

# ***Waitsburg School District***



## ***Employee Handbook 2026-2027***

184 Academy Street  
P.O. Box 217  
Waitsburg, WA 99361  
509-337-6301  
509-337-6902 Fax  
[www.waitsburgsd.org](http://www.waitsburgsd.org)

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## **WAITSBURG SCHOOL DISTRICT MISSION STATEMENT**

We prepare lifelong learners academically, socially, and emotionally.

### **WAITSBURG SCHOOL BOARD PRIORITIES**

- Create enhanced learning environments that meet current and future learner needs
- Embrace learning growth throughout the Waitsburg School System
- Expand educational experiences to early and adult learners
- Improve educational practice to levels that have profound impact on learning for both students and adults

### **EMERGENCY PHONE NUMBERS**

**AMBULANCE – 911**

**FIRE – 911**

**POLICE – 911**

**POISON CENTER (Spokane) – 1-800-572-5812**

**WALLA WALLA COUNTY SHERIFF – 527-3265**

**CHILD PROTECTION SERVICES – 527-4385**

**WASHINGTON STATE PATROL – 527-4413**

### **District Policies and Procedures**

The forms included in this Employee Handbook are provided for employee convenience and general reference. Employees are encouraged to review the corresponding Board policies and administrative procedures for complete information regarding requirements, responsibilities, and processes. The most current versions of all district policies and procedures are available on the District's website. In the event of any discrepancy between this handbook and a district policy or procedure, the official policy or procedure posted on the District website shall govern.

# Waitsburg School District | 2026-2027 CALENDAR

31 All Staff In-service

AUGUST '26

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 |    |    |    |    |    |

FEBRUARY '27

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    | 1  | 2  | 3  | 4  | 5  | 6  |
| 7  | 8  | 9  | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 |    |    |    |    |    |    |

15 Presidents' Day

19/109

1 Cert State PL Day/Para Inservice  
 2 Cert State PL Day – SEL Training  
 3 Cert Staff PL Day  
 7 Labor Day  
 08 First Day of School  
 25 Early Release - 12:10 Staff PD  
 17/17

SEPTEMBER '26

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    | 1  | 2  | 3  | 4  | 5  |
| 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 |    |    |    |

MARCH '27

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    | 1  | 2  | 3  | 4  | 5  | 6  |
| 7  | 8  | 9  | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 |    |    |    |

26 Early Release - 12:10 Staff PD  
 31 Conferences

23/132

30 Early Release - 12:10 Staff PD

OCTOBER '26

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 1  | 2  | 3  |
| 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

APRIL '27

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 1  | 2  | 3  |
| 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |    |

1 Conferences  
 1 End of Q3  
 2 Snow Make-Up Day  
 5-9 Spring Break  
 30 Early Release - 12:10 Staff PD

22/39

16/148

6 End of Q1  
 10, 12 Conferences  
 11 Veterans Day  
 25 Early Release – 12:10  
 26-27 Thanksgiving Break

NOVEMBER '26

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 |    |    |    |    |    |

MAY '27

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 |    |    |    |    |    |

28 Snow Make-Up Day  
 31 Memorial Day

18/57

19/167

21-31 Winter Break

DECEMBER '26

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    | 1  | 2  | 3  | 4  | 5  |
| 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 |    |    |

JUNE '27

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    | 1  | 2  | 3  | 4  | 5  |
| 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 |    |    |    |

11 Graduation  
 15 Last Day of School – 8:30-10:30  
 15 End of S2/Q4  
 16 Cert State PL Day/Para Inservice

14/71

11/178

01 Winter Break  
 18 M.L. King Day  
 29 End of S1/Q2

JANUARY '27

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    | 1  | 2  |
| 3  | 4  | 5  | 6  | 7  | 8  | 9  |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 |    |    |    |    |    |    |

JULY '27

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 1  | 2  | 3  |
| 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

19/90

**WAITSBURG SCHOOL DISTRICT NO. 401-100  
(509) 337-6301**

**CHILD ABUSE & NEGLECT REPORTING FORM**

GENERAL INFORMATION

Reporter: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Position: \_\_\_\_\_

CHILD INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Phone: \_\_\_\_\_

Any Mental Health or Developmental Disabilities: Y / N

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_ Lives with Child: Y / N

Father's Name: \_\_\_\_\_ Lives with Child: Y / N

Any Other Adults in the Home: Y / N / Unknown

Please List: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any Other Children in the Home: Y / N / Unknown

Please List: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

TYPE OF ABUSE

\_\_\_\_\_ Physical Abuse

\_\_\_\_\_ Physical Neglect

\_\_\_\_\_ Drugs/Alcohol

\_\_\_\_\_ Sexual Abuse

\_\_\_\_\_ Medical Neglect

\_\_\_\_\_ Other

\_\_\_\_\_ Emotional Abuse          \_\_\_\_\_ Sexual Exploitation

SPECIFIC ALLEGATIONS (describe specific behaviors, exact verbal report from child, any visible signs, where, when, by whom)

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ALLEGED PERPETRATOR

Name: \_\_\_\_\_ Access to Child: Y / N

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the child know a report has been made? Y / N

Does the child seem or report being frightened? Y / N

Does the parent know a report has been made? Y / N

*(Note: Parents should not be informed until CPS or law enforcement has interviewed the child.)*

PHONE NUMBERS:

FAX NUMBERS

Child Protective Services: 1-800-557-9671 (509) 527-4655

WW County Sheriff (509) 527-3265 (509) 524-5480

SIGNATURES:

\_\_\_\_\_  
Staff Member Reporting Date

\_\_\_\_\_  
Principal/Superintendent Date

Report Phoned

CPS Y / N

Report Faxed

CPS Y / N

**AGREEMENT BETWEEN  
CLASSIFIED EMPLOYEES AND  
WAITSBURG SCHOOL DISTRICT NO. 401-100**

Agreement between the Waitsburg Joint School District No. 401-100 and the Waitsburg Classified Employees Association for:

September 1, 2026 to August 31, 2027

Recognizing the unique working relationship of cooperation and collaboration that exists between the Waitsburg School District and the Classified Employees, it is our strong desire to continue that relationship through an "open door" policy of ongoing communication.

It is hereby agreed that the terms and conditions of employment for the 2026-2027 contract year will be those outlined in the 2026-2027 Employee Handbook.

It is further agreed that employee salaries shall be paid according to the district salary schedule. Should the state legislature make an adjustment to the classified salary base, salaries will be adjusted accordingly.

**Waitsburg Classified Employees Association**

\_\_\_\_\_ President

\_\_\_\_\_ Secretary/Treasurer

**Waitsburg School District Board of Directors**

\_\_\_\_\_ Chairman

\_\_\_\_\_ Vice Chairman

\_\_\_\_\_ Member

\_\_\_\_\_ Member

\_\_\_\_\_ Member

\_\_\_\_\_  
Secretary to the Board

ATTEST: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**WAITSBURG SCHOOL DISTRICT NO. 401-100**  
**Classified Employee Evaluation Form**

Employee: \_\_\_\_\_ Position: \_\_\_\_\_

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

NA = Not Applicable    N = Needs Improvement    S = Satisfactory    Annual ☐  
90 Day ☐

| QUALITY OF WORK                                                  | NA | N | S | COMMENTS |
|------------------------------------------------------------------|----|---|---|----------|
| Takes pride in appearance of work and displays sense of neatness |    |   |   |          |
| Works accurately                                                 |    |   |   |          |
| Meets work deadlines                                             |    |   |   |          |
| Produces quality work                                            |    |   |   |          |
| Uses time efficiently/effectively                                |    |   |   |          |

| WORK HABITS                                   | NA | N | S | COMMENTS |
|-----------------------------------------------|----|---|---|----------|
| Is regular in attendance                      |    |   |   |          |
| Is punctual                                   |    |   |   |          |
| Gives adequate notice when absent from work   |    |   |   |          |
| Is a willing worker at all times              |    |   |   |          |
| Is flexible and adaptable                     |    |   |   |          |
| Demonstrates organizational skills            |    |   |   |          |
| Suggests changes to improve work              |    |   |   |          |
| Deals effectively with emergencies            |    |   |   |          |
| Maintains the confidentiality of the position |    |   |   |          |
| Maintains appropriately neat work area        |    |   |   |          |
| Is willing to accept responsibility           |    |   |   |          |

| TECHNICAL ABILITY                               | NA | N | S | COMMENTS |
|-------------------------------------------------|----|---|---|----------|
| Possesses related skills for position           |    |   |   |          |
| Has specific knowledge of all phases of the job |    |   |   |          |

|                                              |  |  |  |  |
|----------------------------------------------|--|--|--|--|
| Operates equipment required for the position |  |  |  |  |
| Takes advantage of training opportunities    |  |  |  |  |

| <b>HUMAN RELATIONS</b>                              | <b>NA</b> | <b>N</b> | <b>S</b> | <b>COMMENTS</b> |
|-----------------------------------------------------|-----------|----------|----------|-----------------|
| Receives constructive criticism well                |           |          |          |                 |
| Deals courteously and tactfully with fellow workers |           |          |          |                 |
| Deals courteously and tactfully with public         |           |          |          |                 |
| Deals courteously and tactfully with students       |           |          |          |                 |

| <b>PROFESSIONALISM</b>                                                                     | <b>NA</b> | <b>N</b> | <b>S</b> | <b>COMMENTS</b> |
|--------------------------------------------------------------------------------------------|-----------|----------|----------|-----------------|
| Demonstrates cooperation, respect for peers and supervisor                                 |           |          |          |                 |
| Demonstrates appropriate consideration for all people/components of the district/community |           |          |          |                 |

### OVERALL PROFESSIONAL APPRAISAL

\_\_\_\_ SATISFACTORY    \_\_\_\_ REQUIRES IMPROVEMENT    \_\_\_\_ UNSATISFACTORY

Additional Comments

\_\_\_\_\_  
Employee's Signature                      Date

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

Employee Comments

The employee and the administrator shall sign the evaluation in acknowledgement of having reviewed the evaluation. The employee may, at his/her option, file a written statement to accompany the evaluation in areas where there is disagreement with statements in the evaluation.

### WAITSBURG SCHOOL DISTRICT

## Pre-Approval of College Credits and Clock Hours for Salary Increments

Name \_\_\_\_\_ Date \_\_\_\_\_

### Current Assignment (Grade(s)/Subject(s))

*The Washington State Legislature has mandated that all credits and clock hours earned after September 1, 1995, shall count only if the content of the course meets one or more of the state-defined criteria listed below:*

- A) Is consistent with the District's strategic plan for improving student learning; or
- B) Is consistent with a school-based plan for improving student learning for the school in which the individual is assigned; or
- C) Pertains to the individual's current assignment or expected assignment for the following year; or
- D) Is necessary for obtaining endorsement as prescribed by the State Board of Education; or
- E) Is specifically required for obtaining advanced levels of certification; or
- F) Is included in a college or university degree program that pertains to the individual's current assignment or potential future assignment as a certificated instructional staff member of the school district, where the potential of the future assignment is agreed upon by the school district and the individual.

COLLEGE CREDIT: \_\_\_\_\_ CLOCK HOURS: \_\_\_\_\_ (check one)  
*(Attach brochure and/or other information describing the content of course(s) or workshops.)*

| Course Title(s) | Course # | Course Description | Dates |                                                     |
|-----------------|----------|--------------------|-------|-----------------------------------------------------|
|                 |          |                    |       | Quarter Credits _____<br><br>Semester Credits _____ |

Institution: \_\_\_\_\_ Applicable criteria# \_\_\_\_\_  
*Must be an accredited college, university (WAC 180-78-010 or approved State of Washington clock hour provider (WAC 180-85083))*

Description of Applicability: \_\_\_\_\_

I certify this is true and correct to the best of my knowledge. I also understand that it is a violation of the Professional Code of Conduct, which could result in loss of certification, to misrepresent or falsify information contained herein.

Employee's

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

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_ Yes \_\_\_\_ No

Rational for Support: \_\_\_\_\_

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

Form 5406F

Waitsburg School District No. 401-100

Request for Leave Sharing

I hereby request Waitsburg School District to transfer a portion of my accumulated (check appropriate box)

\_\_\_\_ Sick leave

\_\_\_\_ Vacation

To the employee indicated below. I certify that this transfer shall not result in an accrued sick leave balance of fewer than 176 hours or an accrued vacation balance of fewer than 80 hours. I understand that any leave donated which remains unused will be returned.

Number of hours donated: \_\_\_\_\_

Name of employee to receive donated hours: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

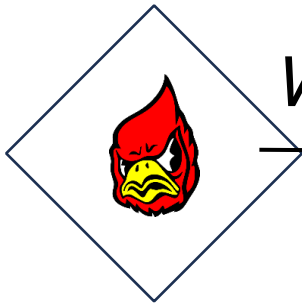
\_\_\_\_\_  
Date

## **HOLIDAYS – CLASSIFIED EMPLOYEES**

The district will observe the following school holidays and will not operate on these days:

1. New Years' Day (January 1);
2. Martin Luther King, Jr. Day (third Monday in January);
3. President's Day (third Monday in February);
4. Memorial Day (last Monday in May);
5. Emancipation Day and Freedom Day (June 19)
6. Independence Day (July 4);
7. Labor Day (first Monday in September);
8. Veteran's Day (November 11);
9. Thanksgiving Day (fourth Thursday in November);
10. The day after Thanksgiving; and
11. Christmas Day (December 25).

Whenever any legal holiday falls on Sunday, the following Monday will be a legal holiday, and whenever any legal holiday falls on a Saturday, the preceding Friday will be the legal holiday.



# Waitsburg School District #401-100

## Employee Absence Affidavit

EMPLOYEE \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Total days claimed \_\_\_\_\_

or

Total hours claimed \_\_\_\_\_

### TYPE OF LEAVE REQUESTED

\_\_\_\_\_ Personal Illness

\_\_\_\_\_ Personal Leave

\_\_\_\_\_ Family Illness

\_\_\_\_\_ Vacation Leave

\_\_\_\_\_ Medical Appointment

\_\_\_\_\_ Emergency Leave

\_\_\_\_\_ Bereavement

\_\_\_\_\_ Military Leave

\_\_\_\_\_ Death in Family

\_\_\_\_\_ Jury Duty/ Subpoena

\_\_\_\_\_ Maternity Leave

\_\_\_\_\_ Deduct

\_\_\_\_\_ District or School Business: \_\_\_\_\_  
(must have prior approval of building principal or superintendent)

\_\_\_\_\_ Professional Development: \_\_\_\_\_  
(must have prior approval of building principal or superintendent)

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### For Office Use Only

NAME OF SUBSTITUTE: \_\_\_\_\_ Total days/ hours \_\_\_\_\_

SIGNATURE OF SUPERVISOR: \_\_\_\_\_

WAITSBURG SCHOOL DISTRICT  
Driver Certification Form

**Instructions:** This form must be completed for each district employee who will transport students for a school activity in a district or private vehicle. Such drivers may only operate vehicles with seating capacity of ten or fewer and may not drive students on scheduled routes between home and school.

.....

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

Please mark YES or NO for each of the following questions:

- | YES                      | NO                       |                                                                                                                                                                                                                                                  |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you possess the physical health necessary to safely transport students?                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your driving license been suspended or revoked during the past three years?                                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received three or more speeding tickets in excess of ten miles per hour over the speed limit within any twelve-month period in the past three years?                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted or undergone deferred prosecution for any misdemeanor, gross misdemeanor or felony that is related to the duty of driving students? Such offenses include but are not limited to those listed in WAC 180-20-1-1 (1) (j). |

**Note:** Please attach photocopies of your driver's license and proof of insurance. The district must obtain a certified abstract of your driving record before you are eligible to transport students under the terms of Board Policy 6630 Driver Training and Responsibility.

I hereby certify that the information provided above is true and correct. I further give Waitsburg School District permission to obtain a driver abstract from the Washington State Department of Licensing.

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

**WAITSBURG SCHOOL DISTRICT**  
**Harassment/Intimidation/Bullying Report Form**

Waitsburg School District Policy 3207 prohibits all forms of harassment, intimidation, or bullying. "Harassment, intimidation or bullying" means any intentionally written message or image, including those that are electronically transmitted, a verbal, or physical act, including but not limited to one shown to be motivated by any characteristic in RCW 9A.36.080(3), (race, color, religion, ancestry, national origin, gender, sexual orientation or mental or physical disability), or other distinguishing characteristics, when an act:

- Physically harms a student or damages the student's property; or
- Has the effect of substantially interfering with a student's education; or
- Is so severe, persistent or pervasive that it creates an intimidating or threatening educational environment; or
- Has the effect of substantially disrupting the orderly operation of the school?

Only use this form to report issues relating to harassment, intimidation or bullying.

Complainant: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Alleged Incident(s): \_\_\_\_\_

Name(s) of person you believe are harassing, intimidating and/or bullying:

\_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages, if necessary)

\_\_\_\_\_

\_\_\_\_\_

Where and when did the incident(s) occur?

\_\_\_\_\_

List any witnesses who were present:

\_\_\_\_\_

\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has harassed, intimidated or bullied me or others. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

## WAITSBURG SCHOOL DISTRICT EMERGENCY WEATHER PROCEDURES

The district will make every attempt to advise the community and staff of the impact of weather/road conditions on the school day as early in the day as possible. Under normal situations, these decisions will be made no later than 6:30 a.m. The district will notify radio stations first and then principals and supervisors. Should it be necessary to revise a decision due to changes in weather conditions (i.e. changes from a delayed start to a cancellation), the decision to do so will be made no later than 7:30 a.m.

The district has established the following procedures/practices for situations of severe or hazardous weather/road conditions.

The general procedure deals with the following conditions:

- Delayed Start: There will be a delay (usually two hours) in the start of the school.
- Early Dismissal: Weather/road conditions which deem it necessary to dismiss students early as a safety measure to have buses or other vehicles off the roads before dark.
- Cancellation: When school is canceled due to severe weather/road conditions.

### **Administrators, Supervisors, Day Maintenance:**

- Delayed Start: Expected to come to work safely as soon as possible.
- Early Dismissal: Expected to work their normal workday unless law enforcement officials request that everyone stay off the roads. Principals will have discretion for individual circumstances.
- Cancellation: Expected to come to work safely as soon as possible or make special arrangements with their supervisor unless local law enforcement officials request everyone to stay off the roads.

### **Teachers, Para-educators, Secretaries, Food Service Supervisor and Cook:**

- Delayed Start: Staff are expected to come to work safely as soon as possible.
- Early Dismissal: Staff will work their normal workday unless law enforcement officials request that everyone stay off the roads. Principals will have discretion for individual circumstances.
- Cancellation: Staff stays home. Contract day(s) will be made up when students' day(s) is (are) made up.

### **Night Custodial Staff**

- Delayed Start: Work a regular schedule.
- Early Dismissal: Supervisor will contact you to determine your work schedule.
- Cancellation: Supervisor will contact you to determine your work schedule.

### **Bus Drivers**

- In all cases, the bus driver's workday is based on the student day.