. MC.

Motion by Eastman, seconded by Hal to approve the 28E Agreement with the Riceville Community Daycare. 5 Ayes. MC.

Motion by Winters, seconded by Guertin to approve the posting of a part-time custodial for 4- 41/2 hours per day. 5 Ayes. MC.

Motion by Guertin, seconded by Hale to approve Schumann Plumbing & Heating on the purchase and installing of condensate unit. In the amount of \$8060.00. 5 Ayes. MC.

Motion by Hale, seconded by Guertin to approve the FY 21 Technology Contract with AEA in the amount of \$56,648.54. 5 Ayes. MC.

Motion by Guertin, seconded by Hale to adjourn the board meeting and enter into closed session for Superintendent Evaluation Per Iowa Code 21.5(1)(i). 5 Ayes. MC.

Motion by Guertin, seconded by Hale to come out of closed session @ 8:36 p.m. 5Ayes. MC.

## Analysis of Cash Balance Including investment CD

7/31/2020

	07/31/20	07/31/19	% change	Notes *
General Fund (10)	1,074,719.56	738,739.56	45.5%	
Management Fund (22)	483,386.08	581,970.17	-16.9%	Didn't levy management @ FY 20
PPEL & LOSST Funds (36 & 33)	2,009,503.01	1,357,290.55	48.1%	Money for Building deposited
Activity Fund (21)	67,114.20	71,600.72	-6.3%	
Hot Lunch Fund (61)	138,671.04	111,675.38	24.2%	
<b>TOTAL</b>	<b>3,773,393.89</b>	<b>2,861,276.38</b>	<b>31.9%</b>	Appears reasonable

\* = Cash balances will fluctuate with the timing of revenue and expense receipts and payments. Items considered unusual are explained in greater detail under the notes above.

### Inter-fund Loan outstanding

	Receivable	Payable	Explanation
General Fund	0.00		
Management Fund		0.00	

PPEL (36)

DATE	IN	OUT	BALANCE
			\$652,719.60
July 31, 2019	\$2,204.97	\$47,406.97	\$607,517.60
August 31, 2019	\$998.02	\$57,423.11	\$551,092.51
September 30, 2019	\$81,803.53	\$31,332.03	\$601,564.01
October 31, 2019	\$190,686.46	\$41,931.10	\$750,319.37
November 30, 2019	\$16,014.50	\$6,080.34	\$760,253.53
December 31, 2019	\$80,448.18	\$5,621.19	\$835,080.52
January 31, 2020	\$1,790,198.71	\$80,009.73	\$2,545,269.50
February 29, 2020	\$32,021.90	\$34,839.59	\$2,542,451.81
March 31, 2020	\$4,700.52	\$330,858.40	\$2,216,293.93
April 30, 2020	\$136,790.80	\$203,299.68	\$2,149,785.05
May 31, 2020	\$29,742.04	\$303,196.82	\$1,876,330.27
June 30, 2020	\$5,422.27	\$257,404.87	\$1,624,347.67
July 30, 2020	\$2,112.33	\$255,649.89	\$1,370,810.11

ACTIVITY FUND (21)

DATE	IN	OUT	BALANCE
			\$69,546.02
July 31, 2019	\$3,571.48	\$4,052.78	\$69,064.72
August 31, 2019	\$2,089.48	\$2,724.81	\$68,429.39
September 30, 2019	\$11,484.04	\$3,007.61	\$76,905.82
October 31, 2019	\$8,230.75	\$8,545.95	\$76,590.62
November 30, 2019	\$29,380.10	\$10,069.13	\$95,901.59
December 31, 2019	\$7,374.42	\$26,198.20	\$77,077.81
January 31, 2020	\$9,605.45	\$11,233.55	\$75,449.71
<b>Feburary 29, 2020</b>	\$12,486.42	\$14,408.31	\$73,527.82
March 31, 2020	\$839.06	\$4,757.75	\$69,609.13
April 30, 2020	\$2,736.94	\$4,128.42	\$68,217.65
May 31, 2020	\$2,861.83	\$2,255.69	\$68,823.79
June 30, 2020	\$2,023.92	\$2,664.02	\$68,183.69
July 30, 2020	\$2,505.53	\$7,375.02	\$63,314.20



## 10-OPERATING FUND CHECKING

## OPERATING FUND (10)

DATE	IN	OUT	BALANCE
			\$1,085,498.51
July 31, 2019	\$154,155.56	\$476,223.71	\$763,430.36
August 31, 2019	\$246,561.77	\$287,360.42	\$722,631.71
September 30, 2019	\$336,888.76	\$333,172.36	\$726,348.11
October 31, 2019	\$1,212,377.34	\$388,991.06	\$1,549,734.39
November 30, 2019	\$283,370.05	\$344,393.90	\$1,488,710.54
December 31, 2019	\$273,550.31	\$473,104.25	\$1,289,156.60
January 31, 2020	\$392,513.29	\$405,412.75	\$1,276,257.14
February 29, 2020	\$232,386.38	\$398,293.91	\$1,110,349.61
March 31, 2020	\$240,156.56	\$337,228.64	\$1,013,277.53
April 30, 2020	\$719,896.63	\$318,873.35	\$1,414,300.81
May 31, 2020	\$464,857.44	\$532,393.82	\$1,346,764.43
June 30, 2020	\$295,684.72	\$487,849.25	\$1,154,599.90
July 30, 2020	\$258,435.36	\$338,315.70	\$1,074,719.56

## LOCAL OPTION SALES (33)

DATE	IN	OUT	BALANCE
			\$779,469.56
July 31, 2019	\$27,958.01	\$86,883.30	\$720,544.27
August 31, 2019	\$28,081.69	\$2,720.66	\$745,905.30
September 30, 2019	\$28,314.11	\$24,024.57	\$750,194.84
October 31, 2019	\$28,325.88	\$98,434.88	\$680,085.84
November 30, 2019	\$10,713.20	\$29,385.60	\$661,413.44
December 31, 2019	\$55,941.45	\$112,142.04	\$605,212.85
January 31, 2020	\$29,001.15	\$80,557.83	\$553,656.17
February 29, 2020	\$26,621.39	\$25,658.32	\$554,619.24
March 31, 2020	\$25,864.78	\$7,631.65	\$572,852.37
April 30, 2020	\$23,352.36	\$0.00	\$596,204.73
May 31, 2020	\$27,423.23	\$0.00	\$623,627.96
June 30, 2020	\$27,422.48	\$29,455.60	\$621,594.84
July 30, 2020	\$27,424.13	\$10,326.07	\$638,692.90

**MANAGEMENT FUND (22)**

DATE	IN	OUT	BALANCE
			\$645,400.69
July 31, 2019	\$1,415.48	\$64,846.00	\$581,970.17
August 31, 2019	\$912.17	\$88.00	\$582,794.34
September 30, 2019	\$865.06	\$0.00	\$583,659.40
October 31, 2019	\$1,771.99	\$9,940.00	\$575,491.39
November 30, 2019	\$693.20	\$266.00	\$575,918.59
December 31, 2019	\$697.32	\$7,843.00	\$568,772.91
January 31, 2020	\$974.55	\$0.00	\$569,747.46
February 29, 2020	\$610.24	\$7,763.00	\$562,594.70
March 31, 2020	\$615.94	\$31.00	\$563,179.64
April 30, 2019	\$49.28	\$0.00	\$563,228.92
May 31, 2020	\$47.58	\$0.00	\$563,276.50
June 30, 2020	\$44.82	\$0.00	\$563,321.32
July 30, 2020	\$46.45	\$79,981.69	\$483,386.08

NUTRITION FUND (61)

DATE	IN	OUT	BALANCE
			\$116,453.39
July 31, 2019	\$1,158.66	\$5,107.47	\$112,504.58
August 31, 2019	\$206.61	\$4,818.35	\$107,892.84
September 30, 2019	\$15,203.17	\$19,534.77	\$103,561.24
October 31, 2019	\$44,676.51	\$27,308.53	\$120,929.22
November 30, 2019	\$24,339.81	\$24,929.34	\$120,339.69
December 31, 2019	\$24,564.73	\$19,272.54	\$125,631.88
January 31, 2020	\$21,045.09	\$16,821.61	\$129,855.36
February 29, 2020	\$49,852.29	\$39,039.76	\$140,667.89
March 31, 2020	\$19,123.03	\$18,544.99	\$141,245.93
April 30, 2020	\$16,979.90	\$17,090.20	\$141,135.63
May 31, 2020	\$25,594.07	\$13,396.78	\$153,332.92
June 30, 2020	\$19,734.74	\$29,526.12	\$143,541.54
July 31, 2020	\$39,992.46	\$24,862.96	\$158,671.04

Invoice Listing - Detail

Batch Description: Invoices-AUG. 2020 BATCH 1

Processing Month: 08/2020

Vendor ID: 100055 ALLIANT ENERGY

PO Number: Invoice Number: 20200814 Amount: 222.97

Description: Invoice Date: 08/06/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 622	SHOP BLDG		222.97		N	Final

Vendor ID: 100055 ALLIANT ENERGY

PO Number: Invoice Number: 20200814-0001 Amount: 43.57

Description: Invoice Date: 07/21/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 8270 622	BUS BARN		43.57		N	Final

Vendor ID: 101231 ANDERSON ERICKSON DAIRY CO

PO Number: Invoice Number: 39012 Amount: 412.30

Description: Invoice Date: 07/07/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 3140 000 0000 631	MILK		412.30		N	Final

Vendor ID: 101231 ANDERSON ERICKSON DAIRY CO

PO Number: Invoice Number: 41305 Amount: 359.10

Description: Invoice Date: 07/14/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 3140 000 0000 631	MILK		359.10		N	Final

Vendor ID: 101231 ANDERSON ERICKSON DAIRY CO

PO Number: Invoice Number: 43595 Amount: 266.00

Description: Invoice Date: 07/21/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 3140 000 0000 631	MILK		266.00		N	Final

Vendor ID: 101231 ANDERSON ERICKSON DAIRY CO

PO Number: Invoice Number: 45876 Amount: 372.40

Description: Invoice Date: 07/20/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 3140 000 0000 631	MILK		372.40		N	Final

Vendor ID: 101231 ANDERSON ERICKSON DAIRY CO

PO Number: Invoice Number: 47055 Amount: 26.60

Description: Invoice Date: 07/31/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 3140 000 0000 631	MILK		26.60		N	Final

Vendor ID: 100445 ANDY'S MINI MART

PO Number: Invoice Number: 20200814 Amount: 582.43

Description: Invoice Date: 08/01/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
10 0000 2700 000 0000 626 311.50 GAL GAS  
10 0000 2700 000 0000 627 54.9 GAL DEISEL

Checking Account ID:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	490.74		N	Final
	91.69		N	Final

Vendor ID: 707211 BLICK ART SUPPLIES

Description:

Sequence: 1 Check Type:

Chart of Account Number Detail Description  
10 0109 1100 102 0000 612 ART SUPPLIES

Checking Account ID:

PO Number:	Invoice Number: 4184813	Amount:	315.14
Invoice Date: 07/24/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Check Number:	Check Date:		
<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
	315.14		N Final

Vendor ID: 707211 BLICK ART SUPPLIES

Description:

Sequence: 1 Check Type:

Chart of Account Number Detail Description  
10 0109 1100 102 0000 612 ART SUPPLIES

Checking Account ID:

PO Number:	Invoice Number: 4279227	Amount:	112.29
Invoice Date: 08/07/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Check Number:	Check Date:		
<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
	112.29		N Final

Vendor ID: 104784 BRITAIN, CHARLES

Description:

Sequence: 1 Check Type:

Chart of Account Number Detail Description  
21 0000 1400 920 0000 612 ASSIGNING OF OFFICIALS

Checking Account ID:

PO Number:	Invoice Number: 20200814	Amount:	400.00
Invoice Date: 08/12/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 400.00
Check Number:	Check Date:		
<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
	400.00	400.00	N Final

Vendor ID: 104861 BYRNES, LINDA

Description:

Sequence: 1 Check Type:

Chart of Account Number Detail Description  
10 0000 2320 000 0000 531 REIMB POSTAGE

Checking Account ID:

PO Number:	Invoice Number: 20200814	Amount:	15.30
Invoice Date: 08/11/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 15.30
Check Number:	Check Date:		
<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
	15.30	15.30	N Final

Vendor ID: 103885 CDW GOVERNMENT INC

Description:

Sequence: 1 Check Type:

Chart of Account Number Detail Description  
10 9099 2237 100 0000 615 LICENSES

Checking Account ID:

PO Number:	Invoice Number: ZMM4044	Amount:	250.00
Invoice Date: 07/22/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Check Number:	Check Date:		
<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
	250.00		N Final

Vendor ID: 706810 CEC COMMUNICATIONS ENGINEERING COMPANY

Description:

Sequence: 1 Check Type:

Chart of Account Number Detail Description  
36 0000 2237 100 0000 734 WIRELESS ACCESS POINS

Checking Account ID:

PO Number:	Invoice Number: 342051	Amount:	1,347.72
Invoice Date: 07/31/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Check Number:	Check Date:		
<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
	1,347.72		N Final

Vendor ID: 105125 CHRISTENSEN, HEATHER

Description:

Sequence: 1 Check Type:

Checking Account ID:

PO Number:	Invoice Number: 20200814	Amount:	4.30
Invoice Date: 07/27/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Check Number:	Check Date:		

Invoice Listing - Detail

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 1622 000 0000	LUNCH REFUND		4.30		N	Final
<b>Vendor ID: 707555 CHROMEBOOKPARTS.COM</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 76254</b>		<b>Amount: 185.95</b>	
Sequence: 1 Check Type:		Invoice Date: 08/03/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00	
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 9099 2237 100 0000 618	CHROMEBOOK REPAIR PARTS		185.95		N	Final
<b>Vendor ID: 100196 CITY OF RICEVILLE</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 35210</b>		<b>Amount: 604.60</b>	
Sequence: 1 Check Type:		Invoice Date: 07/22/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00	
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 411	SEWER		114.80		N	Final
10 0000 2600 000 0000 421	GARBAGE		375.00		N	Final
10 0000 2600 000 0000 411	WATER		114.80		N	Final
<b>Vendor ID: 100196 CITY OF RICEVILLE</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 35211</b>		<b>Amount: 22.80</b>	
Sequence: 1 Check Type:		Invoice Date: 07/22/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00	
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 411	WATER		11.40		N	Final
10 0000 2600 000 0000 411	SEWER		11.40		N	Final
<b>Vendor ID: 100196 CITY OF RICEVILLE</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 35212</b>		<b>Amount: 532.80</b>	
Sequence: 1 Check Type:		Invoice Date: 07/22/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00	
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 411	SEWER		411.40		N	Final
10 0000 2600 000 0000 411	WATER		121.40		N	Final
<b>Vendor ID: 100196 CITY OF RICEVILLE</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 35213</b>		<b>Amount: 28.68</b>	
Sequence: 1 Check Type:		Invoice Date: 07/22/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00	
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 411	WATER		14.34		N	Final
10 0000 2600 000 0000 411	SEWER		14.34		N	Final
<b>Vendor ID: 707375 CLAIR CAROLAN PAINTING</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 20200814</b>		<b>Amount: 9,300.00</b>	
Sequence: 1 Check Type:		Invoice Date: 08/01/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00	
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
36 0000 4600 000 0000 450	BUS BARN PAINTING		9,300.00		N	Final
<b>Vendor ID: 707504 CRESCO BUILDING SERVICE, INC.</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 20200814</b>		<b>Amount: 310,199.70</b>	

Invoice Listing - Detail

Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
36 0000 4600 000 0000 450 ACTIVITY BUILDING PYMT

Invoice Date: 08/07/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
310,199.70 N Final

Vendor ID: 104466 CULLIGAN WATER CONDITIONING  
Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
10 0000 2600 000 0000 680 SALT

PO Number: Invoice Number: 27083 Amount: 92.00  
Invoice Date: 08/06/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
92.00 N Final

Vendor ID: 100140 DALCO  
Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
10 0000 1100 100 4052 612 REFUND MILD HAND SOAP

PO Number: Invoice Number: 3583069. Amount: (632.30)  
Invoice Date: 08/06/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
(632.30) N Final

Vendor ID: 100140 DALCO  
Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
10 0000 1100 100 4052 612 DISINFECTING SPRAYER

PO Number: Invoice Number: 3647862 Amount: 4,106.53  
Invoice Date: 07/29/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
4,106.53 N Final

Vendor ID: 100140 DALCO  
Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
10 0000 1100 100 4052 612 GLOVES

PO Number: Invoice Number: 3647876 Amount: 134.16  
Invoice Date: 07/29/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
134.16 N Final

Vendor ID: 100140 DALCO  
Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
10 0000 1100 100 4052 612 GLOVES

PO Number: Invoice Number: 3651388 Amount: 67.08  
Invoice Date: 08/05/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
67.08 N Final

Vendor ID: 100140 DALCO  
Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
10 0000 1100 100 4052 612 PLASTIC BOTTLES

PO Number: Invoice Number: 3651418 Amount: 48.14  
Invoice Date: 08/05/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
48.14 N Final

Vendor ID: 100140 DALCO  
Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description

PO Number: Invoice Number: 3651421 Amount: 224.90  
Invoice Date: 08/05/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full



Invoice Listing - Detail

10 0000 2600 000 0000 680	FLOOR FINISH	224.90	N	Final	
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number:</b>	<b>Invoice Number: 3654732</b>	<b>Amount:</b>	<b>60.14</b>
Description:		Invoice Date: 08/12/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	U FILL SPRAY GUN		60.14	N	In Full
					Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number:</b>	<b>Invoice Number: 3654763</b>	<b>Amount:</b>	<b>433.92</b>
Description:		Invoice Date: 08/12/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 1100 100 4052 612	DOLLY TRASH BINS		433.92	N	In Full
					Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number:</b>	<b>Invoice Number: 3654777</b>	<b>Amount:</b>	<b>403.56</b>
Description:		Invoice Date: 08/12/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	CLEANING SUPPLIES		403.56	N	In Full
					Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number:</b>	<b>Invoice Number: 6567777</b>	<b>Amount:</b>	<b>(126.46)</b>
Description:		Invoice Date: 08/06/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 1100 100 4052 612	REFUND MILD HAND SOAP		(126.46)	N	In Full
					Final
<b>Vendor ID: 103846</b>	<b>E &amp; E WELDING, L.L.C.</b>	<b>PO Number:</b>	<b>Invoice Number: 35637</b>	<b>Amount:</b>	<b>145.91</b>
Description:		Invoice Date: 08/01/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	STEEL		145.91	N	In Full
					Final
<b>Vendor ID: 102903</b>	<b>EVANS PRINTING &amp; PUBLISHING</b>	<b>PO Number:</b>	<b>Invoice Number: 11524</b>	<b>Amount:</b>	<b>78.26</b>
Description:		Invoice Date: 07/31/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2310 000 0000 613	LEGAL PUBLICATIONS		78.26	N	In Full
					Final
<b>Vendor ID: 707570</b>	<b>EWELL EDUCATIONAL SERVICES</b>	<b>PO Number:</b>	<b>Invoice Number: IA188-53758</b>	<b>Amount:</b>	<b>325.00</b>
Description:		Invoice Date: 08/01/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 950 7960 612	AGRICULTURE SOFTWARE		325.00	N	In Full
					Final
<b>Vendor ID: 707188</b>	<b>FRIESEN, LISA</b>	<b>PO Number:</b>	<b>Invoice Number: 20200814</b>	<b>Amount:</b>	<b>35.95</b>

Invoice Listing - Detail

Description:  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
61 0000 1622 000 0000 LUNCH REFUND

Checking Account ID:

Invoice Date: 07/27/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
35.95 N Final

Vendor ID: 707270 GILLETTE GROUP

PO Number: Invoice Number: 2231148 Amount: (9.14)

Description:  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
10 0000 1100 100 8031 618 POP

Checking Account ID:

Invoice Date: 08/13/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
(9.14) N Final

Vendor ID: 707270 GILLETTE GROUP

PO Number: Invoice Number: 9257138 Amount: 221.98

Description:  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
10 0000 1100 100 8031 618 POP

Checking Account ID:

Invoice Date: 08/13/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
221.98 N Final

Vendor ID: 707387 HUBER, VANESSA

PO Number: Invoice Number: 20200814 Amount: 85.10

Description:  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
61 0000 1611 000 0000 LUNCH REFUND

Checking Account ID:

Invoice Date: 07/27/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
85.10 N Final

Vendor ID: 707481 INNOVATIVE AG SERVICES

PO Number: Invoice Number: 20200814 Amount: 185.65

Description:  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
10 0000 2600 000 0000 432 REGULATOR REPAIR

Checking Account ID:

Invoice Date: 07/31/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
185.65 N Final

Vendor ID: 707490 IOWA ASSOCIATION OF TRACK COACHES

PO Number: Invoice Number: INV-000622 Amount: 50.00

Description:  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
21 0000 1400 920 0000 612 MEMBERSHIP

Checking Account ID:

Invoice Date: 07/01/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
50.00 N Final

Vendor ID: 102635 IOWA COMMUNICATIONS NETWORK

PO Number: Invoice Number: 600037 Amount: 2.75

Description:  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
10 9099 2237 100 0000 320 ICN

Checking Account ID:

Invoice Date: 08/06/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
2.75 N Final

Vendor ID: 707566 JACKIE, ANDERA

PO Number: Invoice Number: 20200814 Amount: 15.60

Description:  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description

Checking Account ID:

Invoice Date: 07/27/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

Invoice Listing - Detail

61 0000 1611 000 0000	LUNCH REFUND	15.60	N	Final
<b>Vendor ID: 707482</b>	<b>KURITA AMERICA INC.</b>	<b>PO Number:</b>	<b>Invoice Number: INV537030</b>	<b>Amount: 583.33</b>
Description:		Invoice Date: 08/05/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
36 0000 2600 000 0000 739	BOILER CHEMICALS		583.33	N Final
<b>Vendor ID: 101366</b>	<b>L &amp; M BOILER SYSTEMS INC</b>	<b>PO Number:</b>	<b>Invoice Number: 21720</b>	<b>Amount: 1,488.50</b>
Description:		Invoice Date: 08/06/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 433	BOILER REPAIR		1,488.50	N Final
<b>Vendor ID: 707310</b>	<b>LUBBERT, ASHLEY LUBBERT</b>	<b>PO Number:</b>	<b>Invoice Number: 20200814</b>	<b>Amount: 42.80</b>
Description:		Invoice Date: 07/27/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 1611 000 0000	LUNCH REFUND		42.80	N Final
<b>Vendor ID: 707134</b>	<b>MARCO INC.</b>	<b>PO Number:</b>	<b>Invoice Number: 68881800</b>	<b>Amount: 1,643.16</b>
Description:		Invoice Date: 08/01/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
36 0000 2600 000 0000 442	COPIER AGREEMENT		1,643.16	N Final
<b>Vendor ID: 100007</b>	<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 8520485</b>	<b>Amount: 941.57</b>
Description:		Invoice Date: 07/27/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 3140 000 0000 631	FOOD		688.45	N Final
61 0000 3140 000 0000 618	FS SUPPLIES		253.12	N Final
<b>Vendor ID: 100007</b>	<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 8529938</b>	<b>Amount: 1,098.72</b>
Description:		Invoice Date: 08/03/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 3140 000 0000 631	FOOD		715.95	N Final
61 0000 3140 000 0000 618	FS SUPPLIES		382.77	N Final
<b>Vendor ID: 100007</b>	<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 8539572</b>	<b>Amount: 2,494.92</b>
Description:		Invoice Date: 08/10/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 3140 000 0000 618	FS SUPPLIES		312.03	N Final

Invoice Listing - Detail

61 0000 3140 000 0000 631	FOOD	2,182.89	N	Final
<b>Vendor ID: 104055</b>	<b>MASON CITY GLASS SERVICE</b>	<b>PO Number:</b>	<b>Invoice Number: 30480</b>	<b>Amount: 368.40</b>
Description:		Invoice Date: 07/28/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 432	WINDOW REPAIR		368.40	N Final
<b>Vendor ID: 707374</b>	<b>MOBILE MAMA</b>	<b>PO Number:</b>	<b>Invoice Number: 5015</b>	<b>Amount: 2,500.00</b>
Description:		Invoice Date: 07/01/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
36 0000 4300 000 0000 451	BE A BEAR SERVICES		2,500.00	N Final
<b>Vendor ID: 707110</b>	<b>MOLLY HAWKINS WHOLESALE</b>	<b>PO Number: 20509H</b>	<b>Invoice Number: 40476</b>	<b>Amount: 282.36</b>
Description:		Invoice Date: 08/14/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0109 1100 102 0000 612	12 X 18 WHITE PAPER (500)		97.96	N Final
10 0109 1100 102 0000 612	18 X 24 WHITE PAPER (500)		90.99	N Final
10 0109 1100 102 0000 612	MAGENTA WHITE (12 IN EA PK)		7.98	N Final
10 0109 1100 102 0000 612	BLUE (12 X 18)		3.77	N Final
10 0109 1100 102 0000 612	ROYAL BLUE		3.77	N Final
10 0109 1100 102 0000 612	LIGHT GREEN		3.77	N Final
10 0109 1100 102 0000 612	HOLIDAY GREEN		3.77	N Final
10 0109 1100 102 0000 612	SHIPPING		70.35	N Final
<b>Vendor ID: 102291</b>	<b>NAPA</b>	<b>PO Number:</b>	<b>Invoice Number: 257826</b>	<b>Amount: 133.02</b>
Description:		Invoice Date: 07/15/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2700 000 0000 673	FILTER		133.02	N Final
<b>Vendor ID: 102291</b>	<b>NAPA</b>	<b>PO Number:</b>	<b>Invoice Number: 258356</b>	<b>Amount: 21.66</b>
Description:		Invoice Date: 07/30/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2700 000 0000 673	BELTS		21.66	N Final
<b>Vendor ID: 707377</b>	<b>O'DONNELL CRESCO/RICEVILLE INSURANCE</b>	<b>PO Number:</b>	<b>Invoice Number: 20200814</b>	<b>Amount: 2,009.00</b>
Description:		Invoice Date: 08/03/2020	Due Date: 08/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
22 0000 2600 000 0000 529	RAC PROPERTY INS		2,009.00	N Final

Invoice Listing - Detail

Vendor ID: 100051 OMNITEL COMMUNICATIONS

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 2320 000 0000 532

TELEPHONE

10 0000 2320 000 0000 538

INTERNET

PO Number:

Invoice Number: 20200814

Amount:

1,506.12

Invoice Date: 08/01/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

256.12

N

Final

1,250.00

N

Final

Vendor ID: 102319 PICKAR-OULMAN PLBG HTG & ELEC

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 2600 000 0000 424

GASKET FOOTBALL FIELD

PO Number:

Invoice Number: 1017-11895

Amount:

87.52

Invoice Date: 07/22/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

87.52

N

Final

Vendor ID: 706882 POLLARD PEST CONTROL CO. & LAWN CARE

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 2600 000 0000 425

PEST CONTROL

PO Number:

Invoice Number: 20200814

Amount:

80.00

Invoice Date: 07/29/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

80.00

N

Final

Vendor ID: 100025 QUILL CORPORATION

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 9070 1200 219 0000 612

GLOVES

PO Number:

Invoice Number: 8837234

Amount:

39.74

Invoice Date: 07/22/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

39.74

N

Final

Vendor ID: 100025 QUILL CORPORATION

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0418 1100 100 0000 612

SUPPLIES

PO Number:

Invoice Number: 8848309

Amount:

89.26

Invoice Date: 07/22/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

89.26

N

Final

Vendor ID: 100025 QUILL CORPORATION

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0109 1100 100 0000 612

HS SUPPLIES

PO Number:

Invoice Number: 8848339

Amount:

272.99

Invoice Date: 07/22/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

272.99

N

Final

Vendor ID: 100025 QUILL CORPORATION

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 2310 000 0000 611

CLOROX WIPES

PO Number:

Invoice Number: 8851467

Amount:

12.60

Invoice Date: 07/22/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

12.60

N

Final

Vendor ID: 100025 QUILL CORPORATION

Description:

PO Number:

Invoice Number: 9223769

Amount:

6.22

Invoice Date: 08/04/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 9070 1200 219 0000 612	SP ED SUPPLIES- GLOVES		6.22		N	Final	
<b>Vendor ID: 100025</b>	<b>QUILL CORPORATION</b>	<b>PO Number:</b>	<b>Invoice Number: 9228609</b>	<b>Amount:</b>	<b>73.21</b>		
Description:		Invoice Date: 08/04/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0418 1100 100 0000 612	ELEM SUPPLIES		73.21		N	Final	
<b>Vendor ID: 100025</b>	<b>QUILL CORPORATION</b>	<b>PO Number:</b>	<b>Invoice Number: 9232491</b>	<b>Amount:</b>	<b>132.42</b>		
Description:		Invoice Date: 08/04/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0000 1100 100 4052 612	GLOVES		132.42		N	Final	
<b>Vendor ID: 100025</b>	<b>QUILL CORPORATION</b>	<b>PO Number:</b>	<b>Invoice Number: 9346547</b>	<b>Amount:</b>	<b>269.99</b>		
Description:		Invoice Date: 08/07/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0418 2410 000 0000 611	SHREDDER		269.99		N	Final	
<b>Vendor ID: 100229</b>	<b>SCHOOL BUS SALES CO</b>	<b>PO Number:</b>	<b>Invoice Number: 01W1126</b>	<b>Amount:</b>	<b>886.39</b>		
Description:		Invoice Date: 07/30/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0000 2700 000 0000 673	BUS REPAIR TO BRAKE		886.39		N	Final	
<b>Vendor ID: 707138</b>	<b>SCHOOL NURSE SUPPLY INC.</b>	<b>PO Number:</b>	<b>Invoice Number: 0801024-IN</b>	<b>Amount:</b>	<b>400.23</b>		
Description:		Invoice Date: 08/07/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0000 2134 000 0000 613	NURSE SUPPLIES		400.23		N	Final	
<b>Vendor ID: 101717</b>	<b>SCHOOL SPECIALTY SUPPLY INC</b>	<b>PO Number:</b>	<b>Invoice Number: 208125706935</b>	<b>Amount:</b>	<b>808.80</b>		
Description:		Invoice Date: 08/05/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
36 0000 2640 000 0000 733	CHAIRS		808.80		N	Final	
<b>Vendor ID: 101717</b>	<b>SCHOOL SPECIALTY SUPPLY INC</b>	<b>PO Number:</b>	<b>Invoice Number: 208125707335</b>	<b>Amount:</b>	<b>18.26</b>		
Description:		Invoice Date: 08/05/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0418 1000 460 3117 612	FOLDERS		18.26		N	Final	



Invoice Listing - Detail

<b>Vendor ID: 707564</b>	<b>SCHOOLMATE</b>	<b>PO Number:</b>	<b>Invoice Number: INV000539372</b>	<b>Amount:</b>	<b>379.00</b>
Description:		Invoice Date: 07/29/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0418 1100 100 0000 612	PLANNERS		379.00	N	In Full
					Final
<b>Vendor ID: 707565</b>	<b>SEESAW LEARNING, INC.</b>	<b>PO Number:</b>	<b>Invoice Number: 2020-32280</b>	<b>Amount:</b>	<b>687.50</b>
Description:		Invoice Date: 08/01/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0418 1100 100 0000 615	STUDENT LICENSES		687.50	N	In Full
					Final
<b>Vendor ID: 105545</b>	<b>SENIOR WOOLY</b>	<b>PO Number:</b>	<b>Invoice Number: 42150217684</b>	<b>Amount:</b>	<b>85.00</b>
Description:		Invoice Date: 08/03/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0109 1100 106 0000 612	SPANISH LANGUAGE SUBSCRIPTION		85.00	N	In Full
					Final
<b>Vendor ID: 706837</b>	<b>SMI</b>	<b>PO Number:</b>	<b>Invoice Number: 26465</b>	<b>Amount:</b>	<b>55.00</b>
Description:		Invoice Date: 07/29/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 424	MULCH		55.00	N	In Full
					Final
<b>Vendor ID: 707471</b>	<b>TIME MANAGEMENT SYSTEMS</b>	<b>PO Number:</b>	<b>Invoice Number: 239978</b>	<b>Amount:</b>	<b>390.00</b>
Description:		Invoice Date: 08/03/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
36 0000 2239 000 0000 652	TIMECLOCK		390.00	N	In Full
					Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>	<b>PO Number:</b>	<b>Invoice Number: A166539</b>	<b>Amount:</b>	<b>3.98</b>
Description:		Invoice Date: 07/01/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	KEY		3.98	N	In Full
					Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>	<b>PO Number:</b>	<b>Invoice Number: A166731</b>	<b>Amount:</b>	<b>19.08</b>
Description:		Invoice Date: 07/06/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	BRUSH & SPRAY PAINT		19.08	N	In Full
					Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>	<b>PO Number:</b>	<b>Invoice Number: A167238</b>	<b>Amount:</b>	<b>3.99</b>
Description:		Invoice Date: 07/17/2020	Due Date: 08/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

Invoice Listing - Detail

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      SPRAY PAINT

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      FABRIC SOFTNER

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Chart of Account Number      Detail Description  
61 0000 3140 000 0000 618      ZIPLOC BAGS

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      HANDLE

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      ANCHOR

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      KEY & SPRAY PAINT

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      FITTINGS

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      SNAP RING PLIER

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	3.99		N	Final

PO Number:      Invoice Number: A167359      Amount: 4.49

Invoice Date: 07/20/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	4.49		N	Final

PO Number:      Invoice Number: A167428      Amount: 24.94

Invoice Date: 07/21/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	24.94		N	Final

PO Number:      Invoice Number: B163860      Amount: 8.49

Invoice Date: 07/09/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	8.49		N	Final

PO Number:      Invoice Number: B164157      Amount: 26.99

Invoice Date: 07/16/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	26.99		N	Final

PO Number:      Invoice Number: B164173      Amount: 9.97

Invoice Date: 07/16/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	9.97		N	Final

PO Number:      Invoice Number: B164418      Amount: 24.40

Invoice Date: 07/22/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	24.40		N	Final

PO Number:      Invoice Number: B164439      Amount: 26.99

Invoice Date: 07/23/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	26.99		N	Final



Invoice Listing - Detail

**Vendor ID: 100004**      **TRUE VALUE**  
Description:  
Sequence: 1      Check Type:  
Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      MARIATIC ACID

**PO Number:**      **Invoice Number: B164798**      **Amount: 9.49**  
Invoice Date: 07/31/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00  
Checking Account ID:      Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag      In Full  
9.49      N      Final

**Vendor ID: 103860**      **VERNIER**  
Description:  
Sequence: 1      Check Type:  
Chart of Account Number      Detail Description  
10 0109 1300 310 0000 612      BATTERIES & SOLUTION

**PO Number:**      **Invoice Number: 5372453**      **Amount: 170.77**  
Invoice Date: 08/05/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00  
Checking Account ID:      Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag      In Full  
170.77      N      Final

**Vendor ID: 707569**      **WALTZ, NICK**  
Description:  
Sequence: 1      Check Type:  
Chart of Account Number      Detail Description  
10 9099 2237 100 0000 810      MILAGE REIMB

**PO Number:**      **Invoice Number: 20200814**      **Amount: 79.04**  
Invoice Date: 07/28/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00  
Checking Account ID:      Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag      In Full  
79.04      N      Final

**Vendor ID: 707567**      **WORPLE, STEVE**  
Description:  
Sequence: 1      Check Type:  
Chart of Account Number      Detail Description  
61 0000 1611 000 0000      LUNCH REFUND

**PO Number:**      **Invoice Number: 20200814**      **Amount: 27.45**  
Invoice Date: 07/27/2020      Due Date: 08/14/2020      Status: A      1099 Amount: 0.00  
Checking Account ID:      Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag      In Full  
27.45      N      Final

Batch 1099 Total:      415.30      Batch Total:      351,881.14

Report 1099 Total:      415.30      Report Total:      351,881.14

Invoice Listing - Detail

Batch Description: EOFY BILLS JUNE 2020 BATCH 2

Processing Month: 08/2020

Vendor ID: 707330

CWG CONSULTING

PO Number:

Invoice Number: 20200814

Amount:

2,200.00

Description:

Invoice Date: 06/30/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 2,200.00

Sequence: 1

Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

10 0000 2320 000 0000 320

CONSULTING SERVICES

2,200.00

2,200.00 N

Final

Vendor ID: 707330

CWG CONSULTING

PO Number:

Invoice Number: 20200814-0001

Amount:

603.20

Description:

Invoice Date: 06/30/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 603.20

Sequence: 1

Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

10 0000 2320 000 0000 320

MILAGE REIMB CONSULTING SERVICES

603.20

603.20 N

Final

Vendor ID: 100284

HOWARD WINNESHIEK COM SCHOOL

PO Number:

Invoice Number: 20200814

Amount:

704.88

Description:

Invoice Date: 06/20/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1

Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

10 0000 1323 100 0000

REFUND CONCURRENT ENROLLMENT

704.88

N

Final

Vendor ID: 100221

KEYSTONE AEA 1

PO Number:

Invoice Number: 13965

Amount:

23,179.18

Description:

Invoice Date: 06/30/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1

Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

36 0000 4300 000 0000 451

TECHNOLOGY PURCHASE

23,179.18

N

Final

Vendor ID: 104732

MASON CITY COMMUNITY SCHOOL DISTRICT

PO Number:

Invoice Number: 20200814

Amount:

2,725.32

Description:

Invoice Date: 06/30/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1

Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

10 9070 1200 211 3301 561

SP ED BILLING

2,725.32

N

Final

Vendor ID: 707571

SCHLSTIC

PO Number:

Invoice Number: 20200814

Amount:

1,378.62

Description:

Invoice Date: 07/21/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1

Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

10 0418 1100 100 0000 612

SCHOLASTIC NEWS

1,378.62

N

Final

Vendor ID: 100282

ST ANSGAR COMMUNITY SCHOOL

PO Number:

Invoice Number: 20200814

Amount:

64,618.89

Description:

Invoice Date: 06/30/2020 Due Date: 08/14/2020 Status: A 1099 Amount: 0.00

Sequence: 1

Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

10 9070 1200 217 3303 561

SP ED BILLING

64,618.89

N

Final

Batch 1099 Total: 2,803.20

Batch Total: 95,410.09

Invoice Listing - Detail

Report 1099 Total: 2,803.20

Report Total: 95,410.09

~~LICENSED~~ EMPLOYEE VACATION – HOLIDAYS – PERSONAL LEAVE

The board will determine the amount of vacation, and holidays, ~~and personal leave~~ that will be allowed on an annual basis for ~~licensed~~ employees.

It is the responsibility of the superintendent to make a recommendation to the board annually on vacations, and holidays, ~~and personal leave~~ for ~~licensed~~ employees.

Legal Reference: Iowa Code 1C.1-.2; 4.1(34); 20.9 (2013).

Cross Reference: 414.1 ~~Classified Employee Vacations – Holidays – Personal Leave~~  
601.1 School Calendar

The board will offer the following leave to full-time regular licensed employees:

- The board will offer the following paid leave to full-time regular classified employees:

- The provisions of each leave offering will be detailed in Employee Handbook.

Legal Reference: 29 U.S.C. §§ 2601 et seq.  
 Pub.L. 116–127  
 29 C.F.R. §§ 825; 826.  
 Iowa Code §§ 20; 29A; 55; 85; 216; 279.40; 607A.  
 Whitney v. Rural Ind. School District, 232 Iowa 61, 4 N.W.2d 394 (1942).  
 Bewley v. Villisca Community School District, 299 N.W. 2d 904 (Iowa 1980).

Cross Reference: 403.2 Employee Injury on the Job  
409.3 Licensed Employee Family and Medical Leave  
409.8 Licensed Employee Unpaid Leave

**NEW**

**EMERGENCY PAID SICK LEAVE REQUEST FORM UNDER THE FAMILIES FIRST  
CORONAVIRUS RESPONSE ACT (FFCRA)**

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

Anticipated Begin Date: \_\_\_\_\_

Expected Return to Work Date: \_\_\_\_\_

**Employee Request for Leave at Full Pay**

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the employee's full regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- ☐ I am quarantined pursuant to Federal, State, or local government order.  
☐ I am quarantined on the advice of a health care provider due to COVID-19 concerns.  
☐ I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

*Please attach the applicable government order or documentation from medical provider corresponding to the item(s) selected. If you are experiencing symptoms and seeking a medical diagnosis, please identify your symptoms and the date of your medical appointment.*

**Employee Request for Leave at 2/3 Pay**

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the 2/3 of the employee's regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- ☐ I need to care for an individual subject to quarantine pursuant to Federal, State, or local government order or advice of a health care provider due to COVID-19. I represent that no other person will be providing care for the individual during the period for which the I am receiving Emergency Paid Sick Leave.

*Please attach the applicable government order or documentation from medical provider.*



\_\_\_\_ I am experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.

*Please attach the applicable government order or documentation from medical provider.*

\_\_\_\_ I am unable to work or telework because I need to care for my child under age 18 because my child's elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to COVID-19. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving Emergency Paid Sick Leave.

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours:

*Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.*

*If you are requesting 2/3 paid leave in conjunction with Expanded Family Medical Leave to care for a child under the age of 18 affected by school or care closure due to COVID-19, please complete the "Expanded Family and Medical Leave Request Form" to submit with this form.*

I acknowledge that the above information is true to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

***Note: This type of emergency paid sick leave is only available through passage of the federal Families First Coronavirus Response Act and will expire on December 31, 2020. After that date, this exhibit should be removed from policy 409.2, as the benefit will no longer be available to employees.***

**NEW**

**EXPANDED FAMILY AND MEDICAL LEAVE REQUEST FOR UNDER THE FAMILIES  
FIRST CORONAVIRUS RESPONSE ACT (FFCRA)**

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

Anticipated Begin Date: \_\_\_\_\_

Expected Return to Work Date: \_\_\_\_\_

Employees may be entitled to expanded family medical leave in accordance with the Families First Coronavirus Response Act (FFCRA) if the employee satisfies eligibility standards.

**Reason for Leave**

Employees satisfying the standards below are eligible for 12 weeks\* of leave. The first two weeks of the leave are unpaid unless the employee selects available options in the next box. The remaining 10 weeks of leave are paid at 2/3 of the employee's regular compensation rate unless other options are selected on this form. Please select the applicable reason and follow the related instructions.

I, \_\_\_\_\_, request family and medical leave because I am unable to work or telework because I need to care for my child(ren) under 18 because my child(ren)'s elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to COVID-19. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving expanded family medical leave benefits.

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours:

*Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.*

*\* An employee who qualifies for and utilizes the Emergency Paid Sick Leave provisions of the FFCRA, is entitled to an additional 10 weeks of Emergency FMLA.*

**Substitution of Paid Leave for the First Ten Days of Expanded Family Medical Leave**

In accordance with the FFCRA, the first ten days of expanded family medical leave is unpaid, however you may be eligible to use Emergency Paid Sick Leave provided through the FFCRA to cover this period at 2/3 of full pay. In the event you have already used Emergency Paid Sick Leave, you are permitted to use available District-provided paid leave to cover this period at full pay. Please indicate if you would like to use paid leave during the first 10 days of your absence and how many hours you plan to use. Requested leave is subject to availability based on confirmation by the School District. If requesting Emergency Paid Sick Leave, please complete and submit an "Emergency Paid Sick Leave Request Form."

Emergency Sick Leave      Sick Leave      Personal Leave



**Supplement 2/3 Pay with Accrued District Leave**

Employees may choose to supplement the 2/3 pay provided through expanded family medical leave with accrued District leave to earn full compensation. Please indicate if you would like to use paid leave during your expanded family medical leave to supplement your 2/3 expanded family medical leave compensation. Requested leave is subject to availability based on confirmation by the District.

☐ Emergency Sick Leave    ☐ Sick Leave    ☐ Personal Leave

After completing the first ten days of expanded family medical leave, an employee may choose to take 10 weeks of continuous leave under expanded family medical leave for the reason indicated above. Continuous leave means the employee will not complete any District duties during this period but will be compensated based on the options selected above.

An employee may also choose to take 10 weeks of intermittent leave only with the District's permission. Intermittent leave means an employee will complete some District duties on a modified schedule as approved by the employee's supervisor. When using intermittent leave, the employee will receive full regular pay for hours worked and 2/3 of regular pay during periods on expanded family medical leave unless supplemented in a manner noted above.

I am requesting (choose one):

☐ continuous leave  
☐ intermittent leave

If your need for leave is intermittent, please describe the requested schedule for your intermittent leave:

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I acknowledge that the above information is true to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

***Note: This type of emergency paid sick leave is only available through passage of the federal Families First Coronavirus Response Act and will expire on December 31, 2020. After that date, this exhibit should be removed from policy 409.2, as the benefit will no longer be available to employees.***

EMPLOYEE (LICENSED & CLASSIED) FAMILY & MEDICAL LEAVE

Unpaid family and medical leave will be granted up to 12 weeks per year to assist employees in balancing family and work life. For purposes of this policy, year is defined as July 1 – June 30. Requests for family and medical leave will be made to the superintendent.

Employees eligible for family and medical leave must comply with the family and medical leave administrative rules prior to starting family and medical leave. It is the responsibility of the superintendent to develop administrative rules to implement this policy.

**NOTE: This policy is consistent with federal law regarding family and medical leave. The link below provides applicable forms on the U.S. Department of Labor website.**

Link: <https://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>

[WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition \(PDF\)](#)

- [WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition \(PDF\)](#)
- [WH-381 Notice of Eligibility and Rights & Responsibilities \(PDF\)](#)
- [WH-382 Designation Notice \(PDF\)](#)
- [WH-384 Certification of Qualifying Exigency For Military Family Leave \(PDF\)](#)
- [WH-385 Certification for Serious Injury or Illness of Covered Servicemember -- for Military Family Leave \(PDF\)](#)

Legal Reference: 29 U.S.C. §§ 2601 *et seq.*  
29 C.F.R. § 825  
Iowa Code §§ 20; 85; 216; 279.40.  
*Whitney v. Rural Ind. School. District*, 232 Iowa 61, 4 N.W.2d 394 (1942).

Cross Reference: ~~409.2 — Licensed Employee Personal Illness Leave~~  
~~409.8 — Licensed Employee Unpaid Leave~~

EMPLOYEE ~~(LICENSED & CLASSIFIED)~~ FAMILY & MEDICAL LEAVE NOTICE TO EMPLOYEES

This document is available at: <https://www.dol.gov/whd/regs/compliance/posters/fmla.htm>

**NOTE: FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post a notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**

~~LICENSED~~ EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

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

I, \_\_\_\_\_, request family and medical leave for the following reason:

(check all that apply)

- \_\_\_\_\_ for the birth of my child;
- \_\_\_\_\_ for the placement of a child for adoption or foster care;
- \_\_\_\_\_ to care for my child who has a serious health condition;
- \_\_\_\_\_ to care for my parent who has a serious health condition;
- \_\_\_\_\_ to care for my spouse who has a serious health condition; or
- \_\_\_\_\_ because I am seriously ill and unable to perform the essential functions of my position.
- \_\_\_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- \_\_\_\_\_ because I am the \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered service member with a serious injury or illness.

I acknowledge my obligation to provide medical certification of my serious health condition or that of a family member in order to be eligible for family and medical leave within 15 days of the request for certification.

I acknowledge receipt of information regarding my obligations under the family and medical leave policy of the school district.

I request that my family and medical leave begin on \_\_\_\_\_ and I request leave as follows: (check one)

\_\_\_\_\_ **Continuous**

I anticipate that I will be able to return to work on \_\_\_\_\_

\_\_\_\_\_ **Intermittent** leave for the:

- \_\_\_\_\_ birth of my child or adoption or foster care placement subject to agreement by the district;
- \_\_\_\_\_ serious health condition of myself, spouse, parent, or child when medically necessary;
- \_\_\_\_\_ because of a qualifying exigency arising out of the fact that my

\_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active status in support of a contingency operation as a member of the National Guard or Reserves

\_\_\_ because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

Details of the needed intermittent leave:

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I anticipate returning to work at my regular schedule on \_\_\_\_\_.

I realize I may be moved to an alternative position during the period of the family and medical intermittent or reduced work schedule leave, subject to the requirements of my health care provider, I may be required to schedule the leave to minimize interruptions to school district operations.

While on family and medical leave, I agree to pay my regular contributions to employer sponsored benefit plans. My contributions will be deducted from moneys owed me during the leave period. If no monies are owed me, I will reimburse the school district by personal check or cash for my contributions. I understand that I may be dropped from the employer-sponsored benefit plans for failure to pay my contribution.

I agree to reimburse the school district for any payment of my contributions with deductions from future monies owed to me or the school district may seek reimbursement of payments of my contributions in court.

I acknowledge that the above information is true to the best of my knowledge.

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

If the employee requesting leave is unable to meet the above criteria, the employee is not eligible for family and medical leave.

EMPLOYEE (~~LICENSED & CLASSIFIED~~) FAMILY & MEDICAL LEAVE REGULATION

A. School district notice.

1. The school district will post the website where employees can find all the information regarding family and medical leave.
2. Information on the Family and Medical Leave Act and the board policy on family and medical leave, including leave provisions and employee obligations will be provided annually. The information will be in the employee handbook.
3. When an employee requests family and medical leave, the school district will provide the employee with information listing the employee's obligations and requirements. Such information will include:
  - a. a statement clarifying whether the leave qualifies as family and medical leave and will, therefore, be credited to the employee's annual 12-week entitlement or 26 week entitlement depending on the purpose of the leave;
  - b. a reminder that employees requesting family and medical leave for their serious health condition or for that of an immediate family member must furnish medical certification of the serious health condition and the consequences for failing to do so or proof of call to active duty in the case of military family and medical leave;
  - c. an explanation of the employee's right to substitute paid leave for family and medical leave including a description of when the school district requires substitution of paid leave and the conditions related to the substitution; and
  - d. a statement notifying employees that they must pay and must make arrangements for paying any premium or other payments to maintain health or other benefits.

B. Eligible employees.

Employees are eligible for family and medical leave if three criteria are met.

- ~~1. The school district has more than 50 employees on the payroll at the time leave is requested;~~
1. The employee has worked for the school district for at least twelve months or 52 weeks (the months and weeks need not be consecutive); and
2. The employee has worked at least 1,250 hours within the previous year. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hour requirement.

C. Employee requesting leave -- two types of leave.

1. Foreseeable family and medical leave.
  - a. Definition - leave is foreseeable for the birth or placement of an adopted or foster child with the employee or for planned medical treatment.
  - b. Employee must give at least thirty days notice for foreseeable leave. Failure to give the notice may result in the leave beginning thirty days after notice was

received. For those taking leave due to military family and medical leave, notice should be given as soon as possible.

- c. Employees must consult with the school district prior to scheduling planned medical treatment leave to minimize disruption to the school district. The scheduling is subject to the approval of the health care provider.

2. Unforeseeable family and medical leave.

- a. Definition - leave is unforeseeable in such situations as emergency medical treatment or premature birth.
- b. Employee must give notice as soon as possible but no later than one to two work days after learning that leave will be necessary.
- c. A spouse or family member may give the notice if the employee is unable to personally give notice.

- D. Eligible family and medical leave determination. The school district may require the employee giving notice of the need for leave to provide reasonable documentation or a statement of family relationship.

1. Six purposes.

- a. The birth of a son or daughter of the employee and in order to care for that son or daughter prior to the first anniversary of the child's birth;
- b. The placement of a son or daughter with the employee for adoption or foster care and in order to care for that son or daughter prior to the first anniversary of the child's placement;
- c. To care for the spouse, son, daughter or parent of the employee if the spouse, son, daughter or parent has a serious health condition; or
- d. Employee's serious health condition that makes the employee unable to perform the essential functions of the employee's position.
- e. because of a qualifying exigency arising out of the fact that an employee's \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- f. because the employee is the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

2. Medical certification.

- a. When required:
  - (1) Employees shall be required to present medical certification of the employee's serious health condition and inability to perform the essential functions of the job.
  - (2) Employees shall be required to present medical certification of the family member's serious health condition and that it is medically necessary for the employee to take leave to care for the family member.
  - (3) Employees shall be required to present certification of the call to active duty when taking military family and medical leave.
- b. Employee's medical certification responsibilities:

- (1) The employee must obtain the certification from the health care provider who is treating the individual with the serious health condition.
  - (2) The school district may require the employee to obtain a second certification by a health care provider chosen by and paid for by the school district if the school district has reason to doubt the validity of the certification an employee submits. The second health care provider cannot, however, be employed by the school district on a regular basis.
  - (3) If the second health care provider disagrees with the first health care provider, then the school district may require a third health care provider to certify the serious health condition. This health care provider must be mutually agreed upon by the employee and the school district and paid for by the school district. This certification or lack of certification is binding upon both the employee and the school district.
- c. Medical certification will be required fifteen days after family and medical leave begins unless it is impracticable to do so. The school district may request recertification every thirty days. Recertification must be submitted within fifteen days of the school district's request.
  - d. Employees taking military caregiver family and medical leave to care for a family service member cannot be required to obtain a second opinion or to provide recertification.

Family and medical leave requested for the serious health condition of the employee or to care for a family member with a serious health condition which is not supported by medical certification will be denied until such certification is provided.

#### E. Entitlement.

1. Employees are entitled to twelve weeks unpaid family and medical leave per year. Employees taking military caregiver family and medical leave to care for a family service member are entitled to 26 weeks of unpaid family and medical leave but only in a single 12 month period.
2. Year is defined as: July 1 – June 30
3. If insufficient leave is available, the school district may:
  - a. Deny the leave if entitlement is exhausted
  - b. Award leave available

#### F. Type of Leave Requested.

1. Continuous - employee will not report to work for set number of days or weeks.
2. Intermittent - employee requests family and medical leave for separate periods of time.
  - a. Intermittent leave is available for:
    - \_\_\_ Birth, of my child or adoption or foster care placement subject to agreement by the district.



- \_\_\_ Serious health condition of myself, spouse, parent, or child when medically necessary;
  - \_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
  - \_\_\_ because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.
  - b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.
  - c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see G below.)*
3. Reduced work schedule - employee requests a reduction in the employee's regular work schedule.
- a. Reduced work schedule family and medical leave is available for:
    - \_\_\_ Birth, of my child or adoption or foster care placement subject to agreement by the district.
    - \_\_\_ Serious health condition of myself, spouse, parent, or child when medically necessary.
    - \_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
    - \_\_\_ because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.
  - b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.
  - c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see G below.)*

#### G. Special Rules for Instructional Employees.

1. Definition - an instructional employee is one whose principal function is to teach and instruct students in a class, a small group or an individual setting. This includes, but is not limited to, teachers, coaches, driver's education instructors and special education assistants.
2. Instructional employees who request foreseeable medically necessary intermittent or reduced work schedule family and medical leave greater than twenty percent of the work days in the leave period may be required to:
  - a. Take leave for the entire period or periods of the planned medical treatment; or
  - b. Move to an available alternative position, with equivalent pay and benefits, but not necessarily equivalent duties, for which the employee is qualified.

3. Instructional employees who request continuous family and medical leave near the end of a semester may be required to extend the family and medical leave through the end of the semester. The number of weeks remaining before the end of a semester does not include scheduled school breaks, such as summer, winter or spring break.
  - a. If an instructional employee begins family and medical leave for any purpose more than five weeks before the end of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last at least three weeks and the employee would return to work during the last three weeks of the semester if the leave was not continued.
  - b. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last five weeks of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last more than two weeks and the employee would return to work during the last two weeks of the semester.
  - c. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last three weeks of the semester and the leave will last more than five working days, the school district may require the employee to continue taking leave until the end of the semester.
4. The entire period of leave taken under the special rules is credited as family and medical leave. The school district will continue to fulfill the school district's family and medical leave responsibilities and obligations, including the obligation to continue the employee's health insurance and other benefits, if an instructional employee's family and medical leave entitlement ends before the involuntary leave period expires.

H. Employee responsibilities while on family and medical leave.

1. Employee must continue to pay health care benefit contributions or other benefit contributions regularly paid by the employee unless employee elects not to continue the benefits.
2. The employee contribution payments will be deducted from any money owed to the employee or the employee will reimburse the school district at a time set by the superintendent.
3. An employee who fails to make the health care contribution payments within thirty days after they are due will be notified that their coverage may be canceled if payment is not received within an additional 15 days.
4. An employee may be asked to re-certify the medical necessity of family and medical leave for the serious medical condition of an employee or family member once every thirty days and return the certification within fifteen days of the request.

5. The employee must notify the school district of the employee's intent to return to work at least once each month during their leave and at least two weeks prior to the conclusion of the family and medical leave.
  6. If an employee intends not to return to work, the employee must immediately notify the school district, in writing, of the employee's intent not to return. The school district will cease benefits upon receipt of this notification.
- I. Family and Medical Leave is unpaid.

EMPLOYEE (~~LICENSED & CLASSIFIED~~) FAMILY & MEDICAL LEAVE REGULATION

A. School district notice.

1. The school district will post the website where employees can find all the information regarding family and medical leave.
2. Information on the Family and Medical Leave Act and the board policy on family and medical leave, including leave provisions and employee obligations will be provided annually. The information will be in the employee handbook.
3. When an employee requests family and medical leave, the school district will provide the employee with information listing the employee's obligations and requirements. Such information will include:
  - a. a statement clarifying whether the leave qualifies as family and medical leave and will, therefore, be credited to the employee's annual 12-week entitlement or 26 week entitlement depending on the purpose of the leave;
  - b. a reminder that employees requesting family and medical leave for their serious health condition or for that of an immediate family member must furnish medical certification of the serious health condition and the consequences for failing to do so or proof of call to active duty in the case of military family and medical leave;
  - c. an explanation of the employee's right to substitute paid leave for family and medical leave including a description of when the school district requires substitution of paid leave and the conditions related to the substitution; and
  - d. a statement notifying employees that they must pay and must make arrangements for paying any premium or other payments to maintain health or other benefits.

B. Eligible employees.

Employees are eligible for family and medical leave if three criteria are met.

- ~~1. The school district has more than 50 employees on the payroll at the time leave is requested;~~
1. The employee has worked for the school district for at least twelve months or 52 weeks (the months and weeks need not be consecutive); and
2. The employee has worked at least 1,250 hours within the previous year. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hour requirement.

C. Employee requesting leave -- two types of leave.

1. Foreseeable family and medical leave.
  - a. Definition - leave is foreseeable for the birth or placement of an adopted or foster child with the employee or for planned medical treatment.
  - b. Employee must give at least thirty days notice for foreseeable leave. Failure to give the notice may result in the leave beginning thirty days after notice was

received. For those taking leave due to military family and medical leave, notice should be given as soon as possible.

- c. Employees must consult with the school district prior to scheduling planned medical treatment leave to minimize disruption to the school district. The scheduling is subject to the approval of the health care provider.

2. Unforeseeable family and medical leave.

- a. Definition - leave is unforeseeable in such situations as emergency medical treatment or premature birth.
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- c. A spouse or family member may give the notice if the employee is unable to personally give notice.

D. Eligible family and medical leave determination. The school district may require the employee giving notice of the need for leave to provide reasonable documentation or a statement of family relationship.

1. Six purposes.

- a. The birth of a son or daughter of the employee and in order to care for that son or daughter prior to the first anniversary of the child's birth;
- b. The placement of a son or daughter with the employee for adoption or foster care and in order to care for that son or daughter prior to the first anniversary of the child's placement;
- c. To care for the spouse, son, daughter or parent of the employee if the spouse, son, daughter or parent has a serious health condition; or
- d. Employee's serious health condition that makes the employee unable to perform the essential functions of the employee's position.
- e. because of a qualifying exigency arising out of the fact that an employee's \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- f. because the employee is the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

2. Medical certification.

- a. When required:
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  - (3) If the second health care provider disagrees with the first health care provider, then the school district may require a third health care provider to certify the serious health condition. This health care provider must be mutually agreed upon by the employee and the school district and paid for by the school district. This certification or lack of certification is binding upon both the employee and the school district.
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F. Type of Leave Requested.

1. Continuous - employee will not report to work for set number of days or weeks.
2. Intermittent - employee requests family and medical leave for separate periods of time.
  - a. Intermittent leave is available for:  
\_\_\_\_ Birth, of my child or adoption or foster care placement subject to agreement by the district.

- \_\_\_ Serious health condition of myself, spouse, parent, or child when medically necessary;
  - \_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
  - \_\_\_ because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.
  - b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.
  - c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see G below.)*
3. Reduced work schedule - employee requests a reduction in the employee's regular work schedule.
- a. Reduced work schedule family and medical leave is available for:
    - \_\_\_ Birth, of my child or adoption or foster care placement subject to agreement by the district.
    - \_\_\_ Serious health condition of myself, spouse, parent, or child when medically necessary.
    - \_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
    - \_\_\_ because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.
  - b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.
  - c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see G below.)*

#### G. Special Rules for Instructional Employees.

1. Definition - an instructional employee is one whose principal function is to teach and instruct students in a class, a small group or an individual setting. This includes, but is not limited to, teachers, coaches, driver's education instructors and special education assistants.
2. Instructional employees who request foreseeable medically necessary intermittent or reduced work schedule family and medical leave greater than twenty percent of the work days in the leave period may be required to:
  - a. Take leave for the entire period or periods of the planned medical treatment; or
  - b. Move to an available alternative position, with equivalent pay and benefits, but not necessarily equivalent duties, for which the employee is qualified.



3. Instructional employees who request continuous family and medical leave near the end of a semester may be required to extend the family and medical leave through the end of the semester. The number of weeks remaining before the end of a semester does not include scheduled school breaks, such as summer, winter or spring break.
    - a. If an instructional employee begins family and medical leave for any purpose more than five weeks before the end of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last at least three weeks and the employee would return to work during the last three weeks of the semester if the leave was not continued.
    - b. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last five weeks of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last more than two weeks and the employee would return to work during the last two weeks of the semester.
    - c. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last three weeks of the semester and the leave will last more than five working days, the school district may require the employee to continue taking leave until the end of the semester.
  4. The entire period of leave taken under the special rules is credited as family and medical leave. The school district will continue to fulfill the school district's family and medical leave responsibilities and obligations, including the obligation to continue the employee's health insurance and other benefits, if an instructional employee's family and medical leave entitlement ends before the involuntary leave period expires.
- H. Employee responsibilities while on family and medical leave.
1. Employee must continue to pay health care benefit contributions or other benefit contributions regularly paid by the employee unless employee elects not to continue the benefits.
  2. The employee contribution payments will be deducted from any money owed to the employee or the employee will reimburse the school district at a time set by the superintendent.
  3. An employee who fails to make the health care contribution payments within thirty days after they are due will be notified that their coverage may be canceled if payment is not received within an additional 15 days.
  4. An employee may be asked to re-certify the medical necessity of family and medical leave for the serious medical condition of an employee or family member once every thirty days and return the certification within fifteen days of the request.

5. The employee must notify the school district of the employee's intent to return to work at least once each month during their leave and at least two weeks prior to the conclusion of the family and medical leave.
  6. If an employee intends not to return to work, the employee must immediately notify the school district, in writing, of the employee's intent not to return. The school district will cease benefits upon receipt of this notification.
- I. Family and Medical Leave is unpaid.

## CLASSIFIED EMPLOYEE PROFESSIONAL PURPOSES LEAVE

Professional purposes leave may be granted to classified employees for the purpose of attending meetings and conferences directly related to their assignments. Application for the leave must be presented to the superintendent ten days prior to the meeting or conference.

It is within the discretion of the superintendent to grant professional purposes leave. The leave may be denied on the day before or after a vacation or holiday, on special days when services are needed, when it would cause undue interruption of the education program and school district operations, or for other reasons deemed relevant by the superintendent.

Legal Reference: Iowa Code §§ 279.8 (2013).  
281 I.A.C. 12.7.

Cross Reference: 411 Classified Employees – General  
408.1 Classified Employee Professional Development

## STUDENTS

### Policy Title: Student Attendance

#### I. Philosophy

Daily punctual attendance is an integral part of the learning experience and is required of all students to receive the maximum benefit of the educational program. The habit of good attendance established early on helps a person be successful throughout their lifetime. More and more, employers, colleges and vocational schools expect good attendance and are checking attendance records for absences and tardies. They are aware that good and prompt attendance indicates dependability in a student.

The education that goes on in the classroom builds from day to day and as a result, absences always cause some disruption in the educational progress of the absent student. Students who are absent may not understand what the teacher is currently presenting, and may also become discouraged with the double burden of keeping current and making up missed work. In order to maintain interest and understanding in a program of instruction, students should not expect to be absent any more than is absolutely necessary. Irregular attendance or tardiness by students not only impacts their own studies, but also interferes with the progress of those students who are regular and prompt in attendance. Attendance is a shared responsibility that requires cooperation and communication among students, parents and school.

#### II. General Attendance K-12

The district believes that traditional, in-person school attendance leads to the greatest learning opportunities for students. However, there may be rare and unusual circumstances created by public emergencies declared by state or local officials which temporarily prevent students from attending traditional, in-person school. In these circumstances, the superintendent will have discretion to make reasonable accommodations for students, on a case-by-case basis, to attend school through remote learning opportunities within the available resources of the district and as permitted by law. During approved remote learning, attendance will be taken, assessments may be administered, and grades will count towards students' cumulative grade point average as if they were attending in person. The provision of special education and accommodations for students who have individualized education programs (IEPs) or Section 504 plans will be determined by each respective IEP or Section 504 team.

1. Parents/Guardians are expected to notify the school prior to 8:20 a.m. regarding a student's absence on the day of the absence. All absences must be reported within one school day of the absence to be considered excused.

A parent or guardian must submit a written explanation or specific reason for their student's absence, noting the specific days of times they were absent, verification by a doctor or dentist where appropriate, and a signature of a parent or guardian.

2. Acceptable reason for student's absence from school may include:
  - a. Religious observances

- b. Extended illness, hospitalization or doctor's care
- c. Death in the family or family emergency
- d. Court appearance/other legal situation beyond control of the family
- e. Doctor/ dental appointments
- f. School sponsored activities or trips
- g. 11<sup>th</sup>/12<sup>th</sup> graders are allowed two pre-approved college visit days each year. Students must present a note from their parents and college letterhead signed by a college representative for verification of each visit. These absences will not be considered an absence from school.

NOTE – The student will be required to make up work missed, preferable ahead of time.

- 3. No student shall be excused, taken from school, or sent on an errand by a teacher during school hours unless excused by the principal, superintendent or other designee.
- 4. School work missed because of absences (excused or unexcused) must be made up within two times the number of days absent, not to exceed one week. The time allowed for make-up work may be extended at the discretion of the classroom teacher. It is the responsibility of the student/parent to initiate acquisition of the missed school work.
- 5. Suspensions from class (*either in-school suspensions or out-of-school suspensions*) will be treated as school-initiated absences and will not count toward the days absent. However, the student will be required to make up work missed.
- 6. Any student who writes an excuse for someone else and signs a false name or who presents an excuse bearing a false signature will be given either an in school or out of school, three day suspension and the parents must meet with the principal for reinstatement of the student.
- 7. Any student who is absent from school on the day of an extra-curricular activity for any part or all of the class day shall be ineligible to participate in the event scheduled for that day unless it is pre-authorized by the principal.

### III. Tardies

- 1. A student is tardy when the student initially appears in the assigned area anytime after the designated starting time.
- 2. Bus tardy: Bus students who are late because the bus was late, will need to report to the school office to get a bus pass for admittance into class and/or the office personnel will inform the teachers of the tardy.
- 3. Middle School 5<sup>th</sup>- 8<sup>th</sup> grade  
Level 1 - Parents notified on the third tardy

- Level 2 - Parents notified on the fourth tardy: one hour of time made up before or after school
- Level 3 - Parents notified on the fifth tardy: one hour of time made up before or after school and student required to write a Corrective Plan of Action.
- Level 4 - Parents notified on the sixth tardy: one hour of time made up before or after school and parents will be required to come to school with a conference with the principal.
- Level 5 - Parents notified on the seventh tardy: 3 day in-school suspension and parent required to meet with the superintendent.
- Level 6 - Parents notified on the eight tardy: 3 day out-of-school suspension and parent required to meet with the superintendent.

4. High School 9<sup>th</sup> – 12<sup>th</sup> grade

- Level 1 - Late to 1<sup>st</sup> period, this will be made up with the classroom teacher.
- Level 2 - Fifth tardy of the quarter: 30 minutes of detention
- Level 3 - Ninth tardy of the quarter: 60 minutes of detention
- Level 4 - Thirteenth tardy of the quarter: Saturday School

**IV. Truancy – Unexcused Absences**

1. A student is truant when the student is absent from school or an assigned class or classes without school permission or without a reasonable excuse.
2. Work missed because of truancy must be made up, the same as work for absences.
3. Incidents of truancy will be recorded as part of a student's attendance record and will count toward the absences per semester. The principal will also determine what, if any, disciplinary action is appropriate including, but not limited to, warning, detention, in-school suspension or administrative referral.

**V. Absenteeism – Total Absences**

Consequences may include the following (These should be understood to be "guiding principles" and not "inflexible requirement"):

1. Elementary- K-4th grade

- Level 1 - Parent Notification: Letter to parent/ guardian after 5 absences
- Level 2 - Parent Notification: Letter to parent/ guardian after 10 absences
- Level 3 - Parent Notification: Letter to parent/ guardian - Meeting with parent/guardian and principal scheduled applied after 15 absences
- Level 4 - Referral to County Attorney for Mediation

2. Middle School 5th- 8th grade

- Level 1 - Parent Notification: Letter to parent/ guardian after 5 absences
- Level 2 - Parent Notification: Letter to parent/ guardian after 10 absences

Level 3 - Parent Notification: Letter to parent/ guardian - Meeting with parent/guardian and principal scheduled applied after 15 absences

Level 4 - Referral to County Attorney for Mediation

3. High School 9<sup>th</sup> – 12<sup>th</sup> grade

Level 1 - Parent Notification: Letter to parent or guardian after 5 absences per class, per semester

Level 2 - Attendance Plan with student/ Saturday School after 10 absences per class, per semester: loss of "Open Campus" during testing times

Level 3 - Meeting with student, parent and principal (probation assigned) after 15 absences per class, per semester

Level 4 - Referral to County Attorney for Mediation

## **VI. Absenteeism – Unexcused Absences**

Consequences may include the following (These should be understood to be "guiding principles" and not "inflexible requirement.");

1. Elementary- K-4th grade

Level 1 - Parent Notification after 1 absence; student will make up time and missed work

Level 2 - Parent Notification after 2 absences; student will complete missed work and serve a suspension (determined by principal)

Level 3 - Parent Notification after 3 absences; student will complete missed work and serve a suspension (determined by principal); Referral to County Attorney for Mediation

2. Middle School 5<sup>th</sup>- 8<sup>th</sup> grade

Level 1 - Parent Notification after 1<sup>st</sup> absence; student will make up time and missed work

Level 2 - Parent Notification after 2<sup>nd</sup> absences; student will complete missed work; serve in-school suspension (as determined by principal)

Level 3 - Parent Notification after 3<sup>rd</sup> absences; student will complete missed work and serve a suspension (determined by principal); Referral to County Attorney for Mediation

3. High School 9<sup>th</sup> – 12<sup>th</sup> grade

Level 1 - Parent Notification after 3<sup>rd</sup> absence per class, per semester; attend Saturday School

Level 2 - Parent Notification after 5<sup>th</sup> absence per class, per semester; serve in school suspension (as determined by principal)

Level 3 - Parent Notification after 7<sup>th</sup> absence per class, per semester; removal from the class with no chance to earn credit

## **VII. Appeals**

A. Any time students or parents/guardians are concerned about the disposition of an attendance violation, they are encouraged to contact the teacher or building administrator for clarification.

B. Teacher's decision



Students and parents/guardians wishing to have a review of a teacher's decision regarding tardiness and make up work rendered under this absence rule may do so by filing a written request for review with the principal within five days after the teacher's decision was rendered. The principal will determine a mutually agreeable time, place and a date for the review and notify the student, parents/guardians, and teacher accordingly. At the appointed time, the parties attending the review will meet to discuss the matter informally. Following the review, the principal shall affirm, reverse or modify the teacher's decision.

- C. Principal's decision  
Students, parents/guardians and teachers may obtain a review of a principal's decision under this absence rule by filing a written request for review within five days with the superintendent. The superintendent, or designee, will determine a mutually agreeable time, place and date for the review and notify the interested persons accordingly. At the conclusion of the review, the superintendent, or the superintendent's designee, shall affirm, reverse or modify the principal's decision.
- D. Superintendent's decisions  
Students, parents and teachers may appeal the superintendent's decision in a given case by filing a written request for review within five days with the Secretary of the Board of Education. The Board of Education will determine a mutually agreeable time, place, and date for the review and notify the interested persons accordingly. At the conclusion of the review, the Board of Education shall affirm, reverse or modify the superintendent's decision.

#### VIII. Eighteen Year Olds Establishing Own Residence

- A. Eighteen year old or older students who are no longer living at home, but who have established their own residence independent of their parents/guardian, and both they and their parents/guardian have signed the form in Board Policy 501.9 R1 and presented it to the High School Principal to be filed in the High School Office, shall be responsible for their own attendance and may represent themselves whenever this policy otherwise calls for parents or guardian.
- B. Only when a student of majority age (18 years or older, or married) is not residing with the student's parent(s) or guardian(s), may the student present his or her own excuse for absence without parental verification. The principal should be notified of any such circumstance.

It is the responsibility of the superintendent, in conjunction with the principals, to develop administrative regulations regarding this policy.

Legal Reference: 34 C.F.R. sec. 300  
28 C.F.R. Pl. 35  
Iowa Code 294.4; 299 (2003)  
281 I.A.C. 12.2(4)

# NEW

Code No. 501.9E1

## REQUEST FOR REMOTE LEARNING FORM

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

Student Name: \_\_\_\_\_ Attendance Center: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian) am requesting accommodation for my child, \_\_\_\_\_ (Student Name) to participate in remote learning opportunities for the duration of the declared public emergency, or until I have determined my child can safely return to traditional in-person learning at his/her designated attendance center, whichever occurs first.

I have attached to this form documentation from an Iowa Board of Medicine-licensed medical professional confirming that remote learning is medically necessary due to the vulnerable health condition of my child or of a family member residing within the same home as my child.

I understand that the district will do their utmost to accommodate my child's learning needs, but that some learning opportunities may need to be modified in a remote environment. The provision of special education and accommodations for students who have individualized education programs (IEPs) or Section 504 plans will be determined by each respective IEP or Section 504 team.

I understand that in order for my child to continue to participate in mandatory learning, his/her remote attendance will be taken, assessments administered, and grades will be counted toward my child's cumulative grade average. I understand that any devices, technology, or materials given to my child to facilitate remote learning are the property of the district and must be returned at the end of the remote learning period.

I am requesting that remote learning opportunities begin on \_\_\_\_\_ (date) and continue until [\_\_\_\_\_ (date) or the declared public emergency is dismissed].

(Parent/Guardian) \_\_\_\_\_

(Date) \_\_\_\_\_

Request approved by: \_\_\_\_\_ (School official)

(Date) \_\_\_\_\_

*Note: This form is to be utilized by parents/guardians of a student who, during the course of a declared public emergency, believe that further attendance by the student at traditional in person school would be detrimental to the health or safety of the student or the student's family member residing with the student. This form is not necessary when the school building is closed to traditional in person learning and remote learning opportunities are already available to students. It is only to be utilized during a public emergency declared by state or local officials when traditional in person learning continues to be held.*

## EDUCATIONAL PROGRAM

Policy Title: School Day

Code No. 601.2

The student school day for grades one through twelve will consist of a minimum of six hours, not including the lunch period. The school day consists of the schedule of class instruction and class activities as established and sponsored by the school district. Time during which students are released from school for parent/teacher conferences may be counted as part of the student's instructional time. The minimum school day will meet the requirements as established for the operation of accredited schools.

The board may define the number of days kindergarten will be held and the length of each school day for the students attending kindergarten. The school day will consist of a schedule as recommended by the superintendent and approved by the board.

The school district may also record a day of school with less than the minimum instructional hours if the total hours of instructional time for grades one through twelve in any five consecutive school days equals a minimum of thirty hours, even though any one day of school is less than the minimum instructional hours because of a staff development opportunity provided for the instructional staff or parent-teacher conferences have been scheduled beyond the regular school day. If the total hours of instructional time for the first four consecutive days equal at least thirty hours because parent-teacher conferences have been scheduled beyond the regular school day, the school district may record zero hours of instructional time on the fifth consecutive school day as a school day. Schedule revisions and changes in time allotments will be made by the superintendent.

When the school is forced to close due to weather or other emergencies, the part of the day during which school was in session will constitute a school day. administrative regulations necessary to utilize any remote learning opportunities that are available and permitted by law during the period of closure. Remote learning opportunities will count toward instructional time requirements as allowed by law. During the time of remote learning, student attendance will be taken, assessments may be administered and grades will count toward students' cumulative grade point average. The provision of special education and accommodations for students who have individualized education programs (IEPs) or Section 504 plans during periods of closure will be determined by each respective IEP or Section 504 team.

It is the responsibility of the superintendent to inform the board annually of the length of the school day.

### Legal Reference:

34 C.F.R. sec. 300  
28 C.F.R. pt. 35

Iowa Code § 279.8 (2003).  
281 I.A.C. 12.2(2), .2(3), .2(6).

Cross Reference: 601.1 School Calendar

## NEW

## DISTRICT OPERATION DURING PUBLIC EMERGENCIES

The district believes that student learning is the heart of its core mission. While traditional in-person teaching continues to provide the greatest learning opportunity to all students, there may be rare and unusual circumstances that prevent the school community from convening in traditional in-person settings. At times of a public emergency declared by federal, state or local officials, the district will seek guidance and recommendations from federal, state and local agencies to assist in determining the safety of convening traditional in-person learning.

*[During a declared public emergency, the school board delegates to the Superintendent the authority to determine whether to close school buildings to traditional in-person learning if the Superintendent determines in-person learning would hinder the health and safety of the school community. The district will instead utilize remote or hybrid learning opportunities permitted by law.]*

Or

*[If, due to the public emergency, the school board determines that holding traditional in-person learning at district facilities would hinder the health and safety of the school community the district will instead utilize remote or hybrid learning opportunities permitted by law.]*

Following guidance and recommendations from federal, state, and local agencies when reasonably possible, the administration will create regulations related to district operations during a public emergency, including, but not limited to, student, employee and visitor safety and security; the use and safeguarding of district property; public meetings and events, and when applicable, measures to prevent or slow the spread of infectious disease.

These measures will be enforced for the period of time of the public emergency, or until the [school board and] superintendent, in consultation with federal, state and local agencies determine it is appropriate for the safety measures to end.

**NOTE:** *Districts should choose between the options listed in the italicized language, remove text that is not used then remove italics. The language requiring board approval of school closure to in-person learning due to a declared public emergency is a legal requirement from Senate File 2310. However, boards can choose to delegate this decision to the Superintendent, but that delegation should be specified in board policy.*

**NOTE:** *The optional language listed in this policy and accompanying regulation are just some examples of the local flexibility districts have to make decisions based upon the priorities of their individual school communities. Districts are strongly encouraged to consult with their legal counsel and adapt the optional language to best suit the needs of their individual communities.*

Legal Reference: Senate File 2310  
Iowa Code ch. 279.8

Cross Reference: 403.3 Communicable Diseases - Employees  
506 Student Records  
507 Student Health and Well-Being

NEW

## APPROPRIATE USE OF Online LEARNING PLATFORMS

It is important to embrace technology that can foster a creative, interactive learning environment for students, and facilitate employee professional development and collaboration. The use of online platforms to host remote interaction between students and employees and to facilitate learning is encouraged in the district.

While student and employee instruction and communication using virtual and online platforms provides a wide array of learning opportunities, it is imperative that employees and students recognize that the use of such platforms is a privilege. Training related to the use of online learning platforms will be provided to employees and students.

The district shall carefully safeguard the right of students and employees to learn and teach in a respectful environment regardless of the method. All instruction and communication through online learning platforms should be appropriate to the age and ability of the participants. Students and employees should be aware that online platforms may be monitored by the district. Verbal and written communication occurring on these platforms may be recorded and stored by the district in accordance with applicable laws.

Any verbal or written communication on these platforms deemed to be inappropriate will subject the student and/or employee to the same disciplinary measures that would exist if the interaction took place through traditional in-person learning. Students and employees who have concerns about the proper use of these platforms are encouraged to speak with their teachers or building principal. The superintendent will make administrative regulations necessary to enforce this policy.

Legal Reference: 20 U.S.C. §1232g; 34 C.F.R. Part 99  
47 U.S.C. §254  
20 U.S.C. §6777  
Iowa Code §§ 715C

Cross Reference: 104 Anti-Bullying/Anti-Harassment  
401.13 Staff Technology Use/Social Networking  
506.1 Student Records  
605.4 Technology in the Classroom  
605.6 Internet Appropriate Use  
501.6 Student Transfers In

**AGREEMENT FOR STUDENT TEACHING AND FIELD EXPERIENCE  
PLACEMENTS**

**BETWEEN**

**Riceville Community School 912 Woodland Ave. Riceville, IA  
50466**

**AND**

**MORNINGSIDE COLLEGE  
1501 Morningside Avenue  
SIOUX CITY, IOWA 51106**

**Issued: July 27, 2020**



## **AGREEMENT FOR STUDENT TEACHING AND FIELD EXPERIENCE PLACEMENT**

**Between**

**The Board of Education  
Riceville Community School  
912 Woodland Ave. Riceville, IA 50466**

**and**

**Morningside College  
1501 Morningside Avenue  
Sioux City, IA 51106**

It is agreed that the following considerations shall serve as the basis for a working agreement between the two participating institutions:


1. Morningside College will collaborate with the District administration or designee regarding the placement of teacher education candidates in clinical experiences (student teaching, practicum, field experience, and internship).
2. Cooperating teachers for teacher education candidates shall be approved by the building or District administration and Morningside College based on their licensure and teaching experience.
3. Any changes to the original assignment of a teacher education candidate in a clinical placement must be approved by Morningside College and the building principal.
4. All teacher education candidates will have completed a background check before beginning their clinical assignment.
5. Teacher education candidates assigned to a clinical placement shall always work under the supervision of certified personnel in the District during the placement. The teacher education candidate is not to be used as a substitute teacher unless the candidate possesses a valid substitution authorization or teaching license.
6. Teacher education candidates assigned to a clinical placement shall always be governed by the regulations of certified personnel of the district during these experiences, including upholding all policies held by the District.
7. The District shall allow teacher education candidates the use of the physical resources of the schools that are normally provided to classroom teachers, including the building, equipment, essential supplies, library facilities, etc. that are necessary and reasonable to enable the teacher candidate to function adequately in the school.



8. The regular curriculum of the participating school district shall be used.
9. Each clinical experience has different requirements. The Morningside College course instructor will share requirements for the clinical directly with the cooperating or field experience teacher.
10. Only those teacher education candidates who have satisfactorily completed the necessary academic requirements and professional training for their specific majors will be approved for student teaching assignments.
11. Cooperating teachers for teacher education candidates must be licensed in the areas in which they will be supervising the candidates and must have a minimum of three years of teaching experience.
12. Cooperating teachers for student teachers will be paid a stipend of \$180 for a fourteen-week assignment and \$105 for a seven-week assignment. The stipend will be paid to the cooperating teacher by Morningside College at the end of the semester. In the case of a discontinuance of a student teacher, Morningside College shall pay all obligations incurred at the time of discontinuance.
13. Cooperating/Collaborating teachers for teacher education candidates who are assigned to practicums, field experiences, or internships will not be paid a stipend.
14. Each party reserves the right to dissolve the agreement at any time if the clinical experience proves to be unsatisfactory.

This school agreement is for the duration of the 2020-21 academic year.

**Morningside College**

By:   
Ron Jorgensen  
Vice President for Business and Finance

**Riceville Community School**

By: \_\_\_\_\_  
Official's typed name  
Official's title

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