

# PERSONNEL POLICIES AND PROCEDURES MANUAL



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The Arkansas Head Start Association/Arkansas Head Start State Collaboration Office Personnel Policies and Procedures includes adaptations from a sample employee handbook developed in ©2004 by the National Council of Nonprofit Associations

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# I. GENERAL

## A. MISSION

The Arkansas Head Start Association's mission is to promote structured leadership and collaboration on the state and local levels by planning, informing, advocating, and delivering innovative and quality trainings, technical assistance, and support to Early Head Start, Head Start, and Migrant-Seasonal Head Start directors, staff, parents, and friends in the state of Arkansas.

## B. OVERVIEW

This Personnel Plan contains policies and practices for the Arkansas Head Start Association and Arkansas Head Start State Collaboration Office (AHSA/AHSSCO). The purpose is to establish personnel procedures that are standard throughout the organization. It will also provide one basic source document for utilization by all employees. It is a guide to assist you in becoming familiar with some of the privileges and obligations of your employment, including AHSA/AHSSCO's policy of voluntary at-will employment. None of the policies or guidelines in the manual are intended to give rise to contractual rights or obligations, or to be construed as a guarantee of employment for any specific period of time, or any specific type of work.

The personnel policies of AHSA/AHSSCO are established by the Board of Directors, which has delegated authority and responsibility for their administration to the Collaboration Director. The Collaboration Director may, in turn, delegate authority for administering specific policies. Employees are encouraged to consult the Collaboration Director for additional information regarding the policies, procedures, and privileges described in this manual. Questions about personnel matters also may be reviewed with the Collaboration Director.

It may become necessary to amend this plan; when this happens, the employees will be notified by memo and provided with a copy of all amendments. AHSA/AHSSCO will provide each individual a copy of this manual upon employment. All employees are expected to abide by it. The highest standards of personal and professional ethics and behavior are expected of all AHSA/AHSSCO employees. Further, AHSA/AHSSCO expects each employee to display good judgment, diplomacy and courtesy in their professional relationships with members of AHSA/AHSSCO's Board of Directors, committees, membership, staff, and the general public.

## C. DEFINITION OF TERMS

**Employer-**The AHSA/AHSSCO is the employer of all full-time, part-time and temporary employees. An employee is hired, provided compensation and applicable benefits, and has his or her work directed and evaluated by AHSA/AHSSCO.

**Full-Time Employee-**A full-time employee is one who regularly works a full eight-hour day, 40 hours per week, whose employment is not time-limited and who has completed the probationary period of 90 days. This category is divided into exempt (salaried) employees and nonexempt (hourly) employees.

**Part-Time Employee-**A part-time employee is one who works a minimum of twenty hours per week with other conditions that are the same as for full-time.

**Exempt Employee-**An Exempt Employee is an employee who is paid on a salary basis and meets the qualifications for exemption from the overtime requirements of the Fair Labor Standards Act ("FLSA").

Non-Exempt Employee-A Non-Exempt Employee is an employee who is paid an hourly rate and does not meet the qualifications for exemption from the overtime requirements of the Fair Labor Standards Act ("FLSA"). For Non-Exempt Employees, an accurate record of hours worked must be maintained. AHSA/AHSSCO will compensate non-exempt employees in accordance with applicable federal and state law and regulations.

Temporary Employee-A temporary employee is one who fills a position but whose duration of employment is limited to a specific length of time.

All employees are classified as Exempt or Non-Exempt in accordance with federal and state law and regulations. Each employee is notified at the time of hire of his or her specific compensation category and exempt or non-exempt status.

## D. EXECUTIVE COMMITTEE

The ultimate authority to manage the AHSA/AHSSCO is vested in the AHSA Board/Executive Committee. All authority for day-to-day administration of the agency is delegated to the Collaboration Director. The Executive Committee reserves the right to make the final decision regarding all personnel appeals.

## E. RESPONSIBILITY OF EMPLOYEES

All employees will be given a complete copy of all written personnel policies and procedures. This will include the employee's job description.

It will be the responsibility of all employees to be familiar with all personnel policies and procedures and to adhere to them at all times. Failure to do so may be considered cause for dismissal.

The Collaboration Director or approved designees are to verify that all new employees have received and read the Personnel Policies and Procedures Manual. Employees must sign verification that they have read and received a copy of the Personnel Policies and Procedures Manual.

## F. APPLICABILITY OF PLAN

This personnel plan will apply to all employees of the AHSA/AHSSCO.

# II. VOLUNTARY AT-WILL EMPLOYMENT

Unless an employee has a written employment agreement with AHSA/AHSSCO, which provides differently, all employment at AHSA/AHSSCO is "at-will." That means that employees may be terminated from employment with AHSA/AHSSCO with or without cause, and employees are free to leave the employment of AHSA/AHSSCO with or without cause. Any representation by any AHSA/AHSSCO officer or employee contrary to this policy is not binding upon AHSA/AHSSCO unless it is in writing and is signed by the Collaboration Director with the approval of the Board of Directors.

### III. EQUAL OPPORTUNITY/AFFIRMATIVE ACTION

The AHSA/AHSSCO and Arkansas Head Start State Collaboration Office will not discriminate in its recruitment, selection, promotion, or implementation of personnel policies and procedures against any person or any employee based on race, color, sex, national origin, or disability. All applicable state and federal laws including, but not limited to, Title VI and Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act of 1967 as amended, Section 504 of the Rehabilitation Act Amendments of 1974, the Civil Rights Restoration Act of 1987, the Americans with Disabilities Act of 1990, and the Civil Rights Act of 1991.

AHSA/AHSSCO will not tolerate any form of unlawful discrimination. All employees are expected to cooperate fully in implementing this policy. In particular, any employee who believes that any other employee of AHSA/AHSSCO may have violated the Equal Employment Opportunity Policy should report the possible violation to the Collaboration Director.

If AHSA/AHSSCO determines that a violation of this policy has occurred, it will take appropriate disciplinary action against the offending party, which can include counseling, warnings, suspensions, and termination. Employees who report, in good faith, violations of this policy and employees who cooperate with investigations into alleged violations of this policy will not be subject to retaliation. Upon completion of the investigation, AHSA/AHSSCO will inform the employee who made the complaint of the results of the investigation.

AHSA/AHSSCO is also committed to complying fully with applicable disability discrimination laws, and ensuring that equal opportunity in employment exists at AHSA/AHSSCO for qualified persons with disabilities. All employment practices and activities are conducted on a non-discriminatory basis. Reasonable accommodations will be available to all qualified disabled employees, upon request, so long as the potential accommodation does not create an undue hardship on AHSA/AHSSCO. Employees who believe that they may require an accommodation should discuss these needs with the Collaboration Director.

If you have any questions regarding this policy, please contact the Collaboration Director.

### IV. SEXUAL/WORKPLACE HARASSMENT

#### A. DEFINITIONS

Sexual harassment is defined as any unwelcome sexual advance or conduct that is job related and that creates an intimidating, hostile, or offensive working environment for one or more employees. It may also be defined as any behavior associated with the workplace that is related to a person's gender that a reasonable woman or man would find offensive.

Examples of sexual harassment include:

- (1) Making vulgar comments regarding a person's physical attributes;
- (2) Coercing someone into having a sexual relationship; and
- (3) Compelling someone to dress in an abbreviated outfit in public.

Discriminatory harassment is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, gender, religion, sexual orientation, age, national origin, disability, or other protected category (or that of the individual's relatives, friends, or associates) that:

- (1) Has the purpose or effect of creating an intimidating, hostile, humiliating, or offensive working environment;
  - (2) Has the purpose or effect of unreasonably interfering with an individual's work performance;
- or

(3) Otherwise adversely affects an individual's employment opportunities.

## **B. WORKPLACE/SEXUAL HARASSMENT POLICY**

AHSA/AHSSCO prohibits all forms of sexual harassment and other types of discriminatory harassment, whether it is physical or verbal harassment and regardless of whether committed by supervisory or non-supervisory personnel. Employees are expected to conduct themselves in a professional manner and to show respect for their co-workers.

This includes, but is not limited to, repeated offensive or unwelcome sexual flirtations, advances, or propositions; continual or repeated verbal abuse of a sexual/discriminatory nature; graphic verbal commentaries about an individual's body; sexually degrading words used to describe an individual; and the display in the workplace of sexually suggestive objects or pictures.

The following conduct may constitute discriminatory harassment:

- (1) epithets, slurs, negative stereotyping, jokes, or threatening, intimidating, or hostile acts that relate to race, color, gender, religion, sexual orientation, age, national origin, or disability; and
- (2) written or graphic material that denigrates or shows hostility toward an individual or group because of race, color, gender, religion, sexual orientation, age, national origin, or disability and that is circulated in the workplace, or placed anywhere in Arkansas AHSA/AHSSCO's premises such as on an employee's desk or workspace or on AHSA/AHSSCO's equipment or bulletin boards. Other conduct may also constitute discriminatory harassment if it falls within the definition of discriminatory harassment set forth above.

All employees are responsible for reporting incidents of possible sexual or other discriminatory harassment. Each employee has the duty to answer all questions honestly and completely during any harassment investigation. Individual(s) alleged to have committed harassment have the right to be presented with the allegations and have the responsibility and a right to respond to the allegations.

The Collaboration Director or Executive Committee is required to investigate. When the allegations of a complaint are verified or deemed to have merit, the Collaboration-Director or Executive Committee is responsible for taking prompt and appropriate corrective and/or disciplinary action. Both the person(s) claiming harassment and the accused have the right to a prompt and complete investigation of the claim as well as the right to learn the result of the investigation.

Sexual and Discriminatory harassment in the workplace by any employee will result in disciplinary action up to and including dismissal and may lead to personal legal and financial responsibility.

## **V. SOLICITATION**

Employees are prohibited from soliciting (personally or via electronic mail) for membership, pledges, subscriptions, the collection of money or for any other unauthorized purpose anywhere on AHSA/AHSSCO property during work time, especially those of a partisan or political nature. "Work time" includes time spent in actual performance of job duties but does not include lunch periods or breaks. Non-working employees may not solicit or distribute to working employees. Persons who are not employed by AHSA/AHSSCO may not solicit or distribute literature on AHSA/AHSSCO's premises at any time for any reason. Employees are prohibited from distributing, circulating or posting (on bulletin boards, refrigerators, walls, etc.) literature, petitions or other materials at any time for any purpose without the prior approval of the Collaboration Director or his/her designee.



## VI. WORK SCHEDULES/ATTENDANCE/PUNCTUALITY

### A. HOURS OF WORK

The normal work schedule for employees will be from 8:00 a.m. to 4:30 p.m., with 30 minutes for lunch, Monday through Friday. However, irregular work schedules may be approved and/or directed when justification is evident.

Employees who are unable to keep their regular work schedule for any reason should notify their supervisor immediately. Employees who are consistently tardy or absent from their work site without authorization from their supervisor will be subject to dismissal.

### B. ATTENDANCE AND PUNCTUALITY

Attendance is a key factor in your job performance. Punctuality and regular attendance are expected of all employees. Excessive absences (whether excused or unexcused), tardiness or leaving early is unacceptable. If you are absent for any reason or plan to arrive late or leave early, you must notify your supervisor and the office manager as far in advance as possible and no later than one hour before the start of your scheduled work day. In the event of an emergency, you must notify your supervisor as soon as possible.

Excessive absences, tardiness or leaving early will be grounds for discipline up to and including termination. Depending on the circumstances, including the employee's length of employment, AHSA/AHSSCO may counsel employees prior to termination for excessive absences, tardiness or leaving early.

### C. OVERTIME

Overtime by employees will not be permitted without advance authorization from the Project Director or designated representative.

Compensatory time is time granted by the Collaboration Director to compensate for hours of work in excess of the regular working schedule.

The following are guidelines for compensatory time:

- (1) Time off with pay will be granted for extra work scheduled and approved by the Collaboration Director; and
- (2) Compensatory time must be cleared and approved ahead of time with the Collaboration Director.

## VII. EMPLOYMENT POLICIES AND PRACTICES

### A. JOB DESCRIPTION

A job description will be written for each position. The position will include a brief description of major duties and responsibilities, the nature of supervision to be received and/or exercised, and a qualification's statement.

The Collaboration Director and employee will review all job descriptions periodically. When they feel that changes should be made, they will make recommendations to the Executive Committee.

## C. COMPENSATION AND PAYROLL

Salary Determination-Salaries will be determined by the AHSA Board-Executive Committee. Wages paid by the organization will be consistent with wages paid for comparable positions in other organizations.

Pay periods-biweekly, ending Friday, with the paycheck or direct deposit due by the following Wednesday. The Administrative Services Manager will issue to all employees a schedule of pay periods in January.

Time Sheets-The Collaboration Director will be responsible for keeping time sheets on all employees. Time sheets, properly filled out and signed, will be turned into the Administrative Services Manager on the last day of the pay period. The payroll checks will be handed out or direct deposited by the following Wednesday.

Payroll Taxes-Federal and state income taxes, social security, and Medicare will be deducted from all payroll checks.

## D. DRUG-FREE WORKPLACE POLICY & PROCEDURES

### Definition of Terms

Drug-Free Workplace-All employees are prohibited from using, possessing, manufacturing, selling, trading, and/or offering the sale of alcohol, illegal drugs or intoxicants in the workplace.

### Drug-Free Workplace

Arkansas Head Start Association (AHSA) and the Head Start State Collaboration Office (HSSCO) are committed to protecting the safety, health and wellbeing of all employees and other individuals in our workplace. The agency recognizes that alcohol and drug use pose a significant threat to accomplishing agency goals. As a result, the agency has established a drug-free workplace policy that balances respect for all individuals with the need to maintain an alcohol and drug-free environment.

The policy prohibits employees from using, possessing, manufacturing, selling, trading, and/or offering the sale of alcohol, illegal drugs or intoxicants in the workplace. Any employee who conducts business for the agency on or off the entity's property (meetings or at any time representing the agency) is covered by the drug-free workplace policy.

AHSA/HSSCO recognizes that alcohol and drug abuse, as well as, addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our employees, our drug-free workplace policy:

- (1) Encourages employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
- (2) Allows the use of accrued paid leave while seeking treatment for alcohol and other drug problems.
- (3) Treatment for alcoholism and/or other drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

The AHSA/HSSCO encourages employees to voluntarily seek help with alcohol and/or drug problems. Following a violation of the drug-free workplace policy, an employee may be offered an opportunity to participate in rehabilitation. In such cases, the employee must sign and abide by the terms set forth in a Return-to- Work Agreement as a condition of continued employment.

If, however, an individual violates the policy, the consequences are serious. If an employee violates the policy without identifying or sharing that they have a problem, he or she will be terminated from employment.

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play.

All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs. In addition, employees are encouraged to:

- (1) Be concerned about working in a safe environment.
- (2) Support fellow workers in seeking help.
- (3) Report dangerous behavior to their supervisor.

It is the supervisor's responsibility to:

- (1) Inform employees of the drug-free workplace policy.
- (2) Observe employees' performance.
- (3) Investigate reports of dangerous practices. Document negative changes and problems in performance.
- (4) Counsel employees as to expected performance improvement.
- (5) Clearly state consequences of policy violations.
- (6) Enforce this policy by having all employees to sign off on a document stating that they have received, read and understand the Drug-Free Workplace policy and procedures.
- (7) Share and seek approval of the Drug-Free Workplace Policy & Procedures from the AHSA's Board. This includes all updates or changes to the policy and procedures.

Communicating and enforcing the drug-free workplace policy to both supervisors and employees is critical to the success of the agency. To ensure that all employees are aware of their role in supporting a drug-free workplace program:

- (1) All employees will receive a written copy of the policy.
- (2) All employees must sign a document acknowledging receipt of the policy.
- (3) The policy will be reviewed in orientation sessions with new employees.
- (4) The policy and assistance programs will be reviewed at AHSA Class and Board meetings.
- (5) All employees will receive an update of the policy annually with their paychecks.

Confidentiality is of the utmost importance! All information received by the entity through the drug-free workplace program is confidential. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

The drug-free workplace policy will be in effect at all times during all working hours.

## VIII. RECRUITMENT AND SELECTION

### A. RECRUITMENT

When job vacancies occur, present employees will be given the opportunity to apply for such vacancies before outside recruitment is utilized.

Maximum employment opportunities will be provided to area residents and members of groups served. They will be given preference in the selection of personnel. However, an attempt will be made to secure the best personnel possible for professional and management positions and this may require recruiting outside the area served.

The Collaboration Director will be responsible for recruitment. Recruitment may be accomplished by advertising in newspapers, the Employment Security Division, college placement offices, and temporary services. Newspaper advertisements will include an "equal opportunity employer" statement.

Conditions affecting employment:

- (1) No person will be eligible for employment in a position over which a member of his or her family exercises supervisory authority;
- (2) No person will be employed by the organization while he or she or a member of his or her family serves on the Board of Directors or on a committee that influences personnel action;
- (3) No person who holds an elected partisan political office or position will be considered for employment without prior approval of the Executive Committee;
- (4) No person who has shown that he or she is not in sympathy with the objectives of the organization will be considered for employment;
- (5) No person who has shown disloyalty to the United States or is a member of a subversive organization will be considered for employment; and
- (6) While it is not the policy of AHSA/AHSSCO to bar from employment those persons with criminal records, applicants must give full disclosure of all criminal arrests and convictions at the time that the application is submitted for a position. No person will be hired or continue in employment with AHSA/AHSSCO if they have been convicted of an offense involving child abuse, child neglect, controlled substance or violence toward another individual.

## B. SELECTION

It is the policy of this organization to only employ capable and responsible personnel. All personnel will be selected from a group of applicants with the "best qualified" applicant being chosen.

The Executive Committee hires the Collaboration Director and approves the hiring of all AHSA employees.

Selection Procedures:

- (1) Collaboration Director or an appointed designee will screen all job applicants and determine which applicants are qualified. References will be checked on qualified applicants;
- (2) A list of qualified applicants will be submitted to the Executive Committee. The Collaboration Director will make his or her recommendations to the Executive Committee. In some cases, the Executive Committee may hold a second interview.
- (3) Personnel selected for employment will be sent a written notice signed by the President or designee. Those applicants not selected will be sent a written notice of non-selection; and
- (4) The Collaboration Director has the authority to make initial decisions about the hiring and firing of personnel. The Executive Committee is the final authority. They have the sole authority for the hiring and firing of the Collaboration Director.

## C. ORIENTATION

The new employee will complete all the forms necessary to be placed in personnel and financial records. The employee will be given copies of the Personnel Policies and Procedures Manual, the Financial Procedures Manual, and Job Description.

## D. PROBATIONARY PERIOD

This a 90-day period during which each new employee's capability to perform the duties of his or her job is tested. In cases of authorized leave during this period, the completion date of the probationary period will be extended. Unauthorized leave during the period will result in termination. A probationary employee may be separated without undue formality if circumstances so warrant.

During the probationary period, the employee's conduct and performance in the actual duties of his or her position will be observed and evaluated by the Collaboration Director.

The Collaboration Director will provide guidance and determine whether the employee is suited for the type of work assigned. The employee will receive two or more evaluations of his or her performance. Evaluations will be spaced out evenly over the 90-day period. The evaluation form will be placed in the employee's personnel file.

If it becomes apparent at the end of the probationary period that the employee's conduct, general character traits or capabilities do not satisfy the job requirements, the Collaboration Director must initiate action to separate the employee from the organization. An employee separated during the probationary period does not have the right to appeal such separation unless he or she alleges that the separation was due to discrimination because of age, race, creed, color, citizenship, national origin, sex, disability, or marital status.

Change in status from probationary to a regular-status employee will be announced to the employee in writing and a copy will be placed in his or her personnel file.

## **IX. EVALUATION**

### **A. EVALUATION ELEMENTS**

The Collaboration Director will be evaluated by the AHSa President. This information will be shared with the AHSa Executive Committee.

The Performance of each employee will be evaluated at least annually by the Collaboration Director. The completed annual evaluation will be shared with the Executive Committee. Each employee will be advised by the Collaboration Director of the elements of his or her job requirements on which he or she will be evaluated.

The following elements will be evaluated:

- (1) Job proficiency;
- (2) Cooperation and working relationship;
- (3) Attendance;
- (4) Reliability and judgment;
- (5) Ability and willingness to follow instructions;
- (6) Public Relations; and
- (7) Desire to improve.

### **B. EVALUATION PROCEDURES**

During the evaluation conference, the Collaboration Director will discuss the employee's performance with him or her. He or she will relate the employee's strong points and counsel him or her on how to build on them. Weaknesses requiring attention and improvement will be pointed out and requirements elaborated in writing. If the weaknesses are of a sufficiently serious nature to warrant an unsatisfactory evaluation if continued, they will be reduced to writing and the employee informed of the consequences of failure to improve.

Both supervisor and employee should attempt to arrive at an understanding regarding the objectives for the coming year. This having been done, both parties should sign the performance review form, which will be kept as part of the employee's personnel record and used as a guide during the course of the year to monitor employee progress relative to the agreed upon objectives.

Both supervisor and employee must complete a professional growth plan prior to completion of their evaluation.

If the employee disagrees with the evaluation, he or she has the right to file with the Collaboration Director a written dissent to all or any part within ten (10) working days.

If the employee files a written dissent, the Collaboration Director will forward it to the AHSA Executive Committee. The Executive Committee will make a decision in order to resolve the matter. It will be placed in the employee's personnel file together with the Collaboration Director's evaluation and the employee's written dissent.

If the evaluation results in disciplinary action against the employee, the employee may file an appeal under the Association's Grievance Procedures.

## **X. PROFESSIONAL DEVELOPMENT AND TRAINING**

### **A. TRAINING COURSES**

Realizing that employee development benefits the AHSA/AHSSCO, the Collaboration Director may permit or direct the attendance of employees at meetings, conferences, or seminars intended to improve their skills or knowledge. When employees attend required conferences and meetings, expenses will be paid by the AHSA/AHSSCO. In certain instances, an irregular work schedule may be approved for employees wishing to attend education or training courses which are only offered during the normal workweek.

### **B. COLLEGE COURSES**

The AHSA/HSSCO will pay for one class a semester at an accredited institution if the course work is applicable to the employee's position.

## **XI. EMPLOYEE CONDUCT**

### **A. ATTITUDE**

The nature of the mission of the AHSA/AHSSCO is such that practically all employees come into contact with the public on many levels. Because the Association utilizes public funds and seeks to mobilize the support of all segments of the community, a good public image is essential to its success and even its continued existence. Each employee, by his or her conduct both on and off the job, projects an image of the AHSA/AHSSCO. Therefore, all employees are expected and required to act as ambassadors for the programs and the AHSA philosophy. Each employee will conduct himself or herself in such a manner as to project a friendly and courteous feeling of concern at all times. No employee will conduct himself or herself in such a manner as to bring reproach to the Association or himself or herself.

### **B. POLITICAL ACTIVITIES**

Employment in this organization will not be offered as a reward for political activity, the active support of a political party or a political candidate. AHSA/AHSSCO employees may engage in partisan political activities and political office during their off duty hours if permitted by funding organization. Equipment in the office cannot be used for political activity.



## C. CRIMINAL ACTIVITY

If the employee is charged with a felony, the Collaboration Director may at his or her discretion immediately suspend the employee with or without pay. In exercising his or her discretion, the Collaboration Director will consider the following factors:

- (1) The employee's prior criminal records, if any;
- (2) The nature of the crime of which the employee is accused and its relationship to the work assignment;
- (3) Any verifiable extenuating circumstances;
- (4) Whether the crime of which the employee is accused is against the Association;
- (5) The employee's past work history with the agency; and
- (6) Any regulations of the funding source of the program for which the employee works.

The decision of the Collaboration Director will be final he or she need only establish that official felony charges have been filed to support whatever action is taken. The Collaboration Director will report the action she or he has taken to the Board of Directors Executive Committee.

## D. CONFLICT OF INTEREST

Employees will not associate themselves with activities which are in conflict with the interests of the organization. All employees must comply with the conflict of interest policy included in the Arkansas Head Start Association/Arkansas Head Start State Collaboration Office Financial Policies and procedures. Employees are prohibited from accepting gifts, money, and gratuities from persons or organizations receiving benefits or performing services under contract or otherwise in a position to benefit from an employee action.

Outside Employment-Any employment performed by an employee in addition to his or her regular employment with this Association is subject to the following conditions:

- (1) Such employment will not interfere with efficient performance of the employee's duties with this organization;
- (2) Such employment will not constitute a conflict of interest with the employee's duties with this organization;
- (3) Such employment will not involve the performance of duties which the employee should have performed as part of his or her employment with this organization; and
- (4) Such employment will not occur during the employee's regular working hours with this organization, unless the employee is on either annual leave or leave without pay.

All full-time employees should obtain permission from the Collaboration Director prior to accepting outside employment.

# XII. DISCIPLINARY ACTION

## A. POLICY

It is the policy of the AHSA/AHSSCO to enforce all standards of employee performance as well as all rules and regulations promulgated by these personnel policies, the Collaboration Director, the Executive Committee, and the AHSA Board. Before any disciplinary action may take effect, it must be approved by the AHSA President. The Collaboration Director is expected to ensure that all employees are familiar with all rules and regulations governing their attitudes, conduct, and behavior. The Collaboration Director is further expected to promptly take appropriate action when employees' performance is unsatisfactory or the rules are violated.

## B. TYPES OF DISCIPLINARY ACTIONS

An admonishment will be the mildest form of disciplinary action. This will normally be oral and a record may or may not be kept of the action. It is expected that admonishments will be used by the Collaboration Director in his or her day to day dealings with employees.

Reprimands may be used to deal with serious offenses or they may be used when an employee fails to respond to admonishments for minor offenses. All reprimands will be written with copies to the employee, the Collaboration Director, the Executive Committee, and the employee's permanent file. Reprimanding an employee will be the responsibility of the Collaboration Director.

Placing an employee on suspension will be considered as a very serious disciplinary action and will be used sparingly. The Collaboration Director may place an employee on suspension without pay for a period of no longer than thirty days. The employee must be notified of this action in writing with the reason for the action being specified. A copy of the notification must be sent to the Executive Committee.

If all other attempts at disciplinary action fail to obtain the desired results, the employee may be dismissed by the Collaboration Director with approval of the Executive Committee. An employee being dismissed from his or her employment will be given cause for this action in writing and will be advised of his or her rights to appeal the action. Before this action is taken, an employee will normally be warned by using reprimands and/or suspension. However, in certain instances the employee may be dismissed immediately without warning.

## C. DISCIPLINARY PROCESS

- (1) Verbal reprimand with conference.
- (2) Verbal warning with conference including written documentation of conference.
- (3) Written warning with signature outlining the continued misconduct.
- (4) Suspension without pay up to 30 days depending on the severity of the misconduct.

## D. DUE PROCESS

The employee will have the right to appeal all disciplinary actions by following the established grievance procedures. The employee must be notified in writing of all disciplinary action being taken against him or her with the exception of an admonishment. This will be done on or before the effective date of the action. The employee must be given the reason, in writing, for all disciplinary action taken against him or her (with the exception of an admonishment).

# XIII. SEPARATION/TERMINATION OF EMPLOYMENT

Either AHSA/AHSSCO or the employee may initiate separation. AHSA/AHSSCO encourages employees to provide at least two weeks (10 days) or four weeks for professionals written notice prior to intended separation. After receiving such notice, an exit interview will be scheduled by the Collaboration Director or his or her designee. The Collaboration Director has authority to employ or separate all other employees.

## A. VOLUNTARY SEPARATION

Employees may terminate their employment voluntarily at any time. However, they should give adequate notice:

- (1) Professionals: 4 weeks prior to the effective date and



(2) Nonprofessionals: 2 weeks prior to the effective date. Employees terminating voluntarily are entitled to any pay due plus payment for earned, but unused, annual leave. An employee who does not submit his or her termination notice as required above, or who is absent from work for a period of three workdays or more without notifying the Collaboration Director of the reason for his absence may be considered as having resigned without notice and not in good standing.

## B. INVOLUNTARY TERMINATION

Employees being terminated involuntarily will normally be given 4 weeks' notice for professionals and 2 weeks' notice for nonprofessionals. However, if the offense is of such magnitude that keeping the employee would be detrimental to the organization and/or the employee, terminations may be immediate. Employees terminating involuntarily are entitled to any pay due plus payment for earned, but unused, annual leave. If an employee resigns after having been informed he or she is to be terminated involuntarily, it will still be considered an involuntary termination. Involuntary terminations may also arise due to a cutback in funds requiring a reduction in the work force. Before separating an employee because of a reduction in force, efforts will be made to place him or her in another vacant position for which he or she is qualified. Involuntary termination of an employee is covered by the appeals procedure.

The Collaboration Director has authority to discharge an employee from the employ of AHSA/AHSSCO. As stated above, all employment at AHSA/AHSSCO is "at-will." That means that employees may be terminated from employment with AHSA/AHSSCO with or without cause, and employees are free to leave the employment of AHSA/AHSSCO with or without cause.

Reasons for discharge may include, but are not limited to:

- (1) Falsifying or withholding information on your employment application that did or would have affected AHSA/AHSSCO's decision to hire you (this conduct will result in your immediate termination);
- (2) Falsifying or withholding information in other personnel records including personnel questionnaires, performance evaluations or any other records;
- (3) Performance at work below a level acceptable to AHSA/AHSSCO or the failure to perform assigned duties;
- (4) Failure to complete required time records or falsification of such time records;
- (5) Insubordination;
- (6) Refusing to work reasonable overtime;
- (7) Negligence in the performance of duties likely to cause or actually causing personal injury or property damage;
- (8) Fighting, arguing or attempting to injure another;
- (9) Destroying or willfully damaging the personal property of another, including AHSA/AHSSCO's property;
- (10) Breach of confidentiality;
- (11) Using or appearing to use for personal gain any information obtained on the job, which is not readily available to the general public or disclosing such information that damages the interests of AHSA/AHSSCO or its customers or vendors;
- (12) Placing oneself in a position in which personal interests and those of AHSA/AHSSCO are or appear to be in conflict or might interfere with the ability of the employee to perform the job as well as possible;
- (13) Using AHSA/AHSSCO property or services for personal gain or taking, removing or disposing of AHSA/AHSSCO material, supplies or equipment without proper authority;
- (14) Gambling in any form on AHSA/AHSSCO property;
- (15) Dishonesty;
- (16) Theft;
- (17) The possession, use, sale or being under the influence of drugs or other controlled substances or alcoholic beverages during working hours or on the AHSA/AHSSCO premises at any time in violation of AHSA/AHSSCO's policies;
- (18) Carrying or possessing firearms or weapons on AHSA/AHSSCO property;
- (19) Excessive tardiness or absenteeism whether excused or unexcused;

- (20) Unauthorized absence from work without proper notice; and
- (21) Engaging in discriminatory or abusive behavior, including sexual harassment.

At the sole discretion of the Collaboration Director, the employee may be asked to leave immediately or be given a period of notice.

## XIV. RETURN OF PROPERTY

Employees are responsible for AHSA/AHSSCO equipment, property and work products that may be issued to them and/or are in their possession or control, including but not limited to:

- (1) Telephone cards,
- (2) Credit cards,
- (3) Identification badges,
- (4) Office/building keys,
- (5) Office/building security passes,
- (6) Computers, computerized diskettes, electronic/voice mail codes, and
- (7) Intellectual property (e.g., written materials, work products).

In the event of separation from employment, or immediately upon request by the Collaboration Director or his or her designee, Employees must return all AHSA/AHSSCO property that is in their possession or control. Where permitted by applicable law(s), AHSA/AHSSCO may withhold from the employee's final paycheck the cost of any property, including intellectual property, which is not returned when required. AHSA/AHSSCO also may take any action deemed appropriate to recover or protect its property.

## XV. GRIEVANCE PROCEDURES

### A. POLICY

It is the policy of the AHSA/AHSSCO to give prompt and impartial consideration to the complaints of its employees. An employee having a grievance, complaint, or question concerning a condition of his or her employment should take either informal or formal steps depending on the situation.

### B. INFORMAL

Take the matter up first with the Collaboration Director within 10 days. It is the duty of the Collaboration Director to make an effort to complete a thorough investigation within 10 days and, if possible, to arrive at an answer or settlement which is mutually agreeable. If a mutually agreeable settlement is not reached within one week, the employee may submit the complaint in writing to the AHSA President with a copy to the Collaboration Director. The AHSA President will counsel the aggrieved employee and the Collaboration Director to resolve the grievance if possible.

### C. FORMAL

If the grievance has not been resolved by the informal procedure, the aggrieved employee may submit a request in writing to the Executive Committee to have the grievance considered. This request must be filed within 10 days of the conclusion of the informal procedure. The Grievance Committee will be the Executive Committee appointed by the AHSA Board. The Grievance Committee will hear the grievance as well as such witnesses as it deems relative to the grievance. Each party will have the right to question others who present evidence. The Committee will make an effort to reach its findings and recommendations within fifteen (15) working days of the close

of the hearing. Copies of the findings and recommendations will be available to all parties in the proceeding. The recommendations of the Committee will be presented in writing to the full AHSA Board at the next Scheduled Board Meeting.

The decision of the Executive Committee of the AHSA Board may be appealed in writing to the AHSA Board by the aggrieved employee within ten (10) working days of the decision. The decision of the AHSA Board will be final and binding.

## XVI. EMPLOYEE RECORDS

### A. PERSONNEL

Personnel records are the property of AHSA/AHSSCO, and access to the information they contain is restricted and confidential. The Collaboration Director's designee will establish and maintain a confidential personnel file for each employee. The file will contain at least the following:

- (1) The employee's resume and all data obtained as a result of reference checks;
- (2) Verification of salary data;
- (3) Copies of all employee evaluations;
- (4) Copies of all commendations and awards received by the employee;
- (5) Official records of disciplinary actions taken against the employee;
- (6) Copies of any certificates awarded the employee as a result of Association-approved training;
- (7) Signed Drug-Free Work Place Policy,
- (8) Signed copy of verification that employee has received and read the policies and procedures;
- (9) Job Description;
- (10) Professional Growth and Development Form; and
- (11) Non-disclosure agreement.

Any other material placed in an employee's personnel file must be consistent with these personnel policies and must be approved by the Collaboration Director. Annually, at the time of performance evaluation, the personnel file of each employee will be reviewed; and material adverse to the employee will be removed and destroyed if, in the opinion of the Collaboration Director, it serves no useful purpose to the agency.

Each employee is entitled to review the contents of his or her own personnel file. It is the responsibility of each employee to promptly notify his/ or her supervisor in writing of any changes in personnel data, including personal mailing addresses, telephone numbers, names of dependents, and individuals to be contacted in the event of an emergency.

### B. FINANCIAL

The Administrative Services Manager will maintain a file on each employee which will include at least the following:

- (1) Time and attendance records;
- (2) Individual leave records;
- (3) The employee's withholding exemption certification, Form W-4; and
- (4) Any other records relative to pecuniary matters.

## XVII. NON-DISCLOSURE OF CONFIDENTIAL INFORMATION

Any information that an employee learns about AHSA/AHSSCO, or its members or donors, as a result of working for AHSA/AHSSCO that is not otherwise publicly available constitutes confidential information. Employees may not disclose confidential information to anyone who is not employed by AHSA/AHSSCO or to other persons employed by AHSA/AHSSCO who do not need to know such information to assist in rendering services.

The protection of privileged and confidential information, including trade secrets, is vital to the interests and the success of AHSA/AHSSCO. The disclosure, distribution, electronic transmission or copying of AHSA/AHSSCO's confidential information is prohibited. Such information includes, but is not limited to the following examples:

- (1) Compensation data and
- (2) Program and financial information, including information related to donors, and pending projects and proposals.

Employees are required to sign a non-disclosure agreement as a condition of employment. Any employee who discloses confidential AHSA/AHSSCO information will be subject to disciplinary action (including possible separation), even if he or she does not actually benefit from the disclosure of such information.

Discussions involving sensitive information should always be held in confidential settings to safeguard the confidentiality of the information. Conversations regarding confidential information generally should not be conducted on cellular phones, or in elevators, restrooms, restaurants, or other places where conversations might be overheard.

## **XVIII. ECONOMIC BENEFITS/INSURANCE**

AHSA/AHSSCO shall provide a competitive package of benefits to all eligible full-time and part-time employees. The following outline of available benefits is provided with the understanding that benefit plans may change from time to time, and the plan brochures (known as Summary Plan Descriptions) or contracts are to be considered the final word on the terms and conditions of the employee benefits provided by AHSA/AHSSCO. For eligibility requirements, refer to the Plan document for each benefit program. Continuation of any benefits after termination of employment will be solely at the employee's expense and only if permitted by policies and statutes. The Collaboration Director will determine levels of deductibility and co-payments for all insurance related benefits annually. AHSA/AHSSCO reserves the right to modify or terminate any employee benefits, at any time.

### **A. HEALTH INSURANCE**

AHSA/AHSSCO currently provides individual health insurance reimbursements of \$150 per pay-period for eligible full-time employees, beginning after the completion of the probationary period.

### **B. DENTAL/VISION INSURANCE**

AHSA/AHSSCO currently provides group dental and vision benefits through Delta Dental of Arkansas. AHSA/AHSSCO pays 100% of premiums for employees. Employees are responsible for coverage for dependents, beginning after the completion of the probationary period.

### **C. SOCIAL SECURITY/MEDICARE/MEDICAID**

AHSA/AHSSCO participates in the provisions of the Social Security, Medicare and Medicaid programs. Employees' contributions are deducted from each paycheck and AHSA/AHSSCO contributes at the applicable wage base as established by federal law.

### **D. WORKERS' COMPENSATION/UNEMPLOYMENT INSURANCE**

Employees are covered for benefits under the Workers' Compensation Law. Absences for which worker compensation benefits are provided are not charged against the eligible employee's sick leave. To assure proper protection for employees and AHSA/AHSSCO, any accident that occurs on the job must be reported, even if there are no injuries apparent at the time. Forms for this

purpose are available from AHSA/AHSSCO. AHSA/AHSSCO participates as a reimbursable employer in the state unemployment insurance program.

## E. TAX DEFERRED ANNUITY PLAN

AHSA/AHSSCO offers a tax deferred SIMPLE IRA annuity plan through payroll deduction at the employee's expense and which is subject to federal, state and local provisions. The AHSA/AHSSCO will make matching contributions up to 3% of the base salary for eligible fulltime employees. The annuity is managed by Vanguard.

# XIX. LEAVE BENEFITS AND OTHER WORK POLICIES

## A. ANNUAL LEAVE

Full-time and part-time employees will earn annual leave. Temporary employees will not earn annual leave. Annual leave will be earned as follows:

- (1) 16.25 days per year based on less than three years of service;
- (2) 19.5 days per year based on three to ten years of service; and
- (3) 26 days per year based on ten or more years of service.

Full-time employees will accrue annual leave per pay period as follows:

- (1) 5 hours for less than three years of service;
- (2) 6 hours for three to ten years of service; and
- (3) 8 hours for ten or more years of service.

Part-time employees will have annual leave accumulated on a pro-rated basis of 5 hours for every 80 hours worked.

The maximum hours of annual leave that an employee may have on the books is:

- (1) 160 hours for less than three years of service;
- (2) 190 hours for 3 to 10 years of service; and
- (3) 220 hours for 10 or more years of service.

A lump sum payment, not to exceed 20 days, will be made for annual leave remaining to an employee's credit at the time of separation. Employees will not be charged for annual leave when a holiday occurs during the period when they are on annual leave. If an employee should become ill during a period of annual leave, he or she will be charged with sick leave provided acceptable and timely notice is given to his or her supervisor.

During the 90-day probationary period for new employees, annual leave may not be used. However, if the probationary period is successfully completed, the employee will be given annual leave credit for this period.

Annual leave should be requested as far in advance as possible and must be approved by the Collaboration Director. Annual leave in excess of 10 consecutive workdays must be approved by the Executive Committee. The Collaboration Director's leave of more than three days must be approved by the AHSA President.

## B. SICK LEAVE

Full-time employees will accrue four hours of sick leave per pay period. Part-time employees will accrue sick leave on a pro-rated basis of four hours for every 80 hours worked. There is no ceiling to the amount of sick leave that may be accumulated. Employees will not be paid for accrued sick leave at the time of separation.

Sick leave may be used for personal illness and/or when a member of the employee's family is ill and requires their presence. Sick leave may also be used to keep appointments for preventive medical or dental care. However, every effort should be made to schedule these appointments so as not to interfere with the regular workday.

The employee must contact his or her supervisor at the AHSA Office to report that he or she is sick and will not be able to keep his or her regular work schedule. Sick leave may be authorized by the Collaboration Director. The employee may be required to give the Collaboration Director a statement of proof of illness before sick leave is authorized. An employee may not take more sick leave than he or she has accumulated. Sick leave may be used for conditions of pregnancy, childbirth, surgery, and recovery from that for the period in which an employee cannot or should not (on medical advice) perform his or her job.

No type of earned leave can be taken in the same period during which it is earned. The employee is responsible for recording and reporting all leave on the appropriate organization forms. All leave forms should be turned in with time sheet unless approved by the Collaboration Director due to extenuating circumstances.

## C. ADMINISTRATIVE LEAVE

Administrative leave is an employee absence at no charge to earned leave. This is used for conditions of bad weather or training and career development activities. Administrative leave may be granted only on the authorization of the Collaboration Director.

## D. MILITARY LEAVE

Military leave for temporary military training encampments will not be counted against earned annual leave. This leave would not normally exceed 15 working days in any fiscal year. If an employee takes military leave for temporary military training encampments, the organization will make up any deficit between the military base pay and the organization pay. If the military pay is higher, there will be no organization compensation. Emergency military call-ups are subject to the United States Selective Service Code and employees are guaranteed reinstatement if the call-up does not exceed 24 months. A break in service of more than one year will cancel service credit toward earned leave eligibility, except military leave.

## E. CIVIC DUTY

AHSA/AHSSCO believes in the civic responsibility of its employees and encourages this by allowing employees time off to serve jury duty when required and to serve as nonpartisan Election Day poll workers when appropriate and approved.

Jury Duty-Time required for jury duty is not chargeable to leave. This time should be reflected as other time on time sheets with brief explanation. A combination of organization pay and jury fees will not exceed that which an employee would normally have been paid had she or he worked. Checks received from serving in court and/or jury duty are to be turned into the Administrative Services Manager. Verification of jury duty of an employee may be requested of the court clerk. Court appearances related to personal matters will require the employee to request annual leave.

Election Day Poll Workers- AHSA/AHSSCO will pay employees the difference between his or her salary and any amount paid by the government or any other source, unless prohibited by law for serving as an Election Day worker at the polls on official election days (not to exceed two elections in one given calendar year). While performing their official nonpartisan duties at the polls, Election Day workers may not engage in political activity or campaign for or against any candidate or ballot measure. AHSA/AHSSCO requires that employees provide proof of service



for their time at the polls. Employees interested in using this benefit, must have written approval from the Collaboration Director 30 days before the election. The Collaboration Director will assure that the employee's absence will not seriously interfere with the organization's operations.

## F. LEAVE WITHOUT PAY

When unable to work for medical or sound personal reasons and after sick and annual leave has been exhausted, an employee must apply in writing to the Collaboration Director for leave without pay. Failure to request leave without pay may result in termination. Leave without pay can be used during a probationary period when the employee has no leave credit applicable to the type of absence he or she needs. Leave might be authorized for educational purposes when the course of study being pursued would result in enhancing the employee's value to the agency. Leave without pay will be authorized for maternity leave or long term family illnesses in accordance with the Family Leave Act. If the normal period of military absence is exceeded, leave without pay might be authorized.

## G. HOLIDAYS

Legal holidays for employees will be:

- (1) New Year's Day
- (2) Martin Luther King's Birthday
- (3) President's Day
- (4) Good Friday
- (5) Memorial Day
- (6) Independence Day
- (7) Labor Day
- (8) Columbus Day
- (9) Veteran's Day
- (10) Thanksgiving (2 days)
- (11) Christmas (2 days)

Other holidays may be designated from time to time by the AHSA Executive Committee. When a holiday falls on Saturday, Friday will be observed. If a holiday falls on Sunday, Monday will be observed.

# XX. REIMBURSEMENT OF EXPENSES

## A. TRAVEL AND TRANSPORTATION

**OUT-OF-AREA TRAVEL**-Travel must conform to the Association's work program and is to be approved by the Collaboration Director and his or her designee. Out-of-state travel by the Collaboration Director is to be authorized by the AHSA President or designee. Employees will submit through the proper supervisory levels an advance approval request for out-of-area travel accompanied by sufficient documentation indicating the purpose for which the travel is required. Advance travel requests require the following:

- (1) Name of person requesting travel authorization;
- (2) Date of request;
- (3) Purpose of request;
- (4) Itinerary;
- (5) Dates of proposed travel;
- (6) Modes of transportation;
- (7) Estimated total cost of trip and amount of advance requested;
- (8) Special or unusual items for which approval is requested;

- (9) Other remarks or related information; and
- (10) Signatures of person requesting authorization and person authorizing travel.

Where travel funds have been advanced to an employee, the final report liquidating the travel advance must be filed within 15 days after the travel is completed and any unused portion of the travel advance returned at the time notified by the Administrative Services Manager. Failure to timely file a travel report may result in the advance being deducted from the employee's paycheck. Out-of-area travel claims must be approved by the Collaboration Director. The Collaboration Director's travel will be approved by the AHSA President or designee.

**LOCAL TRAVEL**-Employees who use their own vehicles on official business of the organization as authorized by the Collaboration Director or his or her designee will be paid at the current rate authorized by the AHSA Board/Executive Committee. Reports for local travel must be completed on forms prescribed by the Administrative Services Manager and forwarded through the Collaboration Director to the Collaboration within five working days after the end of the month. All expenditures must be itemized by date and accompanied by receipts. Beginning and ending addresses for each segment of travel along with points visited each day will be entered into google maps to calculate mileage. Incomplete or late claims will not be processed until the next regular processing period.

**ALLOWABLE PER DIEM AND LOCAL TRAVEL COSTS**-Per diem and lodging will be payable to all employees having official approval for out-of-area travel in accordance with existing policies and regulations. The rate for local travel may be adjusted due to budgetary limitations, if necessary.

**EXCLUSIONS**-No employee will be paid for travel between his or her home and regular work place.

## **B. OTHER REIMBURSEMENTS**

Reimbursement is authorized for reasonable and necessary expenses incurred in carrying out job responsibilities such as supplies, meal costs, parking fees, or business calls. Employees must submit an employee reimbursement form and original receipts. The Collaboration Director will approve reimbursement requests for employees. The President or his/her designee will approve requests from the Collaboration Director.

## **XXI. COMPUTER AND INFORMATION SECURITY**

This section sets forth some important rules relating to the use of AHSA/AHSSCO's computer and communications systems. These systems include individual PCs provided to employees, centralized computer equipment, all associated software, and AHSA/AHSSCO's telephone, voice mail and electronic mail systems.

AHSA/AHSSCO has provided these systems to support its mission. Although limited personal use of AHSA/AHSSCO's systems is allowed, subject to the restrictions outlined below, no use of these systems should ever conflict with the primary purpose for which they have been provided, AHSA/AHSSCO's ethical responsibilities or with applicable laws and regulations. Each user is personally responsible to ensure that these guidelines are followed.

All data in AHSA/AHSSCO's computer and communication systems (including documents, other electronic files, e-mail and recorded voice mail messages) are the property of AHSA/AHSSCO. AHSA/AHSSCO may inspect and monitor such data at any time. No individual should have any expectation of privacy for messages or other data recorded in AHSA/AHSSCO's systems. This includes documents or messages marked "private," which may be inaccessible to most users but remain available to AHSA/AHSSCO. Likewise, the deletion of a document or message may not prevent access to the item or completely eliminate the item from the system.



AHSA/AHSSCO's systems must not be used to create or transmit material that is derogatory, defamatory, obscene or offensive, such as slurs, epithets or anything that might be construed as harassment or disparagement based on race, color, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or religious or political beliefs. Similarly, AHSA/AHSSCO's systems must not be used to solicit or proselytize others for commercial purposes, causes, outside organizations, chain messages or other non-job-related purposes.

Security procedures in the form of unique user sign-on identification and passwords have been provided to control access to AHSA/AHSSCO's host computer system, networks and voice mail system. In addition, security facilities have been provided to restrict access to certain documents and files for the purpose of safeguarding information.

The following activities, which present security risks, should be avoided. Attempts should not be made to bypass, or render ineffective, security facilities provided by the company. Passwords should not be shared between users. If written down, password should be kept in locked drawers or other places not easily accessible. Document libraries of other users should not be browsed unless there is a legitimate business reason to do so. Individual users should never make changes or modifications to the hardware configuration of computer equipment. Requests for such changes should be directed to computer support or the Collaboration Director. Additions to or modifications of the standard software configuration provided on AHSA/AHSSCO's PCs should never be attempted by individual users (e.g., autoexec.bat and config.sys files). Requests for such changes should be directed to computer support or the Collaboration Director.

Individual users should never load personal software (including outside email services) to company computers. This practice risks the introduction of a computer virus into the system. Requests for loading such software should be directed to computer support or the Collaboration Director. Programs should never be downloaded from bulletin board systems or copied from other computers outside the company onto company computers. Downloading or copying such programs also risks the introduction of a computer virus. If there is a need for such programs, a request for assistance should be directed to computer support or management. Downloading or copying documents from outside the company may be performed not to present a security risk. Users should not attempt to boot PCs from floppy diskettes. This practice also risks the introduction of a computer virus. AHSA/AHSSCO's computer facilities should not be used to attempt unauthorized access to or use of other organizations' computer systems and data. Computer games should not be loaded on AHSA/AHSSCO's PCs. Unlicensed software should not be loaded or executed on AHSA/AHSSCO's PCs. Company software (whether developed internally or licensed) should not be copied onto floppy diskettes or other media other than for the purpose of backing up your hard drive. Software documentation for programs developed and/or licensed by the company should not be removed from the company's offices.

Individual users should not change the location or installation of computer equipment in offices and work areas. Requests for such changes should be directed to computer support or management.

There are a number of practices that individual users should adopt that will foster a higher level of security. Among them are the following:

- (1) Turn off your personal computer when you are leaving your work area or office for an extended period of time;
- (2) Exercise judgment in assigning an appropriate level of security to documents stored on the company's networks, based on a realistic appraisal of the need for confidentiality or privacy;
- (3) Remove previously written information from floppy diskettes before copying documents on such diskettes for delivery outside AHSA/AHSSCO; and
- (4) Back up any information stored locally on your personal computer (other than network based software and documents) on a frequent and regular basis.

Should you have any questions about any of the above policy guidelines, please contact the Collaboration Director.

## XXII. INTERNET ACCEPTABLE USE POLICY

At this time, desktop access to the Internet is provided to employees when there is a necessity and the access has been specifically approved. AHSA/AHSSCO has provided access to the Internet for authorized users to support its mission. No use of the Internet should conflict with the primary purpose of AHSA/AHSSCO, its ethical responsibilities or with applicable laws and regulations. Each user is personally responsible to ensure that these guidelines are followed. Serious repercussions, including termination, may result if the guidelines are not followed.

AHSA/AHSSCO may monitor usage of the Internet by employees, including reviewing a list of sites accessed by an individual. No individual should have any expectation of privacy in terms of his or her usage of the Internet. In addition, AHSA/AHSSCO may restrict access to certain sites that it deems are not necessary for business purposes.

The Internet must not be used to access, create, transmit, print or download material that is derogatory, defamatory, obscene, or offensive, such as slurs, epithets, or anything that may be construed as harassment or disparagement based on race, color, national origin, sex, sexual orientation, age, disability, medical condition, marital status, or religious or political beliefs.

The Internet must not be used to access, send, receive or solicit sexually-oriented messages or images.

Downloading or disseminating of copyrighted material that is available on the Internet is an infringement of copyright law. Permission to copy the material must be obtained from the publisher. For assistance with copyrighted material, contact computer support or the Collaboration Director.

Without prior approval of the Collaboration Director, software should not be downloaded from the Internet as the download could introduce a computer virus onto AHSA/AHSSCO's computer equipment. In addition, copyright laws may cover the software so the downloading could be an infringement of copyright law.

Employees should safeguard against using the Internet to transmit personal comments or statements through e-mail or to post information to news groups that may be mistaken as the position of AHSA/AHSSCO. Employees should guard against the disclosure of confidential information through the use of Internet e-mail or news groups. Employees should not download personal e-mail or Instant Messaging software to AHSA/AHSSCO computers.

The Internet should not be used to send or participate in chain letters, pyramid schemes or other illegal schemes. The Internet should not be used to solicit or proselytize others for commercial purposes, causes, outside organizations, chain messages or other non-job related purposes. The Internet should not be used to endorse political candidates or campaigns. The Internet provides access to many sites that charge a subscription or usage fee to access and use the information on the site. Requests for approval must be submitted to your supervisor.

If you have any questions regarding any of the policy guidelines listed above, please contact your supervisor, or the Collaboration Director.



Arkansas Head Start Association  
Head Start State Collaboration Office

**EMPLOYEE RECEIPT AND ACCEPTANCE**

I hereby acknowledge receipt of the AHSA/AHSSCO Personnel Policies and Procedures Manual. I understand that it is my continuing responsibility to read and know its contents. I also understand and agree that the manual is not an employment contract for any specific period of employment or for continuing or long-term employment. Therefore, I acknowledge and understand that unless I have a written employment agreement with AHSA/AHSSCO that provides otherwise, I have the right to resign from my employment with AHSA/AHSSCO at any time with or without notice and with or without cause, and that AHSA/AHSSCO has the right to terminate my employment at any time with or without notice and with or without cause.

I have read, understand and agree to all of the above. I have also read and understand the AHSA/AHSSCO Personnel Policies and Procedures Manual. I agree to return the manual upon termination of my employment.

Signature: \_\_\_\_\_

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

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

**NON-DISCLOSURE AGREEMENT**

Any information that an employee learns about AHSA/AHSSCO, or its members or donors, as a result of working for AHSA/AHSSCO that is not otherwise publicly available constitutes confidential information. Employees may not disclose confidential information to anyone who is not employed by AHSA/AHSSCO or to other persons employed by AHSA/AHSSCO who do not need to know such information to assist in rendering services.

The disclosure, distribution, electronic transmission or copying of AHSA/AHSSCO's confidential information is prohibited. Any employee who discloses confidential AHSA/AHSSCO information will be subject to disciplinary action (including possible separation), even if he or she does not actually benefit from the disclosure of such information.

I understand the above policy and pledge not to disclose confidential information.

Signature: \_\_\_\_\_

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

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



Arkansas Head Start Association  
Head Start State Collaboration Office

**Drug-Free Workplace Policy & Procedures  
Drug-Free Workplace Statement**

I, \_\_\_\_\_, have received a copy of the Drug-Free Workplace policy and procedures from the AHSA/HSSCO. I have read Drug-Free policy and I understand the procedures. I have met with my director and I do understand that if I have additional questions, my supervisor will be able to assist.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

*HSSCO -JD,2012*

# New Employee Forms

## Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent. If the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000.00.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

### Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$85,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$85,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2015</span>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2015)



**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_

2 Enter:  $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_

4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_

6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_

8 **Divide** the amount on line 7 by \$4,000 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_

5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_

6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_

9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR
- 2. Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code

**STOP** Employer Completes Next Page **STOP**

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: \_\_\_\_\_

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: _____		Document Title: _____		Document Title: _____
Issuing Authority: _____		Issuing Authority: _____		Issuing Authority: _____
Document Number: _____		Document Number: _____		Document Number: _____
Expiration Date (if any)(mm/dd/yyyy): _____		Expiration Date (if any)(mm/dd/yyyy): _____		Expiration Date (if any)(mm/dd/yyyy): _____
Document Title: _____		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority: _____				
Document Number: _____				
Expiration Date (if any)(mm/dd/yyyy): _____				
Document Title: _____				
Issuing Authority: _____				
Document Number: _____				
Expiration Date (if any)(mm/dd/yyyy): _____				

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative _____		Date (mm/dd/yyyy) _____	Title of Employer or Authorized Representative _____	
Last Name (Family Name) _____		First Name (Given Name) _____		Employer's Business or Organization Name _____
Employer's Business or Organization Address (Street Number and Name) _____			City or Town _____	State _____
			Zip Code _____	

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial _____	B. Date of Rehire (if applicable) (mm/dd/yyyy) _____
-----------------------------------------------------------------------------------------------------	---------------------------------------------------------

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title: _____	Document Number: _____	Expiration Date (if any)(mm/dd/yyyy): _____
--------------------------	---------------------------	------------------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative: _____	Date (mm/dd/yyyy): _____	Print Name of Employer or Authorized Representative: _____
--------------------------------------------------------------	-----------------------------	---------------------------------------------------------------



## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport, and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form D8-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the Instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



**CONTINUED FROM THE FRONT SIDE:**

**LIST COMPLETE ADDRESSES YOU HAVE LIVED IN THE PAST SIX YEARS:**

STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP

## Employee Direct Deposit Authorization

### Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

### Account 1

Account 1 type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

### Account 2 (remainder to be deposited to this account)

Account 2 type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

*attach a voided check for each account here*

**Authorization** (enter your company name in the blank space below) \_\_\_\_\_

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

# Time Sheet



**ARKANSAS HEAD START ASSOCIATION  
ARKANSAS HEAD START STATE COLLABORATION OFFICE  
1400 WEST MARKHAM STREET, SUITE 406  
LITTLE ROCK, AR 72201**

## Bi-weekly Time Sheet

Pay Period Start Date: 5/2/2020  
Pay Period End Date: 5/15/2020

Employee: \_\_\_\_\_  
Employee Address: \_\_\_\_\_  
Director: \_\_\_\_\_

Employee Phone: \_\_\_\_\_  
Employee E-mail: \_\_\_\_\_

Day		Assoc Hours	Collab Hours	General Admin Hours	Holiday/ Admin	Sick	Vacation	Total
Saturday	5/2/2020							
Sunday	5/3/2020							
Monday	5/4/2020							
Tuesday	5/5/2020							
Wednesday	5/6/2020							
Thursday	5/7/2020							
Friday	5/8/2020							
Saturday	5/9/2020							
Sunday	5/10/2020							
Monday	5/11/2020							
Tuesday	5/12/2020							
Wednesday	5/13/2020							
Thursday	5/14/2020							
Friday	5/15/2020							
<b>Total hours</b>								

Employee Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

Manager Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Revised: 05/2020 JG/DH

# Professional Development and Growth Plan

## Arkansas Head Start Association/Head Start State Collaboration Office Professional Development Plan

(Please submit a copy of this form to your immediate supervisor)

AHSA/HSSCO Staff: \_\_\_\_\_

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

Goals	Activities or Strategies to Complete Goal	Projected Impact on Job Responsibilities	Resources Needed to Complete Activities	Start Date & Date Goals Accomplished

The supervisor has held a conference with HSSCO staff and they both agree that the PDP activities are appropriate and aligned with specific job responsibilities.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

# Employee Benefit Forms



## ENROLLMENT/CHANGE FORM

Delta Dental of Arkansas  
 P.O. Box 15965  
 North Little Rock, AR 72231  
 E-mail: [eligibility@ddpar.com](mailto:eligibility@ddpar.com)

- New Enrollment     Status Change     Address Change     Termination  
 Dental Only     Vision Only     Dental/Vision     Cobra

Effective Date			Group Number: _____			Social Security Number		
Month	Day	Year	Group Name: _____					
						Subscriber's Identifier (if applicable)		

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Date of Birth      Marital Status    Sex      Date of Hire  
 /      /       Single       Male  
 MM    DD    YY       Married     Female      MM    DD    YY

**NOTE: Certain medical conditions may entitle you and/or your covered dependents to additional benefits. Please mark any conditions that apply to you (Under section 2 below, please enter Code for affected dependents in the box entitled "EBD Code." Enter P for pregnant, D for diabetes, and H for Heart Disease)**  
 Pregnancy - Expected due date \_\_\_\_\_  
 Diabetes - Date of onset \_\_\_\_\_  
 Heart Disease - Date of onset \_\_\_\_\_

### 1. COVERAGE CHANGES \* Please check the box(es) next to the reason(s) for your change

Type coverage selected (choose one)		<input type="checkbox"/> Add Dependent(s) listed below <input type="checkbox"/> Change Coverage <input type="checkbox"/> Remove Dependent(s) listed below <input type="checkbox"/> Address Change only <input type="checkbox"/> Name Change <input type="checkbox"/> Qualifying event <input type="checkbox"/> Late Entrance (employee) <input type="checkbox"/> Late Entrance (dependent) Reason(s) for Change:      Date of event _____ <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of spouse's coverage <input type="checkbox"/> Divorce <input type="checkbox"/> No longer dependent child <input type="checkbox"/> Birth or adoption of child <input type="checkbox"/> Death of dependent <input type="checkbox"/> Full Time Student <input type="checkbox"/> No longer Full Time Student <input type="checkbox"/> Handicapped <input type="checkbox"/> Other _____ <input type="checkbox"/> COBRA effective date _____		
Dental	Vision			
<input type="checkbox"/> Employee	<input type="checkbox"/> Employee			
<input type="checkbox"/> Employee/Spouse	<input type="checkbox"/> Employee/Spouse			
<input type="checkbox"/> Employee/Child	<input type="checkbox"/> Employee/Child			
<input type="checkbox"/> Employee/Children	<input type="checkbox"/> Employee/Children			
<input type="checkbox"/> Employee/Family	<input type="checkbox"/> Employee/Family			

### 2. LIST ALL MEMBERS TO BE ENROLLED OR AFFECTED BY CHANGE

Dental	Vision	Add	Remove	EBD Code	Onset Date	Last (if different)	First	MI	Relationship	Sex M/F	Birthdate (MM/DD/YY)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

### 3. AUTHORIZATION

I authorize dentists, dental office personnel, and other health care professionals and entities to disclose to Delta Dental of Arkansas, its agents and employees (including, without limitation, its claims and customer service personnel) all information necessary to determine (1) eligibility for coverage and (2) covered benefits. This authorization is made for each individual to be enrolled or affected by this change. The authorization is valid for 30 months from the date this form is signed for the purpose of collecting information in connection with enrollment, coverage reinstatement, or requests to change benefits. The authorization is valid for the term of coverage for the purpose of collecting information in connection with claims for benefits. The applicant or the applicant's authorized representative is entitled to receive a copy of the authorization form.

### 4. CERTIFICATION

I certify that the information supplied by me on this form is accurate to the best of my knowledge. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- I have been offered the opportunity to enroll in the dental and/or vision program through Delta Dental; however, I waive coverage at this time.  
 I authorize payroll deductions.

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

DV-ENR-11



Individual Retirement Plans

# Vanguard SIMPLE IRA Adoption Agreement



Thank you for opening a Vanguard SIMPLE IRA Account. Our goal is to provide you with the most complete and flexible retirement program available anywhere. Please complete Sections 1 through 5 and send this form to **The Vanguard Group, Individual Retirement Plans Dept., P.O. Box 1103, Valley Forge, PA 19482-1103**. If you have any questions, please contact our Individual Retirement Plans Department toll-free at **1-800-662-2003**. One of our Retirement Associates will be glad to help you.

## 1. Employee Information *(Please print your name in capital letters.)*

--              --

Social Security Number (Required)      Mr. Mrs. Ms.      Birth Date (Month, Day, Year)

Name (First, Middle Initial, Last)

Street Address and Apartment or Box Number

City      State      ZIP

--      --

Daytime Telephone Number      Evening Telephone Number

## 2. Employer Information

Name of Employer

Employer Address

City      State      ZIP

     --

Plan Administrator/Contact Name      Business Telephone Number



*(over, please)*





**B. Contingent Beneficiaries**

Vanguard will transfer ownership of your retirement plan to your Contingent Beneficiaries only if there are no surviving Primary Beneficiaries at the time of your death. If this happens, your Contingent Beneficiaries will share equally in your retirement plan, unless you specify different percentages (totaling 100%) below. If there are no surviving Contingent Beneficiaries at the time of your death, Vanguard will transfer ownership of your retirement plan to your estate.

<input type="text"/>	Relationship:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	%
Name (First, Middle Initial, Last) or Trust Name		Spouse	Other	Percentage	
<input type="text"/>	<b>OR</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number		Tax Identification Number		Birth Date/Trust Date (M,D,Y)	

<input type="text"/>	Relationship:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	%
Name (First, Middle Initial, Last) or Trust Name		Spouse	Other	Percentage	
<input type="text"/>	<b>OR</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number		Tax Identification Number		Birth Date/Trust Date (M,D,Y)	

**NOTE:** If more than one Primary and/or Contingent Beneficiary is designated, and no percentages are indicated, equal percentages totaling 100% will be allocated to each Beneficiary.

**5. Signature And Custodian Acceptance** (Your SIMPLE IRA cannot be established without your signature.)

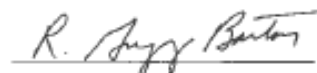
The undersigned Depositor (Employee) and the Custodian hereby adopt the terms and conditions of IRS Form 5305-SA, SIMPLE Individual Retirement Custodial Account, which are incorporated herein by reference and that the Depositor acknowledges having received and read. The Depositor further acknowledges having received and read the Vanguard SIMPLE IRA Disclosure Statement and the prospectus for each Vanguard fund elected under this Agreement. Under penalties of perjury, the Depositor certifies that the Social Security numbers on this form are true, correct, and complete.

Depositor (Employee)

Your Signature

Date (Month, Day, Year)

Accepted by



Vanguard Fiduciary Trust Company

Please mail this completed form to:

The Vanguard Group, Individual Retirement Plans Dept., P.O. Box 1103, Valley Forge, PA 19482-1103

# Annual/Sick Leave Form



**Arkansas Head Start Association/  
Arkansas Head Start State Collaboration  
Office  
1400 West Markham, Ste 406  
Little Rock, Arkansas 72201**

## Leave Request

.....  
Leave is hereby requested for the following date(s):

Beginning Date	Specific Time	Ending Date	Specific Time

Type of Leave	Explanation/Purpose of Leave	Hours
<input type="checkbox"/> Annual Leave		
<input type="checkbox"/> Sick Leave		
<input type="checkbox"/> Leave Without Pay		
<input type="checkbox"/> Military Leave		
<input type="checkbox"/> Court or Jury Leave		
<input type="checkbox"/> Maternity Leave		
<input type="checkbox"/> Emergency Leave With Pay		
<input type="checkbox"/> Emergency Leave Without Pay		
<input type="checkbox"/> Other (Explain)		
<b>Total Hours</b>		

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*Revised: 05/2020, JG/DH*