

Lisbon School Department

**Criminal History Records Check
State Bureau of Identification**

The Lisbon School Department is implementing a Criminal History Records Check for all people who have contact with students. Since all regular employees must be fingerprinted, by law, in order to work here it was decided that a criminal history records check should be done for all other people in the school district who have contact with students. This is to protect all of the students of Lisbon. For more information you may contact Catherine Messmer at cmessmer@lisbonschoolsme.org.

Please complete as fully as possible and return to the Central Office, 19 Gartley St, Lisbon ME 04250.

Last Name: _____

First Name: _____

Middle Initial: _____

Suffix: _____

Maiden/Previous Married Last Name 1: _____

Previous Married Last Name 2: _____

Alias (es): _____

Date of Birth: _____

Phone Number: _____

Address: _____

Town/State/Zip Code: _____

By signing this form you have given the Lisbon School Department permission to view your Criminal History Record on the State Bureau of Identification website. If you refuse to sign this form you will be excluded from any volunteer programs through the Lisbon School Department.

Signature

Date

For Office Use Only:

Date Input: _____ Transaction #: _____ Initial: _____

Change in Direct Deposit Form

Please print, complete, and forward to the Superintendent's Office-- signature is required.

NAME: _____

EMAIL ADDRESS: _____

NOTE: ALL CHANGED DIRECT DEPOSITS WILL BE PROCESSED AS A PAPER CHECK FOR THE FIRST PAYROLL. ONCE THE PROCESS IS COMPLETE, YOU WILL RECEIVE YOUR FUTURE PAY STUBS VIA EMAIL.

DO YOU WISH TO HAVE YOUR FIRST PAYCHECK MAILED, SENT INTEROFFICE OR WILL YOU PICK UP AT CENTRAL OFFICE? (CHECK ONE)

MAIL CHECK SEND INTEROFFICE PICK UP AT CENTRAL OFFICE

I hereby authorize Lisbon School Department, hereinafter called Company, to make payment of any Net Pay owing me for Direct Deposit of Payroll to the Bank indicated below, herein after called Bank, and authorize Bank to credit such amounts to my checking and/or savings accounts. I also hereby authorize Company to generate debit transactions in the event of an overpayment or payment in error.

This authorization is to remain in full force and effective until Company has received written notification from me of it's termination in such time and manner as to afford Company and Bank a reasonable opportunity to act on it.

Signature: _____ Date: _____

CURRENT ACCOUNT		NEW ACCOUNT
Bank _____ Routing Number _____ Account # _____ Amount ____ Fixed (\$) _____ ____ Balance Type of Account ____ Checking ____ Savings	CHANGE TO	Bank _____ Routing Number _____ Account # _____ Amount ____ Fixed (\$) _____ ____ Balance Type of Account ____ Checking ____ Savings
Bank _____ Routing Number _____ Account # _____ Amount ____ Fixed (\$) _____ ____ Balance Type of Account ____ Checking ____ Savings	CHANGE TO	Bank _____ Routing Number _____ Account # _____ Amount ____ Fixed (\$) _____ ____ Balance Type of Account ____ Checking ____ Savings

PLEASE ATTACH VOIDED CHECK OR ACCOUNT INFORMATION SUPPLIED BY FINANCIAL INSTITUTION

Lisbon School Department Time Card

Name: _____ Employee #: _____

Position: _____ Pay Period Ending: _____

(Lunch)

Date	Time In	Time Out	Time In	Time Out	Hours Worked	Comp Time Earned	Comp Time Used
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total Hours: _____

(Lunch)

Date	Time In	Time Out	Time In	Time Out	Hours Worked	Comp Time Earned	Comp Time Used
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total Hours: _____

Total for Pay Period: _____

Explanation of Overtime: _____

Employee Signature: _____

Administrative Signature: _____

Indicate: Personal Time= P, Sick Time= S, Vacation Time= V, Bereavement Time= B, Planned Sick= PS, Family Sick= FS

For Central Office Use Only.
 Comp Time to be banked: ** _____
 ** Comp Time banked will be converted to one and a half time by the Central Office Staff.
 e.g. 2 hrs. = 3 hrs.

TUITION REIMBURSEMENT REQUEST

Reimbursement will only be given if employee notified Superintendent prior to December of last year of their intent to take courses.

DATE: _____

Name: _____ Grade level: _____

School: _____ Subject taught: _____

Course taken for: (Check one)

Re-Certification _____ CAS _____ Masters _____ Other _____

Course # _____ Course Title _____

Dates of class: _____

Name of institution: _____

Cr. hrs. _____ X \$ _____ /cr. hr. = _____ Total

(Maximum amount of reimbursement allowed will be the current UMO Graduate rate, which is **\$418.00 per credit hour** as of July 31, 2011. Courses with lower tuition rates will be reimbursed only for the amount charged for that course.)

Documents required to support request for reimbursement:

(Copies only, please don't submit originals)

- ** Grade report or Transcript showing completion of class
 Payment receipt

Payment for credit reimbursement will be made for courses taken during the current fiscal budget year. Upon conclusion of the course, please complete this form with the required documents. Submit to the Central Office for processing during the current budget year. Requests for reimbursement for summer session courses should be submitted upon the return to school and before September 30.

** In order to receive reimbursement of courses taken during the SPRING term of the current budget year, 2011-12 please complete and submit the form on or before June 1, 2012. Grade reports or transcripts must be submitted in support of the request as soon as they become available. Checks will not be released until proof of completion is submitted.

Employee Signature
Rev 8/11-com

Administrator Signature