

APPENDIX

FORMS

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CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOL DISTRICT
Finance Department

CONFIRMATION OF PERSONAL LEAVE – CERTIFICATED/LICENSED

Payment for the use of personal leave is obtained by the submission of this completed form to the Finance Department. This is to confirm that I requested and was granted personal leave for one of the following:

Please check one:

- _____ 1. Religious Holiday
- _____ 2. Graduation
- _____ 3. Wedding
- _____ 4. Personal business which could not be performed at any other time.

The personal leave was necessary because:

(To be completed at option of teacher; completion is not required.)

This form is submitted pursuant to Section 35.03 of the negotiated agreement between the Cleveland Heights-University Heights Board of Education and the Cleveland Heights Teachers Union, in order to obtain payment for the personal leave previously authorized.

Signature

Building

Date of Absence(s)

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOL DISTRICT
Finance Department

APPLICATION FOR USE OF SICK LEAVE

Certificated/Licensed

Payment for the use of sick leave is obtained by the submission of this completed application to the Finance Department within two days after your return from sick leave.

EMPLOYEE NAME _____ **DATE** _____

BUILDING/DEPARTMENT _____ **POSITION** _____

The undersigned, hereby applies for _____ days of sick leave as provided in Section 3319.141 of the Ohio Revised Code.

I began my absence _____ a.m. 20_____
_____ p.m. 20_____

I returned to duty _____ a.m. 20_____
_____ p.m. 20_____

The undersigned further states that the use of sick leave is justified for the following reason:

1. Personal illness - nature of illness _____
2. Personal injury - nature of injury _____
3. Illness or injury in immediate family
Name _____ Relationship _____
4. Death in immediate family
Name _____ Relationship _____
5. Other _____

If medical attention was required, the name and address of the attending physician, and the dates consulted, are as follows:

Name of attending physician: _____

Address: _____ Date(s) Consulted: _____

Signature of Employee: _____

Section 3319.141 of the Ohio Revised Code provides in part as follows: A board of education shall require a teacher or non-teaching school employee to furnish a written, signed statement on forms prescribed by such board to justify the use of sick leave. If medical attention is required, the employee's statement shall list the name and address of the attending physician and the dates consulted.

FIN2931

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOL DISTRICT
Finance Department

APPLICATION FOR USE OF SICK LEAVE

Certificated/Licensed

Payment for the use of sick leave is obtained by the submission of this completed application to the Finance Department within two days after your return from sick leave.

EMPLOYEE NAME _____ **DATE** _____

BUILDING/DEPARTMENT _____ **POSITION** _____

The undersigned, hereby applies for _____ days of sick leave as provided in Section 3319.141 of the Ohio Revised Code.

I began my absence _____ a.m. 20_____
_____ p.m. 20_____

I returned to duty _____ a.m. 20_____
_____ p.m. 20_____

The undersigned further states that the use of sick leave is justified for the following reason:

1. Personal illness - nature of illness _____
2. Personal injury - nature of injury _____
3. Illness or injury in immediate family
Name _____ Relationship _____
4. Death in immediate family
Name _____ Relationship _____
5. Other _____

If medical attention was required, the name and address of the attending physician, and the dates consulted, are as follows:

Name of attending physician: _____

Address: _____ Date(s) Consulted: _____

Signature of Employee: _____

Section 3319.141 of the Ohio Revised Code provides in part as follows: A board of education shall require a teacher or non-teaching school employee to furnish a written, signed statement on forms prescribed by such board to justify the use of sick leave. If medical attention is required, the employee's statement shall list the name and address of the attending physician and the dates consulted.

FIN2931

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOL DISTRICT
Finance Department

APPLICATION FOR COMPULSORY LEAVE

This application is submitted in accordance with employee contract between the Cleveland Heights-University Heights Board of Education and the Cleveland Heights Teachers Union. Submit this completed form along with attachments to the Finance Department.

Date _____

Employee Name _____ Building Assignment _____

I was required to appear in _____
(Name and Location of Court)

in the matter of _____
(Identify proceeding/hearing/student)

I began my absence on _____, 20 ____.

I returned to duty on _____, 20 ____.

This court appearance occurred during a _____
(vacation period/school period)

Verification of court appearance is attached.

Signature of Employee

Any compensation received by the employee, other than the above for compulsory leave pay, including but not limited to witness fees, etc., must be paid to the Board of Education. Time served under compulsory leave will not be charged to sick or personal leave.

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOL DISTRICT
Finance Department

Sick Leave Donation for Catastrophic Leave Bank

Through negotiations a Sick Leave Bank has been established for catastrophic illness or injury. Bargaining unit members are allowed to donate up to ten Sick Days in any one school year. Donated Sick Leave will not be returned to the member once the donation has been made. It is suggested that a bargaining unit member have a substantial number of sick days available before a donation is made.

SICK LEAVE DONATION FORM

Date: _____

I, _____, SS # _____

Wish to donate (circle one): 1 2 3 4 5 6 7 8 9 10 days of my accumulated sick leave (ten days is the maximum). These days will be converted to hours and subtracted from my own sick leave accumulation.

Accumulated Sick Leave Balance as of most recent pay period: _____ (hours)

Sincerely,

Signature of Donor

This application is submitted in accordance with employee contract between the Cleveland Heights-University Heights Board of Education and the Teachers Union. Submit this completed form to the Treasurer - Finance Department.

GRIEVANCE

Date: _____

Name: _____

Building: _____

Nature of Grievance: (Check one)

- Disciplinary action taken. If checked, state the action taken.

- Interpretation of application of provisions of the contract. If checked, state section of contract and nature of misinterpretation or misapplication.

- Interpretation of application of recognized rules or practices. If checked, state nature of misinterpretation or misapplication.

Number of teachers involved: _____

Date of occurrence: _____

Do you wish to be represented at hearings by the Teachers Union? Yes No

Signature: _____
(Grievant)

cc: Building Principal _____
Superintendent of Schools _____
Assistant Superintendent _____
Human Resources Department _____
Teacher's Union _____
Teacher _____

This Grievance Form is provided in the Contractual Agreement of the Cleveland Heights-University Heights School District and the Cleveland Heights Teachers Union.

CLEVELAND HEIGHTS–UNIVERSITY HEIGHTS SCHOOL DISTRICT

Parent/Teacher/Student Conferences

Dear Parents:

Parent/Teacher/Student Conferences are an important part of reporting your child's academic and social progress. They provide for direct communication between home and school.

Of the two regular conferences, the first is required for all students. The second conference is voluntary and will be scheduled if the teacher and/or parent feel the need. The paramount consideration for all conferences beyond the first will be the needs of the students.

Teacher

Tearslip

Dear Parent of

Dear Parent of

Student's Name

Student's Name

Your first
Your second
conference has been
scheduled for:

Your second conference has not been
scheduled. I have attached the second
student progress report.

Day Date

I accept I desire a second conference

Signature of Parent

Signature of Parent

Please use the back side of this sheet to list any particular area you would like discussed or to suggest more convenient scheduling.

This Parent/Teacher/Student Conference procedure is provided in the Contractual Agreement of the School District and the Cleveland Heights Teachers Union.

NOTICE OF PRESIDENT'S ANTICIPATED ABSENCE

NOTICE TO THE PRINCIPAL

NOTICE TO THE TREASURER

7.02 Representation at Professional Activities

_____ will be absent _____

Authorized Signature

Date

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOL DISTRICT
Human Resources Department

APPLICATION FOR ASSAULT LEAVE

Pursuant to the provisions of the negotiated agreements with the Cleveland Heights-University Heights City School District and the Cleveland Heights Teachers Union, and the OAPSE Locals 102 and 617, I hereby apply for assault leave and, in support of my application, state the following:

Employee Name: _____ **Building:** _____

I began my absence on: _____ I returned to duty on: _____

I was assaulted on: _____ by: _____
(name of employee or student)
at: _____ in the following manner: _____
(place where incident occurred)

(furnish brief description of occurrence - use back of form if necessary)

The assault was witnessed by: _____

and was reported to: _____ on _____
(name of supervisor/administrator)

Employee Signature: _____ **Date:** _____

If you received medical attention because of the assault, have the attending physician complete the following:

I treated _____ on the following dates: _____

_____ and have/will discharge(d) _____

_____ from further treatment on _____

In my opinion, _____ was totally disabled from _____

to _____ and will continue to be totally disabled until _____

The disability for which I treated _____ is _____

Printed Name of Physician

Signature of Physician

Date

HR2936

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOLS
Human Resources Department

Classroom Observation Form

Teacher _____ Grade/Subject _____

School _____ Date of Observation _____ Time: _____

TEACHING METHODS/APPROACHES/PERFORMANCE

- 1. Teacher Preparation _____
- 2. Lesson plans _____
- 3. Preparation of students for lesson _____
- 4. Quality of classroom discussion/activity _____
- 5. Attention to individual differences _____
- 6. Use of class time (time on task) _____
- 7. Variety of approaches to subject _____
- 8. Knowledge of subject matter _____
- 9. Appropriateness of lesson _____
- 10. Effectiveness in communication _____

TEACHER/PUPIL RELATIONS

- 11. Rapport between students/teacher _____
- 12. Maintenance of appropriate discipline _____
- 13. Conscious of equity issues _____

CLASSROOM APPEARANCE & ORGANIZATION

- 14. General classroom appearance _____
- 15. Appropriate displays _____

KEY: S - Satisfactory
I - Improvement Needed
N/A - Not Applicable
N/O - Not Observed
U - Unsatisfactory

COMMENTS:

The teacher's signature does not necessarily indicate agreement with the Observation.

Observer Signature

Title

Teacher Signature

Conference Date

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOLS
Human Resources Department

Teacher Evaluation

Teacher _____ School _____ Date _____

Evaluator _____ Subject/Grade _____

Observation 1. _____ (Mandatory)
 Dates and Times: 2. _____ (Mandatory)
 3. _____
 4. _____

KEY: S - Satisfactory
N/A - Not Applicable
N/O - Not Observed
U - Unsatisfactory

TEACHING METHODS/APPROACHES/PERFORMANCE

- 1. Teacher preparation _____
- 2. Lesson plans _____
- 3. Preparation of students for lesson _____
- 4. Quality of classroom discussion/ activity _____
- 5. Attention to individual differences _____
- 6. Use of class time (time on task) _____
- 7. Variety of approaches to subject _____
- 8. Knowledge of subject matter _____
- 9. Appropriateness of lesson _____
- 10. Effectiveness in communication _____

CLASSROOM APPEARANCE & ORGANIZATION

- 14. General classroom appearance _____
- 15. Appropriate displays _____

PROFESSIONAL DUTIES/RESPONSIBILITIES

- 16. Appropriate dress and language _____
- 17. Workday responsibilities outside the classroom _____
- 18. Punctuality/Contractual hours _____
- 19. Record keeping and reporting _____
- 20. Cooperation with staff _____
- 21. Cooperation with parents/guardians _____
- 22. Compliance with policies and directives _____
- 23. Cooperation with administration _____
- 24. Willingness to assume responsibilities _____

TEACHER/PUPIL RELATIONS

- 11. Rapport between students/teacher _____
- 12. Maintenance of appropriate discipline _____
- 13. Consciousness of equity issues _____

Copy to Board Personnel File

AREAS NEEDING IMPROVEMENT:

PLAN FOR IMPROVEMENT:

COMMENTS:

Recommendation for employment: _____ Date of Conference _____

Teacher Signature _____ Evaluator Signature _____

The teacher's signature does not necessarily indicate agreement with the evaluation.

Copy to Board Personnel File

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOLS
Human Resources Department

Commentary Form

Teacher _____ Grade/Subject _____

School _____ Date _____

Topic:

Comments:

Teacher Signature _____ Date _____

Evaluator Signature _____ Date _____

The teacher's signature does not necessarily indicate agreement.

Copy to Board Personnel File

HR2923