LINDENHURST BOARD OF EDUCATION
LINDENHURST, NEW YORK

McKenna Administration Building
Wednesday, June 3, 2015
8:00 p.m.

BUSINESS MEETING AGENDA

Board of Education
Donna Hochman, President
Mary Ellen Cunningham, Vice-President
Patricia Ames
Linda Aniello
Edward A. Langone
Valerie McKenna
Sean McNeilly
Edward J. Murphy, Jr.
Robert R. Vitiello

Central Office Administration
Daniel E. Giordano, Superintendent of Schools
Jacqueline A. Scro, Asst. Supt. for Business
Merril Zusmer, Interim Asst. to Supt. for Spec. Ed & PPS
John Marek, Plant Facilities Administrator

**********************************************************************************************************************************************
OPENING OF MEETING:

EXECUTIVE SESSION

Time: _______p.m.

Motion: ____________
Second: ____________

Yes ________ No ________ Abstained ________

**********************************************************************************************************************************************
PUBLIC MEETING

Time: _______p.m.

Motion: ____________
Second: ____________

Yes ________ No ________ Abstained ________

**********************************************************************************************************************************************
Call to Order
Pledge of Allegiance
Moment of Silent Meditation
Fire Code Announcement

PRESENTATION

**********************************************************************************************************************************************
Approval of Minutes – May 19, 2015 – Special Meeting/Community Forum/Annual Meeting

Motion: ____________
Second: ____________

Yes ________ No ________ Abstained ________
BOARD OF EDUCATION'S REPORT TO THE COMMUNITY:

SUPERINTENDENT'S REPORT TO THE COMMUNITY:

AGENDA QUESTIONS FROM THE BOARD OF EDUCATION:

INDIVIDUALS AND DELEGATIONS:

TRUSTEE'S REQUEST:

SUPERINTENDENT'S RECOMMENDATIONS:

#1. Quarter III Fund Surplus Agreement & Release

Resolution: RESOLVED that the Board of Education, upon the recommendation of the Superintendent, Authorizes the Board President to enter into an agreement with Questar III, for Fund Surplus Resolution Agreement and Release.

Motion: __________________ Second:__________________

Yes ________ No ________ Abstained ________

#2. Heartland Payment Agreement

Resolution: RESOLVED that the Board of Education, upon the recommendation of the Superintendent, authorizes the Board President to enter into an agreement with Heartland Payment Systems, to provide the District wit an on-line payment system.

Motion: __________________ Second:__________________

Yes ________ No ________ Abstained ________

#3. Position Abolishment

Resolution: RESOLVED that the Board of Education, upon the recommendation of the Superintendent, abolishes the position of Administrative Assistant for Discipline at the Senior High School, effective close of business on June 30, 2015.

Motion: __________________ Second:__________________

Yes ________ No ________ Abstained ________
#4. Position Abolishment

Resolution: RESOLVED that the Board of Education, upon the recommendation of the Superintendent, abolishes the position of Coordinator of Elementary Literacy and Math, effective close of business on June 30, 2015.

Motion: __________________ Second:__________________

Yes ______ No ________ Abstained __________

#5. Board Policy #8410 – STUDENT TRANSPORTATION - Second Reading – Vote to be taken
A new board policy or revision of current board policy requires two readings.

Motion: __________________ Second:__________________

Yes ______ No ________ Abstained __________

8410

STUDENT TRANSPORTATION

The Board of Education affirms its goal of providing a safe and economical transportation system for district students. Transportation shall be provided at district expense to those students who are eligible as authorized by the Board.

Transportation will be provided on the basis of the individual grades in which students are enrolled and the distance they live from the school attended. For purposes of providing transportation as required by this policy and Education Law, mileage to determine eligibility for transportation will be measured along the centerline of the street perpendicular from the middle of the main entrance of the dwelling place to the centerline of the curb perpendicular to the nearest entrance as designated below:

Elementary Buildings: Main Entrance
Middle School: North & South Entrances on Wellwood Ave.
High School: Main Entrance & Cafeteria Entrance

Eligibility will be determined based on the following schedule:

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Mileage Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>K through 5</td>
<td>¾ mile or more</td>
</tr>
<tr>
<td>Grades 6-8</td>
<td>1 mile or more</td>
</tr>
<tr>
<td>Grades 9-12</td>
<td>1 1/2 miles or more</td>
</tr>
</tbody>
</table>

General private or parochial transportation needs per current state education regulations require the need to transport pupils up to a 15 mile radius from the pupil’s home to the school location.

The major objectives in the management of the student transportation program shall include the following:

1. to provide efficient, effective and safe service;
2. to ensure that all students whose disability or distance from school requires them to receive necessary transportation do, in fact, receive it;
3. to adapt the system to the demands of the instructional program;
4. to review at least once a year school bus schedules and routing plans to ensure that maximum efficiency and safety are maintained; and
5. to review at least once a year the eligibility for transportation of students residing in the district, to ensure that all entitled to the services receive them.

The Superintendent of Schools shall be responsible for administering the transportation program. The program shall comply with all applicable laws, regulations and policies established by federal, state and local authorities.

**PROVISIONS FOR THE TRANSPORTATION OF PUPILS**

1. **Contracts for Transportation**

   It is the current policy of the Lindenhurst Board of Education to award a contract using a Request for Proposal (RFP) for the general transportation needs of the district. Said contract shall not become valid and binding upon either party unit it has been approved by the superintendent of schools and the commissioner of education. Such contracts may be made for a period not exceeding five years if such terms are approved by the voters.

2. **Transportation of Students with Disabilities**

   The Lindenhurst School District also provides transportation by contracted vehicles for pupils who are physically or mentally handicapped to schools within the district or to special schools for severely handicapped children when such schools are within a fifty mile radius of the pupil’s home.

**Cross-ref:** 5300, Code of Conduct

**Ref:**
- Education Law §§305(14); 1501-b; 1807; 3602(7); 3623; 3635 et seq.
- Matter of Zakrezewski, 22 EDR 381 (1983)
- Matter of Nowak, 22 EDR 91 (1982)
- Matter of Fox, 19 EDR 439 (1980)

Adoption date: February 4, 2009
Revised: January 6, 2010
Revised: May 5, 2010
Revised: June 30, 2010

#6. **Board Policy #9520.2 – FAMILY AND MEDICAL LEAVE** - Second Reading – Vote to be taken

A new board policy or revision of current board policy requires two readings.

Motion: ___________ Second: ___________

Yes _______ No _______ Abstained _______

**FAMILY AND MEDICAL LEAVE**

Consistent with the federal Family and Medical Leave Act (FMLA) of 1993 as amended, the Board of Education recognizes the right of eligible employees to unpaid, job protected family and medical leave for up to twelve (12) workweeks during any twelve (12) month period. The Board shall ensure that all eligible employees who use such leave shall have their health benefits continued and shall be returned to an
equivalent position according to established Board practices, policies and collective bargaining agreements.

To be eligible for FMLA an employee must have been employed for at least twelve months and have worked at least 1,250 hours during the prior twelve months.

FMLA leave shall be granted for the following reasons:

1. the birth and care of a newborn child of the employee within one (1) year of birth;
2. the adoption or foster placement of a child within one (1) year of adoption or placement;
3. to care for an employee's spouse, parent, or child with a serious health condition;
4. due to a serious health condition that makes the employee unable to perform the essential functions of the employee's job;
5. for a qualifying exigency as defined in law and regulation, arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation.

An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member is entitled to a total of 26 workweeks of unpaid, job protected leave in a single 12-month period to care for the service member who is seriously ill or injured in the line of duty.

An employee may elect, or the District may require, an employee to use accrued paid vacation, personal or family leave for purposes of an FMLA leave. An employee may elect, or the district may require, an employee to use accrued vacation, personal, or medical/sick leave for purposes of a medical leave.

The employee shall notify the District of his/her request for leave, if foreseeable, at least 30 days prior to the date when the leave is to begin. If such leave is not foreseeable then the employee shall give such notice as is practical, and make reasonable efforts, subject to the approval of the health care provider, to schedule treatment so as not to unduly disrupt the District's operations. The District may require a certification from a health care provider if medical leave is requested. Certification forms will be provided by the District. When an employee returns following a leave, he/she must be returned to the same or equivalent position of employment. The Superintendent of Schools or designee may reassign a teacher consistent with the teacher's agreement to a different grade level, building or other assignment consistent with the employee's certification and tenure area.

The Board shall ensure that FMLA is provided to all eligible employees, unless they are covered by a collective bargaining agreement which provides greater leave benefits than this Act.

The District shall post a notice prepared or approved by the Secretary of Labor stating the pertinent provisions of the Family and Medical Leave Act, including information concerning enforcement of the law.


Adoption date:

9520.2-R

FAMILY AND MEDICAL LEAVE REGULATION

Consistent with the federal Family and Medical Leave Act of 1993 (FMLA) as amended, the Board of Education shall provide up to twelve (12) workweeks of unpaid, job protected leave in a twelve (12) month period for its eligible employees. In addition, FMLA provides eligible employees with 26 workweeks of leave in a single 12 month period to care for a covered service member with a serious illness or injury incurred in the line of duty.

An eligible employee must have been employed for at least twelve months, have worked at least 1,250 hours during the prior twelve months, and be employed at a worksite where at least 50 employees are employed by that employer within a 75 mile radius of that worksite.

Right to Benefits During Leave

An eligible employee is entitled to a total of twelve workweeks of unpaid family and medical leave. Any employee who uses the unpaid leave shall have his/her health benefits continued during the leave, shall not have any previously accrued benefits altered and shall be returned to an equivalent position
according to established Board policies and collective bargaining agreements. The employee is not entitled to accrue seniority during the leave. An employee may elect, or the District may require, an employee to use available paid leave time for purposes of a family or medical leave. However, an employee may only use accrued paid leave in accordance with the applicable collective bargaining agreement.

Family and Medical Leave

Family leave is available when a child is born to the employee, adopted by an employee or one is placed with the employee for foster care. Medical leave is available in order for the employee to take care of a spouse, child, parent who has a serious health condition, when the employee has a serious health condition rendering him/her unable to perform the functions of the employee's job. Military caregiver leave is available to employees who are family members of covered service members with a serious illness or injury incurred in the life of duty on active duty. Additionally, this applies to covered veterans who require care and have been other than dishonorably discharged from service within the last five (5) years. Military caregiver leave is a special entitlement that allows the employee to extend FMLA leave to 26 workweeks. Qualifying exigency leave is available to employees when a family member is notified of impeding call or called to active duty in support of a contingency operation.

A child shall include any individual whether biological, adopted, a foster child, a stepchild, a legal ward, or a child standing in loco parentis who is under eighteen years of age or, if over eighteen, is incapable of self-care due to a mental or physical disability. A parent shall include the biological parent of the employee or an individual who stood in loco parentis to the employee when he/she was a child. Next of kin shall mean the nearest blood relative other than spouse, parent, son, daughter, as defined in federal regulation.

A serious health condition means an illness, injury, impairment, or physical or mental condition that involves:

a) Any period of incapacity or treatment in connection with inpatient care (i.e., an overnight stay) at a hospital, hospice or residential medical care facility;

b) Any period of incapacity requiring absence from work or other regular daily activities for more than three (3) full and consecutive calendar days, that also involves in-person treatment by a health care provider two (2) or more times within thirty (30) days of the onset of the incapacity (including once within seven (7) days of the first day of incapacity), or in-person treatment by a health care provider on at least one (1) occasion which results in a regimen of continuing treatment by or under the supervision of the health care provider;

c) A period of incapacity or treatment for a chronic serious health condition which requires periodic visits (at least twice a year) for treatment by or under the supervision of a health care provider, continues over an extended period of time, and may cause episodic rather than a continuing period of incapacity;

d) A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective such as Alzheimer's Disease or the terminal stage of an illness (employee or family member must be under continuing supervision by a health care provider);

e) A period of absence to receive multiple treatments (at least twice in one (1) year) by or pursuant to the orders of a health care provider for restorative surgery after an injury or accident, or for a condition that would likely result in a period of incapacity longer than three (3) consecutive, full calendar days in the absence of medical treatment or intervention; or

f) Any period of incapacity due to pregnancy or for prenatal care.

Family leave must be taken within one year of the birth or placement of the employee's child. If both spouses are employed by the District, the combined amount of leave for family leave or medical leave may be limited to twelve weeks.

Notice to Take Leave

The employee shall notify the District of his/her request for family or medical leave at least 30 days prior to the date when the leave is to begin, when such leave is foreseeable. If such leave is not foreseeable then notice shall be given as early as is practical. If the employee requests medical leave, reasonable attempts shall be made to schedule treatment so as not to disrupt the District's operations.

Employees, absent unusual circumstance, must comply with the District's usual and customary notice and procedural requirements for requesting leave.

Intermittent Leave
An employee who requests family leave, shall not be provided intermittent leave or a reduced leave schedule unless the employee and District mutually agree. Intermittent leave may be provided for medical leave, however, the District may transfer the employee to a comparable position if it will better accommodate such intermittent periods of leave. For instructional employees who request medical leave and it is foreseeable that the medical treatment shall cause the employee to be on leave for more than 20% of the total number of working days in the period of leave, the District may require the employee to take a block of time or to transfer to an equivalent position for which the employee is qualified, but which better accommodates intermittent periods of leave.

**Military Leave: Leave Related to Active Duty or a Call to Active Duty**

If the necessity for leave because of a qualifying exigency arising from the fact that a family member is on active duty or has been notified of an impending call to active duty is foreseeable, the employee shall give such notice to the district as soon as is reasonable and practicable.

The Board may require that a request for leave because of a qualified exigency arising from the fact that the employee’s spouse, son, daughter, or parent is on active duty or has been notified of an impending call to active duty be supported by a certification issued in accordance with regulations.

**Certification**

The District may require the employee requesting medical leave to present a certification from the health care provider of the person for whom the employee is taking the leave. Upon request by the district, the employee must provide the certification within 15 days. The certificate shall include:

1. the date on which the serious health condition commenced;
2. the probable duration of the condition;
3. the appropriate medical facts within the knowledge of the health care provider regarding the condition;
4. a statement that the employee is needed to care for the family member and an estimate of the amount of time that such employee shall be needed or a statement that the employee is unable to perform the functions of the employee’s position; and
5. the dates and duration of medical treatment if the request for intermittent leave is for a planned medical treatment.

If the District doubts the validity of the certification, then, at the District's expense, a second opinion may be required from a health care provider selected by the District. The school physician cannot give this opinion. If the two opinions conflict, a third health care provider, at the District's expense, may be chosen by the two parties to render a final opinion.

**Restoration**

An instructional employee who begins any type of leave at least five (5) weeks before the end of an academic term, may be required not to return until the new term begins if the leave is at least three (3) weeks long and the employee would return during the last three (3) weeks of the term.

An instructional employee who begins leave, for any purpose other than personal illness, less than three (3) weeks prior to the end of the term and the leave is longer than five (5) working days, may be required not to return until the new term begins.

**Failure to Return**

The District may recover the health care premiums paid during the leave if the employee fails to return from the leave. However, recovery cannot occur if the employee fails to return because of the continuation, recurrence, or onset of a serious health condition or due to circumstances beyond the control of the employee.

**Effect on Existing Laws or Agreements**

The Board shall ensure that family and medical leave, consistent with the Family and Medical Leave Act, is provided to all eligible employees, whether or not they are covered by a collective bargaining agreement. Any collective bargaining agreement which contains greater leave benefits than this policy shall remain in force.

**Notice of Policy**

The District shall post a notice prepared or approved by the Secretary of Labor stating the pertinent provisions of the Family and Medical Leave Act, including information concerning enforcement of the law.
Adoption date:

Certification of Health Care Provider for
Employee’s Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 7/31/2018

SECTION I: For Completion by the EMPLOYER
INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee’s health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations. 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact:

Employee’s job title: ___________________________ Regular work schedule: ___________________________

Employee’s essential job functions: ___________________________

Check if job description is attached:

SECTION II: For Completion by the EMPLOYEE
INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: ___________________________ Middle ___________________________ Last

SECTION III: For Completion by the HEALTH CARE PROVIDER
INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee’s family members, 29 C.F.R. § 1635.3(b). Please be sure to sign the form on the last page.

Provider’s name and business address: ___________________________

Type of practice / Medical specialty: ___________________________

Telephone: (_____) ___________________________ Fax: (_____) ___________________________
PART A: MEDICAL FACTS

1. Approximate date condition commenced:

Probable duration of condition:

Mark below as applicable:
Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?  
___ No  ___ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

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

Was medication, other than over-the-counter medication, prescribed?  ___ No  ___ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?  
___ No  ___ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy?  ___ No  ___ Yes. If so, expected delivery date:

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to 
   provide a list of the employee’s essential functions or a job description, answer these questions based upon 
   the employee’s own description of his/her job functions.

   Is the employee unable to perform any of his/her job functions due to the condition?  ___ No  ___ Yes.

   If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave 
   (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use 
   of specialized equipment):
PART B: AMOUNT OF LEAVE NEEDED
5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___No ___Yes.

If so, estimate the beginning and ending dates for the period of incapacity: ____________________________

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee’s medical condition? ___No ___Yes.

If so, are the treatments or the reduced number of hours of work medically necessary? ___No ___Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

______________________________________________________________

Estimate the part-time or reduced work schedule the employee needs, if any:

_______ hour(s) per day: _________ days per week from ___________ through ___________

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

Is it medically necessary for the employee to be absent from work during the flare-ups? ___ No ___Yes. If so, explain:

__________________________________________________________________

__________________________________________________________________

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

Frequency: ______ times per ______ week(s) ______ month(s)

Duration: ______ hours or ______ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT
If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616. 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor. Room S-3502, 200 Constitution Ave., NW. Washington, DC 20210. DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.
Certification of Health Care Provider for Family Member’s Serious Health Condition (Family and Medical Leave Act)

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR: RETURN TO THE PATIENT

OMB Control Number: 1235-0003
Expires: 5-31-2018

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations. 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees’ family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1). If the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact:

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name:

First Middle Last

Name of family member for whom you will provide care:

First Middle Last

Relationship of family member to you:

If family member is your son or daughter, date of birth:

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature Date

Page 1 CONTINUED ON NEXT PAGE Form WH-380-F Revised May 2015
SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can. Terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e). Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: ________________________________

Type of practice: ____________________________ Medical specialty: ____________________________

Telephone: (_____)_______________ Fax (_____)__________________

PART A. MEDICAL FACTS

1. Approximate date condition commenced: ________________________________

Probable duration of condition: __________________________________________

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
No __ Yes. If so, dates of admission: ______________________________________

Date(s) you treated the patient for condition: ________________________________

Was medication, other than over-the-counter medication, prescribed? __No __ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? __No __ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
No __ Yes. If so, state the nature of such treatments and expected duration of treatment: ________________________________

2. Is the medical condition pregnancy? __No __ Yes. If so, expected delivery date: ________________________________

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

____________________________________________________________________
____________________________________________________________________
PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care.

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? ____No ____Yes.

Estimate the beginning and ending dates for the period of incapacity: ____________________________

During this time, will the patient need care? ____No ____Yes.

Explain the care needed by the patient and why such care is medically necessary:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

5. Will the patient require follow-up treatments, including any time for recovery? ____No ____Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

________________________________________________________________________________________

Explain the care needed by the patient, and why such care is medically necessary:

________________________________________________________________________________________

________________________________________________________________________________________

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? ____No ____Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

__________ hour(s) per day; ________ days per week from __________ through __________

Explain the care needed by the patient, and why such care is medically necessary:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___No ___Yes.

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

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

Does the patient need care during these flare-ups? ___No ___Yes.

Explain the care needed by the patient, and why such care is medically necessary

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Health Care Provider  Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

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#7. Board Policy #5152 – ADMISSION OF NON-RESIDENT STUDENTS - First Reading – No Vote to be taken. A new board policy or revision of current board policy requires two readings.

5152

ADMISSION OF NON-RESIDENT STUDENTS

The Board of Education affirms that its primary responsibility is to provide the best possible publicly supported education to children who are legal district residents and to protect the public interest against those who would defraud the school district’s taxpayers by residing outside of the school district and depriving the community of appropriate tax or tuition payments for educational services rendered.

Applications for admission of a non-resident student to the Lindenhurst Schools shall be accepted only from parents or persons who can produce satisfactory evidence of legal custody of such student. Such application shall be made on forms furnished by the District upon request. A full response to all questions thereon and compliance with any directions stated on the application shall be a prerequisite to consideration for student admission under this policy. Applications must be submitted to the office of the Superintendent of Schools. Upon request, applicant shall be required to furnish such additional information or clarification in writing if, in the discretion of the Superintendent, such information or clarification is necessary to evaluate eligibility under this policy. Failure to file a fully completed application or to promptly furnish additional information or clarification in writing upon request shall be deemed a withdrawal and cancellation of the application.

The Board of Education may permit non-resident students to attend district schools only under the following conditions:

1. there is sufficient space at the appropriate level for the non-resident student as determined by the Superintendent;
2. the non-resident student meets the district’s criteria for admission as specified in Policy 5150;
3. tuition is paid on a monthly basis, in ten equal payments, commencing August 15th preceding the start of the academic year; and
4. there is no prior school record of truancy or disciplinary problems.

- High School Seniors - who move out of the district after June of their junior year, may continue until graduation, without any tuition requirement. Students who have attended the High School previously without approved residency will be ineligible to continue attendance in their senior year.

- Former Residents – Legal resident students enrolled in grades K through 11 who move out of the school district during the school year may not continue in the district’s schools. Special consideration for emergent or critical circumstances, however, may be given at the discretion of the Board of Education. Payment of tuition is required for any period of non-residency (calculated per month).

- Future Residents – Children of families who have a signed contract to buy or build a residence or other satisfactory evidence of intent to move into the school district may, upon approval of the Board of Education, be enrolled at the beginning of the semester in which they expect to become residents but only if pro-rated tuition is paid in advance. No child will be registered or permitted to attend classes until tuition is paid.

Except as otherwise specifically provided herein, all non-resident students authorized to attend District schools pursuant to this policy shall be admitted only on payment of tuition prorated for the period of attendance during which such students are attending as non-residents; students who become non-residents during a school year shall attend on a tuition basis for the balance of the school year if they
continue as students in the District's schools. All tuition payments shall be paid in equal monthly installments on the first day of each month.

Attendance in the Lindenhurst Schools of non-resident students shall be subject to annual review on or before the regular August meeting of the Board of Education, in order to determine whether such attendance shall be continued during the school year of such August meeting. In the event that non-resident attendance of any student is discontinued, the parents or guardians of the affected student shall be notified by mail within ten (10) days of such determination provided that any inadvertent delay of notification shall not affect such determination.

Transportation

In every case of non-residency, it shall be the responsibility of the parent to provide transportation.

Tuition

Tuition will be computed in accordance with formulas approved by the State Education Department. The basis for billing charges shall be Part 174 of the Rules and Regulations of the Commissioner of Education.

In cases of family relocation or legal change in the student's domicile, pro-rated tuition payment may be refunded at the discretion of the Board of Education.

Cross-ref: 5150, Admission to School

Ref: Education Law §3202(2)

Adoption date: February 4, 2009
Revised:

#8. Budget Transfers over $5,000

Resolution: RESOLVED that the Board of Education, upon the recommendation of the Superintendent, approves the attached budget transfers over $5,000.00.

Motion: _______________ Second: _______________
Yes _________ No _________ Abstained ___________

************************************************************************************************************
SCHEDULES

Resolution:  RESOLVED that the Board of Education approves the following Schedules:

Motion: ___________________  Second: ___________________

Yes _________  No _________  Abstained ________

Schedule A-1 No. 16 Personnel, Instructional – Resignations & Terminations
Approve the resignation of the following:

1. Gary Whiffen      English, SHS  6/30/15  Retirement
   (Mr. Whiffen has been with the district since September 1, 1994.)

2. Veronica Bruno    Science, SHS  6/30/15  Retirement
   (Ms. Bruno has been with the district since January 23, 1984.)

3. Victoria Faas     Elementary, Albany Avenue  6/30/15  Retirement
   (Ms. Faas has been with the district since October 15, 1992.)

4. Diane Dorr        Elementary, William Rall  6/30/15  Retirement
   (Ms. Dorr has been with the district since September 1, 1994.)

5. Patricia Natale   Adm. Asst. for Discipline  6/30/15  Resignation
   (This position has been abolished.)

Schedule A-1 No. 5-S Athletic Supervision
Approve the appointment of the following:

Steven Benkert      Supervision Yearly $17/hour  40 add. hrs.
Tom Wolfe           Supervision Yearly $17/hour  40 add. hrs.
Brian Graham        Supervision Yearly $17/hour  40 add. hrs.

Schedule A-1 No. 11-C Coaching Assignments
Approve the appointment of the following:

Nick Lombardo       Summer Fitness Manager Summer $2,691.00
Rich Rogers         CPR/AED Instructor Spring – 6 hours $50/hour
Diane Pollard       CPR/AED Instructor Spring – 6 hours $50/hour

Schedule A-2 No. 14 Personnel, Instructional - Leave of Absence
Approve the following leave of absence:

Claire Graves       Speech, Albany Avenue 2015-2016 School Year Personal

Schedule A-3 No. 77 Personnel, Instructional Appointments
Approve the following appointments:

OWL SUMMER 2015 PROGRAM

1. Instructor – iPads in the Classroom  15 hours, 1 in-service credit $1,050.00
2. Instructor – Google Apps for Education and the Blended, Paperless Classroom  45 hours, 3 in-service credits $2,925.00
3. Instructor – Using Technology and 21st Century Skills in the Classroom  30 hours, 2 in-service credits $1,195.00
4. Instructor – Google Summer Camp  15 hours, 1 in-service credit $ 975.00
5. Instructor – Effective Formative Assessments  15 hours, 1 in-service credit $1,125.00
Schedule A-3 No. 78 Personnel, Instructional Appointments
Approve the following appointments:

1. Jane Dombrower  
   ENL  
   Janis  
   Middle Sch.  
   MA+15-2  
   $58,979.  
   9/1/15  
   9/1/18  
   Prof.  
   (This is a new position.)

2. Jennifer Giustino  
   Gen. Music/  
   JenniferChoral  
   Harding/West Gates  
   BA-1  
   $47,645  
   9/1/15  
   9/1/18  
   Initial  
   (Ms. Giustino is replacing Marguerite Abatelli who retired.)

3. Patricia Natale  
   Secondary  
   Asst. Principal  
   MS  
   $105,000.  
   7/1/15  
   7/1/18  
   SDA/Perm  
   (New position. Administrative Assistant for Discipline has been abolished.)

Schedule A-3 No. 79 Personnel, Instructional Appointments
Approve the following appointments:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Hours</th>
<th>Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauren Gilhuley</td>
<td>Special Education Teacher</td>
<td>90</td>
<td>$5,484.36</td>
<td></td>
</tr>
<tr>
<td>Cynthia Morales</td>
<td>Special Education Teacher</td>
<td>90</td>
<td>$5,484.36</td>
<td></td>
</tr>
<tr>
<td>Nicole Fellin</td>
<td>Special Education Teacher</td>
<td>90</td>
<td>$5,484.36</td>
<td></td>
</tr>
<tr>
<td>Erica Padden</td>
<td>Special Education Teacher</td>
<td>90</td>
<td>$5,484.36</td>
<td></td>
</tr>
<tr>
<td>Kerri Legutko</td>
<td>Special Education Teacher</td>
<td>90</td>
<td>$5,484.36</td>
<td></td>
</tr>
<tr>
<td>Melanie Passanant</td>
<td>Special Education Teacher</td>
<td>90</td>
<td>$5,484.36</td>
<td></td>
</tr>
<tr>
<td>Caitlan Curran</td>
<td>Special Education Teacher</td>
<td>90</td>
<td>$5,484.36</td>
<td></td>
</tr>
<tr>
<td>Ellen Evans</td>
<td>Special Education Teacher</td>
<td>as needed</td>
<td>$62.09</td>
<td></td>
</tr>
<tr>
<td>Ronna Jenkins</td>
<td>Consultant Support Staff</td>
<td>90</td>
<td>$22.00/hr.</td>
<td></td>
</tr>
<tr>
<td>Lauren Lockel</td>
<td>Consultant Support Staff</td>
<td>90</td>
<td>$22.00/hr.</td>
<td></td>
</tr>
<tr>
<td>Kristen Ratchford</td>
<td>Consultant Support Staff</td>
<td>90</td>
<td>$22.00/hr.</td>
<td></td>
</tr>
<tr>
<td>Lauren Legotti</td>
<td>Consultant Support Staff</td>
<td>90</td>
<td>$22.00/hr.</td>
<td></td>
</tr>
<tr>
<td>Michelle Garziano</td>
<td>Consultant Support Staff</td>
<td>90</td>
<td>$22.00/hr.</td>
<td></td>
</tr>
<tr>
<td>Kathleen Petrenko</td>
<td>Psychologist</td>
<td>90</td>
<td>$5,484.36</td>
<td></td>
</tr>
<tr>
<td>Kerri Lynn Zadik</td>
<td>Speech &amp; Language Pathologist</td>
<td>90</td>
<td>$60.00/hr.</td>
<td></td>
</tr>
<tr>
<td>Jennifer Hatfield</td>
<td>Speech &amp; Language Pathologist</td>
<td>90</td>
<td>$60.00/hr.</td>
<td></td>
</tr>
<tr>
<td>William Schutt</td>
<td>Speech &amp; Language Pathologist</td>
<td>90</td>
<td>$60.00/hr.</td>
<td></td>
</tr>
</tbody>
</table>

Schedule A-5 No. 1 Personnel, Instructional Tenure
Approve the appointment of full tenure rights to the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>School</th>
<th>Dates</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Bozza</td>
<td>Special Education</td>
<td>Middle School</td>
<td>9/1/13 - 9/1/15</td>
<td>Initial Certification</td>
</tr>
<tr>
<td>Gina Riccuiti</td>
<td>Reading</td>
<td>William Rall</td>
<td>9/1/13 - 9/1/15</td>
<td>Prof. Certification</td>
</tr>
<tr>
<td>Kimberly Snyder</td>
<td>Speech</td>
<td>Alleghany</td>
<td>9/1/12 - 9/1/15</td>
<td>Perm Certification</td>
</tr>
<tr>
<td>Suzanne Steiger</td>
<td>Special Education</td>
<td>Daniel Street</td>
<td>9/1/12 - 9/1/15</td>
<td>Prof. Certification</td>
</tr>
</tbody>
</table>

Schedule B-1 No. PT-16 Non-instructional Personnel – Resignations & Terminations
Accepts the resignations and terminations of:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Location</th>
<th>Type</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caroline Garvey</td>
<td>Support Staff</td>
<td>Harding Avenue</td>
<td>Resignation</td>
<td>eff. 5/22/15</td>
</tr>
<tr>
<td>(Ms. Garvey has worked for the district since January 21, 2010)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deanna Webel</td>
<td>Support Staff</td>
<td>Montessori School</td>
<td>Resignation</td>
<td>eff. 5/12/15</td>
</tr>
<tr>
<td>(Ms. Webel has worked for the district since February 26, 2015.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule B-3 No. 20 Non-Instructional Personnel Appointments
Approve the following appointments:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Office Location</th>
<th>Months</th>
<th>Rate</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catherine Donnelly</td>
<td>Office Application Specialist</td>
<td>Admin Building</td>
<td>12</td>
<td>$65,000</td>
<td>eff. 7/1/15</td>
</tr>
<tr>
<td>(Ms. Donnelly is replacing Ellen Li who has resigned. This appointment is in accordance with the agreement.)</td>
<td>(This is a probationary appointment.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Schedule B-3 No. S-15 Non-Instructional Appointments, Substitute Personnel
Approve the appointment of the following individuals:
Substitute nurse call-in list:
  Jillian Bermindt
  Ellen Scarrandino
  Valerie Stone
Substitute School Monitor and/or Clerical list:
  Deanna Webel
(Subject to fingerprint clearance.)

Schedule D No. 30
That the Board of Education accepts all recommendations of the CSE and CPSE as listed:

February 12, 2015 – CSE  April 1, 2015 – CPSE  April 28, 2015 – MS CSE
February 27, 2015 – CPSE  April 15, 2015 – SHS CSE  April 30, 2015 – SHS CSE
March 9, 2015 – MS CSE  April 17, 2015 – SHS CSE  May 7, 2015 – OD CSE
March 17, 2015 – MS CSE  April 22, 2015 – SHS CSE  May 19, 2015 – CPSE
March 25, 2015 – SHS CSE  April 23, 2015 – OD CSE

Schedule OA/C No. 26 Outside Agencies/Consultants
Approve appointments of:
Ivan Hannel  Consultant  $4025.00  (includes workshop and books for participants)
(August 27, 2015; 8:00 – 1:00)

Schedule OA/C No. 26 Outside Agencies/Consultants
Approve appointments of:
Andrea Honigsfeld  Consultant  $1500 per session  (4 sessions)

Schedule ST/I No. 17 Student Teachers/Interns/Observers
Approve appointments of the following:
Danielle Dematteo  C. W. Post  Senior High Observer  Special Ed. 10 hours

***********************************************************************************************

UNFINISHED BUSINESS

***********************************************************************************************

NEW BUSINESS

***********************************************************************************************

SUPERINTENDENT’S REPORTS:
SUPERINTENDENT'S REPORTS:

a. Treasurer's Report (#10), Revenue Status and Appropriation Status Reports as of April, 2015
b. Collateralization Report as of April, 2015
c. Budget Transfers under $5,000 from April 29, 2015 through May 27, 2015

DATES TO REMEMBER

Wednesday June 10 8:00 p.m. Community Forum – Senior High School
Wednesday June 17 7:00 p.m. Audit Committee Meeting
Tuesday June 30 8:00 p.m. End-of-Year Meeting – McKenna Building
Friday July 3 HOLIDAY – DISTRICT CLOSED
Wednesday July 15 8:00 p.m. Board of Education Organizational Meeting

EXECUTIVE SESSION

Motion: ____________________________ Second: ____________________________
Yes ___________ No ___________ Abstained ___________
MEMO

TO: Daniel Giordano & Board of Education
FROM: Jacqueline A. Scrio
DATE: May 27, 2015

RE: June 3, 2015 Agenda—Budget Transfers Over $5,000

The following resolution is submitted for approval at the Board of Education meeting on June 3, 2015:

RESOLVED, that the Board of Education, based upon recommendation of the Superintendent, approve the attached Budget Transfers over $5,000.

attached
## Budget Transfers for June 3, 2015

<table>
<thead>
<tr>
<th>Transfer From</th>
<th>Transfer To</th>
<th>Amount</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2820-150-00-0000</td>
<td>Psych Services Instructional Salaries</td>
<td>25,000.00</td>
<td>Reallocation of Budgeted Instructional Salaries</td>
</tr>
<tr>
<td>2850-400-13-0000</td>
<td>Co-Curricular Contractual Driver</td>
<td>4,700.00</td>
<td>Reallocation of Budgeted Drivers Ed Expenses</td>
</tr>
<tr>
<td>2810-150-00-0000</td>
<td>Library Instructional Salaries</td>
<td>1,450.00</td>
<td>Reallocation of Budgeted Instructional Salaries</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>31,150.00</strong></td>
<td></td>
</tr>
</tbody>
</table>
MEMO

TO: Daniel Giordano

FROM: Jacqueline A. Scrio

DATE: May 27, 2015

SUBJECT: Budget Transfers under $5,000

Attached are the Budget Transfers of less than $5,000 completed from April 29, 2015 through May 27, 2015.

attachment
## Budget Transfers less than $5,000.00

<table>
<thead>
<tr>
<th>Transfer From</th>
<th>Transfer To</th>
<th>Amount</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/29/15 2110-501-06-0000 Instructional Supplies</td>
<td>2630-525-06-0000 Instructional Technology - Daniel</td>
<td>1,135.00</td>
<td>To purchase 2 document cameras</td>
</tr>
<tr>
<td>2020-503-06-2030 Prin's Office Supplies Daniel</td>
<td>2630-525-06-0000 Instructional Technology - Daniel</td>
<td>350.00</td>
<td>To purchase a color printer for main office</td>
</tr>
<tr>
<td>1621-552-00-0000 Fire Extinguishers</td>
<td>1621-418-00-0000 Oil Burners, Pumps, Tanks, Heaters</td>
<td>967.55</td>
<td>To purchase paint, districtwide</td>
</tr>
<tr>
<td>1620-417-00-0000 Custodial Equipment Repair</td>
<td>1621-418-00-0000 Oil Burners, Pumps, Tanks, Heaters</td>
<td>1,200.00</td>
<td>To cover additional costs of boiler parts, districtwide</td>
</tr>
<tr>
<td>1620-410-00-0000 Intercom &amp; PA Service</td>
<td>1621-418-00-0000 Oil Burners, Pumps, Tanks, Heaters</td>
<td>1,650.00</td>
<td>To cover additional costs of boiler parts, districtwide</td>
</tr>
<tr>
<td>2010-400-00-0000 Curriculum Development</td>
<td>2010-151-00-0000 Salaries Curriculum Writing</td>
<td>1,000.00</td>
<td>To pay for curriculum writing</td>
</tr>
<tr>
<td>4/30/2015 1821-558-00-0000 Filters</td>
<td>1620-500-00-0000 Supplies - Pool</td>
<td>1,644.12</td>
<td>To purchase pool supplies needed for acid wash at HS Pool</td>
</tr>
<tr>
<td>5/1/15 1310-402-00-0000 Contractual</td>
<td>1310-490-00-0000 BOCES Services</td>
<td>1,322.00</td>
<td>Reallocation of budgeted Business Office contractual expenses</td>
</tr>
<tr>
<td>1004-300-00-0000 Travel &amp; Conference</td>
<td>1000-500-00-0000 School Election Supplies</td>
<td>100.00</td>
<td>School Elections Expenses</td>
</tr>
<tr>
<td>2110-480-12-0000 Textbooks - West Gates</td>
<td>2110-501-01-12-0000 Instructional Supplies - West Gates</td>
<td>569.75</td>
<td>To cover additional costs of science supplies for all grades</td>
</tr>
<tr>
<td>5/5/15 2110-250-03-0000 Instructional Equipment</td>
<td>2110-501-03-0000 Instructional Supplies - Albany</td>
<td>722.95</td>
<td>To cover cost of furniture for kindergarten classrooms</td>
</tr>
<tr>
<td>2110-501-03-2270 Supplies - AIS Albany</td>
<td>2110-501-03-0000 Instructional Supplies - Albany</td>
<td>5.18</td>
<td>To cover cost of furniture for kindergarten classrooms</td>
</tr>
<tr>
<td>2110-470-00-0000 Tuition To Other Districts</td>
<td>2110-400-13-2128 Repairs - Music Dept.</td>
<td>150.00</td>
<td>Reimbursement from parent to cover damaged instrument</td>
</tr>
<tr>
<td>5/10/15 2630-525-06-0000 Instructional Technology</td>
<td>2110-501-06-0000 Instructional Supplies - Daniel</td>
<td>350.00</td>
<td>To purchase color printer</td>
</tr>
<tr>
<td>1621-400-00-0000 Emergency Repairs</td>
<td>1621-557-00-0000 Floor &amp; Wall Tiles</td>
<td>3,513.25</td>
<td>To cover cost of new floors in Harding Cafeteria</td>
</tr>
<tr>
<td>1621-420-00-0000 Maintenance Equipment Repairs</td>
<td>1621-421-00-0000 Door &amp; Closers Repairs</td>
<td>1,002.90</td>
<td>To purchase doors for MS Life Skills</td>
</tr>
<tr>
<td>1621-559-00-0000 Heating &amp; Ventilating Supplies</td>
<td>1621-418-00-0000 Oil Burners, Pumps, Tanks, Heaters</td>
<td>4,500.00</td>
<td>To cover cost of boiler parts &amp; supplies</td>
</tr>
<tr>
<td>1621-559-00-0000 Heating &amp; Ventilating Supplies</td>
<td>1621-456-00-0000 Hardware Supplies</td>
<td>1,517.90</td>
<td>To purchase hardware for use districtwide</td>
</tr>
<tr>
<td>1620-425-00-0000 Cartage/Waste Removal</td>
<td>1621-418-00-0000 Oil Burners, Pumps, Tanks, Heaters</td>
<td>1,330.00</td>
<td>To purchase oil burner parts &amp; supplies</td>
</tr>
<tr>
<td>5/12/15 1621-400-00-0000 Emergency Repairs</td>
<td>1621-419-00-0000 Pneumatic Heat Controls</td>
<td>913.24</td>
<td>To cover cost of pneumatic boiler controls, district wide</td>
</tr>
<tr>
<td>5/13/15 2020-503-08-2030 Prin's Office Supplies</td>
<td>2850-400-08-0000 Co-Curricular MS</td>
<td>118.00</td>
<td>Breakfast of Champions</td>
</tr>
<tr>
<td>5/14/15 2630-525-08-0000 Instructional Technology</td>
<td>2110-501-08-0000 Instructional Supplies - MS</td>
<td>918.00</td>
<td>To purchase software</td>
</tr>
<tr>
<td>5/15/15 2110-501-11-0000 Instructional Supplies</td>
<td>2850-400-11-0000 Co-Curricular HS</td>
<td>483.00</td>
<td>Reallocation of funds</td>
</tr>
<tr>
<td>5/19/15 1621-420-00-0000 Maintenance Equipment Repairs</td>
<td>1621-449-00-0000 Professional Services</td>
<td>1,004.44</td>
<td>To cover cost of oil tank permit renewals at HS, MS &amp; Bower</td>
</tr>
<tr>
<td>2610-500-13-501 Supplies - AV Dept - District</td>
<td>1621-419-00-0000 Pneumatic Heat Controls</td>
<td>428.41</td>
<td>Reallocation of funds</td>
</tr>
<tr>
<td>5/20/15 2020-525-03-2030 Supervision Supply - Albany</td>
<td>2020-503-03-2030 Principal's Office Supply - Albany</td>
<td>700.00</td>
<td>To cover additional costs of items needed</td>
</tr>
<tr>
<td>2250-500-00-0000 Supplies</td>
<td>2250-525-00-0000 SPED Supplies</td>
<td>700.00</td>
<td>To cover cost of lap top for student</td>
</tr>
<tr>
<td>1621-435-00-0000 Asphalt, Drives, Lots, Walk</td>
<td>1620-410-00-0000 Intercom &amp; PA Service</td>
<td>1,294.53</td>
<td>To cover cost of MS PA System repair in AP Room</td>
</tr>
<tr>
<td>1621-580-00-0000 Athletic Field Paint, Chalk</td>
<td>1620-410-00-0000 Intercom &amp; PA Service</td>
<td>4,800.00</td>
<td>To cover cost of MS PA System repair in AP Room</td>
</tr>
<tr>
<td>1621-580-00-0000 Athletic Field Paint, Chalk</td>
<td>1621-419-00-0000 Pneumatic Heat Controls</td>
<td>1,700.00</td>
<td>To cover the cost of commercial instrumentation repairs at the HS</td>
</tr>
<tr>
<td>5/27/15 1621-446-19-0000 Annual Visual Inspections</td>
<td>1621-418-00-0000 Oil Burners, Pumps, Tanks, Heaters</td>
<td>3,700.49</td>
<td>To cover cost of Science Tank Repair at MS</td>
</tr>
<tr>
<td>1621-560-00-0000 Uniforms</td>
<td>1620-410-00-0000 Intercom &amp; PA Service</td>
<td>909.75</td>
<td>To cover cost of PA System Repair at MS</td>
</tr>
<tr>
<td>1621-439-00-0000 Contractual Vehicle Repairs</td>
<td>1620-511-17-0000 Custodial Supplies - Kellum</td>
<td>3,000.00</td>
<td>To cover cost of custodial supplies for Kellum</td>
</tr>
<tr>
<td>9060-800-00-0000 Health Insurance</td>
<td>9060-801-00-0000 Dental/Optical Insurance</td>
<td>532.00</td>
<td>Reallocation of budgeted Benefits Expenditures</td>
</tr>
<tr>
<td>2610-150-00-0000 Instructional Salaries</td>
<td>2330-150-01-0000 GED 18-21 Instructional Salaries</td>
<td>1,450.00</td>
<td>Reallocation of budgeted Instructional Salaries</td>
</tr>
<tr>
<td>2815-160-00-0000 Nurses</td>
<td>2815-162-00-0000 Nurses - Substitutes</td>
<td>1,000.00</td>
<td>Reallocation of budgeted Non-Instructional Salaries</td>
</tr>
<tr>
<td>1620-160-00-0000 Custodial (F.T.) Salaries</td>
<td>1620-161-00-0000 Plant Operation OT - Community Use</td>
<td>1,250.00</td>
<td>Reallocation of budgeted Non-Instructional Salaries</td>
</tr>
<tr>
<td>1620-160-00-0000 Custodial (F.T.) Salaries</td>
<td>1620-161-01-0000 Plant Operation OT - Athletics</td>
<td>4,500.00</td>
<td>Reallocation of budgeted Non-Instructional Salaries</td>
</tr>
<tr>
<td>1620-160-00-0000 Custodial (F.T.) Salaries</td>
<td>1620-161-02-0000 Plant Operation OT - Admin.</td>
<td>250.00</td>
<td>Reallocation of budgeted Non-Instructional Salaries</td>
</tr>
</tbody>
</table>
## Budget Transfers less than $5,000.00

<table>
<thead>
<tr>
<th>Transfer From</th>
<th>Transfer To</th>
<th>Amount</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1620-160-00-0000 Custodial (F.T.) Salaries</td>
<td>1620-161-05-0000 Plant Operation OT - Bower</td>
<td>450.00</td>
<td>Reallocation of budgeted Non-Instructional Salaries</td>
</tr>
<tr>
<td>1240-400-00-0000 Repairs &amp; Rentals</td>
<td>1060-400-00-0000 School Elections</td>
<td>1,587.60</td>
<td>Additional Advertisement costs for elections</td>
</tr>
</tbody>
</table>

54,720.06