

Title I – Fiscal Compliance

The Purpose of Title I

To ensure at-risk students can achieve proficiency on state academic assessments aligned to state academic standards. Under the Title I statute, a school may use Title I funds to support the educational initiatives articulated in the School Performance Plan consistent with the school's needs.

Support not Supplant

- Is the cost required by law and/or district policy?
- Was the cost funded with state/local money last year?
- Is the same cost being funded with state/local money for non-Title I students?
- What would happen in the absence of Title I funds?

Title I Federal Guidance

Establishes the cost principles for state and local governments – including what an organization:

- **Cannot do** (e.g., no alcohol)
- **Must do** (e.g., keep time and effort records if paying staff with federal funds)
- **Might be able to do** (e.g., spend money on a certain cost, like a conference or books)

All costs charged to federal funds must be:

- **Necessary** for the performance or administration of the grant.
- **Reasonable** in light of the goals of the federal programs, the cost of the item, and the needs of the district.
- **Allocable**, meaning the cost benefits the grant in proportion to the amount charged.
- **Authorized** under state and local laws, policies and procedures.
- **Adequately documented.**

Title I Purchase Considerations

- Will the cost advance the purpose of the Title I program? Is it consistent with the SPP?
- Does the cost comply with program fiscal rules (Supplement not Supplant, Comparability)?
- Can school staff explain how the item will advance the Title I program?

Title I Audits

- Feds; US Department of Education
- State Nevada Department of Education
- District WCSD Audit Dept
- Out of District Agency

Title I Fiscal Notes

Funds are authorized for educators' professional development, instructional materials, and resources to support educational programs, and parental involvement.

- All spending must be aligned to the School Performance Plan.
- Budget is Object Code specific.
- All costs must be pre-approved.
- Staff hired on "Limited Term" basis.
- Time & Effort Reporting Required

Compliance

- Support not Supplant.
 - What would happen in the absence of Title I dollars?
- Funds to Support Core Instruction
 - No Capital Upgrades
- Family Engagement 1%
 - F.A.C.E (Family and Community Engagement) liaison or Certified Stipends
- Highly Qualified Instructional Classified Staff

Purchases & Expenditures:

Pre-Approval Required on All

Timeline:

Eligibility is determined annually in October.

Funds Awarded July 1st – Encumbered by February 28th.

Unspent Funds:

All unspent funds from the previous school year carry forward into the following school year on July 1. Spending down of previous funds becomes the priority as these funds are available for a limited time.

Unspent funds may be reallocated to supplies to expedite spending. Schools are highly encouraged to spend funds in the year they are allocated.

Title I Annual Cycle

July

- Budgets created in January of the previous school year are approved and ready to be spent.
- Inventoried items reassigned.

August

- All tech, books, kits, web-based programs budgeted purchased prior to school start.
- All travel leave-requests submitted.
- All Independent Contract Agreements submitted.
- Majority of supplies ordered.

September

- First budget revision begins. Final opportunity to add tech, books, kits, and web-based programs.

October

- Title I student eligibility counts are pulled from Infinite Campus. Data sent to WCSD leadership for review.

November

- First budget revision changes approved and ready to spend.
- All tech, books, kits, web-based programs budgeted purchased prior to winter break.
- All travel leave-requests submitted.
- All Independent Contract Agreements submitted.
- Majority of supplies ordered.
- SAC Reports due.

December

- Title I served schools for the following year announced.
- Tentative school allocations announced.
- Second and final budget revision begins. Changes limited to supply categories only; no tech, books, kits, and web-based programs.

January

- Next year budget meetings begin.
- Title I funded staff for following year determined. New, continuing, and ended positions reported to PC/HR.
- Budgets for next year completed.

February

- Second and final budget revision changes approved and ready to spend.
- All non-payroll funds spent, final spending for the school year deadline.
- Inventory lists sent to schools.

March

- Updated inventory lists due, site visits scheduled.

April

- Follow up on orders not received.

May

- All Title I purchases received and paid. Orders not delivered cancelled, and funds disencumbered.
- SAC Reports

June

- Final work date for certified stipends, sub reports and hourly pay 6/10.

Revision Outline

1. Revision Pre-Planning (two weeks prior to revision)
 - a. Site administrators notified two weeks prior to revision of the revision start date.
 - b. No non-payroll spending approvals during the revision window, purchasing not allowed.
 - c. Site Administrators schedule a required Title I revision meeting time within the revision window.
 - d. Site administrators to complete spend down of current funds prior to revision.

2. Formal Revision Meetings (two-week window)
 - a. Required for all budgets, regardless of spend down.
 - b. No non-payroll spending approvals during the revision window, purchasing not allowed until revision meeting is complete.
 - c. Site administrators must have quotes for new budget items to be added at this meeting. All budget decisions will be made during this meeting.
 - d. Budget changes made during the revision meeting are not available to spend until final budget approval.

3. Revision Approval (60 business day window)
 - a. Changes made during the first revision are sent to NDE for review and approval.
 - b. Schools notified when approvals are complete, and spending may resume.

Monthly

- Stipends due the 1st
- Certified Hourly Timesheets due by the 15th
- Submit Certified Hourly Applications for the following pay period.
- Sub Reports Due the 1st of every month

Weekly

- AESOP -Reconcile subs.
- Commerce Bank – Reconcile transactions.

Time and Effort FAQs

- **What is Time and Effort?**
 - The Federal Office of Management and Budget (OMB) requires Time and Effort reporting on all salaries charged to a federal program. In most cases, Semi Annual Certification (SAC) documentation is gathered twice per year to document that the employee(s) paid by federal funds worked solely (100%) on compliant activities during the defined dates.
- **When is Time and Effort reporting required?**
 - Time and Effort reporting is required when any part of an employee's salary is:
 - Charged to a federal program.
 - Used as a match to a federal program.
- **What is Semi Annual Certification (SAC)?**
 - Documentation (certification) that individual(s) worked solely (100%) on activities related to a single cost objective during the defined dates.
 - Completed at least every six months.
 - Signed and dated by employee or supervisor with first-hand knowledge of work performed.
- **What is a "cost objective"?**
 - A particular set of work activities for which cost data is accumulated.
 - For the purpose of Time and Effort reporting: Define cost objectives according to the set of work activities allowable under the terms and conditions of each funding source.
 - Examples:
 - FACE liaison duties include parent outreach and education, not custodial or clerical duties.
 - Implementation Specialist duties include staff development and training, not direct student instruction or student discipline.
 - Intervention Teacher duties include direct student core instruction, not administrative or clerical duties.

Federally Funded Semi-Annual Certification (SAC), for Multiple Employees

Employees Funded Under a **Single Cost Objective**

Fiscal Year: FY'25

I understand these positions are funded entirely by a federal grant.
The name of this federal grant is:

Grant Name / Cost Objective: Title I A –

Employee Names:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that 100% of these job duties were related to activities in compliance with this grant during the period below, **Check One:**

First Half of FY thru November: X or Second Half of FY thru May: _____

The information recorded above is true and correct to the best of my knowledge.

Supervisor Signature: _____ **Date Signed:** _____

Print Name & Title: _____

This form is to be completed semi-annually, after November and May of the above referenced fiscal year.

Supervisor / Program Coordinator: Gather all forms for the employees you supervise and submit to the Grant Accountant, State & Federal Programs Dept. (Administrative Building), no later than a week after the above ending period.

School Name: _____

Directions

July 2024							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 0		
	1	2	3	4	5	6			
7	8	9	10	11	12	13			
14	15	16	17	18	19	20	Site Budget Instructional Sub Days	0	
21	22	23	24	25	26	27	Site Budget Instructional Hours	0	
28	29	30	31				Site Budget PD Sub Days	0	
							Site Budget PD Hours	0	

January 2025							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 18		
			1	2	3	4	January 1 - 3 - Winter Break		
5	6*	7	8	9	10	11	January 6 - Teacher Professional Dev. Day	Site Budget Instructional Sub Days	0
12	13	14	15	16	17	18	January 20 - Martin Luther King, Jr. Day	Site Budget Instructional Hours	0
19	20	21	22	23	24	25		Site Budget PD Sub Days	0
26	27	28	29	30	31			Site Budget PD Hours	0

August 2024							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 15		
				1	2	3			
4	5	6	7	8	9	10			
11	12	13	14	15	16	17	Site Budget Instructional Sub Days	0	
18	19	20	21	22	23	24	Site Budget Instructional Hours	0	
25	26	27	28	29	30	31	Site Budget PD Sub Days	0	
							Site Budget PD Hours	0	

February 2025							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 19		
						1	February 17 - President's Day		
2	3	4	5	6	7	8		Site Budget Instructional Sub Days	0
9	10	11	12	13	14	15		Site Budget Instructional Hours	0
16	17	18	19	20	21	22		Site Budget PD Sub Days	0
23	24	25	26	27	28			Site Budget PD Hours	0

September 2024							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 20		
1	2	3	4	5	6	7			
8	9	10	11	12	13	14			
15	16	17	18	19	20	21	Site Budget Instructional Sub Days	0	
22	23	24	25	26	27	28	Site Budget Instructional Hours	0	
29	30						Site Budget PD Sub Days	0	
							Site Budget PD Hours	0	

March 2025							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 11		
						1	March 17 - 28 - Spring Break		
2	3	4	5	6	7	8		Site Budget Instructional Sub Days	0
9	10	11	12	13	14	15		Site Budget Instructional Hours	0
16	17	18	19	20	21	22		Site Budget PD Sub Days	0
23	24	25	26	27	28	29		Site Budget PD Hours	0
30	31								

October 2024							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 16		
		1	2	3	4	5	October 7 - 11 - Fall Break		
6	7	8	9	10	11	12	October 14 - Teacher Professional Dev. Day	Site Budget Instructional Sub Days	0
13	14*	15	16	17	18	19	October 25 - Nevada Day Observance	Site Budget Instructional Hours	0
20	21	22	23	24	25	26		Site Budget PD Sub Days	0
27	28	29	30	31				Site Budget PD Hours	0

April 2025							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 22		
		1	2	3	4	5			
6	7	8	9	10	11	12		Site Budget Instructional Sub Days	0
13	14	15	16	17	18	19		Site Budget Instructional Hours	0
20	21	22	23	24	25	26		Site Budget PD Sub Days	0
27	28	29	30					Site Budget PD Hours	0

November 2024							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 16		
					1	2	November 5 - Election Day		
3	4	5*	6	7	8	9	November 11 - Veterans Day	Site Budget Instructional Sub Days	0
10	11	12	13	14	15	16	November 27 - 29 - Thanksgiving Break	Site Budget Instructional Hours	0
17	18	19	20	21	22	23		Site Budget PD Sub Days	0
24	25	26	27	28	29	30		Site Budget PD Hours	0

May 2025							No School on Shaded Days			
S	M	T	W	TH	F	S	# of School Days = 21			
					1	2	3			
4	5	6	7	8	9	10		Site Budget Instructional Sub Days	0	
11	12	13	14	15	16	17		Site Budget Instructional Hours	0	
18	19	20	21	22	23	24		Site Budget PD Sub Days	0	
25	26	27	28	29	30	31		Site Budget PD Hours	0	

December 2024							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 14		
1	2	3	4	5	6	7	December 20 - Teacher Work Day		
8	9	10	11	12	13	14	December 23 - January 3 - Winter Break	Site Budget Instructional Sub Days	0
15	16	17	18	19	20	21		Site Budget Instructional Hours	0
22	23	24	25	26	27	28		Site Budget PD Sub Days	0
29	30	31						Site Budget PD Hours	0

June 2025							No School on Shaded Days		
S	M	T	W	TH	F	S	# of School Days = 5		
1	2	3	4	5	6	7	June 9, 10, 11 - Contingency Days		
8	9	10	11	12	13	14		Site Budget Instructional Sub Days	0
15	16	17	18	19	20	21		Site Budget Instructional Hours	0
22	23	24	25	26	27	28		Site Budget PD Sub Days	0
29	30							Site Budget PD Hours	0

2. Enter number of **Title I Site Budget** funded instructional days/hours in the green boxes for each month. Include days/hours for student instruction, extended learning time, parent meetings, etc.. *not included in your approved Intervention Initiative plan* . Do not include PD hours/days.

3. Enter number of **Title I Site Budget** funded Professional Development days/hours in the blue boxes for each month. Include days/hours for staff PD, extended PLCs, etc.. Do not include days/hours for student instruction or parent meetings.

50.490.xxxx.xxxxx.xxx.6330

Title I Site Budget

Annual Totals		Est. Cost
Site Budget Intervention Sub Days	0	\$0
Site Budget Intervention Hours	0	\$0
Site Budget PD Sub Days	0	\$0
Site Budget PD Hours	0	\$0
Total Est. Cost		\$0

Date Revised: 2/21/24 bdp

School Name:		50-490-Function Key- Object Code- RC-6330					Brief Description	
Function Key	Object Code	Objec Code Name						
61000 Personal Services - Salaries								
	61110	Traditional Teachers	1000	2213	2232	2410	2120	
	61111	Year Round Teachers						
1000	61120	Assistants						
1000	61170	Bilingual Aides						
2410	61140	Administrators						
	61170	Classified						
1000	61210	Certified Hourly Instruction						
1000	61230	Intervention Substitutes						
		Longevity Class 61546 Admin 61546						
2213	61230	PD Substitutes						
2213	61691	Training Pay/Stipend		PD		FACE		
1000	61690	Certified Extra Duty Pay						
			\$0.00					
62000 Benefits								
	62100	Group Insurance	1000	2213	2232	2410	2120	
	62101	Life Insurance						
	62102	Long Term Disability						
	62200	FICA						
	62300	PERS						
	62400	Medicare						
	62700	Workers Comp						
	62880	OPEB						
	62881	PEBP						
			\$0.00					
63000 Professional Services								
	63200	Consultants, Educat.	1000	2213	2232			
	63201	Consultants, Ed > \$25k						
	63300	Conf Registration						
			\$0.00					
65000 Purchased Services								
1000	65500	Printing						
1000	64505	Minor Facility Mod.						
2213	65800	Travel						
2213	65801	Mileage						
			\$0.00					
66000 Supplies								
1000	66100	General Supplies						
1000	66102	Instructional Kits *						
1000	66111	Warehouse Supplies						
1000	66120	Non Tech Equipment of Value *						
2213	66400	Professional Books *		2213				
1000	66401	Magazines / Periodical						
2220	66402	Library Books *			2220			
1000	66410	Textbooks *						
1000	66503	Info Tech Supplies <\$999.99						
1000	66510	Software Instruction*						
1000	66521	Other Technology Equipment of Value => \$1,000-\$4,999.99 *						
1000	66540	Computer Equip less than \$1000 *						
1000	66541	Other Tech Equip less than \$1000 *						
1000	66530	Web Based & Similar Programs *						
			\$0.00					
68000 Other								
	68905	Flow Thru Funding	1000	2213	2232			
	68100	Dues and Fees						

*** ITEMS MUST BE PURCHASED USING A PURCHASE ORDER***

- 66102 - Instructional Kits
- 66120-Non Tech Equipment of Value
- 66400- PD Books
- 66402- Library Books
- 66521-Other Tech Equipment of Value
- 66410- Textbooks
- 66540- Computers less than \$1000
- 66541- Other Equipment less than \$1000
- 66530- Web Based
- 66510- Software Instruction

Account Number

	Fund	Program	Function Key	Object Code	RC	Department
	↓	↓	↓	↓	↓	↓
Title I Sample	50	490	1000 (Instructional)	66100 General Supplies 66111 Warehouse 66503 Info Tech	School Number	6330 (Title I Site)
			2213 (Professional Books)	66400 (PD Books)		
			2220 (Library Books)			
			2322 Family & Community Engagement	61691 (Stipends)		
			2210 Web Based	66530		
	50	490				6339 (Title I Carryover Funds)

Account number

Each component tells us what type of items is being purchase and what source is being used.
This format is used throughout WCSD (Commerce Bank, Bplus, AESOP and other programs)

1. Fund
2. Program
3. Function Key
4. Object Code
5. RC
6. Department

Title I PCard Request and Approval Process

*PCard purchases are limited to \$5,000.00 per transaction (WCSD PCard limit)
Pre-Approval is required on ALL Title I funded purchases using school grant PCard.*

PRE-APPROVAL

Complete one Title I P-Card Request form per vendor

- Complete: School Name, Date, and Vendor
- Fill in the complete ACCOUNT NUMBER including Function Key, Object Code, and RC. (Please refer to the object code definition sheet for proper coding and descriptions).
- Enter TOTAL AMOUNT for items being requested.
 - Include SHIPPING CHARGES (if any).
 - Cannot include tax.
 - Be as exact as possible.
 - Attach back-up documentation of purchase requested (i.e., shopping cart printout from website, **NO INVOICES**)
 - Cost amounts cannot be handwritten.
- Site administrator must review, sign and date the request.
 - Site Administrator signature must be original or digital (stamps or copies are not accepted)
- Scan forms and email to MGBerumen@washoeschools.net or fax to (775)333-6091.

APPROVAL

- Title I will notify of APPROVAL/DENIAL by email.
- Purchase may be made once approval e-mail has been received.
- Changes in price, items, vendor, and quantity require notification to the Title I Department *prior to the purchase.*
- If an item is out of stock after the purchase is made, please notify Maria as soon as you are made aware and send her a copy of the updated invoice.

COMMERCE BANK

- Transactions must be reviewed weekly by noon on Thursday.
 - Commerce Bank should be checked daily when you are using your grant card.
- Reviewing transactions on time and correctly will ensure proper budgets are charged.

IMPORTANT NOTES TO REMEMBER

- Title I Funds are not emergency-use funds.
- Online Purchases ONLY, no in-store purchases or option to pick up in store.
- Walmart & Amazon are NOT Title I approved vendors.
- For a list of Approved Vendors, reach out to the Purchasing Department at (775)850-8025 or purchasing@washoeschools.net
- Other items not allowed to be purchased using Title I Funds:
 - Clinic Supplies
 - Cleaning Supplies
 - Incentives / Rewards
 - Food
 - PE Supplies

**REQUEST FOR PURCHASE USING GRANT P-CARD
TITLE I PART A, TEAM UP**

SELECT WHICH FUND TO BE USED FOR THIS PURCHASE:

- Title I Funds ← SAME PROCESS, DIFFERENT APPROVER
- Team Up Funds ←

School: _____ NOT VENDOR Date: _____ ON OR BEFORE ADMIN APPROVAL DATE

Vendor: _____

Account Code: _____ \$ _____
(Fund) (Program) (Function) (Object Code) (RC) (Department)

Account Code: _____ \$ _____
(Fund) (Program) (Function) (Object Code) (RC) (Department)

** Attach order form/ online cart listing items to be purchased **

By signing below, I certify that this request relates to my School Performance Plan and it relates to the Student Achievement Goals.

School Administrator Approval:  ORIGINAL OR DIGITAL SIGNATURES ONLY Date _____

Request is Approved: _____

Request is Denied: _____

Reason for Denial: _____

This request must be approved by the Title I office before purchase is made with your school grant p-card.

The form may be sent via email or faxed to 775-333-6091 to request approval

Title I Office Use Only

Funds Available: _____

Enter in Spreadsheet: _____

Approval email sent: _____

Transaction #: _____

Title I Purchase Requests in BusinessPLUS

- *Purchase Requests do not need PCard pre-approval. The approval process is contained within the submission process in BusinessPLUS.*
- *Tutorials for creating Purchase Requests in BusinessPLUS can be found in the WCSD Website.*

Title I Warehouse in BusinessPLUS

- *WCSD Warehouse purchases are made through BusinessPLUS.*
- *WCSD Warehouse purchases do not need pre-approval, the approval process is contained within the submission process in BusinessPLUS.*
- *WCSD Warehouse Tutorials can be found in WCSD website under Warehouse.*
- *Custodial items, clinical items, or sports items cannot be purchased from the WCSD Warehouse with Title I funds.*
- *Contacts for WCSD Warehouse purchasing process questions:*
 - *Warehouse: 775-348-0295*

SAMPLE TRACKING SHEET

1. Grant Name
2. School Name
3. Grant account
4. Fiscal Year

CARRYOVER FUNDS from previous fiscal year. Notice the last four digits of the account **6339**

FUNCTION KEY and **OBJECT CODE**, i.e., Instruction, Professional Development, Library Books and Family Engagement

BUDGET FUNDS budgeted for each specific Object Code.

PAID or ENCUMBERED FUNDS committed to purchases.

AVAILABLE BALANCE: Funds available to spend.

TRANSACTIONS are numbered to identify & track at time of balancing out.

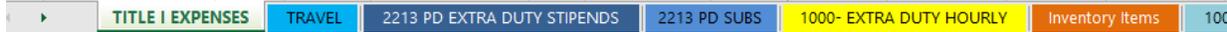
OBJECT CODE Description

TITLE I- PART A BASIC GRANT						
SCHOOL NAME-RC						
Account Number: 50-490- Function Key- Obj. Code-RC- 6330						
FY' 2024-2025						
((Function Key))	Object Code	66100	65500	66100	66102	
		CARRY OVER General Supplies 6339	Printing	General Supplies	Instructional Kits	
Budget		\$ -	\$ -	\$ -	\$ -	
Paid or Encumbered		\$ -	\$ -	\$ -	\$ -	
Available Balance		\$0.00	\$0.00	\$0.00	\$0.00	
Payee/Vendor	Date	Description	P.O	P-Card	Reviewed in Commerce Bank	Posted in BPLUS
1						✓
2						
3						
4						
5						
6						
Total Spent						\$ -

Each transaction contains Payee/Vendor, Date of Request, Description of items purchased and whether it is a PCard purchase or a Purchase Request. This information is obtained from the PCard form received, or PO entered. The transaction font color changes to green to indicate the completion of each transaction. (Posted to Commerce Bank and BusinessPLUS).

NOTE each worksheet contains multiple tabs.

Title I Expenses, Subs, Stipends, Hourly and Inventory items this is unique for each Title I site.



TITLE I TRACKING SHEET

- The Title I Department will email your site balance sheets monthly.
- These excel spreadsheets provide essential information to help you keep track of your site's Title I balances and expenditures.
- Use this information to cross-check your site's spending records.

INVENTORY TAB

- Title I Department is required to conduct an inventory audit annually.
- Schools are required to keep accurate and complete inventory records.
- Check out systems and inventory records must always be readily available.
- The administrator is responsible for all Title I inventoried items.
- All Title I inventoried items must be checked out annually.
- Systems must be in place for tracking mobile technology.
- The object codes that fall into inventory are 66521, 66120, and 66540.
- Every item must have an asset tag to identify it.

School Name:	50-490-Function Key- Object Code- RC-6330					Brief Description
Function Key	Object Code	Objec Code Name				
61000 Personal Services - Salaries						
	61110	Traditional Teachers	1000	2213	2232	2410 2120
	61111	Year Round Teachers				
1000	61120	Assistants				
1000	61170	Bilingual Aides				
2410	61140	Administrators				
	61170	Classified				
1000	61210	Certified Hourly Instruction				
1000	61230	Intervention Substitutes				
		Longevity Class 61546 Admin 61546				
2213	61230	PD Substitutes				
2213	61691	Training Pay/Stipend		PD		FACE
1000	61690	Certified Extra Duty Pay				
			\$0.00			
62000 Benefits						
	62100	Group Insurance	1000	2213	2232	2410 2120
	62101	Life Insurance				
	62102	Long Term Disability				
	62200	FICA				
	62300	PERS				
	62400	Medicare				
	62700	Workers Comp				
	62880	OPEB				
	62881	PEBP				
			\$0.00			
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	63200	Consultants, Educat.	1000	2213	2232	
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- 66510- Software Instruction

Title I Independent Agreement Contract Process

An Independent Contract Agreement is a Contract between your school and a business or individual coming to your school to provide services that enhance instruction, complement instruction, provide entertainment or other various types of services, either paid or unpaid. An ICA may also be required for non-school sites if the services do not meet the below criteria.

*An ICA is not required if all three of the following criteria are met:

1. The contractor is performing services offsite (not at a school)
2. The contractor does not come into contact with students or student education records;
and
3. The cost is less than \$20,000. A purchase requisition can simply be submitted. *

- Once Administrators budget for a Contract, our office will contact both Administrator and Admin Secretary requesting the following:
 - Vendor Name
 - Date(s) of Services
 - Cost of Services
 - Contact Name
 - Quote / Scope of Work
- Title I will see the contract through and request your assistance with the timely response to any communication.
- Your contact information will be included in the Contract and any invoices received at your site, please forward to Jocelyn.Johnson@washoeschools.net to ensure prompt payment to the vendor.

For more information on ICAs, visit the tutorial on the District's website at:

<https://www.washoeschools.net/Page/6111>

Title I Subs

When do I send in leave forms?

Leave forms are sent to the Title I office for pre-approval at least seven **days prior to date sub is needed**. Once approved, the request is entered in AESOP. Leave forms are not needed for roving or intervention subs.

AESOP

Once you have the approved leave or when you know the dates for the roving or intervention sub you will enter the sub request in AESOP **with the correct account code**. **Be sure to reconcile all subs on a weekly basis.** This is what Business Plus will use to pull your school monthly reports.

Can I make changes in AESOP?

Changes can ONLY be made in AESOP before the 10th of the month, when payroll closes. After payroll closes, please *do not make any changes in AESOP*. Any changes made after the closing of the pay period will not be reflected in Business Plus.

How do I run the sub report in BPlus?

To run the sub report in Business Plus open the **DW300 2A: Substitute Charge – Grants**. This report will be for the previous pay period, the 11th -10th. The report is not to be generated until the 22nd of each month. If you try to run it earlier, it will come up empty.

Once the report is printed look over the report for errors. If there is an error, mark the error box and state what the error is on the last page of the report. If sub(s) that are Title I but are not on the report write their name, date, and where they were paid from at the bottom of the report. Title I will take care of corrections. Copies of these corrections will be e-mailed to you monthly for your records. Your principal will sign the report and then send it to the Title I office via email to Darin Pettinari at dpettinari@washoeschools.net

When are the sub reports due?

Title I sub reports are due at the Title I office on the **first of each month**.

The sub reports and spreadsheets will be reflected by the payroll month.

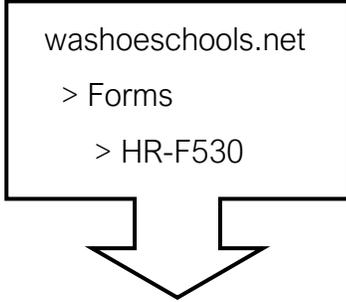
Substitutes Funded By Title I

ProfDevGrnt *UseAcct*	Roving Sub- PD *Choose Accounting Code*
AESOP Category: Absence	AESOP Category: Vacancy
Sub Report Required: YES DW3002A	Sub Report Required: YES DW3002A
Sub Report Due Date: 1st of the Month	Sub Report Due Date: 1st of the Month
Leave Request Required: YES	Leave Request Required: NO
Pre Approval Required: YES	Pre Approval Required: NO
Account: 50-490- 2213 -61230-RC-6330	Account: 50-490- 2213 -61230-RC-6330
<p>To be used when a teacher is out for Professional Development training only. Example: CCSS Training, Observe other Teachers, GLAD Training etc...A substitute will cover for the teacher out of class.</p>	<p>For staff Professional Development when a sub is roving and covering for multiple classrooms teacher on the same day, while teacher is away from classroom doing less than half of the day Professional Development.</p>

INTERVENTION- GRANT FUND *Choose Accounting Code*

AESOP Category: Vacancy
Sub Report Required: YES DW3002A
Sub Report Due Date: 1st of the Month
Leave Request Required: NO
Pre Approval Required: NO
Account: 50-490- 1000 -61230-RC-6330
<p>Sub is assigned to work with students in small groups for Intervention support. This is an additional person in classroom to provide student support. This is NOT a substitute for a teacher leaving the classroom.</p>

SAMPLE LEAVE FORM FOR SUBSITUTES AND TRAVEL



WCSD Board Policy and Administrative Regulations

WCSD Home Page

Select Language ▼

- Home
- Help / FAQs
- Master Document List
- Search
- List Board Policy
- List Administrative Regulations
- List Administrative Procedures
- List Forms
- List Manuals

Search

Search for Documents _____

IMPORTANT: Please right-click and "save target as" to download the selected document. This will ensure your system displays the document correctly. Fillable forms are not viewable within a web browser.

Content Managers: Please do not link directly to these documents use the Master Document List to retrieve correct links.

Document Link

HR-F530 - Request for Professional Leave / School Business / Community Service Leave

Get the link for your site. Highlight and copy the link below.

Standard link points to the WCSDPolicy.net site so the user can download the most recent document.
<https://www.wcsdpolicy.net/search.php?search=HR-F530>

This link goes to the WCSDPolicy.net site but will automatically open the document in the web browser.
<https://www.wcsdpolicy.net/search.php?search=HR-F530&rd=TRUE>



Adobe Acrobat Reader 9 - Most of the district's forms are presented in the Adobe Acrobat Reader format (PDF). Click the link to get the latest version of Adobe's Acrobat Reader.



REQUEST FOR PROFESSIONAL LEAVE/SCHOOL BUSINESS/COMMUNITY SERVICE LEAVE

Name of Person Completing Form:

Phone Number

Email Address

Fax Number

Administrator/Protech

Certified

ESP (Classified)

Employee's Name

Employee Signature _____

School or Location

I hereby request a leave of absence for the length of time indicated below:

Working Days (With Pay) From: To: (inclusive)
Date Date

Non-Working Days (but requesting funds) From: To: (inclusive)
Date Date

(Please Note: Time and Attendance Reports MUST show approved leaves using the appropriate codes. AESOP Codes and timecard online codes should match.)

Will a substitute teacher be required? If yes, indicate number of days

School/Department/Grant to be Charged for Sub

Absence/Vacancy Code Account Number to be Charged for Sub

If district funds (General Funds, Grant Funds, Activity Funds, etc.) are requested, please mark the appropriate box(es) below and show the amount requested. If funds are not requested, mark "None" in the "Total Requested" section. Travel and Per Diem amounts should conform to amounts stated in Administrative Regulation 4133. Hotel Rates must not exceed GSA allowable rates. GSA rate will be determined.

Travel Per Diem Car Rental Hotel

Mileage Other Explain

Total Requested Have Funds Been Budgeted?

If yes, indicate Account Number to be charged:

Registration Have Funds Been Budgeted?

If yes, indicate Account Number to be charged:

Reason for Leave:

Location of Event/Seminar (Address/City/State):

Approvals: Principal/Supervisor _____ Date: _____
Program Coordinator _____ Date: _____

PROFESSIONAL LEAVE CRITERIA

Following are guidelines that employees should consider before applying for professional leave, and for principals and supervisors to consider before recommending approval of professional leave.

1. The professional activity attended will be of direct value to the District (please explain).
2. District representation at a national, regional, or local conference will result in direct benefit to the District (please explain).
3. District personnel who are officers in national, state, regional or local educational organization, or in community service organizations if community service leave is requested.
4. District personnel who are requested by the Governor of the State or by the State Department of Education to attend a professional activity.
5. Attendance of District personnel at the professional activity is legally within the applicable State laws and does not conflict with policies and regulations of the District.
6. Professional organization conducting the activity shall pay the cost of travel, per diem, registration, substitute teacher, and other expenses, or a part thereof, whenever possible and reasonable.
7. Attendance of District personnel at the activity does not unduly interfere with the employee's main job responsibilities.
8. Consideration shall be given to any problems that might occur in obtaining adequate substitute teachers needed to replace District employees leaving their jobs to attend a professional activity.
9. The information gained from attendance will be made available to other District personnel.
10. Professional leave shall not be requested during the first two or last two (2) weeks of the school year except in extenuating circumstances.

INSTRUCTIONS FOR USE OF THIS FORM

1. Employee completes the appropriate sections of the form and forwards to his/her principal or supervisor, and/or program or grant coordinator.
2. The principal, supervisor, and/or grant coordinator approves or disapproves the request.
3. Follow the Business Office directions on per diem (see back of Per Diem Form AP-F002).

PLEASE NOTE

Time and Attendance Reports **must show** approved leaves **using the appropriate codes**.

Specific provisions regarding the various leaves are contained in the Negotiated Agreement or the Administrative Regulations.

Account Number

Account Number					
Fund	Program	Function Key	Object Code	RC	Department
↓	↓	↓	↓	↓	↓
50	490	1000 <small>(Instructional)</small>	61230	School Number	6330 (Title I Site)
		2213 <small>(Professional Development)</small>			

****This format is used across WCSD****

BusinessPlus
DW3002A: Substitute Charge - Grants

Selection Criteria Report Prompts

Enter the Pay Period Begin Date:	<input style="width: 90%;" type="text" value="05/11/2023"/>
Enter the Pay Period End Date:	<input style="width: 90%;" type="text" value="06/10/2023"/>
Enter the Fund:	<input style="width: 90%;" type="text" value="+50"/>
Enter the Program:	<input style="width: 90%;" type="text" value="*"/>
Enter the Func:	<input style="width: 90%;" type="text" value="*"/>
Enter the RC:	<input style="width: 90%;" type="text" value="*SCHOOL NUMBER"/>
Enter the Dept:	<input style="width: 90%;" type="text" value="*"/>
Enter the Object:	<input style="width: 90%;" type="text" value="*61230"/>
Enter the Emp ID:	<input style="width: 90%;" type="text" value="E000*"/>
Output to Excel (Y/N):	<input style="width: 90%;" type="text" value="N"/>

Cancel
Submit

****THESE REPORTS ARE AVAILABLE ON BUSINESS PLUS STARTING THE 22nd OF EVERY MONTH****

Title I Extra Duty Certified Stipends

1. What is a STIPEND?

An Agreement for services & extra duty tasks to be completed/performed outside of contract time.

2. When are Stipends due?

Stipends are due the 1st of every month. Stipends must be paid monthly, please do not hold on to stipends and submit quarterly. If the work has been performed and Stipends are complete, they may be submitted as soon as available.

3. Can someone else fill in the date for the person signing the stipend?

No, the form must be signed and dated by the employee named on the Stipend.

4. Can I pre-fill a stipend form and copy it?

No, **ALL** forms must have original signatures and original dates.

5. Can substitutes be paid through Stipends?

Substitutes are NOT eligible for PD Stipends. (Only for Instructional Hourly Positions at \$15/hr)

6. What Object Code and Function Key is used for PROFESIONAL DEVELOPMENT Stipends?

The account number for professional development will always be: 50-490-2213-61691-xxx-6330

7. Can employees be paid for the quarter hour?

Per the WEA negotiated agreement, the smallest increment paid to certified staff is the half hour. Time worked is always rounded up to the nearest half hour increment. The calculation is made each day and cannot be added together over several days.

8. Can I white-out a mistake on the Stipend form?

No, Stipends with white-out WILL NOT be processed. Please cross out any mistakes and write the correction next to it.

IMPORTANT

- Be sure to only use the backup forms provided by the Title I Department. **DO NOT** create your own.
- Stipends are due the 1st of every month.
- If your school stipends are ready, there is no need to wait until the 1st of the month, they can be submitted early.

Extra Duty Purpose and Process

1. Special Services Agreement – Form PAY-F009 (AKA Stipend)

A. Purpose

- a. Describe the services and the extra duty task that is to be performed outside of contracted hours.
- b. Document the hours worked while performing the described extra duty task.
- c. Payroll reporting.

B. Processing/Requirements

(Before the work is performed)

- a. One Stipend Form per employee describing the services to be provided is prepared by the District Representative in advance of an initial meeting and *before work begins*.
- b. The Agreement is entered into when the Employee signs the Special Services Agreement, adds their legal name (as on file with HR) and Employee ID# at the initial meeting before work begins.
- c. The signed Stipend Forms are returned to the District Representative after the initial meeting.

After the work is performed

- d. The District Representative adds the final number of hours worked to the stipend form, based on the teacher log as prepared by the teacher.
- e. The payment amount is calculated at \$30 per hour for contracted teachers.
- f. The expected month of payment is added to the form.
- g. Account coding is added.

After the work and the **** back-up forms**** are completed

- h. The Principal signs the teacher log and Stipend Form certifying the work was performed as described in the Agreement.
- i. The approved Stipend Forms and log sheets are sent through school mail to Title I Department for further processing.

2. ****Certified Non-Contract Log (Group PD, Individual PD)**

A. Purpose

- a. Evidence of work – payroll time sheet
- b. Verification work was completed outside of contract hours.
- c. Includes hours requested for pay.
- d. Verifies Administrative approval of work.

B. Processing/Requirements

- a. All work must be entered onto the log sheet in sequential date order.
- b. The Employee must total the log sheet to indicate the number of hours for which they are asking to be paid.
- c. **The Employee signs and dates the log after work is complete when ready to submit for pay.**
- d. Administrator signs and dates the log sheet verifying work was complete and is allowable.
- e. The log sheet is submitted with the Special Services Agreement (Stipend) for payroll processing after the visits are complete to the Title I office.

Special Services Agreement Pay-F009, Stipends (Revised 6/2015)

THE PURPOSE OF THE STIPEND FORM

To **DEFINE** extra duty work to be performed by Certified staff outside of their contract hours.
To **DOCUMENT** extra duty hours worked and to **SUBMIT** hours to payroll for payment.

Extra Duty – Work agreed to and performed by Certified staff outside of regular contracted hours, for which payment is due.

WASHOE COUNTY SCHOOL DISTRICT
Special Services Agreement
Certified/Administrative Staff Stipends
Not Valid for Classified Staff

THIS AGREEMENT, is made and entered into the _____ day of _____, 20____, between the Washoe County School District, herein referred to as District, and _____ herein referred to as Employee.

The District hereby engages and contracts the special services of the Employee as described below. Such services are to be performed in addition to other contracted services that may be specified in existing contractual agreements with the Washoe County School District. **Nothing contained herein shall be construed to create the relationship of independent contractor between the Employee and the District.**

Upon completion of the special services provided by the Employee, the District shall make payment to the Employee a stipend in the amount described below, **exclusive of any and all travel, subsistence, and other expenses.** Stipend payments shall be made through the payroll office and are subject to the current Federal Income Tax withholding rate for supplemental wages as detailed in Publication 15, Circular E, and Employers Tax Guide, which is published by the Internal Revenue Service. Stipend payments are also subject to Social Security taxes and Medicare taxes as applicable to the Employee's employment status. The District will report the stipend compensation as taxable income to the Internal Revenue Service and has the responsibility for payment of applicable Social Security, worker's compensation and all other benefits incidental to employment with the District.

This Special Services Agreement may only be modified by written agreement executed by both the District and the Employee.

Employee ID #: E000	Social Security #: XXX-XX-_____
Employee Name: _____	Primary Work Location: _____
Description of Services to be Performed: _____	
Employee Signature _____	District Representative (print or type) _____
Date _____	Date _____

List Dates Worked: _____ Total Hours Worked: _____

Month of Payment: _____ Payment Amount: \$ _____ Grant Name: _____
(will not be made until completion of services) (if Applicable)

Charge to/Account Code: - - - - - Organization Key: _____ / _____

Supervisor certification of completion of services; after the above work has been completed

Name: _____ Signature: _____ Date: _____

If grant funded: By my signature, I certify that 100% of these personnel services are allowable costs to the grant listed on the form & performed in accordance with all applicable federal and state regulations.

District Approvals

Project Coordinator Signature _____	Grant Administrator or H.R. Approval _____
Date _____	Date _____

To be completed **before** activity begins

1. Agreement date (first date of activity or before. Should be the same as the District Representative date)
2. Employee legal name, as on file with HR

To be completed **before** activity begins

3. Employee ID #
4. Employee legal name, as on file with HR
5. Primary work location
6. Description of services to be performed
7. District Representative (person who prepared form) type or print name and date form was prepared, signature not required

Employee original signature and original date on or before work begins.

**WASHOE COUNTY SCHOOL DISTRICT
Special Services Agreement
Certified/Administrative Staff Stipends
*Not Valid for Classified Staff***

THIS AGREEMENT, is made and entered into the _____ day of _____, 20____, between the Washoe County School District, herein referred to as District, and _____ herein referred to as Employee.

The District hereby engages and contracts the special services of the Employee as described below. Such services are to be performed in addition to other contracted services that may be specified in existing contractual agreements with the Washoe County School District. **Nothing contained herein shall be construed to create the relationship of independent contractor between the Employee and the District.**

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This Special Services Agreement may only be modified by written agreement executed by both the District and the Employee.

Employee ID #: E000	Social Security #: XXX-XX-
Employee Name: _____	Primary Work Location: _____
Description of Services to be Performed: _____	
Employee Signature _____	District Representative (print or type) _____
Date _____	Date _____

List Dates Worked: _____ Total Hours Worked: _____

Month of Payment: _____ Payment Amount: \$ _____ Grant Name: _____
(will not be made until completion of services) (if Applicable)

Charge to/Account Code: - - - - - Organization Key: _____ /

Supervisor certification of completion of services; after the above work has been completed		
Name: _____	Signature: _____	Date: _____
<small>If grant funded: By my signature, I certify that 100% of the personnel services are allowable costs to the grant listed on the form & performed in accordance with all applicable federal and state regulations.</small>		
District Approvals		
Project Coordinator Signature _____	Grant Administrator or H.R. Approval _____	
Date _____	Date _____	

To be completed **after** activity, middle white section:

9. Add employee ID if missing
10. List dates worked – list each date separately, no date spans
11. Total hours worked
12. Month of payment (next pay cycle)
13. Total payment amount (hours x \$30)
14. Grant name: Title I
15. Charge to/Account Code
16. Organization key – leave blank

To be completed **after** activity

17. Print Principal name
18. Principal signs and dates document certifying activity is complete, payment is due, and activity is allowable under the grant.

Certified Hourly Pay **Tutoring/Student Instruction**

Purpose: Student instruction outside of contract time, i.e. before school, after school, during inter-session.

Steps to follow:

Before work begins – *At least one month prior to program start*

1. Administrator determines certified staff will be hired for student instruction
 - a. Verify that funds are available
 - i. 50-490-1000-61210-RC-6330
2. Complete *Certified Hourly Application* electronically (form is under WCSD web site under Position Control Department) Electronic submission only.
3. The employee must hold a teaching or substitute teaching license to be paid in this manner. (\$30/hour for teachers, \$15/hour for substitutes).
4. For current WCSD employees, the first page is required. For non- district applicants, pages 1 and 2 are required, with a copy of their Nevada Teacher License attached.
5. Email the completed Hourly Application to Position Control, cc Title I
 - a. Once form is submitted, you will receive an email from Position Control providing you with a PCO number, to let you know your application has been received
 - b. When the PCO has been processed, a generated email will be sent to you. At this time, you can look up the employee and verify that their new position has been created in Timecard Online for that specific assignment.
 - c. Time cannot be submitted until the employee has a pay screen for the Title I hourly position.

Employee Begins Work

1. Employee will be assigned the number of hours they can work per pay period.
2. Certified payroll calendar must be followed.
3. Track hours using the district's timesheet and provided log.

School Timekeeper

1. Timekeeper at school must keep track of hours in between pay periods, because our department receives everything after the work is completed.
2. Time is entered in Timecard Online under BPlus monthly.
 - a. Verify correct pay screen tab, please do not guess.
 - b. Time to be entered according to the Certified payroll schedule.
 - c. Submit and approve payroll as usual.
 - d. Submit a copy of the timesheet and log to the Title I Department Avoid any back pay if at all possible.

DOCUMENTS ARE DUE TO THE TITLE I OFFICE BY THE 15th OF EACH MONTH.



WASHOE COUNTY SCHOOL DISTRICT
HUMAN RESOURCES DIVISION

APPLICATION FOR CERTIFIED HOURLY ASSIGNMENT

This application will be used when hiring any certified employee in an hourly teaching or extra duty assignment. Please complete this application so that a determination can be made of the employee's occupational qualifications for this position.

If you need assistance during any step of the application and/or hiring process, please notify a representative from the Human Resources Division in advance by calling (775) 348-0321.

SCHOOL/DEPARTMENT TO COMPLETE THIS SECTION

Form fields for School/Department, Signature of Principal or Program Coordinator, Start Date, End Date, Description of work to be performed, Duration of Position, Core Subject? Yes/No, If YES, what subject?

If this assignment is for extra contract days for a current teacher, do you expect this duty to recur as a standard practice? Yes/No

Note: If not part of the original employment contract as a standard practice, the earnings are not subject to PERS contributions.

Form fields for Funding Source, Account Number, Rate of Pay, Please Check One: Hourly/Daily, HR Licensing, Orgkey/Object:

APPLICANT INFORMATION

Form fields for Last Name, First Name, Middle Name, Other Names Used, Social Security Number, Address, City, State, Zip, Home Phone, Best Time to Call, Work Phone, Best Time to Call

Are you currently employed by WCSGD? Yes/No Current Position/Location: /

Are you currently licensed to teach in Nevada for the position for which you are applying? Yes/No

Please attach a copy of your Nevada Teacher License.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION

I hereby certify that all information provided by me on this employment application and all other information provided by me in the course of applying for employment at Washoe County School District (WCSGD) is truthful, accurate, and complete. I understand that if any information provided by me on this employment application or any other information provided by me in the course of applying for employment at WCSGD is found to be false, untruthful, misleading, or incomplete that such will be cause for immediate rejection of my application for employment. I further understand that if I am hired as an employee of WCSGD and at any time thereafter it is discovered that any information provided by me on this employment application or any other information provided by me in the course of applying for employment at WCSGD is found to be false, untruthful, misleading, or incomplete shall be sufficient cause for disqualification or dismissal from employment.

I hereby authorize WCSGD to obtain information relating to my current and previous employment, education, criminal or personal history records. I agree to release the WCSGD, its employees, representatives and agents from any and all liability claims and damages for the obtaining and use of information received from these sources or developed as a result of contacting these sources.

I hereby authorize any and all organizations, including but not limited to my current or previous employers, educational institutions, etc., their employees, representatives and agents to provide any and all information regarding my employment or education to WCSGD, its employees, representatives and agents requesting such information. In addition to authorizing the release of any information regarding my employment or education, I hereby fully waive any rights or claims I have against said organizations, its employees, representatives and agents from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, release or omission of any such information by any person or party, whether such information is favorable or unfavorable to me. A photocopy of this release will be valid as an original even though the photocopy does not contain an original writing of my signature.

I hereby certify that I have read and understand the above.

Form fields for Applicant's Name (Please Print), Applicant's Signature, Date

NON-DISTRICT APPLICANTS MUST COMPLETE PAGE 2 OF THIS FORM

Position Control:



MUST BE COMPLETED BY NON-DISTRICT APPLICANTS

Current Employer Address City State Zip
Position: _____ Supervisor: _____ Dates of Employment From _____ to _____

PAST EXPERIENCE RELATED TO THIS POSITION:

Employer Address City State Zip
Position: _____ Supervisor: _____ Dates of Employment From _____ to _____

REFERENCES (Please list four (4) references who are familiar with your work experience):

Name: _____ Title: _____ Phone: (____) _____
Name: _____ Title: _____ Phone: (____) _____

EDUCATION:

College/University Degree Major Minor

College/University Degree Major Minor

PREVIOUS RESIGNATION/DISMISSAL INFORMATION

If you have been dismissed, terminated, asked to resign, or asked to resign in lieu of discipline by a previous (or current) employer, or if you are under investigation by your current employer for possible disciplinary action, a full and complete explanation must be addressed to the attention of the Assistant Superintendent of Human Resources. Please place your written explanation in a sealed envelope and attach it to your application.

ARRESTS/CONVICTIONS

In answering the following questions, be advised that if you are offered employment with the WCSD, a set of your fingerprints will be taken and will be forwarded to the Federal Bureau of Investigation (FBI) for processing. The District will then receive a report from the FBI which will contain a complete listing of any arrest and/or conviction that is on your FBI criminal history file. It is essential, therefore, that you answer each question with complete honesty. If you are unsure about a past event, you should list it. Please note that a yes answer to these questions may not necessarily disqualify you from consideration for employment. The WCSD will consider the nature and date of the conviction, your intervening conduct, and the relationship between the conviction and the position for which you are applying.

Have you ever been CONVICTED of any criminal offense other than a minor traffic violation (this includes, but is not limited to a felony, gross misdemeanor, misdemeanor, DUI, etc.)? Conviction means the final judgment of a verdict or a finding of guilty, plea of guilty, or a plea of nolo contendere in any court, regardless of whether an appeal is pending or could be taken.

Yes (please initial) _____ No (please initial) _____

Do you have any outstanding arrests for which you are awaiting trial or for which a final judicial determination has not been made?

Yes (please initial) _____ No (please initial) _____

If YES to EITHER of the above questions, you must complete and include a CONVICTION INFORMATION FORM. Failure to do so may result in the rejection of your application.

Have you ever had any credential or driver's license suspended or revoked?

Yes (please initial) _____ No (please initial) _____

If yes, please explain and include applicable dates:

**WASHOE COUNTY SCHOOL DISTRICT
TIME AND ATTENDANCE REPORT**

CERTIFIED/ADMIN.

** Type, Print or Affix Label **

Location/Location #
Employee Name/Employee I.D. #
Position Description
Position Code/FT or PT/Pay Class
Pay Period

		E000	
#REF!		through	#REF!

Record "Leave" Information Only on Certified/Admin. Timesheets:

Date	(1)		(2)		Optional Notes	Date	(3)		(4)		Optional Notes
	Full (1) Half (.5) Day	Absence Hour Code	Full (1) Half (.5) Day	Absence Hour Code			Full (1) Half (.5) Day	Absence Hour Code	Full (1) Half (.5) Day	Absence Hour Code	
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					
						31					
Totals	0.00		0.00				0.00		0.00		

Grand Total Full/Half Days This Period (Columns (1)+(2)+(3)+(4))

0.00

Approvals:

Prepared By

Notes:

Administrative Approval

Employee Signature

Required Only If A Deduction From Pay is Made

Travel Procedures Using Title I Funds

Travel approval requests are required at least 6 weeks prior to travel dates. Time is crucial when making conferences arrangements, please plan accordingly. The Title I Department follows the Grant's and WCSD's travel guidelines and policies.

All travel arrangements must be made by the Title I Department, not the Title I Site.

1. Title I will create a Travel Packet to be submitted to the Title I office, will include the following.
 - ✓ **School Business Leave Form** (HR-F530) for each person traveling must be completed with all required signatures.
 - ✓ **Backup Documentation** for each expense requested. To include airfare, hotel, conference registration information, etc. (A printout from the vendor's website is acceptable), be sure cost is included.
 - ✓ **Travel Information required forms** (for each staff member traveling).
 - Air Travel Information Request Form
 - MOU (Memo of Understanding) and signed GSA Acknowledgement.
2. Title I Department will process paperwork and forward it to the Grants Office for final approval. The Grants Department will document any GSA overages on the approved leave form.
3. Any travel arrangement made without approval will automatically be charged to your site's operating budget.
4. Title I Department will complete all conference arrangements for your site, this includes Conference Registration, Hotel and Airfare.
5. All conference confirmations will be sent via e-mail to the attendees.
6. Title I must be notified of changes as soon as possible.

Title I Inventory

Title I Department is required to conduct an inventory audit annually. Schools are always required to keep accurate and complete inventory records. Check out systems and inventory records must always be readily available. The site Administrator is responsible for all Title I inventoried items. All Title I inventoried items must be checked out annually. Systems must be in place for tracking all technological equipment.

Frequently Asked Questions

How can I request a purple T- Tag for my Title I equipment?

If the Title I equipment you received does not have a purple T-tag. You must request one. Contact the IT Department Matthew Palian at MPalian@Washoeschools.net . When requesting tags a WCSD Purchase Order number is required.

What items are issued T-Tags?

The IT Department will only issue T-Tags for equipment costing less than \$5K per item and networked such as Apple TV, Laptops, iPads, Desktops, Printers and Charging Carts. A purchase using a WCSD purchase order ensures that the equipment meets district guidelines and standards. The equipment will also then be tracked for insurance purposes. Projectors, lumens, and other technology item not receiving T-tag are tracked by the serial number.

How do I get surplus items removed from my inventory and picked up from my site?

Please contact the Title I Department @ (775)333-6034 if you have items that work but your site no longer needs or want. For Items no longer working you must complete a Relocation Request form (WHS-F401) found on the WCSD website and email it to warehouse@washoeschools.net and cc julie.butler@washoeschools.net and the Title I Department to have your items removed from your site and the Inventory list.

Who is responsible for keeping track of Title I Equipment at my site?

It is the school's responsibility to keep track of the Title I Equipment. Each Administrator is responsible for identifying an employee who will track Title I equipment on an on-going basis. Please submit the name of your inventory contact to Title I.

Do I need to have a tracking system in place?

Yes, is crucial your site has a tracking system in place and keeps it updated throughout the entire school year. Having a check in/out system is required. If your site does not have a system in place, please reach out to the Title I Department for further guidance.

How long do I have to prepare before the Inventory visit?

You will have 4-5 weeks from the time our department sends you your inventory spreadsheet to find and update all the items. Once this task is completed, you will need to send via e-mail your updated list with all items accounted for and updated locations of each item. If we consider a physical inventory is necessary, we will contact your school and make arrangements to schedule a visit.

What happens during the Title I inventory Visit?

Title I will be checking for WCSD Asset Tag number, Orange Title I sticker and location of the item and how it is being used. Nothing should be in the Custodial room, Clinic or Kitchen. It is important for the person who is taking us around to know the location of all the items listed, this is not the time to search for items, we are only verifying Title I items. All items must be located prior to the monitoring visit.

How often does Title I visit my school to check inventory?

Inventory happens once a year, starting around March.

What if I cannot find a piece of Equipment?

Contact the Title I department for guidance at (775)333-6034

Title I Orange Stickers



Title I orange stickers are used to easily identify all equipment purchased with Title I Funds.

Frequently Asked Questions

1. How can I request the orange Title I Stickers?

- When a Purchase Order is approved by the Title I Department that uses any of the following Object Codes:

66120: Non-Tech Equipment of Value

66521: Tech Equipment of Value

66540: Computer Equipment <\$1,000

The Title I Department will automatically send out Title I Stickers via school mail. For additional stickers, please call the Title I Department.

2. I received all the equipment I ordered, what do I do next?

- Before distributing equipment, if equipment does not have a tag, you must request the appropriate inventory tag for each item.
- Place an orange Title I Sticker on every piece of equipment next to the WCSD Tag.
- As soon as you receive tags, place them on the equipment (in an easily accessible area to read for inventory purposes) and follow the instructions on the Tag form.
- Email Title I the following Information:
 - PO Number
 - Tag Numbers
 - Serial Numbers
 - Location of each item including room number
 - This information will be added to the annual inventory spreadsheets.

TITLE I EQUIPMENT USE LOG

Employee Full Name: _____

Room # _____

The purpose of this log is to establish a record for Title I equipment. A signature on this log is required to indicate that the Employee has read, understands, and agrees to the following provisions:

1. Employees shall complete and sign the Equipment Use Log. Log is maintained at the school or department.
2. Employees shall take care of the entrusted equipment and report and damage or needed repair, beyond the normal wear and tear associated with general use, to administrator and/or administrator's designee.
3. Equipment must be on WCSD grounds during work hours.
4. Equipment location is to be verified at the beginning and end of each school year.
5. Employee has complete responsibility for all the pieces of equipment listed below.
6. Employee understands that failure to return the equipment entrusted to him/her will result in a School Police Report.

Date Equipment Checked Out	Type of Equipment	Serial #	Tag Number	Date Equipment Returned	Notes

Employee Signature: _____ Date _____

Person Tracking Inventory _____ Date _____



Administrative Form WHS-F401
RELOCATION REQUEST FORM

1. Relocation Request Form must be received by the Warehouse at least two (2) weeks in advance of the deadline for the move.
2. Email this completed form to: warehouse@washoeschools.net and Julie.butler@washoeschools.net
3. List quantities and descriptions of all items to be relocated, including all asset tag numbers. Items not listed below when driver arrives will not be picked up.
 - a. Be advised: The warehouse cannot be held responsible for the repair of fragile items in the event that damage occurs during transit.

Move From: _____
(Name of School/Department, Contact Name, Phone #)

Move To: _____
(Name of School/Department, Contact Name, Phone #)

Request Date: _____ Deadline Date for Move: _____

All Relocation Requests are done as time allows and on a first-come, first served basis, accommodating the deadline dates unless unforeseen circumstances occur.

- LABEL ITEMS TO BE MOVED WITH CONTACT NAME AND LOCATION OF FINAL DESTINATION
- EMPTY ALL FURNITURE, DESKS, FILE CABINETS, WARDROBES, ETC.
- NO BOXES HEAVIER THAN 50 LBS.

To Be Completed by Warehouse Staff

Completed By: _____ Date: _____
(First/Last Name)

Title I Family Engagement Stipends

Frequently Asked Questions:

1. **When are stipends due?**

Stipends are due the 1st of every month. Stipends must be paid monthly. Please do not hold on to stipends and submit quarterly.

2. **Can I submit Stipends before the 1st of the month?**

Yes, if the work has been completed and stipends are complete turn them in as soon as you can, this will allow more time to fix any problems found.

3. ***Can someone else fill in the date for the person signing the stipend?***

No, the form must be dated and signed at the same time.

4. ***Can a prefilled stipend form be copied?***

No, **ALL** forms must have original signatures and original dates.

5. ***What object code and function key are used with family engagement stipends?***

The account number for professional development will always be 50-490-2322-61691-xxx-6330

6. ***Can employees be paid for the quarter hour?***

Per the WEA negotiated agreement, the smallest increment paid to certified staff is the half hour. Time worked is always rounded up to the nearest half hour increment. The calculation is made each day and cannot be added together over several days.

7. ***Can I white-out a mistake on the stipend form?***

No, stipends with white-out cannot be processed. Please cross out the error and write the correction next to it.

Important

- Be sure to only use the backup forms Title I department provides. DO NOT create your own.
- Stipends are due the 1st of every month
- If your school stipends are ready, there is no need to wait until the 1st of the month they can be submitted early.

Special Services Agreement Pay-F009, Stipends (Revised 6/2015)

THE PURPOSE OF THE STIPEND FORM

To **DEFINE** extra duty work to be performed by Certified staff outside of their contract hours.
To **DOCUMENT** extra duty hours worked and to **SUBMIT** hours to payroll for payment.

Extra Duty – Work agreed to and performed by Certified staff outside of regular contracted hours, for which payment is due.

WASHOE COUNTY SCHOOL DISTRICT
Special Services Agreement
Certified/Administrative Staff Stipends
Not Valid for Classified Staff

THIS AGREEMENT, is made and entered into the _____ day of _____, 20____, between the Washoe County School District, herein referred to as District, and _____ herein referred to as Employee.

The District hereby engages and contracts the special services of the Employee as described below. Such services are to be performed in addition to other contracted services that may be specified in existing contractual agreements with the Washoe County School District. **Nothing contained herein shall be construed to create the relationship of independent contractor between the Employee and the District.**

Upon completion of the special services provided by the Employee, the District shall make payment to the Employee a stipend in the amount described below, **exclusive of any and all travel, subsistence, and other expenses.** Stipend payments shall be made through the payroll office and are subject to the current Federal Income Tax withholding rate for supplemental wages as detailed in Publication 15, Circular E, and Employers Tax Guide, which is published by the Internal Revenue Service. Stipend payments are also subject to Social Security taxes and Medicare taxes as applicable to the Employee's employment status. The District will report the stipend compensation as taxable income to the Internal Revenue Service and has the responsibility for payment of applicable Social Security, worker's compensation and all other benefits incidental to employment with the District.

This Special Services Agreement may only be modified by written agreement executed by both the District and the Employee.

Employee ID #: E000	Social Security #: XXX-XX-_____
Employee Name: _____	Primary Work Location: _____
Description of Services to be Performed: _____ _____	
Employee Signature _____ Date _____	District Representative (print or type) _____ Date _____

List Dates Worked: _____ Total Hours Worked: _____

Month of Payment: _____ Payment Amount: \$ _____ Grant Name: _____
(will not be made until completion of services) (if Applicable)

Charge to/Account Code: - - - - - Organization Key: _____ / _____

Supervisor certification of completion of services; after the above work has been completed		
Name: _____	Signature: _____	Date: _____
<small>If grant funded: By my signature, I certify that 100% of these personnel services are allowable costs to the grant listed on the form & performed in accordance with all applicable federal and state regulations.</small>		
District Approvals		
Project Coordinator Signature _____ Date _____	Grant Administrator or H.R. Approval _____ Date _____	

Date: 5/31/13, Rev. D PAY-F009 Page 1 of 2

To be completed **before** activity begins

1. Agreement date (first date of activity or before. Should be the same as the District Representative date)
2. Employee legal name, as on file with HR

To be completed **before** activity begins

3. Employee ID #
4. Employee legal name, as on file with HR
5. Primary work location
6. Description of services to be performed
7. District Representative (person who prepared form) type or print name and date form was prepared, signature not required

Employee original signature and original date on or before work begins.

**WASHOE COUNTY SCHOOL DISTRICT
Special Services Agreement
Certified/Administrative Staff Stipends
*Not Valid for Classified Staff***

THIS AGREEMENT, is made and entered into the _____ day of _____, 20____, between the Washoe County School District, herein referred to as District, and _____ herein referred to as Employee.

The District hereby engages and contracts the special services of the Employee as described below. Such services are to be performed in addition to other contracted services that may be specified in existing contractual agreements with the Washoe County School District. **Nothing contained herein shall be construed to create the relationship of independent contractor between the Employee and the District.**

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Employee Name: _____	Primary Work Location: _____
Description of Services to be Performed: _____	
Employee Signature _____	District Representative (print or type) _____
Date _____	Date _____

List Dates Worked: _____ Total Hours Worked: _____

Month of Payment: _____ Payment Amount: \$ _____ Grant Name: _____
(will not be made until completion of services) (if Applicable)

Charge to/Account Code: - - - - - Organization Key: _____ /

Supervisor certification of completion of services; after the above work has been completed		
Name: _____	Signature: _____	Date: _____
<small>If grant funded: By my signature, I certify that 100% of the personnel services are allowable costs to the grant listed on the form & performed in accordance with all applicable federal and state regulations.</small>		
District Approvals		
Project Coordinator Signature _____	Grant Administrator or H.R. Approval _____	
Date _____	Date _____	

To be completed **after** activity, middle white section:

9. Add employee ID if missing
10. List dates worked – list each date separately, no date spans
11. Total hours worked
12. Month of payment (next pay cycle)
13. Total payment amount (hours x \$30)
14. Grant name: Title I
15. Charge to/Account Code
16. Organization key – leave blank

To be completed **after** activity

17. Print Principal name
18. Principal signs and dates document certifying activity is complete, payment is due, and activity is allowable under the grant.

School Name:

July 2024							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 0
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				
							Family Engagement Hours
							0

January 2025							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 18
			1	2	3	4	January 1 - 3 - Winter Break
5	6*	7	8	9	10	11	January 6 - Teacher Professional Dev. Day
12	13	14	15	16	17	18	January 20 - Martin Luther King, Jr. Day
19	20	21	22	23	24	25	
26	27	28	29	30	31		
							Family Engagement Hours
							0

August 2024							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 15
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	
							Family Engagement Hours
							0

February 2025							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 19
						1	February 17 - President's Day
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28		
							Family Engagement Hours
							0

September 2024							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 20
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30						
							Family Engagement Hours
							0

March 2025							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 11
						1	March 17 - 28 - Spring Break
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						
							Family Engagement Hours
							0

October 2024							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 16
		1	2	3	4	5	October 7 - 11 - Fall Break
6	7	8	9	10	11	12	October 14 - Teacher Professional Dev. Day
							October
13	14*	15	16	17	18	19	October 25 - Nevada Day Observance
20	21	22	23	24	25	26	
27	28	29	30	31			
							Family Engagement Hours
							0

April 2025							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 22
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30				
							Family Engagement Hours
							0

November 2024							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 16
					1	2	November 5 - Election Day
3	4	5*	6	7	8	9	November 11 - Veterans Day
10	11	12	13	14	15	16	November 27 - 29 - Thanksgiving Break
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
							Family Engagement Hours
							0

May 2025							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 21
					1	2	3
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	
							Family Engagement Hours
							0

December 2024							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 14
1	2	3	4	5	6	7	December 20 - Teacher Work Day
8	9	10	11	12	13	14	December 23 - January 3 - Winter Break
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31					
							Family Engagement Hours
							0

June 2025							No School on Shaded Days
S	M	T	W	TH	F	S	# of School Days = 5
1	2	3	4	5	6	7	June 9, 10, 11 - Contingency Days
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30						
							Family Engagement Hours
							0

Directions:

1. Enter number of **Title I Site Budget** funded Family Engagement hours in the blue boxes for each month.

Do not enter data in this box

50.490.xxxx.xxxxx.xxx.6330

Title I Site Budget

Annual Totals	Est. Cost
Site Budget PD Hours	0
	\$0
Total Est. Cost	\$0

Date Revised: 2-21-24 bdp