

LINDENHURST BOARD OF EDUCATION
LINDENHURST, NEW YORK

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

BUSINESS MEETING AGENDA

Board of Education

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

Central Office Administration

Daniel E. Giordano, Superintendent of Schools
Vincent A. Caravana, Asst. Supt. for Curr, Instr. & Instr. Pers.
Jacqueline A. Scio, Asst. Supt. for Business
Merrill Zusmer, Interim Asst. to Supt. for Spec. Ed & PPS
John Marek, Plant Facilities Administrator

OPENING OF MEETING:

EXECUTIVE SESSION

Time: _____ p.m.

Motion: _____

Second: _____

Yes _____ No _____ Abstained _____

PUBLIC MEETING

Time: _____ p.m.

Motion: _____

Second: _____

Yes _____ No _____ Abstained _____

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

PRESENTATION

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

Motion: _____

Second: _____

Yes _____ No _____ Abstained _____

BOARD OF EDUCATION'S REPORT TO THE COMMUNITY:

SUPERINTENDENT'S REPORT TO THE COMMUNITY:

AGENDA QUESTIONS FROM THE BOARD OF EDUCATION:

INDIVIDUALS AND DELEGATIONS:

TRUSTEE'S REQUEST:

SUPERINTENDENT'S RECOMMENDATIONS:

#1. Quarter III Fund Surplus Agreement & Release

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

Motion: _____ Second: _____

Yes _____ No _____ Abstained _____

#2. Heartland Payment Agreement

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

Motion: _____ Second: _____

Yes _____ No _____ Abstained _____

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#3. Position Abolishment

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

Motion: _____ Second: _____

Yes _____ No _____ Abstained _____

#4. Position Abolishment

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

Motion: _____ Second: _____

Yes _____ No _____ Abstained _____

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

Motion: _____ Second: _____

Yes _____ No _____ Abstained _____

8410

STUDENT TRANSPORTATION

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

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

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

Eligibility will be determined based on the following schedule:

- K through 5 ¾ mile or more
- Grades 6-8 1 mile or more
- Grades 9-12 1 1/2 miles or more

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

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

1. to provide efficient, effective and safe service;
2. to ensure that all students whose disability or distance from school requires them to receive necessary transportation do, in fact, receive it;
3. to adapt the system to the demands of the instructional program;

- 4. to review at least once a year school bus schedules and routing plans to ensure that maximum efficiency and safety are maintained; and
- 5. to review at least once a year the eligibility for transportation of students residing in the district, to ensure that all entitled to the services receive them.

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

PROVISIONS FOR THE TRANSPORTION OF PUPILS

1. Contracts for Transportations

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

2. Transportation of Students with Disabilities

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

Cross-ref: 5300, Code of Conduct

Ref: Education Law §§305(14); 1501-b; 1807; 3602(7); 3623; 3635 et seq.
Matter of Handicapped Child, 24 EDR 41 (1984)
Matter of Zakrezewski, 22 EDR 381 (1983)
Matter of Nowak, 22 EDR 91 (1982)
Matter of Fox, 19 EDR 439 (1980)

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

#6. Board Policy #9520.2 – FAMILY AND MEDICAL LEAVE - Second Reading – Vote to be taken
A new board policy or revision of current board policy requires two readings.

Motion: _____ Second: _____
 Yes _____ No _____ Abstained _____

9520.2

FAMILY AND MEDICAL LEAVE

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

equivalent position according to established Board practices, policies and collective bargaining agreements.

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

FMLA leave shall be granted for the following reasons:

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

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

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

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

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

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

Ref: 29 U.S.C. §§ 207, 2601, 2611, 2612, 2613, 2614, 2618, 2619.
29 CFR §§ 825.110, 825.309, 825.600, 825.603, 825.800.

Adoption date:

9520.2-R

FAMILY AND MEDICAL LEAVE REGULATION

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

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

Right to Benefits During Leave

An eligible employee is entitled to a total of twelve workweeks of unpaid family and medical leave. Any employee who uses the unpaid leave shall have his/her health benefits continued during the leave, shall not have any previously accrued benefits altered and shall be returned to an equivalent position

according to established Board policies and collective bargaining agreements. The employee is not entitled to accrue seniority during the leave.

An employee may elect, or the District may require, an employee to use available paid leave time for purposes of a family or medical leave. However, an employee may only use accrued paid leave in accordance with the applicable collective bargaining agreement.

Family and Medical Leave

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

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

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

- a) Any period of incapacity or treatment in connection with inpatient care (i.e., an overnight stay) at a hospital, hospice or residential medical care facility;
- b) Any period of incapacity requiring absence from work or other regular daily activities for more than three (3) full and consecutive calendar days, that also involves in-person treatment by a health care provider two (2) or more times within thirty (30) days of the onset of the incapacity (including once within seven (7) days of the first day of incapacity), or in-person treatment by a health care provider on at least one (1) occasion which results in a regimen of continuing treatment by or under the supervision of the health care provider;
- c) A period of incapacity or treatment for a chronic serious health condition which requires periodic visits (at least twice a year) for treatment by or under the supervision of a health care provider, continues over an extended period of time, and may cause episodic rather than a continuing period of incapacity;
- d) A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective such as Alzheimer's Disease or the terminal stage of an illness (employee or family member must be under continuing supervision by a health care provider);
- e) A period of absence to receive multiple treatments (at least twice in one (1) year) by or pursuant to the orders of a health care provider for restorative surgery after an injury or accident, or for a condition that would likely result in a period of incapacity longer than three (3) consecutive, full calendar days in the absence of medical treatment or intervention; or
- f) Any period of incapacity due to pregnancy or for prenatal care.

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

Notice to Take Leave

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

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

Intermittent Leave

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

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

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

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

Certification

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

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

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

Restoration

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

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

Failure to Return

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

Effect on Existing Laws or Agreements

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

Notice of Policy

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

Adoption date:

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

U.S. Department of Labor Wage and Hour Division



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

SECTION I: For Completion by the EMPLOYER

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

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

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

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

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

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

___ No ___ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

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

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

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

___ No ___ Yes. If so, state the nature of such treatments and expected duration of treatment:

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

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

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

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

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

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes

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

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
 No Yes.

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

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

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes.

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

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

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

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

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

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

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

U.S. Department of Labor Wage and Hour Division



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

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

SECTION I: For Completion by the EMPLOYER

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

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

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

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

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

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

Employee Signature _____ Date _____

SECTION III: For Completion by the HEALTH CARE PROVIDER

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

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

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

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

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

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

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

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

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

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

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes.

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

During this time, will the patient need care? No Yes.

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

5. Will the patient require follow-up treatments, including any time for recovery? No Yes.

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

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

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? No Yes.

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

_____ hour(s) per day, _____ days per week from _____ through _____

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

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___ No ___ Yes.

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

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

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

Does the patient need care during these flare-ups? ___ No ___ Yes.

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

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER

Signature of Health Care Provider Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

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

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

5152

ADMISSION OF NON-RESIDENT STUDENTS

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

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

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

1. there is sufficient space at the appropriate level for the non-resident student as determined by the Superintendent;
 2. the non-resident student meets the district's criteria for admission as specified in Policy 5150;
 3. tuition is paid on a monthly basis, in ten equal payments, commencing August 15th preceding the start of the academic year; and
 4. there is no prior school record of truancy or disciplinary problems.
- High School Seniors - who move out of the district after June of their junior year, may continue until graduation, without any tuition requirement. Students who have attended the High School previously without approved residency will be ineligible to continue attendance in their senior year.
 - Former Residents – Legal resident students enrolled in grades K through 11 who move out of the school district during the school year may not continue in the district's schools. Special consideration for emergent or critical circumstances, however, may be given at the discretion of the Board of Education. Payment of tuition is required for any period of non-residency (calculated per month).
 - Future Residents – Children of families who have a signed contract to buy or build a residence or other satisfactory evidence of intent to move into the school district may, upon approval of the Board of Education, be enrolled at the beginning of the semester in which they expect to become residents but only if pro-rated tuition is paid in advance. No child will be registered or permitted to attend classes until tuition is paid.

Except as otherwise specifically provided herein, all non-resident students authorized to attend District schools pursuant to this policy shall be admitted only on payment of tuition prorated for the period of attendance during which such students are attending as non-residents; students who become non-residents during a school year shall attend on a tuition basis for the balance of the school year if they

continue as students in the District's schools. All tuition payments shall be paid in equal monthly installments on the first day of each month.

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

Transportation

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

Tuition

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

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

Cross-ref: 5150, Admission to School

Ref: Education Law §3202(2)

Adoption date: February 4, 2009

Revised:

#8. Budget Transfers over \$5,000

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

Motion: _____ Second: _____

Yes _____ No _____ Abstained _____

SCHEDULES

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

Motion: _____ Second: _____

Yes _____ No _____ Abstained _____

Schedule A-1 No. 16 Personnel, Instructional – Resignations & Terminations

Approve the resignation of the following:

- | | | | |
|--|---------------------------|---------|-------------|
| 1. Gary Whiffen | English, SHS | 6/30/15 | Retirement |
| <i>(Mr. Whiffen has been with the district since September 1, 1994.)</i> | | | |
| 2. Veronica Bruno | Science, SHS | 6/30/15 | Retirement |
| <i>(Ms. Bruno has been with the district since January 23, 1984.)</i> | | | |
| 3. Victoria Faas | Elementary, Albany Avenue | 6/30/15 | Retirement |
| <i>(Ms. Faas has been with the district since October 15, 1992.)</i> | | | |
| 4. Diane Dorr | Elementary, William Rall | 6/30/15 | Retirement |
| <i>(Ms. Dorr has been with the district since September 1, 1994.)</i> | | | |
| 5. Patricia Natale | Adm. Asst. for Discipline | 6/30/15 | Resignation |
| <i>(This position has been abolished.)</i> | | | |

Schedule A-1 No. 5-S Athletic Supervision

Approve the appointment of the following:

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

Schedule A-1 No. 11-C Coaching Assignments

Approve the appointment of the following:

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

Schedule A-2 No. 14 Personnel, Instructional - Leave of Absence

Approve the following leave of absence:

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

Schedule A-3 No. 77 Personnel, Instructional Appointments

Approve the following appointments:

OWL SUMMER 2015 PROGRAM

- | | | | |
|----|--|--------------------------------|------------|
| 1. | Instructor – iPads in the Classroom | 15 hours, 1 in-service credit | \$1,050.00 |
| 2. | Instructor – Google Apps for Education and the Blended, Paperless Classroom | 45 hours, 3 in-service credits | \$2,925.00 |
| 3. | Instructor – Using Technology and 21 st Century Skills in the Classroom | 30 hours, 2 in-service credits | \$1,195.00 |
| 4. | Instructor – Google Summer Camp | 15 hours, 1 in-service credit | \$ 975.00 |
| 5. | Instructor – Effective Formative Assessments | 15 hours, 1 in-service credit | \$1,125.00 |

Schedule A-3 No. 78 Personnel, Instructional Appointments

Approve the following appointments:

1. Jane Dombrower ENL \$58,979. 9/1/15 9/1/18 Prof.
Janis Middle Sch. MA+15-2
(This is a new position.)
2. Jennifer Giustino Gen. Music/ \$47,645 9/1/15 9/1/18 Initial
JenniferChoral BA-1
Harding/West Gates
(Ms. Giustino is replacing Marguerite Abatelli who retired.)
3. Patricia Natale Secondary \$105,000. 7/1/15 7/1/18 SDA/Perm
Asst. Asst. Principal
MS
(New position. Administrative Assistant for Discipline has been abolished.)

Schedule A-3 No. 79 Personnel, Instructional Appointments

Approve the following appointments:

SPECIAL EDUCATION EXTENDED SCHOOL YEAR PROGRAM -- 2015

Lauren Gilhuley	Special Education Teacher	90 hours	\$5,484.36
Cynthia Morales	Special Education Teacher	90 hours	\$5,484.36
Nicole Fellin	Special Education Teacher	90 hours	\$5,484.36
Erica Padden	Special Education Teacher	90 hours	\$5,484.36
Kerri Legutko	Special Education Teacher	90 hours	\$5,484.36
Melanie Passanant	Special Education Teacher	90 hours	\$5,484.36
Caitlan Curran	Special Education Teacher	90 hours	\$5,484.36
Ellen Evans	Special Education Teacher	as needed	\$62.09
Ronna Jenkins	Consultant Support Staff	90 hours	\$22.00/hr.
Lauren Lockel	Consultant Support Staff	90 hours	\$22.00/hr.
Kristen Ratchford	Consultant Support Staff	90 hours	\$22.00/hr.
Lauren Legotti	Consultant Support Staff	90 hours	\$22.00/hr.
Michelle Garziano	Consultant Support Staff	90 hours	\$22.00/hr.
Kathleen Petrenko	Psychologist	90 hours	\$5,484.36
Kerri Lynn Zadik	Speech & Language Pathologist	90 hours	\$60.00/hr.
Jennifer Hatfield	Speech & Language Pathologist	90 hours	\$60.00/hr.
William Schutt	Speech & Language Pathologist	90 hours	\$60.00/hr.

Schedule A-5 No. 1 Personnel, Instructional Tenure

Approve the appointment of full tenure rights to the following:

Angela Bozza	Special Education	Middle School	9/1/13 – 9/1/15	Initial Certification
Gina Riccuiti	Reading	William Rall	9/1/13 – 9/1/15	Prof. Certification
Kimberly Snyder	Speech	Alleghany	9/1/12 – 9/1/15	Perm Certification
Suzanne Steiger	Special Education	Daniel Street	9/1/12 – 9/1/15	Prof. Certification

Schedule B-1 No. PT-16 Non-instructional Personnel – Resignations & Terminations

Accepts the resignations and terminations of:

Caroline Garvey	Support Staff	Harding Avenue	Resignation	eff. 5/22/15
<i>(Ms. Garvey has worked for the district since January 21, 2010)</i>				
Deanna Webel	Support Staff	Montessori School	Resignation	eff. 5/12/15
<i>(Ms. Webel has worked for the district since February 26, 2015.)</i>				

Schedule B-3 No. 20 Non-Instructional Personnel Appointments

Approve the following appointments:

Catherine Donnelly	Office Application Specialist	Admin Building	12 Months	\$65,000	eff. 7/1/15
<i>(Ms. Donnelly is replacing Ellen Li who has resigned. This appointment is in accordance with the agreement.) (This is a probationary appointment.)</i>					

Schedule B-3 No. S-15 Non-Instructional Appointments, Substitute Personnel

Approve the appointment of the following individuals:

Substitute nurse call-in list:

- Jillian Bermindt
- Ellen Scarandino
- Valerie Stone

Substitute School Monitor and/or Clerical list:

- Deanna Webel

(Subject to fingerprint clearance.)

Schedule D No. 30

That the Board of Education accepts all recommendations of the CSE and CPSE as listed:

January 23, 2015 – SHS CSE	March 26, 2015 – SHS CSE	April 27, 2015 – SHS CSE
February 12, 2015 – CSE	April 1, 2015 – CPSE	April 28, 2015 – MS CSE
February 13, 2015 – CSE	April 2, 2015 – CSE	April 28, 2015 – OD CSE
February 25, 2015 – CPSE	April 2, 2015 – SHS CSE	April 29, 2015 – CSE
February 26, 2015 – CSE	April 15, 2015 – CSE	April 29, 2015 – SHS CSE
February 27, 2015 – CPSE	April 15, 2015 – SHS CSE	April 30, 2015 – SHS CSE
March 6, 2015 – CSE	April 16, 2015 – SHS CSE	May 6, 2015 – CPSE
March 9, 2015 – MS CSE	April 17, 2015 – SHS CSE	May 7, 2015 – OD CSE
March 11, 2015 – OD CSE	April 21, 2015 – CSE	May 11, 2015 – CPSE
March 13, 2015 – CPSE	April 21, 2015 – SHS CSE	May 11, 2015 – MS CSE
March 16, 2015 – CPSE	April 22, 2015 – CPSE	May 11, 2015 – OD CSE
March 17, 2015 – MS CSE	April 22, 2015 – SHS CSE	May 19, 2015 – CPSE
March 25, 2015 – CPSE	April 23, 2015 – SHS CSE	May 20, 2015 – MS CSE
March 25, 2015 – SHS CSE	April 23, 2015 – OD CSE	

Schedule OA/C No. 26 Outside Agencies/Consultants

Approve appointments of:

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

Approve appointments of:

Andrea Honigsfeld	Consultant	\$1500 per session (4 sessions)
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Schedule ST/I No. 17 Student Teachers/Interns/Observers

Approve appointments of the following:

Danielle Dematteo	C. W. Post	Senior High Observer	Special Ed. 10 hours
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UNFINISHED BUSINESS

NEW BUSINESS

SUPERINTENDENT'S REPORTS:

SUPERINTENDENT'S REPORTS:

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

DATES TO REMEMBER

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

EXECUTIVE SESSION

Time: _____p.m.

Motion: _____

Second: _____


Yes _____

No _____

Abstained _____

LINDENHURST UFSD
Business Office
Jacqueline A. Scrio, Assistant Superintendent for Business

MEMO

TO: Daniel Giordano & Board of Education
FROM: Jacqueline A. Scrio 
DATE: May 27, 2015
RE: June 3, 2015 Agenda— Budget Transfers Over \$5,000

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

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

attached


Budget Transfers for June 3, 2015

<u>Transfer From</u>	<u>Transfer To</u>	<u>Amount</u>	<u>Explanation</u>
2820-150-00-0000	Pysch Services Instructional Salaries	25,000.00	Reallocation of Budgeted Instructional Salaries
2850-400-13-0000	Co-Curricular Contractual Driver	4,700.00	Reallocation of Budgeted Drivers Ed Expenses
2610-150-00-0000	Library Instructional Salaries	1,450.00	Reallocation of Budgeted Instructional Salaries
		<u>31,150.00</u>	

LINDENHURST UFSD

Jacqueline A. Scrio, Assistant Superintendent for Business

MEMO

TO: Daniel Giordano
FROM: Jacqueline A. Scrio 
DATE: May 27, 2015
SUBJECT: Budget Transfers under \$5,000

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

attachment

Budget Transfers less than \$5,000.00

BOE Meeting: June 3, 2015

Transfer From		Transfer To		Amount	Explanation
4/29/15	2110-501-06-0000	Instructional Supplies - Daniel	2630-525-06-0000	1,135.00	To purchase 2 document cameras
	2020-503-06-2030	Prin's Office Supplies - Daniel	2630-525-06-0000	350.00	To purchase a color printer for main office
	1621-552-00-0000	Fire Extinguishers	1621-551-00-0000	967.55	To purchase paint, districtwide
	1620-417-00-0000	Custodial Equipment Repair	1621-418-00-0000	1,200.00	To cover additional costs of boiler parts, districtwide
	1620-410-00-0000	Intercom & PA Service	1621-418-00-0000	1,650.00	To cover additional costs of boiler parts, districtwide
	2010-400-00-0000	Curriculum Development	2010-151-00-0000	1,000.00	To pay for curriculum writing
4/30/2015	1621-558-00-0000	Filters	1620-500-00-0000	1,644.12	To purchase pool supplies needed for acid wash at HS Pool
5/1/15	1310-402-00-0000	Contractual	1310-490-00-0000	1,322.00	Reallocation of budgeted Business Office contractual expenses
	1040-300-00-0000	Travel & Conference	1060-500-00-0000	100.00	School Elections Expenses
	2110-480-12-0000	Textbooks - West Gates	2110-501-12-0000	569.75	To cover additional costs of science supplies for all grades
5/5/15	2110-250-03-0000	Instructional Equipment - Albany	2110-501-03-0000	722.95	To cover cost of furniture for kindergarten classrooms
	2110-501-03-2270	Supplies - AIS Albany	2110-501-03-0000	5.18	To cover cost of furniture for kindergarten classrooms
	2110-470-00-0000	Tuition To Other Districts	2110-400-13-2128	150.00	Reimbursement from parent to cover damaged instrument
5/10/15	2630-525-06-0000	Instructional Technology - Daniel	2110-501-06-0000	350.00	To purchase color printer
	1621-400-00-0000	Emergency Repairs	1621-557-00-0000	3,513.25	To cover cost of new floors in Harding Cafeteria
	1621-420-00-0000	Maintenance Equipment Repairs	1621-421-00-0000	1,002.90	To purchase doors for MS Life Skills
	1621-559-00-0000	Heating & Ventilating Supplies	1621-418-00-0000	4,500.00	To cover cost of boiler parts & supplies
	1621-559-00-0000	Heating & Ventilating Supplies	1621-546-00-0000	1,517.90	To purchase hardware for use districtwide
	1620-425-00-0000	Cartage/Waste Removal	1621-418-00-0000	1,330.00	To purchase oil burner parts & supplies
5/12/15	1621-400-00-0000	Emergency Repairs	1621-419-00-0000	913.24	To cover cost of pneumatic boiler controls, district wide
5/13/15	2020-503-08-2030	Prin's Office Supplies - MS	2850-400-08-0000	118.00	Breakfast of Champions
5/14/15	2630-525-08-0000	Instructional Technology - MS	2110-501-08-0000	918.00	To purchase software
5/15/15	2110-501-11-0000	Instructional Supplies - HS	2850-400-11-0000	483.00	Reallocation of funds
5/19/15	1621-420-00-0000	Maintenance Equipment Repairs	1621-449-00-0000	1,004.44	To cover cost of oil tank permit renewals at HS, MS & Bower
	2610-500-13-501	Supplies - AV Dept - District	1621-419-00-0000	428.41	Reallocation of funds
5/20/15	2020-525-03-2030	Supervision Supply - Albany	2020-503-03-2030	700.00	To cover additional costs of items needed
	2250-500-00-0000	Supplies	2250-525-00-0000	700.00	To cover cost of lap top for student
	1621-435-00-0000	Asphalt, Drives, Lots, Walk	1620-410-00-0000	1,294.53	To cover cost of MS PA System repair in AP Room
	1621-580-00-0000	Athletic Field Paint, Chalk	1620-410-00-0000	4,800.00	To cover cost of MS PA System repair in AP Room
	1621-580-00-0000	Athletic Field Paint, Chalk	1621-419-00-0000	1,700.00	To cover the cost of commercial instrumentation repairs at the HS
5/27/15	1621-446-19-0000	Annual Visual Inspections	1621-418-00-0000	3,700.48	To cover cost of Science Tank Repair at MS
	1621-560-00-0000	Uniforms	1620-410-00-0000	909.75	To cover cost of PA System Repair at MS
	1621-439-00-0000	Contractual Vehicle Repairs	1620-511-17-0000	3,000.00	To cover cost of custodial supplies for Kellum
	9060-800-00-0000	Health Insurance	9060-801-00-0000	532.00	Reallocation of budgeted Benefits Expenditures
	2610-150-00-0000	Instructional Salaries	2330-150-01-0000	1,450.00	Reallocation of budgeted Instructional Salaries
	2815-160-00-0000	Nurses	2815-162-00-0000	1,000.00	Reallocation of budgeted Non-Instructional Salaries
	1620-160-00-0000	Custodial (F.T.) Salaries	1620-161-00-0000	1,250.00	Reallocation of budgeted Non-Instructional Salaries
	1620-160-00-0000	Custodial (F.T.) Salaries	1620-161-01-0000	4,500.00	Reallocation of budgeted Non-Instructional Salaries
	1620-160-00-0000	Custodial (F.T.) Salaries	1620-161-02-0000	250.00	Reallocation of budgeted Non-Instructional Salaries

BOE Meeting: June 3, 2015

Budget Transfers less than \$5,000.00

Transfer From	Transfer To	Amount	Explanation
1620-160-00-0000	1620-161-05-0000	450.00	Reallocation of budgeted Non-Instructional Salaries
1240-400-00-0000	1060-400-00-0000	1,587.60	Additional Advertisement costs for elections
		<u>54,720.06</u>	