

LINE MOUNTAIN SCHOOL DISTRICT
185 Line Mountain Road, Herndon, PA 17830

CREDIT REIMBURSEMENT FORM

Pre-Approval/Pre-Pay

Submit this form to your principal at least three weeks prior to enrollment
in a course for which you plan to seek pre-pay tuition.

School Year – July 1, 20__ to June 30, 20__

Name _____ Date _____ SS# _____

I am seeking pre-approval for the following graduate and/or in-service course:

Course _____ Course No. _____ Graduate Course _____
In-Service Course _____
(Check One)

Rationale: How does this relate to professional development? _____

Institution _____ No. of Credits _____ Cost/Credit _____

OFFICIAL BILL OR COMPLETED REGISTRATION FORM SHOWING TUITION CHARGES MUST ACCOMPANY THIS
REQUEST. IF OFFICIAL BILL DOES NOT ACCOMPANY THIS REQUEST, IT MUST BE SUBMITTED TO THE
DISTRICT IMMEDIATELY UPON RECEIPT.

Date Course Begins _____ Date Course Ends _____

I attest that this request is consistent with the terms of the Collective Bargaining Agreement and I
understand that if approved, I need to submit verification of grade to the District Office within 45
days of completion of the course. If I fail to do so, or if I fail to satisfactorily complete the course, I
will reimburse the district through deductions from my paycheck.

Employee Signature _____ Reviewed by Principal _____

_____ Approved for Pre-Pay Tuition _____ Not Approved

Explanation _____

Superintendent's Signature _____ Date _____

FOR BUSINESS OFFICE USE ONLY

Maximum annual reimbursement \$ _____
Previous course approvals/allowances _____
_____ _____
_____ _____

Balance Available _____ \$ _____
Credits Approved _____ Actual Cost \$ _____
Approved for Payment \$ _____ Vendor # _____
Account Code _____ Check # _____
Checked By _____ Adm. Approval _____

CLASSROOM SPEAKER/VISITOR REQUEST

Visitor _____

School/Company/Organization _____

Teacher scheduling visit _____

Date of visit _____

Area of Building _____

Reason:

Building Administrator Approval:

_____ **Date**

Invoice Date _____

Line Mountain School District
Special Transportation Request
Form B (Same Day Trip)

- Preapproved Trip (submit at least 10 days before date of trip)
- Requires Board Approval (submit at least 10 days before board meeting)
(list educational objectives on reverse side or attach list)
(Please attach itinerary)

SECTION A - To be Completed by Requester

Group requesting transportation _____ Date of trip _____
 Costs to be charged to _____ Estimated Cost _____
 Staff supervising _____ Rain Date _____
 Substitute(s) Cost _____ Estimated Total Cost of Trip _____
 Destination, address and phone number _____

Departing from _____ Time _____ PASSENGERS
 Returning to _____ Time _____ Pupils _____
 Designated loading areas _____ Teachers _____
 Additional requirements _____ Other Adults _____
 _____ Total _____
 Total time of trip _____ Total mileage of trip _____

(A roster of passengers must be attached or listed on reverse side. Parental permission slips must be submitted to Principal's Office).

Requester's Signature _____ Date _____

SECTION B - To Be Completed By Principal

Substitute Cost \$ _____
 Travel Cost \$ _____
 Total Cost \$ _____

Costs to be charged to _____

Klinger Contracted School Busses _____

Capacity _____

Other Bus Company Used _____

Private Vehicle Drivers _____

Certificate of Insurance on File Y/N (circle)

Principal's Approval _____

Date _____

SECTION C - To Be Completed By Superintendent

Superintendent's Approval _____

Date _____

Board Action _____

Date _____

SECTION D - To Be Completed By Business Office

Available funds verified _____

Date _____

Bus Scheduled _____

Driver Scheduled _____

Actual Cost \$ _____

Costs Charged To _____

RELEASE

The undersigned wish to participate in the activity of utilizing the weight room (the "Weight Room") in the Line Mountain High School during the 2010-2011 school year. The undersigned, intending to be legally bound hereby and in consideration of Line Mountain School District permitting the use of the Weight Room, do hereby, for themselves, their heirs, executors, administrators and assigns, remise, release and forever discharge Line Mountain School District, its school directors, officers, agents and employees, their successors and assigns ("Releasees") of, from and against all and all manner of actions and causes of action, suits, judgments, claims (including the right of contribution and indemnification concerning any third party) of whatsoever kind or nature, foreseen or unforeseen, in law or in equity, which the undersigned, or anyone claiming through the undersigned, any third party and all or any of them, jointly or severally, have or shall have, against the Releasees, or any of them, arising out of or in any way connected with the undersigned's use of the Weight Room.

The undersigned realize and acknowledge that as a result of this Release, they will not be able to hold Releasees liable for any injuries the undersigned incur in utilizing the Weight Room. They further realize and acknowledge that any costs they incur for medical treatment for any such injuries will be their sole responsibility.

Print Name

Signature

Date

Line Mountain School District

TO: _____, Principal

FROM: _____, Staff Member

I am interested in serving as advisor for _____
for the school term _____.

(Signed)

(Dated)

**LINE MOUNTAIN SCHOOL DISTRICT
BI-WEEKLY TIME RECORD**

**FOR TWO WEEK PERIOD
ENDING**

EMPLOYEE NAME _____
SOCIAL SECURITY # _____ 5989

HOURLY SALARIED

| LEAVE TYPES | |
|------------------|-------------|
| FL-FUNERAL | SL-SICK |
| PL-PERSONAL | VL-VACATION |
| UL-UNCOMPENSATED | |

WEEK ONE

| DAY | DATE | TIME IN | MEAL TIMEOUT | MEAL TIMEIN | TIME OUT | LEAVE TYPE | REG HOURS | OVT HOURS |
|--|------|---------|--------------|-------------|----------|------------|-----------|-----------|
| SUNDAY | | | | | | | | |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| SATURDAY | | | | | | | | |
| TOTAL HOURS (OVERTIME HOURS IN EXCESS OF 40 REGULAR HOURS) | | | | | | | 0 | |

WEEK TWO

| DAY | DATE | TIME IN | MEAL TIMEOUT | MEAL TIMEIN | TIME OUT | LEAVE TYPE | REG HOURS | OVT HOURS |
|-------------------------|------|---------|--------------|-------------|----------|------------|-----------|-----------|
| SUNDAY | | | | | | | | |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| SATURDAY | | | | | | | | |
| BI-WEEKLY TOTALS | | | | | | | 0 | |
| GRAND TOTAL | | | | | | | 0 | |

| BUSINESS OFFICE USE ONL | | | |
|-------------------------|-------|-----------|----------|
| ACCOUNT CODE | RATE | HOURS/DAY | TOTAL |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| APPROVAL | | | |

**NO EMPLOYEE MAY WORK OVERTIME
WITHOUT SUPERVISOR APPROVAL**

EMPLOYEE SIG. _____

SUPERVISOR SIG. _____

ACCOUNT CODE _____

PROGRAM CHARGE# _____

INTERDISTRICT VISITATION

Adhering to the Collective Bargaining Agreement between the Line Mountain School District and the Line Mountain Education Association covering the period July 1, 2006 to June 30, 2011, the following policy applies:

INTERDISTRICT VISITATION PRIVILEGES: Professional employees of Line Mountain School District shall have the opportunity to exercise interdistrict visitation privileges with other schools without loss of pay. No travel expenses will be paid by the Employer, however, and no more than ten (10%) percent of the total BARGAINING UNIT shall be allowed to exercise this privilege during any school term covered by this Agreement. This privilege shall be subject to prior administrative approval and employees will be required to share their learning experiences with other members of the staff on a form and/or other suitable means as required and provided by the administration. The ten (10%) percent limitation shall be filled on a first-come first-served basis.

LINE MOUNTAIN SCHOOL DISTRICT
500 West Shamokin Street, Trevorton, PA 17881

APPLICATION FOR APPROVAL OF INTERDISTRICT VISITATION

Name of Teacher _____

Name of School _____

I wish to be absent from my teaching position on: _____

To observe _____
(specific classes)

At _____
(Name of School)

With specific approval by _____
(Principal or Superintendent of Schools to be observed)

Teacher Signature _____ Date _____

APPROVED:

Principal Date _____

Superintendent Date _____

Forms\Interd

PERMISSION to DRIVE from HIGH SCHOOL to VO-TECH SCHOOL

NAME _____ GRADE ____ DATE ____/____/____

SHOP _____

PLACE OF EMPLOYMENT _____

The above-named student has my permission to drive from Line Mountain High School to the Northumberland Area Vocational Technical School for employment purposes after school.

EMPLOYER SIGNATURE _____

PARENT SIGNATURE _____

Principal's Approval _____ Date ____/____/____



IN-SCHOOL AUDITORIUM USE REQUEST



Form must be returned one CYCLE prior to date of use

Name _____

Date of Application _____

Department _____

Date(s) of Use _____

Cycle Day(s) _____

Period(s) _____

Special Arrangements and Description:

Microphones _____

Special Lighting _____

Projection Screen _____

Stage Set-up _____

LEAVE REQUEST FORM

Complete a separate form for each type of leave.

Employee

Name _____

Building _____

Date(s) of Absence

Half day(s)

full day(s)

_____ AM

_____ PM

_____ # Sick day(s)

_____ # Personal day(s)

_____ # Family sick day(s)

_____ # Funeral day(s) _____ relationship

_____ # Vacation day(s)

_____ # Other _____ specify other reason

Employee

I verify that the information I provided above is correct and that I have available accrued leave as requested in accordance with policy.

Signature of Employee

Date

Signature of Supervisor

Date

**Line Mountain Jr/Sr High School
Staff Parking Registration**

LAST NAME

FIRST NAME

VEHICLE INFORMATION:

YEAR: _____

MAKE: _____

MODEL: _____

COLOR: _____

LICENSE PLATE NUMBER: _____