



Human Resources New Hire Orientation

Presented By: Deane Reay; Human Resources Manager



Friendly Reminder: HR needs the following documents:

1. Official college transcripts
2. OPI Certificates copies from the last 3 years
3. Montana Educator's License registered at the Yellowstone County Courthouse.

HR needs all of your Official Transcripts and copies of your MT OPI Certificate(s) for the last 3 years in order to do your Initial Salary placement.



Official college transcript(s)



Please contact all of your colleges and have the official transcript(s) mailed to you. Please turn the official transcripts into HR. The transcripts must be "Official", they cannot be copies.

OPI Certificate(s).

If you have any MT OPI Certificates with classes you have completed in the last three (3) years, please submit copies of those certificates to HR.

Montana Educator's License

HR needs one of the two-sided copies of your Montana Educator's License registered by the Yellowstone County Superintendent of Schools.

Yellowstone County Courthouse
County Treasurer's Office
Room 108
217 North 27th Street
Billings, MT 59101.

BILLINGS PUBLIC SCHOOLS SALARY SCHEDULE FOR TEACHERS AND LICENSED EMPLOYEES 2019-2020



The 2019-2020 Salary Schedule reflects a 2 percent increase on each cell of the Salary Schedule.

2019-20													
	2.00% Rate												
	A	B	C	D	E	F	G	H	I	J	K	L	M
	BA	BA15	BA30	BA45	BA60	BA75	BA90	BA105	MA	MA15	MA30	MA45	PHD
0	36,582	40,978	42,375	43,608	45,282	46,848	48,551	50,167	66,732	68,448	70,051	71,667	83,667
1	40,709	42,133	43,531	44,910	46,655	48,338	50,131	51,816	68,155	69,838	71,681	73,316	85,316
2	43,839	45,410	46,878	48,312	49,777	51,333	52,708	54,459	70,577	72,333	74,208	76,059	88,059
3	47,975	49,625	51,159	52,668	54,200	55,824	57,483	59,107	75,000	76,824	78,783	80,607	92,607
4	44,100	45,840	47,443	49,021	50,622	52,220	53,864	55,455	72,422	74,320	76,364	78,355	90,355
5	45,232	47,053	48,728	50,378	52,047	53,713	55,440	57,189	73,847	75,853	77,940	79,986	91,986
6	46,361	48,267	50,011	51,725	53,471	55,204	56,919	58,604	75,271	77,304	79,519	81,545	93,545
7	47,488	49,484	51,301	53,082	54,892	56,727	58,595	60,499	76,692	78,797	81,095	83,190	95,190
8	48,628	50,697	52,584	54,433	56,316	58,230	60,177	62,154	78,116	80,260	82,477	84,684	96,684
9	49,890	51,944	53,867	55,787	57,698	59,645	61,625	63,639	79,598	81,785	84,000	86,200	98,200
10	50,320	52,407	54,403	56,403	58,468	60,578	62,730	64,919	80,968	83,250	85,560	87,860	99,860
11	50,653	52,843	54,853	56,880	58,982	61,121	63,307	65,537	81,472	83,807	86,172	88,537	100,537
12	50,988	53,189	55,206	57,244	59,361	61,519	63,724	65,979	82,022	84,407	86,822	89,237	101,237
13	51,007	53,213	55,237	57,284	59,429	61,604	63,837	66,119	82,572	85,007	87,472	89,937	101,937
14	54,765	57,132	59,693	62,344	65,084	67,819	70,549	73,274	88,524	91,345	94,200	97,085	109,085

\$1,500 additional compensation is added to the MA columns for employees who earned Masters from an approved institution.
 \$2,000 additional compensation is added to the PHD column for employees who earned Doctorates from an approved institution.
 \$2,000 additional compensation shall be added to teacher's salaries who earned National Board Certification from the National Board.
 Credits for each step up are 15 quarter credits. (Semester credits x 1.5 = quarter credits)
 (10 renewal units = 1 quarter credit)

Human Resources
 Billings Public Schools
 415 North 36th Street
 Billings, Montana 59101-1298
 Phone: (406) 281-5041 Fax: (406) 281-61
www.billingspublicschools.org

BEA EDUCATIONAL SALARY STEP UP PROCEDURES:

Additional information can be found at <https://www.billingsschools.org/faculty-staff-portal/professional-development>

Criteria for Step-Up Credit Approval:

- A. Courses must be a minimum of two consecutive hours.
- B. Courses must be tied to one of the four Charlotte Danielson's Framework for Teaching Domains.
- C. Approval will not be given for two courses of the same title and/or course number unless it is clearly shown that there is a significant difference between the courses.
- D. Courses must be directly related to current individual teaching assignment, other areas of endorsement, or a possible future position with the district.
- E. If the district pays the employee's registration fee, travel expenses, or allows the employee to take professional leave, an employee cannot take coursework for salary step-up. An employee must take discretionary leave and pay for all expenses in order to receive salary step-up credit.
- F. Credits presented for step-up cannot be simply a random collection of convenient credits, but rather a carefully considered individual approach to staff development and professional development.
- G. Courses which will apply toward an advanced degree in education may be accepted for step-up credit.
- H. Approval of professional development courses and/or individual credit appeals will be decided first by Committee consensus. Should the Committee fail to reach a consensus, a majority vote of four to two is required for approval. Executive decisions can be made through approval from **both** the Director of Adult Education and the Billings Education Association President should issues arise prior to a PDAAC meeting. The PDAAC must review executive decisions for final approval.
- I. Coursework will not be recorded for educational step-up unless prior approval of credit has been recommended by the principal or director and approved by the superintendent or designee (BEA Master Agreement). A "Credit Approval Request" must be completed by the teacher/specialist and recommended by the Principal or Director and approved by the Superintendent or Designee prior to the start date of all coursework (college credit, OPI Renewal Units, or Continuing Education Units, CEU's, for specialists) used for educational step-up. "Credit Approval Requests" submitted after the start date of any coursework will not be approved.

To see a list of current approved course institutions [click here](#)

Links for the Teacher Credit Approval for Step-Up Form and Pre-Approved Courses can be found at <https://www.billingsschools.org/faculty-staff-portal/professional-development>

CREDIT APPROVAL REQUESTS FOR STEP-UP - ONLINE

To all BEA Employees:

Credit Approval Requests are processed online, similar to leave requests. Please go to this link, www2.billingsschools.org/creditapproval, or the District's website, www.billingsschools.org, Quicklinks/Credit Approval Requests, for prior approval of all coursework you want to use for educational step-up.

To enter online Credit Approval Requests it is like checking your email, log in using your District username and password.

To submit a "Credit Approval Request" for Step Up -

- Select Request Type (College/University, OPI Renewal Units, or Continuing Education Units - for specialists only)
- Enter the name of the College/University or who is sponsoring the course, the Course Name, the Location of the Course and the Date of the Course
- If you have any notes you would like to add, enter them in the "Notes" section
- File Upload - click "attach document" if additional information is available regarding coursework; upload document in pdf or Word format. For Masters Degrees, put "Masters" as Course name and then, please attach your "Letter of Acceptance" and "Plan of Study"
- Submit Request - your request will go to your building principal/director before going to Human Resources for processing by the Superintendent's designee
- Once your request has been processed, you will receive an email regarding the status of your request

You can view all of your Credit Requests submitted, processed, and **not** recorded for salary step-up under **"My Requests."** After Human Resources receives verification from you that you have completed a pre-approved course (official transcript, copy of verification of MT OPI Certificate Renewal Units form, or CEU's for specialists) and records the coursework for salary step-up, the course will no longer be listed under "My Requests". You will be emailed an updated "Course History Report" showing the classes have been added to your "Course History Report" for step-up.

Procedures for BEA Educational Salary Step-up are listed under **"Procedures."**

Dates and times you and your principal/director submit and process a request are tracked, so please submit all coursework you want to use for educational step-up **prior** to the start of each class. Requests submitted after the start date of any coursework will not be approved.

Thank you for using the online form for all of your Credit Approval Requests. Please contact Human Resources if you have any questions.

EXAMPLE

Course History Report

EMPLOYEE ID #

EMPLOYEE NAME

TYPE	INSTITUTION	COURSE DESCRIPTION	TRANS	DATE	COURSE NO	TOTAL UNIT	GRADE	APPLIED DATE	TOTAL APPL
INT	INITIAL PLACEMENT	INITIAL PLACEMENT BA00	T	08/19/2019		0.00	BA00	08/19/2019	0.00
PD	PROFESSIONAL DEVELOPMENT	TECH TOOLS IN THE MIDDLE SCHOO	L	01/16/2020		0.20	BA15		0.20
PD	PROFESSIONAL DEVELOPMENT	STORIES OF LIFE ARE LASTING GI	L	03/03/2020		0.20	BA15		0.20
PD	PROFESSIONAL DEVELOPMENT	MID YEAR TEACHER REFRESHER	L	03/05/2020		0.20	BA15		0.20
PD	PROFESSIONAL DEVELOPMENT	CULTURALLY RESPONSIVE PRACTICE		08/15/2019		0.30	BA15		0.30
PD	PROFESSIONAL DEVELOPMENT	LEVEL 1 IEFA 6-12 TRAINING FOR	L	08/15/2019		0.20	BA15		0.20
PD	PROFESSIONAL DEVELOPMENT	CLOSING THE ACHIEVEMENT GAP THL		08/15/2019		0.20	BA15		0.20

1.30 TOTAL QUARTER CREDITS
0.00 TOTAL CREDITS APPLIED

1.30 AVAILABLE CREDITS

Sem Hrs X 1 1/2 = Qtr Hrs x 10 = OPI renewal units
T= Official Transcript Received

Billings Public Schools
05/18/2020 Course History

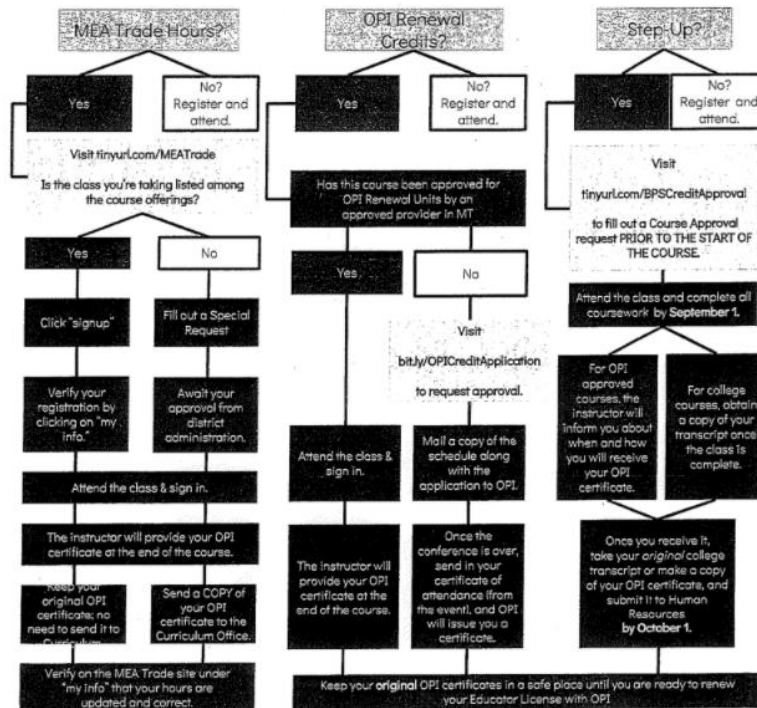
BPS CREDIT OPTIONS



1 Register and pay for the course if necessary.

2 Which type(s) of credit do you need?

You may simultaneously earn any or all of these. Be sure to follow the described procedures for each type of credit.



3 Train it forward by sharing your new learning with your colleagues!

MT Educators License Renewal Directions through OPI (Every 5 years)



opi.mt.gov

If you have any questions about renewal of your license please go to [Frequently Asked Questions](#)

IMPORTANT! Please don't wait until the last minute to renew your license. During the summer months our staff is very busy and it may take up to 8 weeks to process your renewal application. You can apply for renewal any time after January 1 of the year your license expires.

NOTE: Those renewing licenses that expire in 2016 and subsequent years no longer need college credits; only 60 professional development renewal units are now required, ARM 10.57.215 (1).

1. **Montana has gone to an online renewal process!** Renewals are now done online (including payment) through our Montana State Educator Information System (MSEIS). **The only exception is for those needing to enter out-of-state professional development hours; a paper application must be utilized for these renewals.**

If you have not yet created an account in **MSEIS**, you will need to do this first. Once you have set up your account, the application wizard for renewal will walk you through the simple process of completing your application. You will be required to enter in all of your professional development coursework and renewal units so make sure you have the information available before you start the process.

2. **You will no longer be required to send in official transcripts and renewal unit certificates at the time of renewal application!** Renewal applications will now be randomly audited to verify accuracy. Therefore, even though you no longer need to submit your documents at the time you complete your renewal application, you will need to have them for your records. If your application is chosen for audit you will have 60 days to submit your documents for verification. Your license will **NOT** be issued if you are unable to provide the documents needed to verify your professional development activities.

If you did not have your renewal activities pre-approved or cannot find your renewal unit courses in our system please contact our office at 406-444-3150.

To Access the Montana State Educators Information System and complete your renewal application: [Online Application](#)

Resources for Renewal Units:

- [Teacher Learning Hub](#)
- [Learning Opportunities Portal](#)
- [Requesting approval of Professional Development that I want to take or have already taken.](#)

10.57.215 RENEWAL REQUIREMENTS

(1) Montana Class 1, 2, 3, and 6 educator licenses may be renewed with verification of 60 renewal units earned during the five years of validity through August 31 of the year the license expires.

(2) Participation in renewal activities is equivalent to the following renewal units:

- (a) one hour of attendance at a professional development activity = one renewal unit;
- (b) one quarter college credit = 10 renewal units;
- (c) one semester college credit = 15 renewal units.

(3) Renewal activities used to renew all licenses must be a planned and structured experience, of benefit to the licensee's professional development as defined in ARM 10.55.714, an exposure to a new idea or skill or an extension of an existing idea or skill, and in compliance with (4).

(4) Activities acceptable to renew licenses are professional development, training, workshops, or coursework consistent with PK-12 public school curriculum and may include:

- (a) credits earned from a regionally accredited college or university;
- (b) activities offered by renewal unit providers approved pursuant to ARM 10.57.216 and documented on an OPI renewal unit certificate;

(c) other professional development activities offered by providers who have not been approved as a renewal unit provider pursuant to ARM 10.57.216, when licensees have received approval for the professional development activity from the Superintendent of Public Instruction;

(d) another state's validated professional development activities other than college or university credit when the intent and structure of the process ensures the meeting or exceeding of Montana renewal unit requirements for licensure;

(e) the instruction of a relevant college or university course by a Montana licensee who has achieved a graduate degree in an endorsed field of specialization; or

(f) verification of completing the National Board Certification (NBC) process through the National Board of Professional Teaching Standards or successfully achieving and renewing NBC licensure shall result in 60 renewal units. NBC renewal units may apply to renewal of an expiring license.

(5) The licensee shall be solely responsible for retaining the renewal unit verification to be used in the application for license renewal.

EMPLOYEE ONLINE

YOUR EMPLOYEE ID NUMBER: 000

Employee Online is a website that will provide school district employees and substitutes the means to view and modify your payroll/HR records via the School Internet. Items that are available to you are:

Logging in: Please go to the School District's Website:

- ⇒ www.billingschools.org
- ⇒ In the tool bar on the top of the page click on "FACULTY/STAFF"
- ⇒ In the tool bar on the right hand side click on "QUICK LINKS"
- ⇒ Click on "Employee Online"

Employee ID: Your eight-digit Employee ID Number (The 0's are required before your Employee ID number)

Password: Last 4 digits of your SSN

After logging in for the first time you will need to select your own Password up to 16 characters. Changes made to the Password will take effect immediately.

Available Employee Online Functions:

- ◆ Check Stubs
 - ⇒ View and print check stub information for past and current pay periods
 - ⇒ Leave Balances
 - ⇒ Deferred Compensation
- ◆ W-4 Information
 - ⇒ Tax Status – State and Federal
 - You can also change the number of dependents declared and indicate additional withholding amounts
- ◆ W-2's
 - ⇒ View and print your W-2's starting with the 2015 tax year
- ◆ Benefits
 - ⇒ View your benefit package
 - ⇒ View your Retirement plan that you are currently enrolled in
- ◆ Personal Information
 - ⇒ View and update address and emergency contact information
 - ⇒ View and update phone numbers and e-mail addresses
 - ⇒ View the status of your current position. Status can include position, title, position history, salary schedule and grade, and pay rate(s)

Having trouble logging in or forgot your password?

- ◆ District Employees
 - ⇒ Please do a Help Desk ticket to have your account information reset
- ◆ Substitutes
 - ⇒ Please contact Technology @ (406)281-5058
 - Information Technology will need:
 - Your Employee ID number and Contact information

NEW ACCOUNT ONLY
Billings Public Schools
Computer Network Accounts Request Form

BILLINGS PUBLIC SCHOOLS
 Inspire Educate Empower

I, _____
 First Name Middle Name Last Name
 am requesting computer network user accounts.

Home Building _____ Room Number _____ Phone Number _____

Position _____

Be **SPECIFIC** (i.e. 6th Grade Teacher, Activities Secretary, Custodian, Lunch Teacher, Lunch Clerk, Nurse, GDA)
****By knowing your specific position you are able to give you the best service to the accounts that you need.**

Classification: Check One (Circle your Labor Agreement if unsure)

☐ BEA ☐ BCEA ☐ MPEA ☐ Contract Support ☐ Administrative ☐ Other _____

*Requested Password _____

*NOTE: Passwords need to be 8 characters and must contain at least one capital letter and one number. We do not guarantee we can honor your request if you will try. Passwords are case sensitive and should contain no spaces.

I will be working in the following buildings (Check all that apply):

<input type="checkbox"/> Allkali Creek	<input type="checkbox"/> Burlington	<input type="checkbox"/> Orchard	<input type="checkbox"/> Lewis & Clark	<input type="checkbox"/> Lincoln Center
<input type="checkbox"/> Arrowhead	<input type="checkbox"/> Central Heights	<input type="checkbox"/> Poly Dr.	<input type="checkbox"/> Windsor Crow	<input type="checkbox"/> Facilities
<input type="checkbox"/> Beartooth	<input type="checkbox"/> Eagle Cliffs	<input type="checkbox"/> Ponderosa	<input type="checkbox"/> Riverside	<input type="checkbox"/> Food Services
<input type="checkbox"/> Bench	<input type="checkbox"/> Highland	<input type="checkbox"/> Rose Park	<input type="checkbox"/> Will James	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Big Sky	<input type="checkbox"/> McKinley	<input type="checkbox"/> Sandstone	<input type="checkbox"/> Career Center	<input type="checkbox"/> ECI
<input type="checkbox"/> Bitterroot	<input type="checkbox"/> Meadowlark	<input type="checkbox"/> Washington	<input type="checkbox"/> Star	<input type="checkbox"/> Adult Ed
<input type="checkbox"/> Boulder	<input type="checkbox"/> Miles Avenue	<input type="checkbox"/> Ben Steele	<input type="checkbox"/> West	
<input type="checkbox"/> Broadwater	<input type="checkbox"/> Newman	<input type="checkbox"/> Castle Rock		

As an employee of BFS, I agree to set educationally relevant objectives for any use of district technology equipment and will not leave students unattended while using technology under my supervision.

I have read district-provided Access to Electronic Information, Services and Networks Policy 5600 as well as Procedure 5600 and will abide by the terms therein. I understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation of the regulations, computer privileges may be limited, disciplinary action may be taken and/or appropriate legal action may be pursued.

Signature _____ Date _____

Supervisor Signature (must be signed for processing) _____ Date _____

Please mail this form to: Lincoln Center, Technology Department, or Fax to 281-6199

Acceptable Use Policy for Computer Networks
Billings Public Schools

Policy

Our goal in providing the availability of access to the Internet is to promote educational excellence in the schools by facilitating resource sharing, innovation, and communication. Utilization of information on the Internet can provide students with access to ideas and information not readily available within a traditional classroom setting. It can improve teaching by providing teacher training, collaboration and dissemination of successful educational practices, methods, and materials.

Compliance Statement: The use of Internet in Billings Public Schools through any provider is considered a privilege, not a right. Users are required to comply with both the letter and spirit of this policy. Users of computer and network resources agree to operate in compliance with international, federal, state, and local laws. Violations will be reviewed on a case-by-case basis and corrective action will be taken according to the following factors: severity of the violation, damage incurred as a result of the violation, and whether previous violations have occurred. In order to maintain this policy and the integrity of the system, the Billings School Board retains the right to review material on their computer networks and to modify this policy at any time.

Liability Limit: Billings Public Schools does not control the content nor assume responsibility for information retrieved from the Internet. Billings Public Schools assumes neither responsibility for costs or damages nor liability for copyright violations caused through inappropriate use of this service.

Students may encounter material that users, parents, teachers, or administrators consider inappropriate or offensive. Use of such material is not condoned and it is the student's responsibility not to initiate access to this type of information.

Users of the computer networks are expected to follow the Usage Guidelines, which accompany this policy. Inappropriate use of the Internet by a student will result in disciplinary measures and possible revocation of access.

Procedure

Usage Guidelines: "Access to the network" refers to utilizing the School District's computers, Local Area Networks, and Internet gateways. Individual account holders will be responsible for information transmitted via that account, regardless of the user.

Responsible use of the network includes activities sanctioned as reasonable and prudent. The following are examples of such activities:

- using the network access as a research tool for classroom projects;
- using direct electronic communication with other users;
- using networks to access other computer systems in the pursuit of educational goals;
- conforming to accepted etiquette practices, referred to as netiquette, on the Internet.

Examples of prohibited activities include, but are not limited to, the following:

- using the network for any illegal activities;
- using the network for non-school, commercial activities or the soliciting of individual account holders for commercial purposes;
- using the network to transmit or access materials that are inappropriate in the educational environment or offensive to community standards including but not limited to material that is obscene, child pornography or deemed harmful to minors. (i.e. pornography, vulgar or racist material, etc.);
- the use of vulgar or offensive language;
- sending messages that are racist, inflammatory or demeaning to others, or that encourage illegal activities;
- sending or receiving copyrighted materials without the permission of the copyright holder or reproduction beyond "fair use" as defined by the Fair Use provision in the Copyright Act;
- logging on the network using another user's account without that user's permission;
- discussing personal home phone numbers and addresses of themselves or other users;
- using any means to defeat security systems on any computer network or knowingly transmitting viruses;
- changing files that belong to another user;
- sending/using encryption technology to conduct activities deemed inappropriate;
- posting images of others without their permission;
- sending messages or other data anonymously;
- participation in flame wars (inappropriate arguments pertaining to posted messages), mail bombs (purposefully tying up another user's mailbox by transmitting large, unnecessary files), pyramids, or chain letters.

Billings Public Schools is pleased to provide this educational service to students and faculty. Should you have questions or concerns, please contact your building administrator for additional information.

Please keep this form for future reference.

Billings School District 2

STAFF

District-Provided Access to Electronic Information, Services, and Networks

General

The District makes Internet access and interconnected computer systems available to District students and faculty. The District provides electronic equipment and networks, including access to the Internet, as part of its instructional program and to promote educational excellence by facilitating resource sharing, innovation, and communication. The District will provide training conducive to maximizing effective and appropriate use of these resources.

The District expects all staff to take responsibility for appropriate and lawful use of this access, including good behavior on-line. The District may withdraw staff access to its network and to the Internet when any misuse occurs. District teachers and other staff will make reasonable efforts to supervise use of computers, the network and Internet access.

Curriculum

Use of District electronic equipment and networks will be consistent with the curriculum adopted by the District, as well as with varied instructional needs, learning styles, abilities, and developmental levels of students and will comply with selection criteria for instructional materials and library materials. Staff members may use the Internet throughout the curriculum consistent with the District's educational goals.

Acceptable Uses

1. Educational Purposes Only. All use of the District's electronic network must be: (1) in support of education and/or research, and in furtherance of the District's stated educational goals; or (2) for a legitimate school business purpose. Use is a privilege, not a right. Students and staff members have no expectation of privacy in any materials that are stored, transmitted, or received via the District's electronic network or District computers. The District reserves the right to monitor, inspect, copy, review, and store, at any time and without prior notice, any and all usage of computers, systems, networks and Internet access and any and all information transmitted or received in connection with such usage.
2. Unacceptable Uses of Network.
 - A. Uses that violate the law or encourage others to violate the law
 - B. Uses that cause harm to others or damage to their property

- C. Uses that jeopardize the security of computers, systems, or networks of the District or others
- D. Exposing self or others to the potential of personal harm
- E. Uses that are commercial transactions.

Warranties/Indemnification

The District makes no warranties of any kind, express or implied, in connection with its provision of access to and use of its computer networks and the Internet provided under this policy. The District is not responsible for any information that may be lost, damaged, or unavailable when using the network or for any information that is retrieved or transmitted via the Internet. The District will not be responsible for any unauthorized charges or fees resulting from access to the Internet. Any user is fully responsible to the District and will indemnify and hold the District, its trustees, administrators, teachers, and staff harmless from any and all loss, costs, claims, or damages resulting from such user's access to its computer network and the Internet, including, but not limited to, any fees or charges incurred through purchase of goods or services by a user. The District expects a user or, if a user is a minor, a user's parents or legal guardian to cooperate with the District in the event of its initiating an investigation of a user's use of access to its computer network and the Internet.

Violations

If a user violates this policy, the District will limit a user's access or will withdraw access and may subject a user to additional disciplinary action. An administrator or building principal will make all decisions regarding whether or not a user has violated this policy and any related rules or regulations and may deny, revoke, or suspend access at any time, with that decision being final.

Policy History:

First Reading:	April 18, 2005 – Board of Trustees
Second Reading:	June 13, 2005 – School/Community Committee
Third Reading:	June 20, 2005 – Board of Trustees
Adopted on:	June 20, 2005
Effective on:	July 1, 2005
Revised on:	

BPS JOB APPLICANTS COPY

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification by Billings Public Schools that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dmcc@publicrecords.mt.gov or 406-444-3626.

NCPA/VCA Applicants

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

- Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1026(D)(2).
- Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
- Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

PIR Trade Opportunities

By state law, the Billings Public Schools full-time teaching staff needs to complete seven days of PIR.

- three (3) orientation days before students start school
- one (1) district PIR day in January

The remaining three (3) PIR days, 18 hours, must be selected from one of the following options that occur on a non-pupil instruction day.

1. Attend the MFPE Conference or other Professional Conference
2. BPS PIR Trade Opportunities (most will take place prior to the MFPE Conference in October)
3. Special Requests for a Professional development offering other than the BPS PIR Day Opportunities must complete a Special Request Form (*available on website*) and obtain **pre-approval**

On years the MFPE Conference is held in Billings, all teachers are required to attend an education conference and not trade out hours.

<https://www.billingsschools.org/faculty-staff-portal/quicklinks>

Quick Links-Username and password are the same as what you use for your email.

Click on



[PIR Day](#)

Or



[Professional Development](#)

Professional Development

PIR DAY TRADE

Remember that OPI Renewal does not equate to PIR trade or Step-Up.

[- MFPE CONFERENCE](#)

[- PRESENTER PORTAL](#)

[PIR DAY TRADE SITE](#)

PIR Course Options

Username

Password

This will bring up your information.

Billings Public Schools Username and Password Guide

Look for the icon below on bpsinfocentral.com/quick-links to log in.

Please call Technology at 281-5050 for assistance.



Timecard Online



Employee Online

USERNAME: 0000 [EMPLOYEE ID #]

PASSWORD: Last 4 digits of your Social Security number

Upon initial log in, it will prompt you to change your password to your own selected value. Employee IDs will be given to you by HR.



PowerSchool for Administrators



PowerTeacher

USERNAME: Last name first initial @ billingsschools.org

PASSWORD: SAME PASSWORD AS EMAIL



Email

USERNAME: Last name first initial @ billingsschools.org

PASSWORD: SELECTED VALUE UPON FILLING OUT ACCOUNT FORM

You must fill out an Account form first in order to gain access to Email, PowerSchool, Safe Schools, and the Help Desk. If you have a common last name, your email address may change slightly to include your middle initial.



Leave Requests

USERNAME: Last name first initial

PASSWORD: Same password set as your email



Safe Schools

USERNAME: Last name first initial

PASSWORD: Same password set as your email



Help Desk

USERNAME: Last name first initial

PASSWORD: Same password set as your email

Frequently Used Websites

Billings Public Schools:
www.billingschools.org

Staff Portal:
www.bpsinfocentral.com

Help Desk:
Call: 406.281.5131
Email: help@billingschools.org
Visit: www.billingschools.org/help

2011/2012

Teacher Evaluation

BILLINGS PUBLIC SCHOOLS
Teacher Evaluation - Licensed Teacher

Name _____ School _____ Date _____

Grade Level _____ Subject Area _____

Observation Date _____ Pre-Conference Date _____

- | | |
|--|-----|
| 1. Lesson plans are current, relevant and easy to follow. | Yes |
| 2. The lesson objectives are consistent with the adopted District wide curriculum. | Yes |
| 3. The daily objectives are clearly communicated to the students. | Yes |
| 4. The teacher demonstrates skills that cause the entire class to participate in the daily lessons. | Yes |
| 5. The students are actively engaged in the learning process throughout the class period. | Yes |
| 6. The teacher checks student understanding regularly throughout the lesson. | Yes |
| 7. The teacher provides for individual learning and differentiated instruction. | Yes |
| 8. The material presented was well organized. | Yes |
| 9. The teacher demonstrates effective classroom management techniques. | Yes |
| 10. The teacher demonstrates knowledge for content. | Yes |
| 11. The teacher monitors student achievement and makes instructional decisions based on their performance. | Yes |
| 12. The teacher follows District Policy, rules and procedures. | Yes |
| 13. The teacher maintains professional relationships with the following people: a. <u>Students</u> b. <u>Parents</u> c. <u>Colleagues</u> d. <u>Administration</u> . | Yes |

The following signatures indicate the evaluation has been read and discussed.

Evaluator's Signature _____

Date _____

Teacher's Signature _____

Date _____

Employee ID _____

Note: The teacher may submit a written rebuttal within 20 working days.



Items you can Inter-School Mail to Human Resources

- OPI Certificates:** HR only needs copy of your OPI Certificates for your Steps-Ups. Please keep your original certificate for OPI.
- Official Transcripts:** Please open your official transcripts first to verify that all classes are complete and do not say "In Progress" and your degree awarded is correct for Step-Up and Initial Hire.
- Volunteer Background Checks:** Make sure all your volunteers have filled out a Volunteer Background Check form and you have given the form to your secretary. Your secretary will send it to HR to have it approved by Katie Nordstrom, Executive Director of Human Resources.
- Contracts:** Please verify that you have a selected your desired pay period (10 month or 12 month), sign and date the WHITE copy.

If you have any questions, please contact Human Resources.



ID Badges

Your photo ID Badge must be worn when working Billings Public Schools. If you are needing a replacement ID Badge, email Shelly Ness at nesss@billingspublicschools.org. Please provide your school and current position and a replacement badge will be sent via Inter-School Mail.

HR FAX: 281-6196			
Theresa	5043	Jacquelyn	5040
Deane	5041	Katie	5039
Shelly	5042	Laurie	5044

Insurance			
Jennifer	5045	Brittany	5987
Stephanie	5046		

PAYROLL FAX: 281-6179			
Madonna	5115	Tracy	5013
BRENDA	5012	Teacher Payroll	
Admin / Sub Tehrs		Libby	5015
Denna	5014	Support Payroll	
Elaina	5018	Tatia	5016

MiCare - ext. 5180	
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MPERA	
Website - mpera.mt.gov	
100 N Park Avenue Suite 200	
PO Box 200131	
Helena, MT 59620-0131	
Phone: (406)444-3154	
Toll Free: (844)304-5452	

TRS	
Website - trs.mt.gov	
PO Box 200139	
1500 East Sixth Avenue	
Helena, MT 59620-0139	
Phone: (406)444-3134	
Toll Free: (866)608-4045	

Workers Comp	
BPS: Laurie Bogers - ext. 5044	
Shauna Foley	
sfoley@mtfba.org	
PO Box 7029	
Great Northern Blvd, Ste 201	
Helena, MT 59601	
Phone: (406)457-4411	
Toll Free: (877)667-7392	

OPI (Office of Public Instruction)	
Website - opi.mt.gov	
PO Box 202501	
Helena, MT 59620-2501	
Phone: (406)444-3095	
Toll Free: (888)231-9393	

Yellowstone County Treasurer	
Yellowstone County Courthouse	
Room 203	
217 n. 27th Street	
Billings, MT 59101	

Frequently Used Websites

Billings Public Schools:
www.billingspublicschools.org
 Staff Portal:
www.bpscentral.com

Help Desk:
 Call: 406.361.3131
 Email: help@billingspublicschools.org
 Web: www.billingspublicschools.org/help

Internal Applicant Reminder

Your application will be retained in active status for one school year. If you wish to apply for any extra positions such as coaching, extracurricular or summer positions, or want to apply for a new position, you will need to log into your current application and apply for the desired position.

To keep your application active, login into your current application, click on EDIT and click on SUBMIT and it will keep your application active for another year.

OPI (Office of Public Instruction)
Website - opi.mt.gov
General Information Phone: (406)444-3095
Educator Licensure: (406)444-3150
Toll Free: (888)231-9393

Yellowstone County Treasurer
Yellowstone County Courthouse
Room 203
217 n. 27th Street
Billings, MT 59101



Billings Public Schools

Quick Guide for Applications

- Visit our Web Page: www.billingspublicschools.org
- Click on "Departments".
- Click on "Employment Opportunities".
- You can choose "Request Technical Help" if you are having any trouble.
- The "Confirmation" section will alert you if any required elements are missing in order to "Submit" your application.
- We rely heavily on e-mail, so be sure to check your e-mail often once you have applied for a position.

FOR MOST PERMANENT POSITIONS, YOU WILL NEED

TO LOAD/SCAN INTO YOUR APPLICATION:

(if applying for a substitute position, these items are not required)

- A current Resume
- A Letter of Introduction

FOR ANY PERMANENT POSITION IN THE CLASSROOM, WITH THE EXCEPTION OF A SPECIAL NEEDS ASSISTANT,

YOU WILL ALSO NEED TO LOAD/SCAN:

- College Transcripts or Workkeys Test Results
- Current Montana Teaching License for Professional Teaching positions or Substitute Teachers claiming certified status.

Need Computer/Internet Access

- Job Service (Must be registered with them)
2121 Rosebud Dr. - (406)652-3080
- Parnly Billings Library
510 N. Broadway - (406)657-8257

Human Resources
Billings Public Schools
415 N 30th St
Billings, MT 59101-1298
Phone: (406)281-5041 Fax (406) 281-6196
www.billingspublicschools.org



Parking at the Lincoln Center

Parking at the Lincoln Center can be frustrating, to ease the frustration, parking permits are issued to eligible staff. If you work at the Lincoln Center 2 or more days per week, you are eligible for a parking pass. Please come to Human Resources to be issued the appropriate parking pass.

If you will be at Lincoln Center for training, and are not eligible for a parking pass, you will need to park on the street or across the street in the parking garage located behind the old Gainans building.

The City of Billings will cite anyone parked in the spots marked as "City of Billings Parking" and BPS will not reimburse the cost of the ticket.

If you park in the Lincoln Center parking lot (including the lot behind the church), you must have your parking permit displayed and visible at all times. Below are the only 2 acceptable parking passes. If your pass is lost or stolen, please notify Human Resources immediately.

BILLINGS PUBLIC SCHOOLS 415 North 30th Street Billings, MT 59101	
TEMPORARY PARKING PERMIT FOR THE LINCOLN CENTER NORTH PARKING LOTS ONLY NOT 28th STREET OR 30th STREET Place face of permit in lot.	
Issuing Location/Dept	_____
Beginning Date	_____
Ending Date	_____
Valid for time period only.	
DO NOT PARK IN UNAUTHORIZED PARKING SPACES.	
Issuing Initials _____	

EMPLOYEE	
Lincoln Center	
PARKING PERMIT	



Top 5 Reasons Why You Should Enroll State of Montana 457(b) Deferred Compensation Plan

1. Strong Investment Lineup

Your State of Montana 457(b) Deferred Compensation Plan features a wide range of diversified and cost-effective investment choices. Find the combination of funds that works best for you. You also have the option of investing in a post-tax Roth option in which any earnings at retirement (after age 59½) are tax-free. You can also participate in special share class options available only to large group plans, such as your State of Montana 457(b) Deferred Compensation Plan.

2. Individual Attention and Tools

Your State of Montana 457(b) Deferred Compensation Plan features a suite of advisory services to help you put together an individualized retirement plan based on your unique situation. The Retirement Income Control Panel is a powerful online tool (brought to you by Advised Assets Group, LLC, a federally registered investment adviser) that lets you see how well your current savings and investing activities are preparing you for retirement.¹ There are also online tools and calculators to help you determine if you will be ready for retirement.

3. Easy Enrollment

There are five quick steps to start you on your path to retirement readiness: (1) Choose how much you want to save; (2) Decide when to pay taxes (you have

the option to contribute before-tax or (Roth) after-tax dollars); see your representative or go online for a detailed comparison of the two options; (3) Designate your beneficiaries; (4) Set your goals; and (5) Pick your investments. You can obtain the enrollment form online at www.MPERAdplans.com² under the About Your Plan tab or you can call your local Helena Empower Retirement office at (406) 449-2408 or Empower at (877) 699-4015 to have it mailed to you.

4. Easy Contributing

Your contribution is deducted automatically from your paycheck. You don't have to remember to send a check every month or transfer your money from one account to another. Once you enroll, you'll see just how easy it is to set up the automatic deduction.

5. Competitive Fees

As part of a large group plan, administration fees are competitive. Your State of Montana 457(b) Deferred Compensation Plan returns all mutual fund fees, such as marketing expenses and service fees, back to YOU, the participant - further reducing the net administrative fee. In addition, there are no fees to transfer money to your retirement plan or rebalance your asset allocation.³ MPERA works hard to keep management fees competitively lower than outside investment options.

Contact us today to discover more great reasons to enroll!

State of Montana 457(b) Deferred Compensation Plan

Helena Empower Retirement Office (406) 449-2408 or (800) 981-2786 • Empower Customer Service (877) 699-4015
www.MPERAdplans.com

¹ The Retirement Income Control Panel is an educational tool that provides hypothetical information for illustrative purposes only. It is not intended to provide financial planning or investment advice. The Retirement Income Control Panel is brought to you by Advised Assets Group, LLC, a registered investment adviser. More information about AAG can be found at www.advisedassets.com. All rights reserved.

² Access to the voice response system and/or the website may be limited or unavailable during periods of peak demand, market volatility, system upgrades/maintenance or other reasons.

³ Funds may impose redemption fees and/or transfer restrictions. If assets are held for less than the published holding period. For more information, see the fund's prospectus and/or disclosure documents. Once securities, when offered, are offered through GWPS Securities, Inc. and/or other broker-dealers.

GWPS Securities, Inc. Member FINRA/SIPC is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company. Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWLIA), Corporate Headquarters: Greenwood Village, CO 80155 or New York, NY, and their subsidiaries and affiliates. The logo, name, logo, service marks and/or design elements used are owned by their respective owners and are used by permission. ©2015 Great-West Life & Annuity Insurance Company. All rights reserved. This material has been prepared for informational and educational purposes only. It is not intended to provide, and should not be relied upon for, investment, accounting, legal or tax advice. Form CB102021PR (1/2015) PT 2/2/2015



Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

gw

STATE OF MONTANA 457(b) DEFERRED COMPENSATION WLYR DEFERRAL AGREEMENT

A. Participant Information			
Employee Last Name	First Name, MI	Last 4 of SSN	Date of Birth
Department or Employer	Employee ID # for State Employees	Phone Number	
B. Payroll Election(s)			
Effective Pay Date	No. of Deferrals and Pay Cycles Per Year (choose one) <input type="checkbox"/> 12 <input type="checkbox"/> *24 <input type="checkbox"/> 26+ <small>*will not include third paycheck in one month</small>		
Contribution Type (Select One)	<input type="checkbox"/> Start/restart <input type="checkbox"/> Stop <input type="checkbox"/> Change <input type="checkbox"/> One Time <input type="checkbox"/> Final/Retiring		
Contribution Amount	Pre Tax \$ _____ or _____ %	Roth Post Tax \$ _____ or _____ %	
Deferral Type			
<input type="checkbox"/> Basic Deferral - I understand the total annual pre-tax contributions and Designated Roth Contributions cannot exceed \$19,000 of my eligible compensation in the 2019 tax year.			
<i>Catch-Up Provisions - Only one type of 457 Catch-Up may be used in a calendar year. If I am eligible for both types of Catch-Up this year, I may select either the Age 50 457 Catch-Up or the Special 457 Catch-Up, whichever would result in the larger Catch-Up amount for this calendar year.</i>			
<input type="checkbox"/> Age 50 Catch-Up - I understand that I must be age 50 or older by the end of this calendar year and I cannot use the Special 457 Catch-Up (see below) this year. I understand the total annual pre-tax Age 50 Catch-Up amount cannot exceed \$ 6,000.00 of my eligible compensation in the 2019 tax year. When added to the regular deferral amount, my annual maximum contributions cannot exceed the 2019 limit of \$25,000.			
<input type="checkbox"/> Special Catch-Up - I understand that I may only use the Special 457 Catch-Up in one or more of the three calendar years that END PRIOR TO my Normal Retirement Age (NRA), which I select for using this catch-up provision and provide the year below. I may only select one Special Catch-Up NRA and although it does not control when I actually retire, it may not be later than age 70½, and no earlier than the NRA as defined by my employer's defined benefit plan if I participate in that plan. If I participate in the FRSB Defined Contribution (DC) plan or my employer does not have a defined benefit plan, the earliest age for my Special Catch-Up NRA is age 55. I understand the total pre-tax Special 457 Catch-Up amount cannot exceed \$19,000 of my eligible compensation in the 2019 tax year. When added to the regular deferral amount, my annual maximum contributions will not exceed the 2019 limit of \$25,000. I have designated my NRA year below. I also understand that I must have "underutilized amounts" by not contributing that maximum amount available to me under this Plan in any prior calendar years in which I was eligible to participate. I have communicated with an Empower Retirement representative to verify this amount as indicated below.			
NRA Year _____		Underutilized Amount \$ _____	
C. Participant Consent (Please sign on the "Participant Signature" line below.)			
I understand it is my responsibility to monitor my paycheck each payday to ensure that my deferred compensation deductions are made for the correct amounts. If I detect an error, I agree to notify Empower at 1-800-981-2786 or (406) 449-2408 immediately. I understand errors will be corrected only for the current payday and future deductions and retroactive corrections for errors on any previous paydays will not be made. I also understand neither my employer nor Empower are responsible for administrative errors that result in an error in any amount deducted.			
I hereby authorize and direct my employer to deduct the amount indicated above from my gross salary each pay period as selected. If utilizing the special catch-up deferral provision, I certify I am within three years of normal retirement age and acknowledge the catch-up amount is in addition to any regular deferrals. I have reviewed, understand, and agree to the provisions as stated above and on the reverse side of this Agreement.			
Participant Signature _____		Date _____	
D. Mailing Instructions			
Mail to: Empower Retirement 208 North Montana, Suite 106 Helena MT 59601		Fax to: (406) 449-3306 For questions call 1-800-981-2786 or 449-2408 in Helena	

**Salary Deferral Agreement
457 Plan Provisions**

Whereas the State of Montana ("Employer") has established a deferred compensation plan ("the Plan") pursuant to Internal Revenue Code Section 457; and

Whereas I, the employee, have elected to participate in the Plan by deferring a portion of my salary into the Plan, it is hereby agreed as follows:

I request and direct that my salary be reduced as of the effective date designated on the front of this form (this date cannot precede the date this agreement is signed), and that the Employer, its proper officers, agents and employees contribute these deferrals into the Plan.

I agree and understand that increasing, decreasing or stopping the amount deferred per pay period requires that a new Agreement be made.

I recognize it is my responsibility to notify my payroll center if I either terminate my employment with the State or transfer to another State agency. I recognize that my deferrals may be stopped if I transfer to another agency without notifying the appropriate payroll center or the Personnel division of the Department of Administration.

I agree and understand that all amounts deferred, all property purchased with those amounts, and the income on the amounts or property shall be maintained for the exclusive benefit of eligible employees and their beneficiaries.

I understand that §457 of the Internal Revenue Code limits the amount which may be deferred each year. It is my responsibility to monitor the amount I contribute per pay period to ensure that my total annual contributions to the Plan do not exceed the amount permitted under the Internal Revenue Code as amended from time to time. I may need to decrease the amount I contribute to the Plan by making a new Agreement, to avoid contributing excess amounts.

I understand that this Agreement is irrevocable as to salary earned while the Agreement is in effect. However, I may terminate the Agreement at any time with respect to amounts not yet earned by submitting written notice to the Employer. I understand that the Employer will reduce my salary pursuant to the terms of this Agreement only to the extent that the amount of my gross salary for any pay period exceeds the amount I have elected to defer in any pay period.

In consideration of the Employer's compliance with the terms of this Agreement, I agree to hold Employer, its members, officers, agents, employees, successors and assigns harmless from and against any and all liability whatsoever arising out of or in connection with this Agreement, including but not limited to any costs or tax penalties that I may incur as a result of or in connection with the authorization and direction given by me in this Agreement.

Nothing in this form is to be considered investment or tax advice from the State of Montana.



**Participant Enrollment
Governmental 457(b) Plan**

9W

State of Montana Deferred Compensation Plan

98469-01

Participant Information

Last Name			First Name			MI			Social Security Number														
<i>(The name provided MUST match the name on file with Service Provider)</i>																							
Mailing Address												E-Mail Address											
City												State		Zip Code		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male							
Home Phone												Work Phone		Mo		Day		Mo		Day		Year	
<input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish.												Date of Birth Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Payroll Information <input type="checkbox"/> I elect to contribute \$ _____ or _____ % (up to \$19,000.00 or 1% - 100%) per pay period of my compensation as Before Tax contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election. <input type="checkbox"/> I elect to contribute \$ _____ or _____ % (up to \$19,000.00 or 1% - 100%) per pay period of my compensation as Roth contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.												Payroll Effective Date: _____ Mo Day Year											
Division Name												Division Number											
Agency Name												Agency Number											

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER CODE	%		NAME	TICKER CODE	%	
T Rowe Price Retirement 2005 Trust A.....	N/A		TREBAY	Oppenheimer Developing Markets Y.....	ODVYX		ODVYX
T Rowe Price Retirement 2010 Trust A.....	N/A		TREBAY	Vanguard Total Int Stock Index Adminl.....	VTIAX		VTIAX
T Rowe Price Retirement 2015 Trust A.....	N/A		TREBAY	Neuberger Berman Growth Fund - Trust.....	NBGXN		NBGXN
T Rowe Price Retirement 2020 Trust A.....	N/A		TREBAY	Vanguard Small Cap Growth Index Inst.....	VGSCX		VGSCX
T Rowe Price Retirement 2025 Trust A.....	N/A		TREBAY	Vanguard Small Cap Index Inst.....	VGSCX		VGSCX
T Rowe Price Retirement 2030 Trust A.....	N/A		TREBAY	Jesse Hahn Energy Enterprise N.....	JHNNX		JHNNX
T Rowe Price Retirement 2035 Trust A.....	N/A		TREBAY	MFS Mid Cap Value R6.....	MYVCK		MYVCK
T Rowe Price Retirement 2040 Trust A.....	N/A		TREBAY	Vanguard Mid Cap Index Adminl.....	VMIDX		VMIDX
T Rowe Price Retirement 2045 Trust A.....	N/A		TREBAY	Fidelity Consumer.....	FCNTX		FCNTX
T Rowe Price Retirement 2050 Trust A.....	N/A		TREBAY	Pennant Core Equity - Inst.....	PEILX		PEILX
T Rowe Price Retirement 2055 Trust A.....	N/A		TREBAY	Vanguard Equity-Income Adm.....	VEIEK		VEIEK
T Rowe Price Retirement 2060 Trust A.....	N/A		TREBAY	Vanguard Institutional Index I.....	VNIIX		VNIIX

ADMIN FORM
110000 D 01/01/02
Page 1 of 4

Last Name

First Name

M.I.

Social Security Number

98469-01

Number

INVESTMENT OPTION

NAME	TICKER CODE	%	
T. Rowe Price Retirement Balanced Trst A.....	N/A		TRENAT
American Funds New Perspective R6.....	RNPGX		RNPGX
Artisan International Inv.....	ARTIX		ARTIX
Dodge & Cox International Stock.....	DODFX		DODFX
Franklin Mutual Global Discovery Z.....	MDISX		MDISX

INVESTMENT OPTION

NAME	TICKER CODE	%	
Vanguard Balanced Index Fund - Inst'l.....	VBAIX		VBAIX
Neuberger Berman High Income Bond Inst.....	NHILX		NHILX
PGIM Total Return Bond R6.....	PTRQX		PTRQX
Vanguard Total Bond Market Index Adm.....	VBTLX		VBTLX
Montana Fixed Fund.....	N/A		MONTFX

MUST INDICATE WHOLE PERCENTAGES = 100%

Last Name _____ First Name _____ M.I. _____ Social Security Number _____ 98469-01
Number _____

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If all my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100% in whole percentages.** The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary.

Primary Beneficiary

#1 _____
% of Account Balance _____ Social Security Number _____ Primary Beneficiary Name _____ Date of Birth _____
() _____ Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Phone Number (Optional) _____ ☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner

#2 _____
% of Account Balance _____ Social Security Number _____ Primary Beneficiary Name _____ Date of Birth _____
() _____ Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Phone Number (Optional) _____ ☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner

#3 _____
% of Account Balance _____ Social Security Number _____ Primary Beneficiary Name _____ Date of Birth _____
() _____ Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Phone Number (Optional) _____ ☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner

Contingent Beneficiary

#1 _____
% of Account Balance _____ Social Security Number _____ Contingent Beneficiary Name _____ Date of Birth _____
() _____ Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Phone Number (Optional) _____ ☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner

#2 _____
% of Account Balance _____ Social Security Number _____ Contingent Beneficiary Name _____ Date of Birth _____
() _____ Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Phone Number (Optional) _____ ☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner

#3 _____
% of Account Balance _____ Social Security Number _____ Contingent Beneficiary Name _____ Date of Birth _____
() _____ Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Phone Number (Optional) _____ ☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when

Last Name _____ First Name _____ M.I. _____ Social Security Number _____ 98469-01
Number _____

based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Service Provider:
Empower Retirement - MT
208 North Montana Avenue, Suite 106
Helena, MT 59601
Phone #: 1-877-699-4015
Fax #: 1-406-449-3306
Web site: www.MPERAdcpplans.com

Securities offered through GWSF Securities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO. Great-West Life & Annuity Insurance Company of New York. Home Office: New York, NY, and their subsidiaries and affiliates, including GWSF and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.

Why do our schools need a foundation?

Our district is faced with increasing demands to prepare our community's greatest resource, our students, for future jobs in our community. Schools are expected to change rapidly to meet the needs of society and the workplace with limited resources to meet the growing demands. Due to economic growth and employee departures, we will have to fill nearly 50,000 positions over the next 10 years in Yellowstone County. It is important for schools to supplement dollars received from public sources to meet the needs of our students and community. With the changing landscape in state and federal funding, the Foundation's role is critical in providing the necessary tools for our students. The Education Foundation is designed to augment, supplement, and complement programs and activities provided by Billings Public Schools so our students receive a robust education to prepare them for their futures.

Reading Rocks:

Addressing the "reading summer slide" by providing reading support to students. "Provided 3,400 books to children and 431 hours of mentoring."

Back Pack Meals & Teen Pantry:

Providing nutritious food to students that face food insecurity outside of school. "Funded 15,280 Back Pack Meals and over 150 middle and high school students accessed the pantries."

Endowment Building:

Investing in sustainable funding to support quality public education into the future. "Granted \$15,480 to directly benefit teaching & learning."

Scholarships:

Encouraging academic excellence to further student and educator achievement. "Awarded \$93,869 for continuing education, K-3 reading support, and student apprenticeships."

Career & Technical Education:

Providing students with the tools, technical skills and training necessary to be career-ready upon graduation. "Raised over \$150,000 of financial and in-kind support for agricultural education, CNA training program, and simulated healthcare classrooms."

Partners in Education:

Building relationships between our community's businesses and schools. "Connected over 60 businesses and 200 volunteers to our classrooms."

Classroom Grants:

Supporting innovative educators who first spark the passion for learning. "Awarded \$82,000 to support 100 classroom & enrichment projects."

STEM Education:

Funding relevant hands-on Science, Technology, Engineering and Math education across all grades in our schools. "Impacting over 3,000 students with hands-on science education."

Innovation in Learning:

Enriching teaching and learning to ensure our students are prepared for future careers. "Facilitated \$57,000 in donor gifts to directly benefit technology, robotics, and a myriad of needs."

Engage Community in Raising Funds:

Benefiting school teams, clubs, and PTAs through unique fundraisers to directly benefit students. The Foundation is proud to host Saturday Live, an all-district outdoor carnival, and the SUV raffle. "The Foundation raised \$184,000 to directly impact students."

EDUCATION FOUNDATION

BILLINGS PUBLIC SCHOOLS

Contact us: 415 N. 30th Street • Billings, MT 59101 • 406.245.4133 • Efbps.org

PROMOTING EXCELLENCE IN EDUCATION IN BILLINGS PUBLIC

Did you know the Education Foundation for Billings Public Schools provides funding for projects supporting teaching and learning in the classrooms, connections between our community and schools, and summer literacy support?

Through Classroom Grants, Partners in Education, Saturday Live, special projects, and educator and student scholarships, the Education Foundation annually gives over \$750,000 to Billings Public Schools.



These are just a few examples of what the Education Foundation does, think of what more we can do together with your support...

If every Billings Public Schools teacher donated just \$5 per pay period to the Education Foundation for Billings Public Schools

over \$68,000

per year would be raised to go directly back into the classrooms



Educators, Please join our family at the Education Foundation and help us support excellence in education!

YES! I want to become a partner in the Education Foundation for Billings Public Schools and support students & teachers. Even the smallest donation makes a big difference because as the funds grow, so do the possibilities!

PAYROLL DEDUCTION:

☐ \$3 per pay period
☐ \$5 per pay period
☐ \$10 per pay period
☐ \$ per pay period

DIRECT DONATION:

\$ Amount pledged
 Please check payable to:
 Education Foundation for Billings Public Schools

Payroll deductions are perpetual. To stop a current monthly deduction, please write "stop" or "00" on the pay period line, or contact the Education Foundation for immediate stoppage. To change the deduction amount, check the new amount per pay period and check the change box.

100% of your contribution is tax deductible and supports Classroom Grants, Student Scholarships, Educator Scholarships, Partners in Education, & the Endowment Fund

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 School location: _____
 Employee I.D. #: _____

Interschool Mail to:
 Education Foundation

For more information call (406) 245-4133 or visit www.efbps.org

EDUCATION
 FOUNDATION
 BILLINGS PUBLIC SCHOOLS

(Fold and tape closed here)



Place
Stamp
Here

MT

ELECTION ADMINISTRATOR

COUNTY

MT

County Election Administrator Address

Beaverhead, 2 S Pacific St No 3
Big Horn, PO Box 908
Blaine, PO Box 278
Broadwater, 515 Broadway St
Carbon, PO Box 887
Carter, Box 315
Cascade, Box 2305
Chouteau, Box 459
Custer, 1010 Main
Daniels, Box 247
Dawson, 207 West Bell
Deer Lodge, 800 Main
Fallon, Box 846
Fergus, 712 W Main
Flathead, 40 11th St W Ste 230
Gallatin, 311 W Main Rm 210
Garfield, Box 7
Glacier, 512 E Main
Golden Valley, PO Box 10
Granite, Box 925
Hill, 315 4th St
Jefferson, Box H
Judith Basin, Box 427
Lake, 108 4th Ave E
Lewis & Clark, 316 N Park Ave Rm 166
Liberty, Box 459

County Election Administrator Address

Dillon MT 59725
Hardin MT 59334
Chinook MT 59523
Townsend MT 59644
Red Lodge MT 59068
Ekalaka MT 59324
Great Falls MT 59403
Fort Benton MT 59442
Miles City MT 59301
Scobey MT 59263
Glendive MT 59330
Arapahoe MT 59711
Baker MT 59313
Lewistown MT 59457
Kalispell MT 59901
Bozeman MT 59715
Jordan MT 59337
Cut Bank MT 59427
Ryegeet MT 59074
Phillipsburg MT 59856
Havre MT 59501
Boulder MT 59832
Stanford MT 59479
Polson MT 59860
Helena MT 59623
Chester MT 58522
McCone, Box 199
Meagher, Box 309
Mineral, Box 550
Missoula, 200 W Broadway
Missoula, 506 Main
Park, 414 E Callender St
Petroleum, Box 226
Phillips, Box 360
Pondera, 20 4th Ave SW
Powder River, Box 200
Powell, 409 Missouri
Prairie, Box 125
Ravalli, 215 S 4th St Ste C
Richland, 201 W Main
Roosevelt, 400 2nd Ave S
Rosebud, Box 47
Sanders, Box 519
Sheridan, 100 W Laurel Ave
Silver Bow, 155 W Granite Rm 208
Stillwater, Box 149
Sweet Grass, Box 888
Teton, Box 910
Toole, 226 1st St S
Treasure, Box 392
Valley, 501 Court Sq Box 2
Wheatland, Box 1903
Circle MT 59215
White Sulphur Springs MT 59645
Superior MT 59872
Missoula MT 59802
Roundup MT 59072
Livingston MT 59047
Winnett MT 59087
Malta MT 59638
Conrad MT 59425
Broadus MT 59317
Deer Lodge MT 59722
Terry MT 59349
Hamilton MT 59840
Sldney MT 59270
Wolf Point MT 59201
Forsyth MT 59327
Thompson Falls MT 59873
Plentywood MT 59254
Butte MT 59701
Columbus MT 59019
Big Timber MT 59011
Choteau MT 59422
Shelby MT 59474
Hysham MT 59036
Glasgow MT 59230
Harlowton MT 59036



MONTANA VOTER REGISTRATION APPLICATION

Fields marked with an asterisk (*) are required. If you do not provide all of the required information, your application to register to vote will not be complete. UNDER FEDERAL AND/OR STATE LAW ALL ELECTORS MUST PRESENT ID WHEN VOTING. Please type or print clearly using black or blue ink. COMPLETE FORM AND SUBMIT TO COUNTY ELECTION OFFICE.

ELIGIBILITY REQUIREMENTS AND IDENTIFYING INFORMATION

NOTE: VOTER REGISTRATION REQUIRES U.S. CITIZENSHIP

1 Check all that apply: ☐ New Registration ☐ Name Change ☐ Address Change ☐ Signature Update ☐ Other

2 Are you a citizen of the United States? * Yes ☐ No ☐
Will you be at least 18 years of age on or before the next election? * Yes ☐ No ☐
Will you be a Montana resident for at least 30 days before the next election? * Yes ☐ No ☐
*If you checked "No" in response to any of these questions, do not complete this form.

3 Last Name* First Name* Middle Name (Optional) Suffix (Jr., Sr., etc.)

4 Date of Birth* Contact Phone Number (Optional) Email Address (Optional)
month / day / year

5 Select one of the following and provide the required information*
☐ I have a Montana Driver's License or Montana ID and that number is _____
☐ I do not have a Montana Driver's License or MT ID card. The last 4 digits of my SSN are _____
☐ I do not have a Montana Driver's License or MT ID card, or a Social Security Number. I have attached a copy of a photo ID that shows my name, or acceptable ID that shows my name and current address (paycheck stub; utility bill; bank statement; tribal ID; or government document).
ID numbers provided above are kept confidential and are not available for public inspection.

6 Montana Residence Address* City* County* Zip Code*

7 Mailing Address (required if differs from residence address) City State Zip Code

8 If applicable, check one of the following:
☐ Military Domestic (or military spouse or dependent) - only if on active duty and will be absent from place of registration
☐ Military Overseas (or overseas military spouse or dependent) ☐ U.S. Citizen Overseas

PREVIOUS REGISTRATION INFORMATION - will be used to provide cancellation information to former jurisdiction
REQUIRED IF NAME CHANGED OR IF PREVIOUSLY REGISTERED TO VOTE IN ANOTHER MT COUNTY OR IN ANOTHER STATE

9 Previous City, County and State Residence Address of Previous Registration Previous Registration Name

RECEIVE YOUR BALLOT IN THE MAIL

☐ Yes, I request an absentee ballot to be mailed to me for ALL elections in which I am eligible to vote as long as I reside at the address listed on this application. I understand that if I file a change of address with the U.S. postal service, I must complete, sign, and return a confirmation notice mailed to me by the county election office.

If your mailing address differs during certain times of the year please add the seasonal mailing address information in this space, or contact your county election office. Seasonal mailing address for the period of

Seasonal Mailing Address:

APPLICANT AFFIRMATION

I affirm under penalty of perjury that the information on this application is true, that I am a citizen of the United States, that I will be at least 18 years old on or before the next election, that I will have been a resident of Montana for at least 30 days prior to the next election, and that I am not serving a felony conviction in a penal institution nor have been found to be of unsound mind by a court. I understand that if I have given false information on this application, I may be subject to a fine or imprisonment, or both, under federal and/or state law.

Signature* Date*

THE AFFIRMATION ON THIS APPLICATION FOR VOTER REGISTRATION MUST BE SIGNED BY THE APPLICANT - FAILURE TO DO SO WILL PREVENT APPLICATION FROM BEING PROCESSED.

For county use only

Date Senate House Precinct / Split Ward School

00000

BEA LABOR AGREEMENT

Your BEA Labor Agreement is online on the
Billings Public Schools Website:

www.billingsschools.org

- On the HOME page click on "Faculty/Staff"
- Click on "Labor Information" in the peach box on the right side
- Select your Labor Agreement

Your Labor agreement contains valuable information and it is advised that you read through your labor agreement so that you are familiar with all policies and procedures such as:

- Staff Rights
- School Days
- Compensation
- Leaves of Absence
- Assignments, transfers and vacancies

It is your responsibility to familiarize yourself with your labor agreement. Every employee hired with Billings Public Schools will adhere to the terms and conditions of employment, practices, school district policies, rules and regulations defined in their labor agreement.

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet these criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint,

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627
www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



WHAT'S NEW?

**The Employee's Guide to
the Family and
Medical Leave Act**



UNITED STATES DEPARTMENT OF LABOR

An Introduction to the Family and Medical Leave Act

When you or a loved one experiences a serious health condition that requires you to take time off from work, the stress from worrying about keeping your job may add to an already difficult situation.

The Family and Medical Leave Act (FMLA) may be able to help. Whether you are unable to work because of your own serious health condition, or because you need to care for your parent, spouse, or child with a serious health condition, the FMLA provides unpaid, job-protected leave. Leave may be taken all at once, or may be taken intermittently as the medical condition requires.

This guide provides a simple overview of how the FMLA may benefit you. In your time of need, sometimes you just need time.

This Guide Explains:

- Who Can Use FMLA Leave?
- When Can I Use FMLA Leave?
- What Can the FMLA Do for Me?
- How Do I Request FMLA Leave?
- Communication with Your Employer
- Medical Certification
- Returning to Work
- How to File a Complaint
- Website Resources



Who Can Use FMLA Leave?

In order to take FMLA leave, you must first work for a covered employer. Generally, private employers with at least 50 employees are covered by the law. Private employers with fewer than 50 employees are not covered by the FMLA, but may be covered by state family and medical leave laws. Government agencies (including local, state and federal employers) and elementary and secondary schools are covered by the FMLA, regardless of the number of employees.

If you work for a covered employer, you need to meet additional criteria to be eligible to take FMLA leave. Not everyone who works for a covered employer is eligible.

First, you must have worked for your employer for at least 12 months. You do not have to have worked for 12 months in a row (be seasonal work counts), but generally if you have a break in service that lasted more than seven years, you cannot count the period of unemployment against the seven-year break.

Second, you must have worked for the employer for at least 1250 hours in the 12 months before you take leave. That works out to an average of about 24 hours per week over the course of a year.

Lastly, you must work at a location where the employer has at least 50 employees within 75 miles of your worksite. So even if your employer has more than 50 employees, if they are spread out and there are not 50 employees within 75 miles of where you work, you will not be eligible to take FMLA leave.

Airline Flight Attendants/Flight Crew Employees: Due to non-traditional work schedules, airline flight attendants and flight crew members are subject to special eligibility requirements under the NIRA. You meet the hours of work requirement if, during the 12 months prior to your need for leave, you have worked or been paid for at least 60% of your applicable monthly guarantee, and have worked or been paid for at least 304 hours, net (including personal commute time, or time spent on vacation, medical or sick leave).

Am I Eligible for FMLA Leave?

Work for an employer who has 50 or more employees
 (or
 Work for a public agency, elementary, or secondary school



The Employer's Guide to the Family and Medical Leave Act 3

When Can I Use FMLA Leave?

If you work for an employer that is covered by the FMLA, and you are an eligible employee, you can take up to 12 weeks of FMLA leave in any 12-month period for a variety of reasons, including:

- Serious Health Condition:** You may take FMLA leave to care for your spouse, child or parent who has a serious health condition, or when you are unable to work because of your own serious health condition. The most common serious health conditions that qualify for FMLA leave are:
 - 1) conditions requiring an overnight stay in a hospital or other medical care facility;
 - 2) conditions that incapacitate you or your family member for more than three consecutive days and require ongoing medical treatment (other than multiple appointments with a health care provider in a single appointment and follow-up care such as prescription medication);
 - 3) chronic conditions that cause occasional periods when you or your family member are incapacitated and require treatment by a health care provider at least twice a year; and
 - 4) pregnancy (including prenatal medical appointments, incapacity due to morning sickness, and medically required bed rest).

Military Family Leave
 The FMLA also provides certain military family leave entitlements. You may take FMLA leave for specified reasons related to certain military deployments. Additionally, you may take up to 26 weeks of FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness.

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What Can the FMLA Do for Me?

If you are faced with a health condition that causes you to miss work, whether it is because of your own serious health condition or to care for a family member with a serious health condition, you may be able to take up to 12 weeks of job-protected time off under the FMLA.

If you take FMLA leave, your employer must continue your health insurance as if you were not on leave (you may be required to continue to make any normal employee contributions).

As long as you are able to return to work before you exhaust your FMLA leave, you must be returned to the same job or one nearly identical to it. This job protection is intended to reduce the stress that you may otherwise feel if forced to choose between work and family during a serious medical situation.

Time off under the FMLA may not be held against you in employment actions such as hiring, promotion or discipline. You can take FMLA leave as either a single block of time (for example, three weeks of leave for surgery and recovery) or in multiple, smaller blocks of time if medically necessary (for example, occasional absences due to diabetes). You can also take leave on a periodic basis if medically necessary (for example, after surgery you are able to return to work only four hours a day or three days a week for a period of time). If you need multiple periods of leave for planned medical treatment such as physical therapy appointments, you must try to schedule the treatment at a time that minimizes the disruption to your employer.

FMLA leave is unpaid leave. However, if you have sick time, vacation time, personal time, etc., shared with your employer, you may use that leave time, along with your FMLA leave, as you continue to go to work. In order to use such leave, you must follow your employer's normal leave rules such as submitting a leave form or providing advance notice. Even if you don't want to use your paid leave, your employer can require you to use it during your FMLA leave. For example, if you are out for one week recovering from surgery, and you have two weeks of paid vacation saved up, your employer can require you to use one week of your vacation time for your FMLA leave. When you use paid leave for an FMLA-covered reason (whether at your request or your employer's), your leave time is still protected by the FMLA.

FMLA leave is unpaid leave. However, if you have sick time, vacation time, personal time, etc., shared with your employer, you may use that leave time, along with your FMLA leave, as you continue to go to work. In order to use such leave, you must follow your employer's normal leave rules such as submitting a leave form or providing advance notice. Even if you don't want to use your paid leave, your employer can require you to use it during your FMLA leave. For example, if you are out for one week recovering from surgery, and you have two weeks of paid vacation saved up, your employer can require you to use one week of your vacation time for your FMLA leave. When you use paid leave for an FMLA-covered reason (whether at your request or your employer's), your leave time is still protected by the FMLA.

5 The Employer's Guide to the Family and Medical Leave Act

How Do I Request FMLA Leave?

To take FMLA leave, you must provide your employer with appropriate notice. If you know in advance that you will need FMLA leave (for example, if you are planning to have surgery or you are pregnant), you must give your employer at least 30 days advance notice. If you learn of your need for leave less than 30 days in advance, you must give your employer notice as soon as you learn of it (generally, either the day you learn of the need or the next work day when you need FMLA leave unexpectedly (for example, if a family member is injured in an accident, you MUST inform your employer as soon as you can. You must follow your employer's usual notice or call-in procedures unless you are unable to do so (for example, if you are receiving emergency medical care). While you do not have to specifically ask for FMLA leave for your first leave request, you do need to provide enough information so your employer is aware it may be covered by the FMLA. Once a condition has been approved for FMLA leave and you need additional leave for that condition (for example, recurring migraines or physical therapy appointments), your request must mention that condition or your need for FMLA leave. If you don't give your employer enough information to know that your leave may be covered by the FMLA, your leave may not be protected. You do not have to tell your employer your diagnosis, but you do need to provide information indicating that your leave is due to an FMLA-protected condition (for example, stating that you have been to the doctor and have been given antibiotics and told to stay home for four days).

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Communication With Your Employer

Ongoing communication between you and your employer will make the FMLA process run much more smoothly. Each of you has to follow guidelines about notifying the other when FMLA leave is being used.

You will need to inform your employer if your need for FMLA leave changes while you are out (for example, if your doctor determines that you can return to work earlier than expected). Your employer may also require you to provide periodic updates on your status and your intent to return to work.

Your employer must notify you if you are eligible for FMLA leave within the business days of your first leave request. If your employer says that you are not eligible, it has to state at least one reason why you are not eligible (for example, you have not worked for the employer for a total of 12 months).

At the same time that your employer gives you an eligibility notice, it must also give you a notice of your rights and responsibilities under the FMLA. This notice must include all of the following:

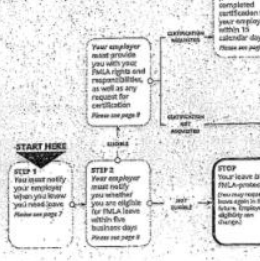
- A definition of the 12-month period the employer uses to keep track of FMLA usage. It can be a calendar year, 12 months from the first time you take leave, a fixed year such as your anniversary, or a rolling 12-month period measured backward from the date you use FMLA leave. You need to know which way your employer measures the 12-month window so that you can be sure of how much FMLA leave you have available when you need it.
- Whether you will be required to provide medical certification from a health care provider.
- Your right to use paid leave.
- Whether your employer will require you to use your paid leave.
- Your right to maintain your health benefits and whether you will be required to make premium payments.
- Your right to return to your job at the end of your FMLA leave.

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The FMLA Leave Process

This flowchart provides general information to walk you through your initial request for FMLA leave step by step, and help you navigate the sometimes complicated FMLA process.

Please Note: It is ESSENTIAL for you to be familiar with your employer's leave policy. There are several instances throughout the FMLA leave process where you will need to comply with BOTH the FMLA regulations AND your employer's leave policy.



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YOUR RESPONSIBILITY:

YOUR EMPLOYER'S RESPONSIBILITY:

STEP 1
Your leave is not FMLA-protected. You may request leave again in the future.

NOT NECESSARY

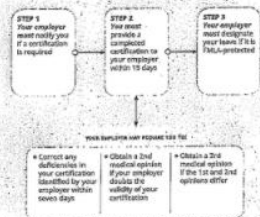
STEP 2
Your employer must notify you whether your leave has been designated as FMLA within five business days.
Please see page 6.

STEP 3
Your leave is FMLA-protected. Your employer must provide written notice to your leave or notify identical job.
Please see page 8.

STEP 4
When you return to work, your employer must return you to your same or nearly identical job.
Please see page 12.

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Certification at a Glance



Each business day request for:

- Correct any deficiencies in your certification identified by your employer within seven days.
- Obtain a 2nd medical opinion if your employer doubts the validity of your certification.
- Obtain a 2nd medical opinion if the 1st and 2nd opinions differ.

YOUR EMPLOYER MUST ADVISE FMLA LEAVE

IF YOU FAIL TO PROVIDE A REQUIRED CERTIFICATION

YOUR RESPONSIBILITY:

YOUR EMPLOYER'S RESPONSIBILITY:

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Medical Certification

If your employer requests medical certification, you only have 15 calendar days to provide it in most circumstances. You are responsible for the cost of getting the certification from a health care provider and for making sure that the certification is provided to your employer. If you fail to provide the required medical certification, your FMLA leave may be denied.

The medical certification must include some specific information, including:

- contact information for the health care provider
- when the serious health condition began
- how long the condition is expected to last
- appropriate medical facts about the condition (which may include information on symptoms, hospitalization, doctor visits, and referrals for treatment)
- whether you are unable to work or your family member is in need of care and
- whether you need leave continuously or intermittently. If you need to take leave a little bit at a time, the certification should include an estimate of how much time you will need for each absence, how often you will be absent, and information establishing the medical necessity for taking such intermittent leave.

If your employer finds that necessary information is missing from your certification, it must notify you in writing of what additional information is needed to make the certification complete. You must provide the missing information within seven calendar days.

If your employer has concerns about the validity of your certification, it may request a second opinion. But it must cover the cost. Your employer may request a third opinion if the first and second opinion differ, but it must cover the cost.

If your need for leave continues for an extended period of time, or if it changes significantly, your employer may require you to provide an updated certification.

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Returning to Work

When you return to work, the FMLA requires that your employer return you to the same job that you left, or one that is nearly identical.

If you are not returned to the exact same job, the new position must:

- involve the same or substantially similar duties, responsibilities, and status
- include the same general level of skill, effort, responsibility and authority
- offer identical pay, including equivalent premium pay, overtime and bonus opportunities
- offer identical benefits such as the insurance, health, insurance, disability insurance, sick leave, vacation, educational benefits, pensions, etc.) and
- offer the same general work schedule and be at the same (or a nearby) location.

Please keep in mind that if you exhaust your FMLA leave entitlement and are unable to return to work, your employer is not required to restore you to your position.

SPECIAL CIRCUMSTANCES:

Key Employees

Certain key employees may not be guaranteed reinstatement to their positions following FMLA leave. A key employee is defined as a salaried, FMLA-eligible employee who is among the highest paid 10 percent of all the employees working for the employer within 75 miles of the employee's workplace.

Teachers

Special rules apply to employees of local education agencies. Generally, these rules apply when you need information leave or when you need leave near the end of a school term.

Please visit our website for more complete information.

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How to File a Complaint

The U.S. Department of Labor's Wage and Hour Division (WHD) is responsible for administering and enforcing the Family and Medical Leave Act for most employees.

If you have questions, or you think that your rights under the FMLA may have been violated, you can contact WHD at 1-866-834-2043. You will be directed to the WHD office nearest you for assistance. There are over 200 WHD offices throughout the country staffed with trained professionals to help you.

The information below is useful when filing a complaint with WHD:

- your name
- your address and phone number (how you can be contacted)
- the name of the company where you work or worked
- location of the company (this may be different than the actual job site where you worked)
- phone number of the company
- manager or owner's name
- the circumstances of your FMLA request and your employer's response

Your employer is prohibited from interfering with, restraining, or denying the exercise of FMLA rights, including against you for filing a complaint and cooperating with the Wage and Hour Division, or bringing a private action to court. You should contact the Wage and Hour Division immediately if your employer threatens against you for engaging in any of these legally protected activities.

To contact the WHD office nearest you, visit:

www.dol.gov/whd/contact.htm

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Website Resources

Visit the Wage and Hour Division website at www.dol.gov/whd/fmla for resources containing information about the FMLA, including:

- Key Words
- General Guidance
- Fact Sheets
- e-Tolls
- Posters
- Forms
- Interpretive Guidance
- Law
- Regulations

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WHD WAGE AND HOUR DIVISION UNITED STATES DEPARTMENT OF LABOR



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Please refer to The Employee's Guide to Military Family Leave under the Family Medical Leave Act (WHY1512) for more specific information about taking FMLA leave under the provisions for military family leave.

1-866-487-9243 www.dol.gov/whd

version 09/16



WELCOME TO THE DISTRICT TEACHER PAYROLL OVERVIEW

Payroll Accountant: Tracy Berry
(406) 281-5013

Payday: The 20th of each month. If the 20th is on a Saturday or Sunday, you will be paid on the Friday before.

Contracts: If you have already selected a 10-month or 12-month installment option and you decide you want to change it, you must contact us on or before **September 4, 2020**.

Employee ID: Use your employee ID on all Payroll correspondence. If you do not know your employee ID, please contact HR or payroll.

Timesheets: All employees must have yellow timesheets completely filled out, including employee ID, dates, and total hours. All timesheets must be approved, and signed by you and your supervisor. Any hours for the current month are paid the following month. Timesheets are due the 10th of the month, and paid on the 20th.

Discretionary: All 1.0 FTE Teachers receive 12 discretionary/sick days. Less than a 1.0 FTE receive days based on their FTE. All days off in the current month will reflect on your paycheck the following month.

Direct Deposit: We encourage all employees to use direct deposit, deposits are in your bank account on payday. Otherwise, you will receive a paper check delivered to your school on payday.

Union Dues: Billings Education Association (BEA) union dues are figured by the BEA, not payroll. If you disagree with the amount of dues, please contact the BEA office at (406) 248-9812.

TRS: Teachers Retirement is mandatory. The district's pre-tax contribution is 9.17% and employee's pre-tax contribution is 8.15%.

403B: Self-Funded optional retirement plans are available. Please contact a vendor from the attached list for more information.

Employee Online: To log into Employee Online, use your Employee ID: 000####, and password. Your password will be set up with the last four digits of your SSN. You can view, print your pay stubs, and update your tax withholdings, direct deposit, and personal information on Employee Online.

Last updated August 2020

Billings Public Schools TIMESHEET FOR BEA LICENSED EMPLOYEES



Employee ID #	Name (PLEASE PRINT)		School/Building		
Month	Year				
DATE	HOURS	DATE	HOURS	DATE	HOURS
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
				31	

Please mark the appropriate box with an "X" TOTAL HOURS

- ☐ CURRICULUM
☐ INSTRUCTIONAL/SUMMER SCHOOL
☐ EXTRA WORKLOAD DUE TO UNAVAILABILITY OF A SUBSTITUTE TEACHER
 101-00-164-1000122-000 or 201-00-164-1000122-000

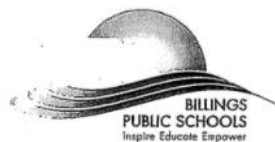
- ☐ Name of Teacher and Subject/Grade of Teacher Substituting For
 EVENING HIGH SCHOOL/SUMMER SCHOOL/MAKE-UP CREDIT PROGRAM (Send timesheet to the Community Education Office)
☐ HOME-BOUND TEACHER (Regular hourly wage/Regular budget code)
☐ TEMPORARY NURSE (Regular hourly wage/Regular budget code)
☐ SHORT-TERM ASSIGNMENT 101-81-720-3500150-000 or 201-81-720-3500150-000

List the Activity

I certify the above statement to be correct and compensation is due.

Employee Signature/Date	Administrator-Director Signature/Date			
Budget Code:				
Evening High School use only:	Hours	+	Prep Hours	=
			Records	Total Hours
Payroll use only:	Hours	x \$	Rate	=
			Pay	

02/09



Billings Public Schools
415 North 30th Street
Billings, Montana 59101-1298
Phone: (406) 281-5017 Fax: (406) 281-6179
www.billingspublicschools.org

403(b) Eligibility Notice

TO ALL EMPLOYEES OF THE BILLINGS SCHOOL DISTRICT

The Billings School District offers a 403(b) plan for qualified employees of the District. Employees are eligible to participate as described below:

You are eligible to make either pre-tax elective or Roth 403(b) contributions, or a combination of pre-tax and Roth 403(b) contributions, if you wish. However, the District excludes certain categories of employees from making contributions to the 403(b) plan, including:

- Individuals not willing to contribute at least \$200/year
- Individuals who are student workers
- Individuals who are non-resident, non-U.S. citizens

A 403(b) plan is a tax-deferred retirement program that permits an employee to defer a percentage of his/her pretax compensation (a "deferral") and have the sum deposited into a 403(b) account that the employee maintains with a 403(b) investment vendor. Amounts deferred into a 403(b) account, and any earnings on those deferrals, are generally not taxed until the employee makes a withdrawal from his/her 403(b) account following separation from service with the District.

In addition, the District's 403(b) plan also permits an employee to make Roth 403(b) contributions. A Roth 403(b) contribution is an after-tax payroll deduction contribution which is separately tracked from pretax 403(b) deferrals. Unlike pretax 403(b) deferrals, Roth 403(b) contributions grow tax free. Since federal income taxes are paid up front, before the amounts are contributed to a Roth account, distributions from Roth 403(b) accounts are not taxed as long as the account has been open and maintained for at least five years prior to the distribution and the distribution is made only after the occurrence of certain conditions.

Eligible employees may contribute the following to their 403(b) account in 2015: \$18,000 plus an additional \$6,000 for anyone over the age of 50. One may also be eligible for the 15 Years of Service Catch Up, this can be determined by contacting the plan's Third Party Administrator (United Pension Administration 800-888-4068 or upahelp@msn.com).

The District maintains a list of approved 403(b) vendors and appropriate contact information for each vendor. A copy of this list is available from the Payroll Department. Employees should contact each vendor for information about the 403(b) products and services it offers.

To enroll in the 403(b) plan an employee must complete necessary paperwork such as a 403(b) account application and a salary reduction agreement. This contribution will continue unless it is modified or revoked in the future. The District has established policies that enable an employee to increase or decrease his/her contribution, stop contributions or change from one authorized 403(b) vendor to another. Employees may obtain the necessary enrollment forms from the Payroll Department or from the investment vendor selected by the employee.

Disclosure to employees: The District has no liability for any employee's election to participate in the 403(b) plan or choice of 403(b) investment vendor(s). The District does not provide tax, legal or investment advice and recommends that employees seek advice from professionals who specialize in these areas.

I have read and understand the 2015 403(b) Eligibility Notice (this previous page—please retain for your records). I elect NOT to participate in the 403(b) plan at this time. I understand that I may change this election at any time by filling out the required salary reduction and account application forms to begin contributing to a 403(b) account of my choice with any of the investment vendors approved by the District.

Signature _____ Date _____

Printed Name _____

Ameriprise	Tim Christensen	(406) 294-9294	timothy.p.christensen@ampf.com
	Roy Close	(406) 294-7500	roy.close@raymondjames.com
	Charlie Klimas	(406) 265-9000	cklimas@gwnsecurities.com
	Brian Lethert	(406) 652-7744	blethert@wradvisors.com
	Julie Sullivan	(406) 255-8700	julie.sullivan@rbc.com
Security Benefit	Torrey Holmquist	(406) 543-2340	torrey@nwainvest.com
	Charlie Klimas	(406) 265-9000	cklimas@gwnsecurities.com
Mass Mutual	Ed Aders	(406) 248-7851	eaders@dadco.com
Previously Valic now AIG Retirement Services	Ferd Duchesneau	(406) 690-4284	fermand.duchesneau@valic.com
Horace Mann Insurance	Linda Thompson	(406) 702-1337	Linda.Thompson@horacemann.com

BILLINGS PUBLIC SCHOOLS
2020-2021 School Calendar
Approved 12-16-2019

JUNE 2020						
Su	P	P	P	4	5	6

AUGUST 2020						
Su	M	T	W	Th	F	Sa
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SEPTEMBER 2020						
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OCTOBER 2020						
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NOVEMBER 2020						
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29	30					

DECEMBER 2020						
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JANUARY 2021						
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FEBRUARY 2021						
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MARCH 2021						
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APRIL 2021						
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MAY 2021						
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30						

JUNE 2021						
Su	M	T	W	Th	F	Sa
	1	2	3	4	5	

	First and Last Day of School
	Vacation or Holiday
	Elementary End of Trimester
	Six Week Grading Period for MS & HS

Graduation Qualifiers
Saturday, May 28
Week 19: 10:00 am - 5:00 pm
Week 20: 10:00 am - 5:00 pm
Note: Now, 4 is Parent Teacher
Conferences for Elem and PLC for
MS & HS.



Last Day of School - June 4th is early release for elementary, middle school and High school.	
	Wed. Professional Learning Community Meetings - Dismissal 1 hour earlier than normal
	PR Days - Required
	PR/TRADE days - No school
	Break Day - This will be a vacation day unless we are required to make-up a school day lost due to poor weather earlier in the year. If we are required to make-up a day, this vacation day will become a required day of attendance.
	Elementary Parent Teacher Conferences - Elementary early release
	Middle School Parent Teacher Conferences - MS early release
	High School Semester Testing - HS early release



Support Staff Summary of Benefits

2020-2021



Health Benefits

The health and well-being of the District's employees is a primary concern. This provides a snapshot of some of the Billings Public Schools employee benefits. Billings Public Schools insurance policy is self insured; Health care and dental claims are processed with EMBS.

Where do I find the Plan document and additional information?

bpsinfocentral.com click on the Benefits Tab

Plan Year

July 1 of each year and ending June 30 of the following year.

Auto Enrollment

- The medical and dental benefits will continue from the previous plan year.
- Flexible Spending Accounts are enrolled yearly. Billings Public Schools Group Number is 0000600.

	EBMS Dental Medical Prescriptions Hospital pre-certification Flexible Spending Account Dependent Care FSA	Medical, dental, claim questions (866) 248-7204 Prescription claim questions (866) 894-1504 Hospital pre-certification (866) 894-1505	mibenefits.ebmstp.com
	Employee Assistance Program	(406) 255-8469 (406) 255-8481 (800) 252-1246	billingsclinic.com/services-specialties /occupational-health
	Employee Assistance Program	(866) 877-4325	sclhealth.org/careers/benefits
	First Choice Health (to find out if a doctor is preferred)	(800) 467-5281	fchn.com
	MI-Care Clinic Services Available Wellness/Annual Exams Sick Care Chronic Illness Health Education Lab Tests Preventative Screening Sports Physicals Dermatology Annual Health Risks Follow-up Smoking Cessation	Heights Location 926 Main Suite 5 (406) 281-5190 (866) 888-8035 Clinic Hours: Mon: 7am - 11am Tue: 12pm - 4pm Wed: 9am - 1pm Thu: 2pm - 6pm Fri: Closed Lincoln Center Location 415 N. 30th Street First Floor (406) 281-5180 (866) 888-8035 Clinic Hours: Mon: 7am - 5pm Tue: 7am - 11am Wed: 7am - 6pm Thu: 7am - 11am Fri: 7am - 5pm	mibenefits.ebms.com

Contact Information

	MI-Care Pharmacy Services Available Same day Prescription Pick-up Mail order Prescriptions	Mi-Care Pharmacy 993 S 24th St W Suite A (406) 869-6551	mirxpharmacy.com
	PERS PERS provides retirement, disability and death benefits to the State of Montana, the university system, local governments and certain school district employees.	(406) 444-3154 100 N Park Ave #200 Helena, MT 59601	mpera.mt.gov
	Voya Supplemental life AD & D Long Term and Short term disability	(855) ONE-VOYA (855) 663-8692	Voya.com
	VSP-Vision Care Vision care is personal and so is your relationship with your eye doctor. That's why we provide you with access to care from great eye doctors, quality eyewear, and the affordable care you deserve.	(800) 877-7195	vsp.com
	WellVIA Talk to a Board Certified Physician now!	(855) WellVIA (855) 935-5842	mibenefits.ebms.com



Flexible Spending

Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) is an employer sponsored program that allows employees to set aside pre-tax dollars (usually at the beginning of a Plan year) to pay for qualifying medical, dental, vision, pharmacy and dependent care expenses. The money employees contribute to an FSA is not subject to taxes, Social Security or Medicare contributions.

Dependent Care FSA (DCA)

A DCA is a flexible spending account that allows you to contribute a portion of your paycheck before taxes are taken out to pay for qualified care expenses so that you can work or look for work.



Qualifying Events

Qualifying Events/Special Enrollments

Special enrollments are allowed upon marriage, divorce, birth or adoption, death of a spouse or child, or change in your or your spouse's employment status resulting in a loss of coverage. You must provide appropriate documentation to the Benefits Manager and make the change within 60 days of the "Special Enrollment." The Dependent "Special Enrollment" is a period of 60 days and begins on the date of the birth, adoption, or placement for adoption. Changes for other reasons are allowed only during open enrollment periods. For complete details, please refer to the Summary Plan Description at bpsinfocentral.com/benefits



Benefits Office & Payroll

For Complete details, please refer to your labor agreement

www.bpsinfocentral.com/labor-information.html

403 B

Billings Public Schools offers all employees the opportunity to save for retirement by participating in the Billings Public Schools 403(b) Plan ("the "403(b) plan"). You can participate in this plan by making pre-tax contributions and Roth 403(b) after-tax contributions. You are eligible to start participation in this plan at any time. For further information, contact Tracy Berry at (406) 281-5013 .



Aflac

All plans are payroll deduction, plans can be retained upon termination of employment with no increase in rates, cancer and accident plans can be pre-tax. For more information or enrollment information contact Jerry Theis at (406) 294-2529 or text to (612) 716-0308, gerald_theisjr@us.aflac.com



Legal Shield

Founded in 1972, LegalShield has 1.6 million memberships protecting and empowering 4.1 million lives and serving 140,000 businesses throughout the United States and Canada. Our members can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll, the world's leading company in ID Theft consulting and restoration. For More Information, Contact Your Independent Associate Rick Halmes www.legalshield.com/hub/rickhalmes rmhalmes@hotmail.com (406) 208-8142





Additional Benefits Provided at no cost (100% Coverage)

Employee Assistance Program (EAP)

Mental health assessment, counseling, education and referral to enhance your total health and well being.

Wellness Program

The health and wellbeing of the District's employees is a primary concern. Annual health fairs will be conducted at various schools and locations which provides a convenient and cost effective means to access many preventive blood screenings. The cost of the biometric screening and basic HealthScreen is PAID IN FULL for all BPS health plan covered employees and health plan covered spouses and dependents.





Additional Benefits Provided at no cost (100% Coverage)



miCare is an onsite health center sponsored by your employer. This is paid at 100%. This is at no cost to the employee. The miCare Health Centers allow employees and their dependents (covered by the health plan) to make 20-minute appointments with no waiting, no paperwork, and no hassle - just care when you need it. The health center is staffed by MDs, PAs or FNPs, and licensed nursing staff. Learn more at miCare Health Center's website.

What types of services can be received at miCare?

You can schedule 20-minute appointments to receive the same primary care services available at other Family Practice clinics including:

- Wellness/Annual Exams
- Sick Care
- Chronic Illness
- Injuries
- Health Education/Consultation
- Lab Tests
- Preventative Screening
- Annual Health Risk Appraisal/Follow Up



miRx Pharmacy is complimentary at 100% for Billings Public Schools staff and dependents. MiRx Pharmacy will manage your mail order and in store prescriptions in a fast, easy and convenient way that will help you save time and money. Generic prescriptions are paid at 100% for eligible Billings Public Schools employees and dependents.

What types of services can be received at miRx Pharmacy?

- Enrollment is free and easy.
- Average processing and delivery time is 5-8 days.
- Medications filled for 90 days. (Prescriber must write for 90 days on the Prescription.)
- Exceptional customer service and counseling options available.
- Cost savings to you and your family, as well as an overall savings for your group plan.



WellVia is a no cost, complementary telehealth benefit for Billings Public Schools Employees and covered dependents. WellVia is a 24/7 365 days of the year phone care center with board-certified state licensed physicians who consult with patients in regards to common health conditions.



Additional Benefits - Voluntary (Payroll Deductions)

Supplemental Life Insurance (Group Term Life Insurance)

Optional Insurance that is Offered through Billings Public Schools Pays a benefit to your beneficiary if you pass away during a specific period of time ("term") Your employer offers Basic Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance, which is the amount they provide at no cost to you. You have the option to elect Supplement Life Insurance. The cost for Supplemental Life insurance is based on your age.

Reminder: Update your Beneficiary if you have experienced any life changes

Life Insurance

Life Insurance pays a \$50,000 benefit to your beneficiary, separate from the Accidental Death and Dismemberment insurance benefit. This coverage is part of the Group Term Life Insurance offered through your employer.

Reminder: Update your Beneficiary if you have experienced any life changes.

Accidental Death and Dismemberment

AD&D Insurance pays a \$50,000 benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance offered through your employer.



Disability Long Term

Long Term Disability Benefit Overview

Billings Public Schools has a Long Term Disability Insurance Plan with a 90 day elimination period, 60 percent coverage, \$2,500 maximum benefit and own occupation coverage.

Individual Long Term Care / Hospice

The term "Hospice" means a health care program providing a coordinated set of services rendered at home, in Outpatient settings or in institutional settings for Plan Members suffering from a condition that has a terminal prognosis. A Hospice must have an interdisciplinary group of personnel which includes at least one Physician and one Registered Nurse, and it must maintain standards of the National Hospice Organization (NHO) and applicable state licensing requirements.

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