

**NORTHWESTERN ILLINOIS ASSOCIATION  
EXECUTIVE BOARD MEETING AGENDA**

**Ogle County Education Center  
417 N Colfax St  
Byron, Illinois 61010  
Sycamore, Illinois  
Wednesday, August 24, 2016  
5:00 PM**

- I. **CALL TO ORDER**
- II. **ROLL CALL**
- III. **APPROVAL OF AGENDA**
- IV. **PUBLIC PARTICIPATION**
- V. **CLOSED SESSION TO CONSIDER THE APPOINTMENT, EMPLOYMENT, COMPENSATION, DISCIPLINE, PERFORMANCE, OR DISMISSAL OF SPECIFIC EMPLOYEES OF THE PUBLIC BODY OR LEGAL COUNSEL FOR THE PUBLIC BODY, INCLUDING HEARING TESTIMONY ON A COMPLAINT LODGED AGAINST AN EMPLOYEE OF THE PUBLIC BODY OR AGAINST LEGAL COUNSEL FOR THE PUBLIC BODY TO DETERMINE ITS VALIDITY; DISCUSSION OF MINUTES OF MEETINGS LAWFULLY CLOSED UNDER THIS ACT, WHETHER FOR PURPOSES OF APPROVAL BY THE BODY OF THE MINUTES OR SEMI-ANNUAL REVIEW OF THE MINUTES, AS MANDATED BY SECTION 2.06 [5 ILCS 120/2.06].**
- VI. **CONSENT AGENDA**
  - A. Approval of the Minutes of Meeting #8 on June 15, 2016 2
  - B. Approval of the Personnel Report 7
  - C. Approval of Accounts Payable for the Months of July 2016 and August 2016 22
- VII. **REGIONAL DIRECTOR'S REPORT**
  - A. Quick Fact
  - B. Challenge
  - C. NIA Executive Board Election Results
- VIII. **ACTION ITEMS**
  - A. Approval of the Release of Closed Session Minutes
  - B. Approval of the Destruction of Closed Session Audio Minutes from September 17, 2014 and January 28, 2015
  - C. Approval of the Resolutions to Dismiss Full-time Educational Support Personnel Employees for Reasons Other than Reduction in Force
  - D. Approval of Revised NIA Policies 50
  - E. Approval of FY17 Insurance Rates 111
  - F. Approval of FY17 Final Budget 128
- IX. **CHAIRPERSON'S COMMENTS AND OTHER BUSINESS**
- X. **ADJOURNMENT**

**NORTHWESTERN ILLINOIS ASSOCIATION  
EXECUTIVE BOARD MEETING #8, FY16 AGENDA  
Ogle County Education Center  
Byron, Illinois  
Wednesday, June 15, 2016  
5:00 p.m.**

**Open Meeting Minutes**

**I. CALL TO ORDER**

Date: Wednesday, June 15, 2016  
Time: 5:00 p.m.  
Location: Ogle County Education Center  
Type of meeting: Regular  
Name of person taking the minutes: Jean Tritle, Board Secretary  
**Name of person(s) presiding: Kimberly Moore, Chairperson**

**The meeting was called to order at 5:00 p.m.**

**II. ROLL CALL**

Members in attendance:

1. Kathy Countryman
2. Dennis Daly
3. Susie Kopacz
4. Kimberly Moore
5. Mike Noble
6. Corena Steinmeyer
7. Crystal Swan-Gravatt

Absent:

1. Amy Galvan
2. Pam Ransom
3. Cheryl Robinson
4. Leatrice Satterwhite
5. Tom Zelten

Also present:

1. Jon Malone, Regional Director
2. Jean Tritle, Board Secretary

**III. APPROVAL OF AGENDA**

**Moore reported that the agenda will need to be amended to remove Item E in the Consent Agenda (Treasurer's Report for the month of May 2016) as it was not received in time for the meeting.**

**Motion made by: Daly**  
**Motion: to approve the agenda as amended**  
**Motion seconded by: Kopacz**

**The Chairman asked for a roll call**

**Roll Call:**

“Ayes” – Countryman, Daly, Kopacz, Moore, Noble, Steinmeyer, Swan-Gravatt

“Nays” – None

**Action: Approved**

**IV. PUBLIC PARTICIPATION**

**Reception of Guests & Visitors & Opportunity for Public Comment**

There were none.

**V. CONSENT AGENDA**

- A. Approval of Open Session Minutes of FY16 Meeting #7 on May 18, 2016**
- B. Approval of Closed Session Minutes of FY16 Meeting #7 on May 18, 2016**
- C. Approval of Personnel Report (revised twice – second revision is a handout)**
- D. Approval of Accounts Payable for the month June 2016**

**Motion made by: Daly**

**Motion: to approve the Consent Agenda as presented**

Motion seconded by: Noble

**The Chairman asked for a roll call**

**Roll Call:**

“Ayes” – Kopacz, Moore, Noble, Steinmeyer, Swan-Gravatt, Daly, Countryman

“Nays” – None

**Action: Approved**

**VI. REGIONAL DIRECTOR’S REPORT**

**A. Quick Fact**

Malone shared a quote from Christie Meyer, Special Education Director for DeKalb #428, about the fact that she brought NIA into her district this school year to replace the Hillman agency therapists they used last year. This change resulted in a significant increase in Medicaid dollars for the district. Malone added that we have data to show that the DeKalb staff is very happy with the NIA therapists.

**B. Challenge**

Malone reported that technology is a challenge to the NIA staff who work in member school districts in that there is no regional agreement among districts in our regions concerning technology. We need to spend more money at the NIA in order to be able to provide good customer service wherever we go. Malone stated that he is not sure that having only one technology manager on the NIA staff will successfully bring us into the future regarding our technology needs; he added that we need to be aggressive in this area. Noble asked who speaks to the member districts on behalf of the NIA staff to let the districts know that our staff members need access to their technology in order to serve the district’s students. Malone answered that it is hard to find the right person to speak with in each district. Some districts provide our employees with laptop computers. Kopacz asked Malone if he has considered using Chromebooks. Malone answered that we are not able to due to the fact that our computers need to run Microsoft due to the fact that this is what the majority use in the field. Moore stated that their staff tried using Chromebooks and found it did not work; they are repurposing these computers for student use. Steinmeyer added that the NIA employees in the field may need to advocate for themselves. Malone answered that this works in some districts but not at all in others.

**C. Customer Satisfaction Survey conducted by Studer Education**

Malone reminded the Board members that NIA employees had been surveyed first and that the original goal was to survey our customers by the end of the school year. Thirty-five surveys were sent to member districts of which thirty-three were returned. NIA customer service was rated in 5 areas and a five point scale was used:

- Accessibility
- Accuracy
- Attitudes
- Operations
- Timeliness

The NIA received an overall rating of 4.53; Studer wants their clients to receive a score of at least 4.3, so our results were very favorable. The survey showed that the NIA does very well in the areas of accuracy and attitude; our lowest rating was in the area of accessibility. Malone stated that he would like to hear from the Directors in our member districts as to why they feel there is a problem in this area. He added that we do not supply our employees with company phones and we may need to look and see if this is a source of the problem.

The results were also received on a “per department” basis. He added that the survey results are not a tool to punish our employees; rather, the results are used to make us a better organization. The results will be rolled out to all Directors as well as the NIA employees.

**D. Update of Director’s Goals**

Malone reported that the red line in the graph of his goals represents the fact that the work that needs to be done on various salary issues is not matching the pace of the other goals in his graph which are nearing completion; salaries are an issue he will look at in the future. Moore stated that Power IEP has a time tracker in it for Medicaid, though it can also be used for students who are not in Medicaid as well. It is free for districts that have Power IEP as a vendor.

The areas in yellow have been slower to implement but he has made some progress with them. He reported he will have a set-up meeting with T-Sheets tomorrow. Using T-Sheets will provide the NIA with a quick and accurate way to see how services are being delivered in the Districts. He also reported that training in APECS will begin soon for our clerical staff to learn how to use this system for ordering supplies and equipment.

**VII. ACTION ITEMS**

**A. Approval of the Second Revised Lease Agreement for the Deaf/HH Program between the NIA and District #300**

**Motion made by:** Daly  
**Motion:** to approve the NIA Executive Board Ballot for FY17  
**Motion seconded by:** Kopacz

Malone explained that the agreement that was previously approved by the Board has gone into effect. However, there are items in the lease agreement that need to be cleaned up. We will move forward in the new school year toward clarifying these items, such as who is responsible for the damages in a room that is used by the NIA overnight. He added that we are not arguing about the rates being charged at all. District 300 has been

very helpful and the new principal has been great. However, our attorneys feel that the some of the language in the agreements should be renegotiated.

The revised agreement being voted on at this meeting is due to the fact that the square footage to be occupied by the program is being decreased in FY17.

**The Chairman asked for a roll call**

**Roll Call:**

“Ayes” – Moore, Noble, Steinmeyer, Swan-Gravatt, Daly, Countryman, Kopacz

“Nays” – None

**Action:** **Approved**

**B. Approval of the Lease Agreement with Sycamore CUSD #427 for the NIA Administrative Office**

**Motion made by:** **Daly**

**Motion:** **to approve the Lease Agreement with Sycamore CUSD #427 for the NIA Administrative Office**

Motion seconded by: Swan-Gravatt

Malone explained that we had added office space to the lease for the new clerical staff member.

**The Chairman asked for a roll call**

**Roll Call:**

“Ayes” – Noble, Steinmeyer, Swan-Gravatt, Daly, Kopacz

“Nays” – None

“Present” – Countryman

**Action:** **Approved**

**C. Approval of the Data Services Agreement Between the NIA and Sycamore CUSD #427**

**D.**

**Motion made by:** **Daly**

**Motion:** **to approve the Revised Lease Agreement for the Deaf/HH Program Between District #300 and the NIA**

Motion seconded by: Swan-Gravatt

Malone reported that there was a 1% change in the rates being charged.

**The Chairman asked for a roll call**

**Roll Call:**

“Ayes” – Steinmeyer, Swan-Gravatt, Daly, Kopacz, Noble

“Nays” – None

“Present” – Countryman

**Action:** **Approved**

**IX. Chairperson’s Comments and Other Business**

There was none.

**X. ADJOURNMENT** – The Chairperson asked for a motion to adjourn the meeting.

**Motion made by:** **Daly**

**Motion:** **to Adjourn**

Motion seconded by: Kopacz

**The Chairman asked for a Voice Vote:**

**Voice Vote:**

“Ayes” – all “Nays” – none

**Action:           Approved**

**The meeting was adjourned at 5:26 p.m.**

**NORTHWESTERN ILLINOIS ASSOCIATION**

**PERSONNEL REPORT**

**AUGUST 24, 2016**

**RECOMMENDED FOR RE-EMPLOYMENT FOR FY17**

Sandra Duckins, Paraprofessional, Deaf/Hard of Hearing Program, 177 days

**RECOMMENDED CHANGES IN EMPLOYMENT STATUS FOR FY17**

Krista Kline, Interpreter, Hearing Department, will become a full-time employee for the 2016-2017 school year, 177 days, \$16.50/hour, \$18,983.25

Diane Tyrrell, Teacher of the Visually Impaired and Supervisor (new duty), 198 days, \$80,215.38

**RECOMMENDED FOR EMPLOYMENT FOR FY17**

Bryce Blatz, Clerk, St. Charles Office, 12 hours/week, \$10.00/hour

Kathleen Bogan-White, Mento to Supervisor, Hearing Department, 10 days (75.0 hours), \$60.00/hour

Cheryl Brandseth, Interpreter, Deaf/Hard of Hearing Program, Hearing Department, 177 days, 7.0 hours/day, \$24.86 per hour, \$30,801.54

Linda Castellani, Occupational Therapist, Therapy Department, 180 days, \$78,240.00

Carol Collins-Watts, Occupational Therapist, Therapy Department, 180 days, \$78,240.00

Cheryl Davenport, Occupational Therapist, Therapy Department, 180 days, \$52,750.00

Laura Dawson, Occupational Therapist, Therapy Department, 126 days, \$46,473.00

Kelly Doering, Hearing Itinerant Teacher, Hearing Department, 91 days, \$21,224.73

Victoria Erwin, Substitute Teacher of Deaf/Hard of Hearing, Hearing Department, \$17.50/hour

Diane Espe, Teacher of Deaf/Hard of Hearing, Deaf/HH Program, Hearing Department, 182 days, \$42449.46

Rene Gay, Audiologist, Hearing Department, 120 days, \$40,000.00

Courtney Johnson, Physical Therapist, Therapy Department, 180 days, \$54,690.00

Kendra Monroe, Interpreter, Hearing Department, 177 days, \$17.50/hour, \$20,133.75

Jane Neisendorf, Substitute Office Professional to a Manager, Deaf/HH Program starting on July 11, 2017. \$17.50/hour

Noelle New, Supervisor, Hearing Department, 195 days, \$78,000.00

Nicole Rees, Teacher of the Deaf/Hard of Hearing, Deaf/HH Program, 182 days, \$64,371.64

Leanna Reidy, Occupational Therapist, Therapy Department, 180 days, \$66,390.00

Paula Steimel, Physical Therapist, Therapy Department, 45 days, \$19,560.00

## **RESIGNATIONS/TERMINATIONS**

Amy Bush, Interpreter, Hearing Department, will not return for the 2016-2017 school year

Sabrina Cardinal, Occupational Therapist, Therapy Department, resigned and will return for the 2016-2017 school year

Damien Charo, Teacher of the Deaf/Hard of Hearing, Deaf/HH Program, resigned and will not return for the 2016-2017 school year

Claudia Cirrincione, Occupational Therapist, Therapy Department, resigned and will not return for the 2016-2017 school year

Julie Craig, Job Coach Vision/Ortho/Multi Department, resigned and will not return for the 2016-2017 school year

Jessica Ingenito, Interpreter, Hearing and Vision/Ortho/Multi Departments, resigned and will not return for the 2016-2017 school year

Samantha Jasinowski, Interpreter, Deaf/HH Program, will not return for the 2016-2017 school year

Cynthia Roth, Certified Occupational Therapy Assistant, Therapy Department, will not return for the 2016-2017 school year

Donna Turengen, Audiologist, Hearing Department, resigned and will return for the 2016-2017 school year

Stacie Vanderheyden, Supervisor, Hearing Department, resigned effective August 5, 2016

## **RETIREMENTS**

NONE

## **LEAVE OF ABSENCE REQUESTS**

Tina Brandt, Office Professional to Administrator, Therapy Department, requesting a leave of absence under the FMLA to begin on August 3, 2016 and lasting for an unknown duration

Elizabeth Kohler-Rausch, Occupational Therapist, Therapy Department, requesting a medical leave of absence covered by the FMLA to begin on approximately October 8, 2016 and lasting for 12 weeks

Allison Lowry, Occupational Therapist, Therapy Department, requesting a medical leave of absence covered by the FMLA to begin on approximately September 12, 2016 and lasting for 6 – 8 weeks

Maricela Sandoval, Office Professional to a Manager, Deaf/HH Program, requesting a medical leave not covered by the FMLA to start on June 27, 2016 and lasting for 12 weeks

Megan Schuttrow, Teacher of the Deaf/Hard of Hearing, Deaf/HH Program, requesting a medical leave of absence covered by the FMLA to begin on approximately November 1, 2016 and lasting for 12 weeks

Elisabeth Tesch, Physical Therapist, Therapy Department, requesting a medical leave of absence covered by the FMLA to begin on approximately November 20, 2016 and lasting for 12 weeks



Jean Tritle &lt;jtritle@thenia.org&gt;

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**Resignation - Sabrina Cardinal**

1 message

**Sabrina Cardinal** <sab.cardinal@gmail.com>

Fri, Jul 29, 2016 at 12:43 PM

To: jmalone@thenia.org

Cc: "jtritle@thenia.org" &lt;jtritle@thenia.org&gt;, jtabone@thenia.org, "pstell@thenia.org" &lt;pstell@thenia.org&gt;

Friday July 29th, 2016

Dear Mr. Malone,

My apologies for notifying you by email, I regret to inform you that I will be leaving Northwestern Illinois Association. Although I have enjoyed working with NIA and the many wonderful team members, personal reasons necessitate that I vacate my position and focus on my home situation in Michigan. Please accept this email message as a notification that my final day will be August 12th, 2016.

Despite having to leave, I sincerely appreciate the opportunity of working as an Occupational Therapist for NIA. I am very thankful for all of your, the supervisors, and co-workers' support, growth, and knowledge along the way. I will do whatever necessary to ensure a smooth transition after I move on. Please do not hesitate to contact me about what I can do to help. You can contact me at [sab.cardinal@gmail.com](mailto:sab.cardinal@gmail.com) and/or (810)625-9025 (cell).

Once again, thank you so much for the opportunity to be a part NIA and the exceptional support and growth over the past few years. I look forward to working with you again in the future should the opportunity present itself. Many thanks for your understanding.

Best regards,

Sabrina Cardinal MOT, OTR/L

A handwritten signature in blue ink, appearing to read "Jim", enclosed within a blue oval.



Jean Tritle <jtritle@thenia.org>

**Re: Important**

1 message

**Jon Malone** <jmalone@thenia.org>  
To: Kathryn Reuter <kreuter@thenia.org>, Jean Tritle <jtritle@thenia.org>  
Cc: Diane Finn <Dfinn@thenia.org>

Tue, Jul 26, 2016 at 9:02 AM

I'm sorry to lose Damien! :( ...will keep ears open for possible new teammates!

Jon Malone  
Regional Director  
Northwestern Illinois Association

On Tue, Jul 26, 2016 at 8:58 AM, Kathryn Reuter <kreuter@thenia.org> wrote:

Becca and I are working on finding a new teacher...

----- Forwarded message -----

From: **Damien Charo** <damienscharo@gmail.com>  
Date: Mon, Jul 25, 2016 at 4:09 PM  
Subject: Important  
To: kreuter@thenia.org  
Cc: rhanson@thenia.org, Cristy Meyer <cristy.meyer@d428.org>

Hello,

It is with a very heavy heart that I am writing this letter to inform you that I have decided to accept a position with another program. For numerous reasons, this has been an incredibly difficult decision for me to make. My parents have been dealing with a lot of very serious health issues lately and I found a position that is closer to their home. I have been very fortunate to have had the privilege to work in the NIA program with such an amazing team of individuals for the last seven years and I am sad to not be returning next year, but my family desperately needs my support right now and it is becoming difficult for me to effectively provide that from such a great distance. I wanted to inform you of this change as quickly as I possibly could to give you time to find a replacement for me. I wish the program and staff all of the best and I hope that I am lucky enough to have the opportunity to cross paths and/or work with this team again in the future.

Sincerely,

Damien Charo



--  
Kathy Reuter  
Supervisor of Hearing Services, NIA  
kreuter@thenia.org (630) 402-2011  
cell (815) 761-4576

NIA Partners with member districts and cooperatives to provide responsive, innovative and highly specialized services to meet the unique needs of each learner.

June 9, 2016

Jill Tabone  
Northwestern Illinois Association  
2422 W. Main Street, Suite 3A  
St. Charles, IL 60175

Dear Jill,

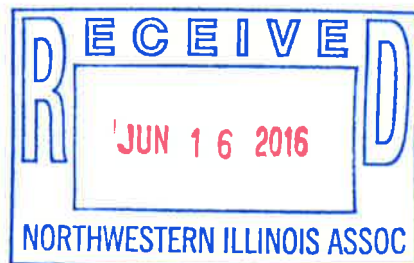
Please accept this letter as formal notification that I am resigning from my position as staff occupational therapist with Northwestern Illinois Association. My last day will be June 23, 2016.

I enjoyed my eight years with the company and experienced many opportunities that contributed to my professional growth and development. I remain a positive supporter of Northwestern Illinois Association, and I give my best wishes for the continued success of this longstanding agency in serving the needs of school districts.

Sincerely,

  
Claudia Cirrincione, OTR/L







Jean Tritle &lt;jtritle@thenia.org&gt;

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**Julie Craig - sub only**

1 message

**Sheri White** <swhite@thenia.org>

Tue, Jul 19, 2016 at 8:05 AM

To: Diane Finn &lt;dfinn@thenia.org&gt;, Jean Tritle &lt;jtritle@thenia.org&gt;

Cc: Sheri White &lt;swhite@thenia.org&gt;

Julie Craig will not be returning by said she'd sub if we'd get in a bind.

"Hey Sherry, hope you are having a great summer. Thank you for the offer to return to NIA as one of your job coaches. As of now I am going to have to pass on returning. The Gracie Center is taking up way more of my time. I really have enjoyed working for NIA and I really appreciate all the kindness and support of a great team. It was an amazing experience that I learned so much from. Please feel free to consider me as a sub should you get into a need for one. "

--  
Sheri White, Supervisor  
Northwestern Illinois Association  
4920 E. State St. Unit 6  
Rockford, IL 61108  
phone: (779)423-6936  
fax: (815)316-0640  
[swhite@thenia.org](mailto:swhite@thenia.org)  
[www.thenia.org](http://www.thenia.org)

A handwritten signature in blue ink, appearing to be "JM", enclosed in a circular scribble.

**NIA Mission Statement:**

*Northwestern Illinois Association partners with member districts and cooperatives to provide responsive, innovative and highly specialized services to meet the unique needs of each learner.*



Jean Tritle &lt;jtritle@thenia.org&gt;

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**Fwd: ingenito**

1 message

**Diane Finn** <dfinn@thenia.org>

Tue, Jul 19, 2016 at 6:51 AM

To: Jean Tritle &lt;jtritle@thenia.org&gt;, Tammy Boyer &lt;tboyer@thenia.org&gt;, Jon Malone &lt;jmalone@thenia.org&gt;

Jessica Ingenito will not be returning for the FY 17 school year. See message below.

----- Forwarded message -----

From: &lt;8159887535@mms.uscc.net&gt;

Date: Tuesday, July 19, 2016

Subject:

To: jtritle@thenia.org, swhite@thenia.org, dfinn@thenia.org

A handwritten signature in blue ink, appearing to be "Jm", enclosed in a blue oval.

This is the text I got from Jessica Ingenito yesterday: Unfortunately, I won't be back next year. I'm still planning on moving to NC in September.

I wish I could still be here to work for you guys.

The opportunity you've given me through the NIA has been nothing short of greatness.

I want to thank you from the bottom of my heart for taking me on three years ago. I've learned so much through this job!

--

**Diane Finn**

NIA Hearing/Vision/Ortho/Multi Coordinator

4920 E. State Street, Unit 6

Rockford, IL 61108

office: 815-964-0937 ext. 226

fax: 815-316-0646

*Mission Statement: Northwestern Illinois Association partners with member districts and cooperatives to provide responsive, innovative and high specialized services to meet the unique needs each learner.*

I acknowledge receipt of an offer of a position as a part-time Audiologist for the Northwestern Illinois Association for the 2016-2017 school year. I will accept this position.

I acknowledge receipt of an offer of a position as a part-time Audiologist for the Northwestern Illinois Association for the 2016-2017 school year. I will not accept this position.

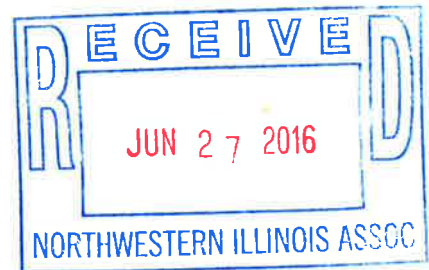
Donna Turetgen  
Signature

6/23/16  
Date

Jean,  
My letter of termination of employment is effective 6/30/16.  
My resignation will use that date as well. Can you help  
me with payroll/pension/benefits exit matters?  
Thanks for everything. Donna

Please return the signature page within seven (7) days acknowledging receipt of this letter and indicating whether you will accept the offered position with NIA. An envelope is enclosed for your convenience.

Donna Turetgen  
38 Greenbriar Drive  
Gilberts, IL 60136



Part-time Audiologist, Hearing Department, 2015-2016 School Year, 119.0 days



Jean Tritle &lt;jtritle@thenia.org&gt;

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**Fwd: Letter of Resignation**

1 message

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**Jon Malone** <jmalone@thenia.org>  
To: Jean Tritle <jtritle@thenia.org>

Tue, Aug 2, 2016 at 6:40 AM

For the board meeting...

----- Forwarded message -----

From: **Stacie Vanderheyden** <stacie.vanderheyden@rps205.com>  
Date: Monday, August 1, 2016  
Subject: Letter of Resignation  
To: Malone Jon <jmalone@thenia.org>  
Cc: Diane Finn <finnd@rps205.com>

8/1/2016

Dear Jon Malone and NIA,

It is with great deal of reflection that I have decided to formally enter my letter of resignation. I have appreciated all of the candid discussion and leadership that I have been shown, but I do not feel it is a direction that is matching with my aspirations at the moment. My final day will be Friday, August 5.

Through discussion with Ms. Diane Finn, I have offered my consultation services pending future work schedules or opportunities to assist in transitioning a new Supervisor of Hearing Services, within reason and discussion of compensation.

I can be reached on my cellular phone [630-854-3757](tel:630-854-3757) or by email at [Stacie.vanderheyden@gmail.com](mailto:Stacie.vanderheyden@gmail.com) if you have any further questions.

Respectfully Submitted,

A handwritten signature in blue ink, consisting of the initials "JM" inside a circular scribble.

Miss. Stacie Vanderheyden?

Stacie L. Vanderheyden

Supervisor of Hearing Services

Northwestern Illinois Association

Rockford Public Schools, District #205

[\(815\) 227-8457](tel:815-227-8457)

15

Destiny is not a matter of chance; it is a matter of choice. It is not a thing to be waited for; it is a thing to be achieved.  
William Jennings Bryan



**NIA**

THE NORTHWESTERN  
ILLINOIS ASSOCIATION

August 3, 2016

NIA Board of Directors  
245 West Exchange Street, Suite #4  
Sycamore, IL 60178



To Whom It May Concern:

I need to request FMLA to care for my Mother who is living with cancer. This time will be intermittent to take her to appointments and help when needed at home.

I realize, in order to be paid, I must use any sick time that I have available. If I run out of sick time, I will have to take the remaining time unpaid.

I have sent my LeaveX FMLA paperwork to my mothers' physician. I will send a copy to you as well, once it is returned to me.

Thank you.

Sincerely,

Christina M. Brandt

Elizabeth Kohler-Rausch  
Occupational Therapist  
The Northwestern Illinois Association  
erausch@thenia.org  
815-262-5043

08/15/2016

Dear NIA Board Members,

I am requesting to take FMLA time for my maternity starting about October 8<sup>th</sup>, 2016. I am planning to start my maternity leave when my baby is born and I will return to work 12 weeks after that date. I understand that I may use my accrued sick and personal time while I am disabled by my doctor and that, once I am released from my doctor's care, I will be placed on an unpaid leave of absence until I return to work

Sincerely,  
Elizabeth Kohler-Rausch



Alison Lowry  
1133 Heartland Gate  
Lake In The Hills, IL 60156



June 30, 2016

To:

The Northwestern Illinois Association  
245 West Exchange Street, Suite 4  
Sycamore, IL 60178

To Whom It May Concern,

I am writing to inform the NIA of my pregnancy and to request a medical leave of absence covered under FMLA. I am due September 12, 2016 and plan to work until the baby arrives. I anticipate taking 6-8 weeks starting September 12, 2016 and returning between October 24, 2016 and November 7, 2016.

I understand that I am only able to use sick time until released from physician's care. Should I exhaust my sick time or choose to remain on leave after being released from physician's care, I understand that I would be placed on unpaid leave.

Thank you for your consideration.

Sincerely,

Handwritten signature of Alison R. Lowry in cursive.

Alison R. Lowry



June 15, 2016

To Whom It May Concern,

The purpose of this letter is to request a leave of absence not covered by FMLA which will start June 27th and last for 12 weeks. I understand that I can use sick time and vacation time for the days I am scheduled to work but are disabled by my doctor. I will provide a doctor's note once the baby is born and also once I am released from my doctor's care. If you need further information please let me know. Thank you in advance for your time and consideration to this request.

Sincerely,

Maricela Sandoval



NIA Deaf and Hard of Hearing Admin Assistant



Megan Schuttrow  
127 Barnes Road  
Elgin, Illinois 60124

NIA Board  
245 W Exchange Suite 4  
Sycamore, Illinois 60178

Dear NIA Board,

This letter is to notify you that I am pregnant and wish to take maternity leave during the 2016-2017 school year. I will be starting the school year in my current position as the kindergarten/first grade teacher for the Deaf and Hard of Hearing at Westfield Community School in district 300. I anticipate beginning my maternity leave on November 1, 2016 but this is subject to change due to unforeseen circumstances. I plan to take twelve weeks leave not including winter break after the birth of my daughter, and my anticipated return date is February 6, 2017. I understand that my leave is covered by the FMLA and that I may use my accrued sick time while I am under my doctor's care. I also understand that, once my doctor releases me from his/her care, or if I exhaust all of my sick time before I am released, I will be placed on an unpaid leave of absence for the remainder of my leave.

Sincerely,

Megan Schuttrow

Megan Schuttrow



July 22, 2016

Jon Malone,

I am writing this letter for formally request a 12-week FMLA leave beginning approximately November 20, 2016. During that 12-week leave, I am scheduled to attend a continuing education course for work-related professional development during the latter part of my leave on January 27<sup>th</sup>-31<sup>st</sup>. This course is scheduled for three work days that are included in my 2016-17 contract: January 27, 30, 31<sup>st</sup>. I would like to additionally request permission to attend the training days on January 27<sup>th</sup>, 30<sup>th</sup>, and 31<sup>st</sup> during the latter part of my FMLA leave. Thank you for considering my requests.

Sincerely,

Elissabeth Tesch

A handwritten signature consisting of the initials "JM" enclosed within a hand-drawn circle.

# Northwestern Illinois Association

## ACCOUNTS PAYABLE TRANSACTION REGISTER

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CHECKS ISSUED FOR FIRST MIDWEST CHECKING ACCOUNT - VENDOR CHECKS

VENDOR NAME AND ADDRESS

VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>ADVANCED BIONICS - 41626 - V , 28515 WESTINGHOUSE PLACE , VALENCIA, CA 91355</b>									
175000127	07/01/2016	909166	7/1/2016	A2	FnlPay	1710007	EQUIPMENT	5-10-06-2150-552-00-0	910.00
								<b>CHECK NO. 128822:</b>	<b>910.00</b>
								<b>VENDOR TOTAL:</b>	<b>910.00</b>
<b>BINDER, JAN L - 759 - P , 411 S WALNUT ST , SYCAMORE, IL 60178</b>									
175000150	07/15/2016	7/13/2016	7/15/2016	A2	DirPay		MILEAGE	5-10-01-2520-332-00-0	41.04
								<b>CHECK NO. 128823:</b>	<b>41.04</b>
								<b>VENDOR TOTAL:</b>	<b>41.04</b>
<b>BRUDER, MELISSA A - 389 - P , 1501 W MINER ST , ARLINGTON HEIGHTS, IL 60005</b>									
175000172	07/15/2016	M. BRUDER	7/15/2016	A2	DirPay		PROFESSIONAL DEVELOPMENT	5-10-10-2130-312-02-0	150.00
								<b>CHECK NO. 128824:</b>	<b>150.00</b>
								<b>VENDOR TOTAL:</b>	<b>150.00</b>
<b>CINTAS CORPORATION #355 - 43788 - V , PO BOX 630921 , CINCINNATI, OH 45263-0921</b>									
175000179	06/30/2016	355258050	6/30/2016	A2	DirPay		EQUIPMENT MAINTENANCE	5-10-16-2540-323-05-0	80.79
								<b>CHECK NO. 128825:</b>	<b>80.79</b>
								<b>VENDOR TOTAL:</b>	<b>80.79</b>
<b>CLAY, DEANNE MANNING - 1078 - P , 530 N SLEIGHT ST , NAPERVILLE, IL 60563</b>									
175000197	07/15/2016	D. CLAY	7/15/2016	A2	DirPay		PROFESSIONAL DEVELOPMENT	5-10-10-2130-312-02-0	195.00
								<b>CHECK NO. 128826:</b>	<b>195.00</b>
								<b>VENDOR TOTAL:</b>	<b>195.00</b>
<b>CUMBERLAND THERAPY - 41469 - V , PO BOX 6280 , CAROL STREAM, IL 60197</b>									
175000167	06/30/2016	M0009960	6/30/2016	A2	DirPay		CONSULTANT	5-10-10-2130-310-00-0	1,144.00
								<b>CHECK NO. 128827:</b>	<b>1,144.00</b>
								<b>VENDOR TOTAL:</b>	<b>1,144.00</b>
<b>DEBBIE HOGAN - 252 - V , NORTHWESTERN ILLINOIS ASSOCIATION, 3615 WESTGATE PARKWAY , ROCKFORD, IL 61108</b>									
175000187	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		POSTAGE	5-10-16-2540-341-03-0	5.50
175000187	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		POSTAGE	5-10-16-2540-341-03-0	18.97

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
175000187	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		POSTAGE	5-10-16-2540-341-03-0	2.35
175000187	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		POSTAGE	5-10-16-2540-341-03-0	7.35
<b>INVOICE TOTALS:</b>								<b>34.17</b>	
175000188	07/15/2016	5/24/2016	7/15/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-03-0	3.88
<b>CHECK NO. 128828:</b>								<b>38.05</b>	
<b>VENDOR TOTAL:</b>								<b>38.05</b>	
<b>DEPTOLLA, JEAN M - 359 - P , 509 S FOREST AVE , BATAVIA, IL 60510</b>									
175000160	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-07-2330-332-00-0	158.86
<b>CHECK NO. 128829:</b>								<b>158.86</b>	
<b>VENDOR TOTAL:</b>								<b>158.86</b>	
<b>COMMUNITY UNIT SCHOOL DIST 300 - 179 - V , 2550 HARNISH DRIVE , ALGONQUIN, IL 60102</b>									
175000195	07/15/2016	7/8/2016	7/15/2016	A2	DirPay		2015-2016 FINAL BILLING	2-10-00-4021-000-00-0	45,082.23
<b>CHECK NO. 128830:</b>								<b>45,082.23</b>	
<b>VENDOR TOTAL:</b>								<b>45,082.23</b>	
<b>DR DONNA M TURETGEN - 43926 - V , THE AUDITORY CONNECTION, 38 GREENBRIAR DRIVE , GILBERTS, IL 60136</b>									
175000118	06/28/2016	46	6/28/2016	A2	DirPay		CONSULTANT	5-10-06-2150-310-00-0	270.00
175000119	06/21/2016	467	6/21/2016	A2	DirPay		CONSULTANT	5-10-06-2150-310-00-0	270.00
175000120	06/09/2016	463	6/9/2016	A2	DirPay		CONSULTANT	5-10-06-2150-310-00-0	270.00
175000121	06/14/2016	465	6/14/2016	A2	DirPay		CONSULTANT	5-10-06-2150-310-00-0	270.00
175000122	07/05/2016	472	7/5/2016	A2	DirPay		CONSULTANT	5-10-06-2150-310-00-0	270.00
175000158	07/12/2016	474	7/12/2016	A2	DirPay		CONSULTANT	5-10-06-2150-310-00-0	270.00
<b>CHECK NO. 128831:</b>								<b>1,620.00</b>	
<b>VENDOR TOTAL:</b>								<b>1,620.00</b>	
<b>EAST AURORA SCHOOL DISTRICT 131 - 43427 - V , 1480 RECKINGER ROAD , AURORA, IL 60505</b>									
175000215	07/19/2016	AUGUST 2016	7/19/2016	A2	DirPay		RENT	5-10-16-2540-325-08-0	664.58
<b>CHECK NO. 128832:</b>								<b>664.58</b>	
<b>VENDOR TOTAL:</b>								<b>664.58</b>	

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>FINN, DIANE M - 354 - P , 3305 MEADOW TRAIL WEST , DEKALB, IL 60115</b>									
175000164	07/15/2016	MARCH-JUNE 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-01-2320-332-00-0	1,906.20
								<b>CHECK NO. 128833:</b>	<u>1,906.20</u>
								<b>VENDOR TOTAL:</b>	<b>1,906.20</b>
<b>FIRM SYSTEMS - 40973 - V , 206 SOUTH SIXTH STREET , SPRINGFIELD, IL 62701</b>									
175000146	06/30/2016	1067670-IN	6/30/2016	A2	DirPay		FINGERPRINTING	5-10-01-2320-319-00-0	870.00
								<b>CHECK NO. 128834:</b>	<u>870.00</u>
								<b>VENDOR TOTAL:</b>	<b>870.00</b>
<b>FRONTLINE TECHNOLOGIES GROUP LLC - 43827 - V , 1400 ATWATER DRIVE , MALVERN, PA 19355</b>									
175000152	06/30/2016	INVUS58081	6/30/2016	A2	DirPay		CONSULTANT	5-10-01-2520-310-00-0	2,074.00
								<b>CHECK NO. 128835:</b>	<u>2,070.00</u>
								<b>VENDOR TOTAL:</b>	<b>2,070.00</b>
<b>GEORGOPOULOS, KELSEY K - 1010 - P , 1730 LANDRETH CT , AURORA, IL 60504</b>									
175000166	07/15/2016	07/13/2016	7/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	108.00
								<b>CHECK NO. 128836:</b>	<u>108.00</u>
								<b>VENDOR TOTAL:</b>	<b>108.00</b>
<b>GFC LEASING COMPANY - 494 - V , P.O. BOX 2290 , MADISON, WI 53701-2290</b>									
175000210	08/05/2016	I00309432	8/5/2016	A2	DirPay		LASER FICHE	5-10-16-2540-327-01-0	1,905.00
175000211	07/19/2016	I00309432 7/16/16	7/19/2016	A2	DirPay		EQUIPMENT RENTAL	5-10-16-2540-327-01-0	1,083.00
175000211	07/19/2016	I00309432 7/16/16	7/19/2016	A2	DirPay		EQUIPMENT RENTAL	5-10-16-2540-327-02-0	1,020.38
175000211	07/19/2016	I00309432 7/16/16	7/19/2016	A2	DirPay		EQUIPMENT RENTAL	5-10-16-2540-327-03-0	611.00
175000211	07/19/2016	I00309432 7/16/16	7/19/2016	A2	DirPay		EQUIPMENT RENTAL	5-10-16-2540-327-04-0	371.62
175000211	07/19/2016	I00309432 7/16/16	7/19/2016	A2	DirPay		EQUIPMENT RENTAL	5-10-16-2540-327-05-0	695.00
<b>INVOICE TOTALS:</b>								<b>3,781.00</b>	
								<b>CHECK NO. 128837:</b>	<b>5,686.00</b>

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
								<b>VENDOR TOTAL:</b>	<b>5,686.00</b>
<b>GLEAM CLEAN - 43754 - V , P.O. BOX 6558 , ROCKFORD, IL 61125</b>									
175000190	06/28/2016	7922	6/28/2016	A2	DirPay		JANITORIAL	5-10-16-2540-322-05-0	320.00
								<b>CHECK NO. 128838:</b>	<b>320.00</b>
								<b>VENDOR TOTAL:</b>	<b>320.00</b>
<b>HANSON, REBECCA L - 1084 - P , 942 BRUNSWICK CIR , SCHAUMBURG, IL 60193</b>									
175000143	07/15/2016	JUNE/JULY 2017	7/15/2016	A2	DirPay		MILEAGE	5-10-20-1208-332-07-0	107.56
								<b>CHECK NO. 128839:</b>	<b>107.56</b>
								<b>VENDOR TOTAL:</b>	<b>107.56</b>
<b>HINSHAW &amp; CULBERTSON LLP - 43878 - V , 8142 SOLUTIONS CENTER DRIVE , CHICAGO, IL 60677-8001</b>									
175000204	07/11/2016	11594863	7/11/2016	A2	DirPay		LEGAL FEES	5-10-01-2320-318-00-0	884.64
								<b>CHECK NO. 128840:</b>	<b>884.64</b>
								<b>VENDOR TOTAL:</b>	<b>884.64</b>
<b>HOGAN, DEBRA S - 796 - P , 4911 NEWBURG RD , ROCKFORD, IL 61108</b>									
175000163	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-06-2150-332-00-0	96.82
								<b>CHECK NO. 128841:</b>	<b>96.82</b>
								<b>VENDOR TOTAL:</b>	<b>96.82</b>
<b>JACKOWSKI, GINA LEE - 362 - P , 641 WOODS CREEK LN , ALGONQUIN, IL 60102</b>									
175000175	07/15/2016	GINA JACKOWSKI	7/15/2016	A2	DirPay		PROFESSIONAL DEVELOPMENT	5-10-10-2130-312-02-0	150.00
								<b>CHECK NO. 128842:</b>	<b>150.00</b>
								<b>VENDOR TOTAL:</b>	<b>150.00</b>
<b>JENSEN, W THOMAS - 13621 - V , 2002 EAST FIFTH STREET , STERLING, IL 61081</b>									
175000213	07/19/2016	AUGUST 2016	7/19/2016	A2	DirPay		RENT	5-10-16-2540-325-04-0	1,309.00
								<b>CHECK NO. 128843:</b>	<b>1,309.00</b>
								<b>VENDOR TOTAL:</b>	<b>1,309.00</b>

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>KMK GLOBAL INVESTMENTS LLC - 43552 - V , 700 EAST MAIN STREET, SUITE E , ST CHARLES, IL 60174</b>									
175000216	07/19/2016	AUGUST 2016	7/19/2016	A2	DirPay		RENT	5-10-16-2540-325-02-0	12,269.95
								<b>CHECK NO. 128844:</b>	<b>12,269.95</b>
								<b>VENDOR TOTAL:</b>	<b>12,269.95</b>
<b>LYNCH, GUADALUPE - 43928 - V , 3N800 THATCHER ROAD , MAPLE PARK, IL 60151</b>									
175000161	07/15/2016	JULY 2016	7/15/2016	A2	DirPay		CONSULTANT	5-10-20-1208-310-07-0	80.00
								<b>CHECK NO. 128845:</b>	<b>80.00</b>
								<b>VENDOR TOTAL:</b>	<b>80.00</b>
<b>MALONE, JON C - 1065 - P , 7630 JOCKEY DR , LOVES PARK, IL 61111</b>									
175000219	07/19/2016	AUGUST 2016	7/19/2016	A2	DirPay		MILEAGE	5-10-01-2320-332-00-0	500.00
								<b>CHECK NO. 128846:</b>	<b>500.00</b>
								<b>VENDOR TOTAL:</b>	<b>500.00</b>
<b>MATHIS, MEGAN L - 333 - P , 2424 DEERFIELD DR , AURORA, IL 60506</b>									
175000168	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	11.88
								<b>CHECK NO. 128847:</b>	<b>11.88</b>
								<b>VENDOR TOTAL:</b>	<b>11.88</b>
<b>MID CITY OFFICE PRODUCTS - 1711 - V , P.O. BOX 957 , ROCKFORD, IL 61105-0957</b>									
175000133	06/29/2016	324770-0	6/29/2016	A2	PartPay	1710017	SUPPLY	5-10-16-2540-410-05-0	493.31
175000134	06/30/2016	324770-1	6/30/2016	A2	PartPay	1710017	SUPPLY	5-10-16-2540-410-05-0	63.59
175000139	07/05/2016	324770-2	7/5/2016	A2	FnlPay	1710017	SUPPLY	5-10-16-2540-410-05-0	22.58
175000189	07/01/2016	324995-0	7/1/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-05-0	12.59
175000191	06/28/2016	324591-0	6/28/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	5.53
175000192	06/29/2016	FCC3424135-0	6/29/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	-5.53
175000193	06/27/2016	324135-1	6/27/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	277.37
175000206	07/15/2016	326140-0	7/15/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	28.30
175000207	07/15/2016	326139-0	7/15/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	104.39
								<b>CHECK NO. 128848:</b>	<b>1,002.13</b>
								<b>VENDOR TOTAL:</b>	<b>1,002.13</b>

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>MUCHALA, EDWARD J - 182 - P , 8784 WINDING PRAIRIE TR , BELVIDERE, IL 61008</b>									
175000157	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-01-2520-332-00-0	517.32
								<b>CHECK NO. 128849:</b>	<b>517.32</b>
								<b>VENDOR TOTAL:</b>	<b>517.32</b>
<b>NORTHERN ILLINOIS UNIVERSITY - 320 - V , SPEECH &amp; LANG CLINIC, LUCINDA AVENUE , DEKALB, IL 60115-2899</b>									
175000159	07/15/2016	JULY 6 2017	7/15/2016	A2	DirPay		AUDIOLOGICALS	5-10-03-2150-310-00-0	935.00
								<b>CHECK NO. 128850:</b>	<b>935.00</b>
								<b>VENDOR TOTAL:</b>	<b>935.00</b>
<b>NORTHWESTERN ILLINOIS ASSOC - 3075 - V , PAULA NEWHAUSEN, 4920 EAST STATE STREET , ROCKFORD, IL 61108</b>									
175000184	07/15/2016	2015-2016	7/15/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-05-0	<del>27.98</del>
175000184	07/15/2016	2015-2016	7/15/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-05-0	2.76
								<b>INVOICE TOTALS:</b>	<b>12.74</b>
175000185	07/15/2016	5/12/16 ROUNDTABLE	7/15/2016	A2	DirPay		PROGRAM DEVELOPMENT	5-10-10-2130-314-00-0	8.92
175000185	07/15/2016	5/12/16 ROUNDTABLE	7/15/2016	A2	DirPay		PROGRAM DEVELOPMENT	5-10-10-2130-314-00-0	27.98
								<b>INVOICE TOTALS:</b>	<b>36.90</b>
175000186	07/15/2016	5/18/2016	7/15/2016	A2	DirPay		POSTAGE	5-10-16-2540-341-05-0	7.75
								<b>CHECK NO. 128851:</b>	<b>57.39</b>
								<b>VENDOR TOTAL:</b>	<b>57.39</b>
<b>OTICON INC - 43255 - V , 580 HOWARD AVENUE , SOMERSET, NJ 08873</b>									
175000132	06/30/2016	inv5085732	6/30/2016	A2	FnlPay	1710016	EQUIPMENT	5-10-06-2150-552-00-0	18,352.00
175000198	06/30/2016	INV5065669	7/21/2016	A2	FnlPay	17100000	EQUIPMENT	5-10-06-2150-552-00-0	4,035.99
								<b>CHECK NO. 128852:</b>	<b>22,387.99</b>
								<b>VENDOR TOTAL:</b>	<b>22,387.99</b>
<b>PASTERIS, COLLEEN A - 785 - P , 1055 BUTLER BAY CT , ELGIN, IL 60120</b>									
175000162	07/15/2016	APRIL-MAY 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-23-1200-332-00-0	601.29
								<b>CHECK NO. 128853:</b>	<b>601.29</b>

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
								<b>VENDOR TOTAL:</b>	<b>601.29</b>
<b>PEARSON ASSESSMENTS - 43302 - V , NCS PEARONS INC, 13036 COLLECTION CENTER DRIVE , CHICAGO, IL 60693</b>									
175000126	06/18/2016	10755541	6/18/2016	A2	FnlPay	17100004	TESTS	5-10-20-1208-421-07-0	316.94
175000141	06/29/2016	10766960	6/29/2016	A2	DirPay		TESTS PO 1610389	2-10-00-4021-000-00-0	1,214.75
175000142	06/28/2016	10766833	6/28/2016	A2	DirPay		TESTS 1610391	2-10-00-4021-000-00-0	61.50
								<b>CHECK NO. 128854:</b>	<b><u>1,593.19</u></b>
								<b>VENDOR TOTAL:</b>	<b>1,593.19</b>
<b>PERSPECTIVES - 43250 - V , 20 NORTH CLARK, SUITE 2650 , CHICAGO, IL 60602</b>									
175000151	06/30/2016	84298	6/30/2016	A2	DirPay		EAP - FMLA	5-10-01-2320-385-00-0	71.25
								<b>CHECK NO. 128855:</b>	<b><u>71.25</u></b>
								<b>VENDOR TOTAL:</b>	<b><del>71.25</del> 71.25</b>
<b>PHONAK LLC - 84 - V , 35555 EAGLE WAY , CHICAGO, IL 60678-1355</b>									
175000123	06/14/2016	5153873321	6/14/2016	A2	FnlPay	17100001	EQUIPMENT	5-10-06-2150-552-00-0	2,293.39
175000129	06/22/2016	51539199495	6/22/2016	A2	FnlPay	17100009	EQUIPMENT	5-10-06-2150-552-00-0	15,481.39
175000131	07/29/2016	5153954492	7/29/2016	A2	FnlPay	17100113	EQUIPMENT	5-10-06-2150-552-00-0	10,689.00
175000138	07/07/2016	5153990880	7/7/2016	A2	FnlPay	1710020	EQUIPMENT	5-10-06-2150-552-00-0	10,958.75
								<b>CHECK NO. 128856:</b>	<b><u>39,422.53</u></b>
								<b>VENDOR TOTAL:</b>	<b>39,422.53</b>
<b>PHYSICIANS IMMEDIATE CARE - 43892 - V , BILLING DEPARTMENT, PO BOX 8798 , CAROL STREAM, IL 60197-8798</b>									
175000200	06/10/2016	1564863 S. AARDSMA	6/10/2016	A2	DirPay		PHYSICALS	5-10-01-2320-315-00-0	118.00
175000201	06/27/2016	1580807 M. MATEJKA	6/27/2016	A2	DirPay		PHYSICALS	5-10-01-2320-315-00-0	118.00
175000202	07/19/2016	1583808 B. BLATZ	7/19/2016	A2	DirPay		PHYSICALS	5-10-01-2320-315-00-0	118.00
								<b>CHECK NO. 128857:</b>	<b><u>354.00</u></b>
								<b>VENDOR TOTAL:</b>	<b>354.00</b>
<b>PITNEY BOWES GLOBAL FINANCIAL SERVICES - 41345 - V , PO BOX 371887 , PITTSBURGH, PA 15250-7887</b>									
175000208	06/20/2016	3100295152	6/20/2016	A2	DirPay		EQUIPMENT MAINTENANCE	5-10-16-2540-323-04-0	147.00

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VENDOR NAME AND ADDRESS

VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>CHECK NO. 128858:</b>									<b>147.00</b>
175000209	06/26/2016	1001091540	6/26/2016	A2	DirPay		EQUIPMENT MAINTENANCE	5-10-16-2540-323-03-0	126.00
<b>CHECK NO. 128859:</b>									<b>126.00</b>
<b>VENDOR TOTAL:</b>									<b>273.00</b>
<b>PRAIRIE HILL DIST 133 - 2962 - V , SUPERINTENDENT, 14714 WILLOWBROOK ROAD , SOUTH BELOIT, IL 61080</b>									
175000218	07/19/2016	2016/2017	7/19/2016	A2	DirPay		RENT	5-10-16-2540-325-09-0	5,559.80
<b>CHECK NO. 128860:</b>									<b>5,559.80</b>
<b>VENDOR TOTAL:</b>									<b>5,559.80</b>
<b>PRIME HEALTHCARE STAFFING - 43853 - V , 801 W ANN ARBOR TRAIL, SUITE 220 , PLYMOUTH, MI 48170</b>									
175000145	07/11/2016	24152	7/11/2016	A2	DirPay		CONSULTANT	5-10-10-2130-310-00-0	276.00
175000148	07/04/2016	24122	7/4/2016	A2	DirPay		CONSULTANT	5-10-10-2130-310-00-0	552.00
175000176	06/27/2016	24092	6/27/2016	A2	DirPay		CONSULTANT	5-10-10-2130-310-00-0	828.00
<b>CHECK NO. 128861:</b>									<b>1,656.00</b>
<b>VENDOR TOTAL:</b>									<b>1,656.00</b>
<b>PURCHASE POWER - 208 - V , PO BOX 371874 , PITTSBURGH, PA 15250-7874</b>									
175000177	07/15/2016	29857331	07/16 7/15/2016	A2	DirPay		POSTAGE	5-10-16-2540-341-02-0	1,500.00
<b>CHECK NO. 128862:</b>									<b>1,500.00</b>
175000199	07/18/2016	17040163	7/18/2016	A2	DirPay		POSTAGE	5-10-16-2540-341-05-0	600.00
		7/21/2016							
<b>CHECK NO. 128863:</b>									<b>600.00</b>
<b>VENDOR TOTAL:</b>									<b>2,100.00</b>
<b>PURI, SUNIL - 43743 - V , c/o FIRST ROCKFORD GROUP INC, 6801 SPRING CREEK ROAD , ROCKFORD, IL 61114</b>									
175000217	07/19/2016	AUGUST 2016	7/19/2016	A2	DirPay		RENT	5-10-16-2540-325-05-0	7,026.00
<b>CHECK NO. 128864:</b>									<b>7,026.00</b>
<b>VENDOR TOTAL:</b>									<b>7,026.00</b>
<b>QUALITY CLEANING - 56 - V , P.O. BOX 201 , ST CHARLES, IL 60174</b>									
175000178	07/05/2016	147	7/5/2016	A2	DirPay		JANITORIAL	5-10-16-2540-322-02-0	400.00
<b>CHECK NO. 128865:</b>									<b>400.00</b>

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VENDOR NAME AND ADDRESS

VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
								<b>VENDOR TOTAL:</b>	<b>400.00</b>
<b>QUILL - 43384 - V , P.O. BOX 102412 , COLUMBIA, SC 29224</b>									
175000140	07/07/2016	7210290	7/7/2016	A2	FnlPay	1710021	SUPPLY	5-10-20-1208-410-07-0	359.97
								<b>CHECK NO. 128866:</b>	<b>359.97</b>
								<b>VENDOR TOTAL:</b>	<b>359.97</b>
<b>REBECCA HANSON - 43872 - V , PETTY CASH, 942 BRUNSWICK CIR , SCHAUMBURG, IL 60193</b>									
175000194	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		SUPPLY	5-10-21-1600-410-07-0	65.64
								<b>CHECK NO. 128867:</b>	<b>65.64</b>
								<b>VENDOR TOTAL:</b>	<b>65.64</b>
<b>ROCKFORD SCHOOL DISTRICT 205 - 294 - V , ATTN: FINANCIAL SERVICES, 501 7TH STREET , ROCKFORD, IL 61104</b>									
175000214	07/19/2016	AUGUST 2016	7/19/2016	A2	DirPay		RENT	5-10-16-2540-325-03-0	407.98
								<b>CHECK NO. 128868:</b>	<b>407.98</b>
								<b>VENDOR TOTAL:</b>	<b>407.98</b>
<b>ROWLAND, PHYLLIS O - 724 - P , 560 FOX COURT , ST CHARLES, IL 60174</b>									
175000165	07/15/2016	JAN-APRIL 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-01-2320-332-00-0	463.32
								<b>CHECK NO. 128869:</b>	<b>463.32</b>
								<b>VENDOR TOTAL:</b>	<b>463.32</b>
<b>SINDERMANN, JULIANNE M - 978 - P , 233 DAWSON AVE , ROCKFORD, IL 61107</b>									
175000169	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	22.46
								<b>CHECK NO. 128870:</b>	<b>22.46</b>
								<b>VENDOR TOTAL:</b>	<b>22.46</b>
<b>SOFT WATER CITY INC - 43480 - V , 440 DEKALB AVENUE , SYCAMORE, IL 60178</b>									
175000181	06/25/2016	347611	6/25/2016	A2	DirPay		EQUIPMENT MAINTENANCE	5-10-16-2540-323-01-0	40.00
175000182	06/25/2016	347612	6/25/2016	A2	DirPay		EQUIPMENT MAINTENANCE	5-10-16-2540-323-05-0	64.00
175000183	06/25/2016	347613	6/25/2016	A2	DirPay		EQUIPMENT MAINTENANCE	5-10-16-2540-323-04-0	64.00
								<b>CHECK NO. 128871:</b>	<b>168.00</b>
								<b>VENDOR TOTAL:</b>	<b>168.00</b>

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>SOURCE ONE OFFICE PRODUCTS - 42064 - V , 380 PRODUCTION DRIVE , SOUTH ELGIN, IL 60177-2637</b>									
175000124	06/08/2016	407367	6/8/2016	A2	FnlPay	17100002	PROGRAM DEVELOPMENT	5-10-10-2130-314-02-0	726.29
175000130	06/21/2016	407746	6/21/2016	A2	FnlPay	1710010	SUPPLY	5-10-16-2540-410-02-0	324.30
175000135	06/29/2016	408022	6/29/2016	A2	FnlPay	1710018	SUPPLY	5-10-16-2540-410-02-0	126.15
175000136	07/06/2016	408190	7/6/2016	A2	PartPay	1710010	SUPPLY	5-10-16-2540-410-02-0	51.93
175000137	07/01/2016	408117	7/1/2016	A2	FnlPay	1710019	SUPPLY	5-10-16-2540-410-02-0	551.84
<b>CHECK NO. 128872:</b>									<b>1,780.51</b>
<b>VENDOR TOTAL:</b>									<b>1,780.51</b>
<b>STAFF MANAGEMENT INC - 13627 - V , PROF EMPLOYER SERV, 5919 SPRING CREEK ROAD , ROCKFORD, IL 61114-6447</b>									
175000144	07/15/2016	88274	7/15/2016	A2	DirPay		CONSULTANT	5-10-10-2130-310-00-0	1,327.75
<b>CHECK NO. 128873:</b>									<b>1,327.75</b>
<b>VENDOR TOTAL:</b>									<b>1,327.75</b>
<b>STEURER, CARLY R - 1069 - P , 485 ARLINGTON AVE , ELGIN, IL 60120</b>									
175000170	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	9.99
<b>CHECK NO. 128874:</b>									<b>9.99</b>
<b>VENDOR TOTAL:</b>									<b>9.99</b>
<b>SUPER DUPER PUBLICATIONS - 1876 - V , P.O. BOX 24997 , GREENVILLE, SC 29616</b>									
175000125	06/14/2016	2173314A	6/14/2016	A2	FnlPay	17100003	SUPPLY	5-10-20-1208-410-07-0	397.77
<b>CHECK NO. 128875:</b>									<b>397.77</b>
<b>VENDOR TOTAL:</b>									<b>397.77</b>
<b>SUPER SHREDDERS - 43738 - V , 3206 N CENTRAL AVENUE , ROCKFORD, IL 61101</b>									
175000180	07/15/2016	INV-08230	7/15/2016	A2	DirPay		GARBAGE	5-10-16-2540-321-05-0	40.00
<b>CHECK NO. 128876:</b>									<b>40.00</b>
<b>VENDOR TOTAL:</b>									<b>40.00</b>
<b>SYCAMORE CUSD #427 - 192 - V , TREASURER, 245 WEST EXCHANGE STREET , SYCAMORE, IL 60178</b>									
175000155	07/15/2016	17002	7/15/2016	A2	DirPay		ADMINISTRATIVE SERVICES	5-10-01-2320-311-00-0	38,380.00
175000156	07/01/2016	17002	7/1/2016	A2	DirPay		ADMIN DIST/DATA PROCESSING	5-10-01-2520-316-00-0	16,477.00

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
175000212	07/19/2016	17001 AUGUST 2016	7/19/2016	A2	DirPay		RENT	5-10-16-2540-325-01-0	3,758.05
<b>CHECK NO. 128877:</b>									<b>58,615.05</b>
<b>VENDOR TOTAL:</b>									<b>58,615.05</b>
<b>TABONE, JILL M - 966 - P , 169 DICKENS TRL , ELGIN, IL 60120</b>									
175000171	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	190.08
<b>CHECK NO. 128878:</b>									<b>190.08</b>
<b>VENDOR TOTAL:</b>									<b>190.08</b>
<b>TAYLOR, MEHGAN C - 1096 - P , 1826 MANESS CT , SYCAMORE, IL 60178</b>									
175000173	07/15/2016	JUNE/JULY 7 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-20-1208-332-07-0	162.00
<b>CHECK NO. 128879:</b>									<b>32</b>
<b>VENDOR TOTAL:</b>									<b>162.00</b>
<b>TESCH, ELISSABETH D - 998 - P , 749 MERRILL NEW RD , SUGAR GROVE, IL 60554</b>									
175000174	07/15/2016	E. TESCH 7/16	7/15/2016	A2	DirPay		PROFESSIONAL DEVELOPMENT	5-10-10-2130-312-02-0	25.00
175000205	07/19/2016	JUNE/JULY 2016	7/19/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	99.36
<b>CHECK NO. 128880:</b>									<b>124.36</b>
<b>VENDOR TOTAL:</b>									<b>124.36</b>
<b>THERAPY CARE - 41830 - V , 1049 EAST WILSON STREET, SUITE 100 , BATAVIA, IL 60510</b>									
175000196	07/14/2016	15885	7/14/2016	A2	DirPay		CONSULTANT	5-10-10-2130-310-00-0	2,940.00
<b>CHECK NO. 128881:</b>									<b>2,940.00</b>
<b>VENDOR TOTAL:</b>									<b>2,940.00</b>
<b>TRITLE, JEAN M - 945 - P , 129 BARB BLVD , DEKALB, IL 60115</b>									
175000153	07/15/2016	JULY 6 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-01-2320-332-00-0	20.41
<b>CHECK NO. 128882:</b>									<b>20.41</b>
<b>VENDOR TOTAL:</b>									<b>20.41</b>

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VENDOR NAME AND ADDRESS

VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>TSHEETS.COM, LLC - 43927 - V , 923 S BRIDGEWAY PL, SUITE 100 , EAGLE, ID 83616</b>									
175000154	06/24/2016	1192	6/24/2016	A2	DirPay		SOFTWARE	5-10-01-2520-470-00-0	15,192.00
								<b>CHECK NO. 128883:</b>	<b>15,192.00</b>
								<b>VENDOR TOTAL:</b>	<b>15,192.00</b>
<b>TYRRELL, DIANE M - 880 - P , 943 TOWNSEND ST , SYCAMORE, IL 60178</b>									
175000149	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-08-1200-332-00-0	55.21
175000149	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		MILEAGE	5-10-24-1200-332-00-0	38.63
								<b>INVOICE TOTALS: 93.84</b>	
								<b>CHECK NO. 128884:</b>	<b>93.84</b>
								<b>VENDOR TOTAL:</b>	<b>93.84</b>
<b>WESTONE LABORATORIES INC. - 310 - V , PO BOX 15100 , COLORADO SPRINGS, CO 80935</b>									
175000128	06/28/2016	498233	6/28/2016	A2	PartPay	1710008	SUPPLY	5-10-06-2150-410-00-0	437.10
175000147	07/15/2016	JUNE 2016	7/15/2016	A2	DirPay		EARMOLDS	5-10-06-2150-411-00-0	208.00
								<b>CHECK NO. 128885:</b>	<b>645.10</b>
								<b>VENDOR TOTAL:</b>	<b>645.10</b>

Total No. of Checks : 64  
 Total Amount : 243,437.72

Grand Total No. of Checks : 64  
 Grand Total Amount : 243,437.72

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Search Criteria:

Fiscal Year : 2017  
FY Period - Task : 1 - A2  
Start Due Date : None  
End Due Date : None  
Check Date : 07/21/2016  
Reprint Check Date : None  
Print Full Vendor Address : No  
Print ASN and Account Description : No  
Print Location Description : None  
Separate Check for Each Fund : No  
Group By : FIN\_INST\_ACCT\_ID, FIN\_INST\_TRAN\_SOURCE  
Sort By : VENDOR\_SHORT\_NAME  
Sort Employee Checks By Pay Location : No  
AP Transaction Register Sort By : Voucher ID

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>ADVANCE HEALTHCARE NETWORK - 43786 - V , MERION MATTERS, PO BOX 8500-52278 , PHILADELPHIA, PA 19178-2278</b>									
175000632	07/18/2016	1630B81	7/18/2016	A2	PartPay	1710026	RECRUITMENT	5-10-10-2130-351-00-0	671.25
								<b>CHECK NO. 128961:</b>	<b>671.25</b>
								<b>VENDOR TOTAL:</b>	<b>671.25</b>
<b>BENJAMIN CONSULTING SERVICES LLC - 43206 - V , 2114 EAST EDGEWOOD AVENUE , SHOREWOOD, WI 53211</b>									
175000608	07/27/2016	3758	7/27/2016	A2	DirPay		SOFTWARE	5-10-01-2520-470-00-0	2,020.00
175000609	07/27/2016	3758 A	7/27/2016	A2	DirPay		CONSULTANT	5-10-01-2520-310-00-0	2,250.00
								<b>CHECK NO. 128962:</b>	<b>4,270.00</b>
								<b>VENDOR TOTAL:</b>	<b>4,270.00</b>
<b>BUSINESS IT SOURCE - 43604 - V , 954 CORPORATE WOODS PARKWAY , VERNON HILLS, IL 60061</b>									
175000661	07/26/2016	113837	7/26/2016	A2	DirPay		EQUIPMENT	5-10-16-2540-752-01-0	345.69
175000706	08/17/2016	114924	8/17/2016	A2	FnlPay	1710054	EQUIPMENT	5-10-16-2540-752-01-0	11,125.00
175000707	08/17/2016	114921	8/17/2016	A2	FnlPay	1710059	SUPPLY	5-10-16-2540-410-01-0	50.00
								<b>CHECK NO. 128963:</b>	<b>11,520.69</b>
								<b>VENDOR TOTAL:</b>	<b>11,520.69</b>
<b>CDW GOVERNMENT INC - 41339 - V , 75 REMITTANCE DRIVE, SUITE 1515 , CHICAGO, IL 60675-1515</b>									
175000362	07/12/2016	dqk0629	7/12/2016	A2	FnlPay	1710022	EQUIPMENT	5-10-16-2540-552-01-0	202.81
175000637	07/28/2016	DTX1026	7/28/2016	A2	FnlPay	1710039	SUPPLY	5-10-16-2540-410-01-0	72.64
175000640	07/29/2016	dvd0180	7/29/2016	A2	FnlPay	1710044	SUPPLY	5-10-16-2540-410-01-0	430.41
								<b>CHECK NO. 128964:</b>	<b>705.86</b>
								<b>VENDOR TOTAL:</b>	<b>705.86</b>
<b>CHEM WISE - 3308 - V , 2600 BEVERLY DRIVE, UNIT 106 , AURORA, IL 60502</b>									
175000655	07/26/2016	378554	7/26/2016	A2	DirPay		PEST CONTROL	5-10-16-2540-321-02-0	130.00
								<b>CHECK NO. 128965:</b>	<b>130.00</b>
								<b>VENDOR TOTAL:</b>	<b>130.00</b>
<b>CINTAS CORPORATION #355 - 43788 - V , PO BOX 630921 , CINCINNATI, OH 45263-0921</b>									
175000667	07/28/2016	355269458	7/28/2016	A2	DirPay		EQUIPMENT MAINTENANCE	5-10-16-2540-323-05-0	80.79
								<b>CHECK NO. 128966:</b>	<b>80.79</b>

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
								<b>VENDOR TOTAL:</b>	<b>80.79</b>
<b>CITY OF ST CHARLES - 40795 - V , 2 E MAIN STREET , ST CHARLES, IL 60174</b>									
175000596	08/15/2016	4539080300 8/31	8/15/2016	A2	DirPay		UTILITY	5-10-16-2540-460-02-0	925.91
								<b>CHECK NO. 128967:</b>	<b>925.91</b>
								<b>VENDOR TOTAL:</b>	<b>925.91</b>
<b>COUNCIL FOR EXCEPTIONAL CHILDREN - 43372 - V , 2900 CRYSTAL DRIVE, SUITE 1000 , ARLINGTON, VA 22202-3557</b>									
175000364	07/18/2016	106693	7/18/2016	A2	FnlPay	1710024	SUPPLY	5-10-29-1202-410-00-0	14.36
								<b>CHECK NO. 128968:</b>	<b>14.36</b>
								<b>VENDOR TOTAL:</b>	<b>14.36</b>
<b>DELL FINANCIAL SERVICES - 41297 - V , PAYMENT PROCESSING CENTER, P.O. BOX 5292 , CAROL STREAM, IL 60197-5292</b>									
175000654	07/27/2016	108310	7/27/2016	A2	DirPay		POSTAGE	5-10-16-2540-341-01-0	2,910.00
								<b>CHECK NO. 128969:</b>	<b>2,910.00</b>
								<b>VENDOR TOTAL:</b>	<b>2,910.00</b>
<b>DELL MARKETING L.P. - 43695 - V , C/O DELL USA L.P., PO BOX 802816 , CHICAGO, IL 60680-2816</b>									
175000370	07/25/2016	XK151K556	7/25/2016	A2	FnlPay	1710038	SUPPLY	5-10-16-2540-410-01-0	39.95
								<b>CHECK NO. 128970:</b>	<b>39.95</b>
								<b>VENDOR TOTAL:</b>	<b>39.95</b>
<b>DR DONNA M TURETGEN - 43926 - V , 38 GREENBRIAR DRIVE , GILBERTS, IL 60136</b>									
175000616	08/02/2016	483	8/2/2016	A2	DirPay		CONSULTANT	5-10-06-2150-310-00-0	270.00
175000651	08/09/2016	486	8/9/2016	A2	DirPay		CONSULTANT	5-10-06-2150-310-00-0	270.00
175000691	07/26/2016	480	7/26/2016	A2	DirPay		CONSULTANT	5-10-06-2150-310-00-0	270.00
								<b>CHECK NO. 128971:</b>	<b>810.00</b>
								<b>VENDOR TOTAL:</b>	<b>810.00</b>
<b>EAST AURORA SCHOOL DISTRICT 131 - 43427 - V , 1480 RECKINGER ROAD , AURORA, IL 60505</b>									
175000701	08/17/2016	SEPT 1 2016	8/17/2016	A2	DirPay		RENT	5-10-16-2540-325-08-0	664.58
								<b>CHECK NO. 128972:</b>	<b>664.58</b>

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								<b>VENDOR TOTAL:</b>	<b>664.58</b>
<b>FIRM SYSTEMS - 40973 - V , 206 SOUTH SIXTH STREET , SPRINGFIELD, IL 62701</b>									
175000652	07/31/2016	1075241-IN	7/31/2016	A2	DirPay		FINGERPRINTING	5-10-01-2320-319-00-0	1,080.00
								<b>CHECK NO. 128973:</b>	<b>1,080.00</b>
								<b>VENDOR TOTAL:</b>	<b>1,080.00</b>
<b>GFC LEASING COMPANY - 494 - V , P.O. BOX 2290 , MADISON, WI 53701-2290</b>									
175000688	08/17/2016	437077 8/16/2016	8/17/2016	A2	DirPay		LASERFICHE	5-10-16-2540-327-01-0	1,905.00
175000689	08/16/2016	100315219	8/16/2016	A2	DirPay		EQUIPMENT RENTAL	5-10-16-2540-327-01-0	1,091.20
175000689	08/16/2016	100315219	8/16/2016	A2	DirPay		EQUIPMENT RENTAL	5-10-16-2540-327-02-0	1,028.58
175000689	08/16/2016	100315219	8/16/2016	A2	DirPay		EQUIPMENT RENTAL	5-10-16-2540-327-03-0	619.20
175000689	08/16/2016	100315219	8/16/2016	A2	DirPay		EQUIPMENT RENTAL	5-10-16-2540-327-04-0	379.82
175000689	08/16/2016	100315219	8/16/2016	A2	DirPay		EQUIPMENT RENTAL	5-10-16-2540-327-05-0	703.20
								<b>INVOICE TOTALS:</b>	<b>3,822.00</b>
								<b>CHECK NO. 128974:</b>	<b>5,727.00</b>
								<b>VENDOR TOTAL:</b>	<b>5,727.00</b>
<b>GLEAM CLEAN - 43754 - V , P.O. BOX 6558 , ROCKFORD, IL 61125</b>									
175000670	07/28/2016	7954	7/28/2016	A2	DirPay		JANITORIAL	5-10-16-2540-322-05-0	320.00
								<b>CHECK NO. 128975:</b>	<b>320.00</b>
								<b>VENDOR TOTAL:</b>	<b>320.00</b>
<b>GORDON STOWE - 13352 - V , 3333 NORTH KENNICOTT AVENUE , ARLINGTON HEIGHTS, IL 60004</b>									
175000631	07/29/2016	882004	7/29/2016	A2	FnlPay	1710015	DIAGNOSTIC EQUIPMENT	5-10-03-2150-552-00-0	5,942.80
								<b>CHECK NO. 128976:</b>	<b>5,942.80</b>
								<b>VENDOR TOTAL:</b>	<b>5,942.80</b>
<b>IAASE - 13595 - V , P.O. BOX 1733 , GRANITE CITY, IL 62040</b>									
175000683	08/17/2016	K. REUTER 9/28/16	8/17/2016	A2	DirPay		PROFESSIONAL DEVELOPMENT	5-10-01-2320-312-00-0	175.00
								<b>CHECK NO. 128977:</b>	<b>175.00</b>

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								<b>VENDOR TOTAL:</b>	<b>175.00</b>
<b>IEP THERAPY - 43841 - V , THE SPEECH TREE CORP, 715 E 107TH STREET , INDIANAPOLIS, IN 46280</b>									
175000681	08/17/2016	170013	8/17/2016	A2	DirPay		FINGERPRINTING INVOICE 170013	1-10-00-1200-000-00-0	-60.00
175000682	08/17/2016	2199	8/17/2016	A2	DirPay		CONSULTANT	5-10-10-2130-310-00-0	1,007.75
								<b>CHECK NO. 128978:</b>	<b>947.75</b>
								<b>VENDOR TOTAL:</b>	<b>947.75</b>
<b>ILLINOIS ASSOC OF SCHOOL BUSINESS OFFICIALS - 41351 - V , IASBO NORTHERN ILL UNIV IA-103, 108 CARROLL AVENUE , DEKALB, IL 60115</b>									
175000619	08/01/2016	157320	8/1/2016	A2	DirPay		DUES & FEES	5-10-01-2520-640-00-0	335.00
								<b>CHECK NO. 128979:</b>	<b>335.00</b>
								<b>VENDOR TOTAL:</b>	<b>335.00</b>
<b>JAZO, GAYLE - 43940 - V , 8256 AUBURN LANE , FRANKFORT, IL 60423</b>									
175000686	08/17/2016	SEPT 2016	8/17/2016	A2	DirPay		THERAPY WORKSHOP	5-10-10-2130-314-00-0	700.00
								<b>CHECK NO. 128980:</b>	<b>700.00</b>
								<b>VENDOR TOTAL:</b>	<b>700.00</b>
<b>JENSEN, W THOMAS - 13621 - V , 2002 EAST FIFTH STREET , STERLING, IL 61081</b>									
175000699	08/17/2016	SEPT 1 2016	8/17/2016	A2	DirPay		RENT	5-10-16-2540-325-04-0	1,309.00
								<b>CHECK NO. 128981:</b>	<b>1,309.00</b>
								<b>VENDOR TOTAL:</b>	<b>1,309.00</b>
<b>KMK GLOBAL INVESTMENTS LLC - 43552 - V , 473 DUNHAM ROAD, SUITE 200 , ST CHARLES, IL 60174</b>									
175000702	08/17/2016	SEPT 1 2016	8/17/2016	A2	DirPay		RENT	5-10-16-2540-325-02-0	12,269.95
								<b>CHECK NO. 128982:</b>	<b>12,269.95</b>
								<b>VENDOR TOTAL:</b>	<b>12,269.95</b>
<b>KOCSIS, MARY - 43938 - V , 3386 RENARD LANE , ST CHARLES, IL 60175</b>									
175000694	08/17/2016	JULY 27 2016	8/17/2016	A2	DirPay		CONSULTANT	5-10-20-1208-310-07-0	110.00
								<b>CHECK NO. 128983:</b>	<b>110.00</b>
								<b>VENDOR TOTAL:</b>	<b>110.00</b>

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<b>LEW-STOLZOFF, ANGELA A - 28 - P , 3912 WOODLAWN RD , STERLING, IL 61081</b>									
175000680	08/16/2016	MAY-JULY 2016	8/16/2016	A2	DirPay		MILEAGE	5-10-06-2150-332-00-0	816.48
								<b>CHECK NO. 128984:</b>	<b>816.48</b>
								<b>VENDOR TOTAL:</b>	<b>816.48</b>
<b>LYNCH, GUADALUPE - 43928 - V , 3N800 THATCHER ROAD , MAPLE PARK, IL 60151</b>									
175000690	08/17/2016	7/24/2016	8/17/2016	A2	DirPay		CONSULTANT	5-10-20-1208-310-07-0	80.00
								<b>CHECK NO. 128985:</b>	<b>80.00</b>
								<b>VENDOR TOTAL:</b>	<b>80.00</b>
<b>MALONE, JON C - 1065 - P , 7630 JOCKEY DR , LOVES PARK, IL 61111</b>									
175000703	08/17/2016	SEPT 1 2016	8/17/2016	A2	DirPay		MILEAGE	5-10-01-2320-332-00-0	500.00
								<b>CHECK NO. 128986:</b>	<b>500.00</b>
								<b>VENDOR TOTAL:</b>	<b>500.00</b>
<b>MARCINEK, KELSEY M - 1106 - P , 1741 COVINGTON CT , ST CHARLES, IL 60174</b>									
175000653	08/16/2016	JULY 2016	8/16/2016	A2	DirPay		MILEAGE	5-10-20-1208-332-07-0	16.03
								<b>CHECK NO. 128987:</b>	<b>16.03</b>
								<b>VENDOR TOTAL:</b>	<b>16.03</b>
<b>MID CITY OFFICE PRODUCTS - 1711 - V , P.O. BOX 957 , ROCKFORD, IL 61105-0957</b>									
175000365	07/18/2016	326289-0	7/18/2016	A2	FnlPay	1710025	SUPPLY	5-10-16-2540-410-05-0	505.95
175000634	07/25/2016	327030-0	7/25/2016	A2	FnlPay	1710033	SUPPLY	5-10-16-2540-410-05-0	184.41
175000639	07/29/2016	327717-0	7/29/2016	A2	FnlPay	1710043	SUPPLY	5-10-16-2540-410-03-0	85.00
175000641	07/28/2016	327480-0	7/28/2016	A2	FnlPay	1710047	SUPPLY	5-10-16-2540-410-05-0	350.35
175000646	08/10/2016	328724-0	8/10/2016	A2	PartPay	1710053	SUPPLY	5-10-16-2540-410-05-0	125.32
175000647	08/11/2016	328724-1	8/11/2016	A2	FnlPay	1710053	SUPPLY	5-10-16-2540-410-05-0	61.23
175000656	08/08/2016	328394-0	8/8/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	14.17
175000657	07/26/2016	327116-0	7/26/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	192.96
175000658	07/20/2016	326566-0	7/20/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	34.17
175000659	07/19/2016	326424-0	7/19/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	41.77
175000660	07/27/2016	327310-0	7/27/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	69.95
175000665	07/28/2016	327420-0	7/28/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	58.20

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175000668	08/04/2016	328130-0	8/4/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	360.88
175000669	08/05/2016	328130-1	8/5/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	125.98
175000671	08/10/2016	328704-0	8/10/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-01-0	34.58
<b>CHECK NO. 128988:</b>									<b>2,244.92</b>
<b>VENDOR TOTAL:</b>									<b>2,244.92</b>
<b>MUCHALA, EDWARD J - 182 - P , 8784 WINDING PRAIRIE TR , BELVIDERE, IL 61008</b>									
175000607	08/15/2016	JULY 2016	8/15/2016	A2	DirPay		MILEAGE	5-10-01-2520-332-00-0	468.18
<b>CHECK NO. 128989:</b>									<b>468.18</b>
<b>VENDOR TOTAL:</b>									<b>468.18</b>
<b>NELSON, KAREN S - 102 - P , 2924 ENGLISH LN , ROCKFORD, IL 61114</b>									
175000602	08/15/2016	JULY 2016	8/15/2016	A2	DirPay		SUPPLY	5-10-16-2540-410-05-0	40 33.20
175000621	08/15/2016	K. NELSON- STUDER	8/15/2016	A2	DirPay		PROFESSIONAL DEVELOPMENT	5-10-01-2320-312-00-0	228.94
<b>CHECK NO. 128990:</b>									<b>262.14</b>
<b>VENDOR TOTAL:</b>									<b>262.14</b>
<b>NORTHERN ILLINOIS UNIVERSITY - 320 - V , SPEECH &amp; LANG CLINIC, LUCINDA AVENUE , DEKALB, IL 60115-2899</b>									
175000620	08/15/2016	JULY 2016	8/15/2016	A2	DirPay		AUDIOLOGICALS	5-10-06-2150-310-00-0	850.00
<b>CHECK NO. 128991:</b>									<b>850.00</b>
<b>VENDOR TOTAL:</b>									<b>850.00</b>
<b>OFFICE DEPOT - 43830 - V , PO BOX 88040 , CHICAGO, IL 60680-1040</b>									
175000624	08/02/2016	854433286001	8/2/2016	A2	PartPay	1710005	SUPPLY	5-10-20-1208-410-07-0	20.49
175000625	08/02/2016	854433285001	8/2/2016	A2	FnIPay	1710005	SUPPLY	5-10-20-1208-410-07-0	54.26
175000626	08/08/2016	855614992001	8/8/2016	A2	PartPay	1710006	SUPPLY	5-10-20-1208-410-07-0	74.37
175000627	08/08/2016	855614991001	8/8/2016	A2	PartPay	1710006	SUPPLY	5-10-20-1208-410-07-0	11.41
175000628	08/06/2016	855614994001	8/6/2016	A2	PartPay	1710006	SUPPLY	5-10-20-1208-410-07-0	18.15
175000629	08/05/2016	855614990-001	8/5/2016	A2	FnIPay	1710006	SUPPLY	5-10-20-1208-410-07-0	287.99
175000644	08/02/2016	854508058001	8/2/2016	A2	FnIPay	1710050	SUPPLY	5-10-10-2130-410-02-0	99.75
<b>CHECK NO. 128992:</b>									<b>566.42</b>
<b>VENDOR TOTAL:</b>									<b>566.42</b>

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<b>OFFICE OUTFITTERS - 41971 - V , 725 7TH STREET , ROCKFORD, IL 61104</b>									
175000636	07/25/2016	10397	7/25/2016	A2	FnlPay	1710037	EQUIPMENT	5-10-16-2540-752-05-0	570.00
175000645	06/15/2016	10348	6/15/2016	A2	DirPay		EQUIPMENT	5-10-16-2540-552-02-0	-100.00
								<b>CHECK NO. 128993:</b>	<b>470.00</b>
								<b>VENDOR TOTAL:</b>	<b>470.00</b>
<b>OTICON INC - 43255 - V , PO BOX 347996 , PITTSBURGH, PA 15251-4996</b>									
175000630	07/26/2016	SV1762021	7/26/2016	A2	FnlPay	1710012	EQUIPMENT REPAIR	5-10-06-2150-552-00-0	185.00
175000679	06/30/2016	INV5119105	6/30/2016	A2	DirPay		EQUIPMENT	5-10-06-2150-552-00-0	498.00
								<b>CHECK NO. 128994:</b>	<b>683.00</b>
								<b>VENDOR TOTAL:</b>	<b>683.00</b>
<b>PEARSON ASSESSMENTS - 43302 - V , NCS PEARONS INC, 13036 COLLECTION CENTER DRIVE , CHICAGO, IL 60693</b>									
175000648	08/09/2016	10811977	8/9/2016	A2	FnlPay	1710034	TESTS	5-10-10-2130-421-02-0	1,005.15
								<b>CHECK NO. 128995:</b>	<b>1,005.15</b>
								<b>VENDOR TOTAL:</b>	<b>1,005.15</b>
<b>PEDIASTAFF INC - 43615 - V , PO BOX 7192 , TUPELO, MS 38802</b>									
175000598	08/02/2016	5861	8/2/2016	A2	DirPay		PLACEMENT FEE	5-10-10-2130-310-00-0	7,500.00
								<b>CHECK NO. 128996:</b>	<b>7,500.00</b>
								<b>VENDOR TOTAL:</b>	<b>7,500.00</b>
<b>PERKINS, JENNIFER M - 1101 - P , 1962 TALL OAKS DR APT 3B , AURORA, IL 60505</b>									
175000675	08/16/2016	JUNE - AUG 2016	8/16/2016	A2	DirPay		MILEAGE	5-10-24-1200-332-00-0	190.08
								<b>CHECK NO. 128997:</b>	<b>190.08</b>
								<b>VENDOR TOTAL:</b>	<b>190.08</b>
<b>PERSPECTIVES - 43250 - V , 20 NORTH CLARK, SUITE 2650 , CHICAGO, IL 60602</b>									
175000606	07/31/2016	84508	7/31/2016	A2	DirPay		FMLA	5-10-01-2320-385-00-0	71.25
								<b>CHECK NO. 128998:</b>	<b>71.25</b>
								<b>VENDOR TOTAL:</b>	<b>71.25</b>

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<b>PHYSICIANS IMMEDIATE CARE - 43892 - V , BILLING DEPARTMENT, PO BOX 8798 , CAROL STREAM, IL 60197-8798</b>									
175000610	06/29/2016	1414815 C. DAVENPORT	6/29/2016	A2	DirPay		PHYSICAL	5-10-01-2320-315-00-0	115.00
175000611	08/15/2016	1417871 C. JOHNSON	8/15/2016	A2	DirPay		PHYSICALS	5-10-01-2320-315-00-0	95.00
175000612	08/15/2016	1418158 L. REIDY	8/15/2016	A2	DirPay		PHYSICALS	5-10-01-2320-315-00-0	115.00
175000613	08/15/2016	1418984 C. JOHNSON	8/15/2016	A2	DirPay		PHYSICALS	5-10-01-2320-315-00-0	20.00
175000614	07/12/2016	1418652 P. STEIMEL	7/12/2016	A2	DirPay		PHYSICALS	5-10-01-2320-315-00-0	95.00
175000615	08/15/2016	1419760 R. ZEREBNY	8/15/2016	A2	DirPay		PHYSICALS	5-10-01-2320-315-00-0	115.00
								<b>CHECK NO. 128999:</b>	<u><b>552.00</b></u>
								<b>VENDOR TOTAL:</b>	<b>555.00</b>
<b>POEGEL, CYNTHIA K - 1033 - P , 906 S SANDRA ST , KINGSTON, IL 60145</b>									
175000692	08/17/2016	8/9/2016	8/17/2016	A2	DirPay		PROGRAM DEVELOPMENT	5-10-10-2130-314-02-0	28.00
175000692	08/17/2016	8/9/2016	8/17/2016	A2	DirPay		PROGRAM DEVELOPMENT	5-10-10-2130-314-05-0	5.60
175000692	08/17/2016	8/9/2016	8/17/2016	A2	DirPay		PROGRAM DEVELOPMENT	5-10-04-2330-314-00-0	6.77
<b>INVOICE TOTALS:</b>								<b>40.37</b>	
								<b>CHECK NO. 129000:</b>	<u><b>40.37</b></u>
								<b>VENDOR TOTAL:</b>	<b>40.37</b>
<b>PRIME HEALTHCARE STAFFING - 43853 - V , 801 W ANN ARBOR TRAIL, SUITE 220 , PLYMOUTH, MI 48170</b>									
175000604	07/18/2016	24199	7/18/2016	A2	DirPay		CONSULTANT	5-10-10-2130-310-00-0	552.00
								<b>CHECK NO. 129001:</b>	<u><b>552.00</b></u>
								<b>VENDOR TOTAL:</b>	<b>552.00</b>
<b>PURI, SUNIL - 43743 - V , c/o FIRST ROCKFORD GROUP INC, 6801 SPRING CREEK ROAD , ROCKFORD, IL 61114</b>									
175000697	08/17/2016	SEPT 1 2016	8/17/2016	A2	DirPay		RENT	5-10-16-2540-325-05-0	7,026.00
								<b>CHECK NO. 129002:</b>	<u><b>7,026.00</b></u>
								<b>VENDOR TOTAL:</b>	<b>7,026.00</b>

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VENDOR NAME AND ADDRESS

VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>QUALITY CLEANING - 56 - V , P.O. BOX 201 , ST CHARLES, IL 60174</b>									
175000672	08/02/2016	156	8/2/2016	A2	DirPay		JANITORIAL	5-10-16-2540-322-02-0	500.00
								<b>CHECK NO. 129003:</b>	<b>500.00</b>
								<b>VENDOR TOTAL:</b>	<b>500.00</b>
<b>REUTER, KATHRYN B - 812 - P , 609 PARKSIDE DR , SYCAMORE, IL 60178</b>									
175000678	08/16/2016	K. REUTER - IAASE	8/16/2016	A2	DirPay		PROFESSIONAL DEVELOPMENT	5-10-01-2320-312-00-0	350.88
175000696	08/17/2016	AUGUST 2016	8/17/2016	A2	DirPay		MILEAGE	5-10-26-1200-332-00-0	4.62
175000696	08/17/2016	AUGUST 2016	8/17/2016	A2	DirPay		MILEAGE	5-10-04-2330-332-00-0	208.47
175000696	08/17/2016	AUGUST 2016	8/17/2016	A2	DirPay		MILEAGE	5-10-17-1200-332-00-0	3.47
175000696	08/17/2016	AUGUST 2016	8/17/2016	A2	DirPay		MILEAGE	5-10-17-1200-332-00-0	3.47
175000696	08/17/2016	AUGUST 2016	8/17/2016	A2	DirPay		MILEAGE	5-10-01-2320-332-00-0	<del>431</del>
<b>INVOICE TOTALS:</b>								<b>225.84</b>	
								<b>CHECK NO. 129004:</b>	<b>576.72</b>
								<b>VENDOR TOTAL:</b>	<b>576.72</b>
<b>ROCKFORD SCHOOL DISTRICT 205 - 294 - V , ATTN: FINANCIAL SERVICES, 501 7TH STREET , ROCKFORD, IL 61104</b>									
175000700	08/17/2016	SEPT 1 2016	8/17/2016	A2	DirPay		RENT	5-10-16-2540-325-03-0	407.98
								<b>CHECK NO. 129005:</b>	<b>407.98</b>
								<b>VENDOR TOTAL:</b>	<b>407.98</b>
<b>SANDERS, ALICE R - 558 - P , 720 LINCOLN HWY #3 , ROCHELLE, IL 61068</b>									
175000599	08/15/2016	7/28/2016	8/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	2.70
175000676	08/16/2016	8/4/2016	8/16/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	12.96
								<b>CHECK NO. 129006:</b>	<b>15.66</b>
								<b>VENDOR TOTAL:</b>	<b>15.66</b>
<b>SCHMIDT, CARON T - 202 - P , 566 EDINBURGH LN , WEST DUNDEE, IL 60118</b>									
175000605	08/15/2016	JULY 2016	8/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	20.52
								<b>CHECK NO. 129007:</b>	<b>20.52</b>
								<b>VENDOR TOTAL:</b>	<b>20.52</b>

# Northwestern Illinois Association

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VENDOR NAME AND ADDRESS

VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>SCHOOL SPECIALTY - 41707 - V , 32656 COLLECTION CENTER DRIVE , CHICAGO, IL 60693-0656</b>									
175000367	07/25/2016	208116687934	7/25/2016	A2	FnlPay	1710029	SUPPLY	5-10-10-2130-410-02-0	53.00
								<b>CHECK NO. 129008:</b>	<b>53.00</b>
								<b>VENDOR TOTAL:</b>	<b>53.00</b>
<b>SHAW SUBURBAN MEDIA GROUP - 41038 - V , P.O. BOX 250 , CRYSTAL LAKE, IL 60039-0250</b>									
175000638	08/15/2016	40783 Legal	8/15/2016	A2	FnlPay	1710042	PROGRAM DEVELOPMENT	5-10-01-2320-351-00-0	65.40
								<b>CHECK NO. 129009:</b>	<b>65.40</b>
								<b>VENDOR TOTAL:</b>	<b>65.40</b>
<b>SINDERMANN, JULIANNE M - 978 - P , 233 DAWSON AVE , ROCKFORD, IL 61107</b>									
175000695	08/17/2016	JULY 2016	8/17/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	15.06
								<b>CHECK NO. 129010:</b>	<del>15.06</del>
								<b>VENDOR TOTAL:</b>	<b>15.06</b>
<b>SLOWINSKI, JENNIFER L - 614 - P , 154 S OAK ST , CORTLAND, IL 60112</b>									
175000673	08/16/2016	OCT 2016	8/16/2016	A2	DirPay		MILEAGE	5-10-24-1200-332-00-0	68.76
175000674	08/16/2016	JUNE 2016	8/16/2016	A2	DirPay		MILEAGE	5-10-24-1200-332-00-0	9.72
								<b>CHECK NO. 129011:</b>	<b>78.48</b>
								<b>VENDOR TOTAL:</b>	<b>78.48</b>
<b>SOFT WATER CITY INC - 43480 - V , 440 DEKALB AVENUE , SYCAMORE, IL 60178</b>									
175000662	07/25/2016	348887	7/25/2016	A2	DirPay		EQUIPMENT MAINTENANCE	5-10-16-2540-323-02-0	44.00
175000663	07/25/2016	348886	7/25/2016	A2	DirPay		EQUIPMENT MAINTENANCE	5-10-16-2540-323-05-0	30.00
175000664	07/25/2016	348885	7/25/2016	A2	DirPay		EQUIPMENT MAINTENANCE	5-10-16-2540-323-01-0	20.00
								<b>CHECK NO. 129012:</b>	<b>94.00</b>
								<b>VENDOR TOTAL:</b>	<b>94.00</b>
<b>SOURCE ONE OFFICE PRODUCTS - 42064 - V , 380 PRODUCTION DRIVE , SOUTH ELGIN, IL 60177-2637</b>									
175000363	07/13/2016	408476	7/13/2016	A2	FnlPay	1710023	SUPPLY	5-10-16-2540-410-02-0	650.20
175000633	07/20/2016	408708	7/20/2016	A2	FnlPay	1710032	SUPPLY	5-10-16-2540-410-02-0	647.42
175000635	07/22/2016	408784	7/22/2016	A2	FnlPay	1710035	SUPPLY	5-10-16-2540-410-02-0	150.91
175000643	07/29/2016	409063	7/29/2016	A2	FnlPay	1710049	SUPPLY	5-10-16-2540-410-02-0	330.26

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VENDOR NAME AND ADDRESS

VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
175000649	08/09/2016	409538	8/9/2016	A2	FnlPay	1710051	SUPPLY	5-10-16-2540-410-02-0	888.85
								<b>CHECK NO. 129013:</b>	<b><u>2,667.64</u></b>
								<b>VENDOR TOTAL:</b>	<b>2,667.64</b>
<b>STEGMAIR, REBECCA A - 809 - P , 4651 BEDFORDSHIRE DR , LOVES PARK, IL 61111</b>									
175000600	08/15/2016	JULY 2016	8/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	39.15
								<b>CHECK NO. 129014:</b>	<b><u>39.15</u></b>
								<b>VENDOR TOTAL:</b>	<b>39.15</b>
<b>STELL, PEGGY J - 398 - P , 38W497 SUNSET DR , ST CHARLES, IL 60175</b>									
175000603	08/15/2016	JULY 2016	8/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	367.20
								<b>CHECK NO. 129015:</b>	<b><u>367.20</u></b>
								<b>VENDOR TOTAL:</b>	<b><u>45</u> 367.20</b>
<b>STEURER, CARLY R - 1069 - P , 485 ARLINGTON AVE , ELGIN, IL 60120</b>									
175000693	08/17/2016	JUNE & JULY 2016	8/17/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	18.00
								<b>CHECK NO. 129016:</b>	<b><u>18.00</u></b>
								<b>VENDOR TOTAL:</b>	<b>18.00</b>
<b>STUDER GROUP - 43611 - V , PO BOX 71676 , CHICAGO, IL 60694</b>									
175000623	07/28/2016	076481	7/28/2016	A2	DirPay		PROGRAM DEVELOPMENT	5-10-01-2320-314-00-0	7,000.00
								<b>CHECK NO. 129017:</b>	<b><u>7,000.00</u></b>
								<b>VENDOR TOTAL:</b>	<b>7,000.00</b>
<b>SUPER SHREDDERS - 43738 - V , 3206 N CENTRAL AVENUE , ROCKFORD, IL 61101</b>									
175000666	07/21/2016	08339	7/21/2016	A2	DirPay		GARBAGE	5-10-16-2540-321-05-0	40.00
								<b>CHECK NO. 129018:</b>	<b><u>40.00</u></b>
								<b>VENDOR TOTAL:</b>	<b>40.00</b>
<b>SYCAMORE CUSD #427 - 192 - V , TREASURER, 245 WEST EXCHANGE STREET , SYCAMORE, IL 60178</b>									
175000622	08/15/2016	17007	8/15/2016	A2	DirPay		PROGRAM DEVELOPMENT	5-10-04-2330-314-00-0	106.25

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
175000622	08/15/2016	17007	8/15/2016	A2	DirPay		PROGRAM DEVELOPMENT	5-10-07-2330-314-00-0	106.25
<b>INVOICE TOTALS:</b>								<b>212.50</b>	
175000698	08/17/2016	SEPT 2016 17001	8/17/2016	A2	DirPay		RENT	5-10-16-2540-325-01-0	3,758.05
<b>CHECK NO. 129019:</b>								<b>3,970.55</b>	
<b>VENDOR TOTAL:</b>								<b>3,970.55</b>	
<b>SYNERGISTIC THERAPIES - 43943 - V , 516 E YUCCA AVENUE , MCALLEN, TX 78504</b>									
175000804	08/18/2016	9/28/2016	8/18/2016	A2	DirPay		THERAPY WORKSHOPS	5-10-10-2130-314-00-0	1,154.40
175000805	08/18/2016	SEPT 28-30, 2016	8/18/2016	A2	DirPay		THERAPY WORKSHOPS	5-10-10-2130-314-00-0	7,500.00
<b>CHECK NO. 129020:</b>								<b>8,654.40</b>	
<b>VENDOR TOTAL:</b>								<b>8,654.40</b>	
<b>TESCH, ELISSABETH D - 998 - P , 749 MERRILL NEW RD , SUGAR GROVE, IL 60554</b>									
175000618	08/15/2016	MEMBERSHIP- TESCH	8/15/2016	A2	DirPay		PROFESSIONAL DEVELOPMENT	5-10-10-2130-640-00-0	125.00
<b>CHECK NO. 129021:</b>								<b>125.00</b>	
<b>VENDOR TOTAL:</b>								<b>125.00</b>	
<b>THERAPY SHOPPE - 2014 - V , P.O. BOX 8875 , GRAND RAPIDS, MI 49518</b>									
175000366	07/25/2016	233157	7/25/2016	A2	FnlPay	1710028	SUPPLY	5-10-10-2130-410-02-0	1,821.01
175000368	07/25/2016	233158	7/25/2016	A2	FnlPay	1710030	SUPPLY	5-10-10-2130-410-02-0	1,174.01
175000369	07/25/2016	233156	7/25/2016	A2	FnlPay	1710031	SUPPLY	5-10-10-2130-410-02-0	611.48
175000642	08/02/2016	233743	8/2/2016	A2	FnlPay	1710048	SUPPLY	5-10-10-2130-410-02-0	57.97
<b>CHECK NO. 129022:</b>								<b>3,664.47</b>	
<b>VENDOR TOTAL:</b>								<b>3,664.47</b>	
<b>THOMAS, MATHEW - 43941 - V , 530 CAMELLIA AVENUE , AURORA, IL 60505</b>									
175000684	08/10/2016	NIA-2016-08-10	8/10/2016	A2	DirPay		CONSULTANT	5-10-20-1208-310-07-0	315.00
<b>CHECK NO. 129023:</b>								<b>315.00</b>	
<b>VENDOR TOTAL:</b>								<b>315.00</b>	

# Northwestern Illinois Association

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VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
<b>TOP ECHELON CONTRACTING - 41657 - V , DEPT 781412, PO BOX 78000 , DETROIT, MI 48278-1412</b>									
175000806	08/17/2016	AS00480494-IN	8/17/2016	A2	DirPay		CONSULTANT	5-10-10-2130-310-00-0	438.00
								<b>CHECK NO. 129024:</b>	<b>438.00</b>
								<b>VENDOR TOTAL:</b>	<b>438.00</b>
<b>TYRRELL, DIANE M - 880 - P , 943 TOWNSEND ST , SYCAMORE, IL 60178</b>									
175000595	08/15/2016	DIANE TYRRELL - STUDE	8/15/2016	A2	DirPay		PROFESSIONAL DEVELOPMENT	5-10-01-2320-312-00-0	228.94
175000677	08/16/2016	JULY AUGUST 2016	8/16/2016	A2	DirPay		MILEAGE	5-10-01-2320-332-00-0	1.48
175000677	08/16/2016	JULY AUGUST 2016	8/16/2016	A2	DirPay		MILEAGE	5-10-07-2330-332-00-0	15.30
175000677	08/16/2016	JULY AUGUST 2016	8/16/2016	A2	DirPay		MILEAGE	5-10-08-1200-332-00-0	<del>47</del> 46
175000677	08/16/2016	JULY AUGUST 2016	8/16/2016	A2	DirPay		MILEAGE	5-10-08-1200-332-00-0	30.17
175000677	08/16/2016	JULY AUGUST 2016	8/16/2016	A2	DirPay		MILEAGE	5-10-24-1200-332-00-0	7.45
<b>INVOICE TOTALS:</b>								<b>58.86</b>	
								<b>CHECK NO. 129025:</b>	<b>287.80</b>
								<b>VENDOR TOTAL:</b>	<b>287.80</b>
<b>VANVLIET, DENISE - 43942 - V , 11579 DEERPATH ROAD , SYCAMORE, IL 60178</b>									
175000685	08/17/2016	8/11/2016	8/17/2016	A2	DirPay		CONSULTANT	5-10-20-1208-310-07-0	270.00
								<b>CHECK NO. 129026:</b>	<b>270.00</b>
								<b>VENDOR TOTAL:</b>	<b>270.00</b>
<b>VENEZIA, PAUL D - 1018 - P , 676 SOMERSET AVE , WEST DUNDEE, IL 60118</b>									
175000601	08/15/2016	JULY 2016	8/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	45.41
								<b>CHECK NO. 129027:</b>	<b>45.41</b>
								<b>VENDOR TOTAL:</b>	<b>45.41</b>
<b>WAGNER, KRISTIN K - 797 - P , 11624 S OLYMPIC DR , PLAINFIELD, IL 60585</b>									
175000597	08/15/2016	JULY 21 2016	8/15/2016	A2	DirPay		MILEAGE	5-10-10-2130-332-00-0	6.48

**Northwestern Illinois Association**  
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VENDOR NAME AND ADDRESS

VCHR ID	INV DATE	INVOICE NO.	DUE DATE	TASK	TYPE	PO NO.	DESCRIPTION	ACCOUNT NO.	AMOUNT
								CHECK NO. 129028:	<u>6.48</u>
								VENDOR TOTAL:	6.48
<b>WESTONE LABORATORIES INC. - 310 - V , PO BOX 15100 , COLORADO SPRINGS, CO 80935</b>									
175000650	08/16/2016	964 7/8/2016	8/16/2016	A2	DirPay		EARMOLDS	5-10-06-2150-411-00-0	123.40
								CHECK NO. 129029:	<u>123.40</u>
								VENDOR TOTAL:	123.40
<b>WIDEX USA INC - 43850 - V , PO BOX 731563 , DALLAS, TX 75373-1563</b>									
175000807	08/18/2016	1053245	8/18/2016	A2	DirPay		SUPPLY	5-10-06-2150-410-00-0	44.00
								CHECK NO. 129030:	<u>44.00</u>
								VENDOR TOTAL:	<del>44.00</del> 48
<b>WIRTH, MARY - 43939 - V , 40640 N GRAND AVENUE , ANTIOCH, IL 60002</b>									
175000687	08/17/2016	SEPT 2016	8/17/2016	A2	DirPay		THERAPY WORKSHOP	5-10-10-2130-314-00-0	700.00
								CHECK NO. 129031:	<u>700.00</u>
								VENDOR TOTAL:	700.00

Total No. of Checks : 71  
 Total Amount : 106,160.23

Grand Total No. of Checks : 71  
 Grand Total Amount : 106,160.23

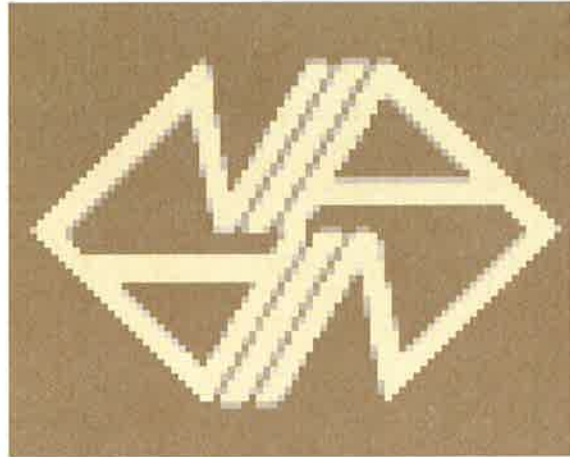
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Search Criteria:

Fiscal Year	: 2017
FY Period - Task	: 2 - A2
Start Due Date	: None
End Due Date	: None
Check Date	: 08/25/2016
Reprint Check Date	: None
Print Full Vendor Address	: No
Print ASN and Account Description	: No
Print Location Description	: None
Separate Check for Each Fund	: No
Group By	: FIN_INST_ACCT_ID, FIN_INST_TRAN_SOURCE
Sort By	: VENDOR_SHORT_NAME
Sort Employee Checks By Pay Location	: No
AP Transaction Register Sort By	: Voucher ID



**NORTHWESTERN ILLINOIS ASSOCIATION  
“NIA”  
POLICIES**

**REVISED ~~JUNE~~JULY 2016**

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**These policies have been adopted by the Executive Board of the Northwestern Illinois Association ("NIA"). They are intended to guide employer/employee relationships between the NIA and its employees and/or independent contractors. These policies are not intended to, nor do they, create a contract between the NIA and any employee or independent contractor, nor should they be deemed to create any legally enforceable rights on behalf of any employee or independent contractor. Neither prior practice nor oral representation by individual members of the Executive Board of the NIA or the administration shall be deemed to create contractual rights. Only written agreements expressly approved and authorized for signature by the Executive Board may be construed as creating any contractual right. At the sole discretion of the Executive Board or where applicable, the Regional Director or designee, policies may be changed when circumstances so require without prior notice to the employees. The Executive Board and where applicable, the Regional Director, reserves the right to amend, modify, alter, change, delete, revoke, or add to all or any part of these policies, practices, procedures or plans. Written changes will be made available to employees. These policies supersede any previous policies, procedures, or unwritten policies. They are intended to be read together with the Employee Handbook which implements many of these policies.**

## ARTICLE I – EMPLOYEE POSITIONS EXECUTIVE BOARD POLICY

The NIA generally has the various employee positions listed below. This list of positions may change at any time and may be updated from time to time as new positions are created or deleted or moved. This list of positions is informational only and is not to be used for any other purpose, including but not limited to seniority and recall.

### 1.1 Professional Educator Licensee (i.e., those positions requiring a PEL certificate)

- A. Regional Director
- B. Coordinator
- C. Assistant Coordinator
- D. Supervisor
- E. Counselor
- F. Supported Employment Specialist
- G. Teacher
- H. Adaptive P.E. Specialist
- I. Assistive Technology Specialist
- J. Speech and Language Specialist

### 1.2 Educational Support Personnel (i.e., those positions requiring certification or licensure, other than a teacher's certification)<sup>1</sup>

- A. Therapy Department Operations Executive
- B. Coordinator for the Therapy Department
- C. Assistant Coordinator for the Therapy Department
- D. Supervisor for the Therapy Department
- E. Therapist - Occupational and Physical
- F. Therapy Assistant - Occupational and Physical ("COTA" and "PTA")
- G. Audiologist
- H. Orientation and Mobility Specialist

### 1.3 Classified Administrative Staff

- A. Administrative Assistant for Grants, Contracts, Finance and Computer Systems
- B. Administrative Assistant for Human Resources
- C. Administrative Assistant for Purchasing and Accounts Payable
- D. Technology Manager
- E. Secretary to Management Staff (Coordinators and Supervisors)
- F. Secretary to Professional Staff
- G. Bilingual Secretary to Management Staff (Coordinators and Supervisors)

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<sup>1</sup> All employees of NIA whose jobs do not require a professional educator license and do not lead to contractual continued service are referred to as ESPs throughout these policies, with the exception of Article XVI – Educational Support Personnel Reduction-in-Force Executive Board Policy.

- H. Clerk
- 1.4 ~~Classified Specialists~~
- ~~A. A.-Job Coach~~
- ~~B. B.-Interpreter~~
- ~~C. C.-Teacher's Assistant~~

The Regional Director is authorized to promulgate rules and regulations implementing this policy.

Date Adopted: June 30, 2004    Date Amended: May 25, 2005,  
June 8, 2005,  
November 16, 2011  
May 23, 2012  
January 29, 2015  
June/July , 2016

## ARTICLE II – EMPLOYMENT EXECUTIVE BOARD POLICY

The Regional Director is responsible for recruiting personnel and making hiring recommendations to the Executive Board in accordance with Executive Board Policy. All employees must satisfy all hiring criteria as determined by law, the Executive Board and the Regional Director. The employment period, work days and daily work hours of each employee may vary by position, location of employment and differing circumstances as determined by the Regional Director.

It is also the policy of the NIA to employ all educational support personnel, ~~classified and administrative~~ staff ~~and classified specialists~~ on an at-will basis, meaning that the employment of educational support personnel, ~~classified and administrative~~ staff ~~and classified specialists~~ may be terminated by the NIA or the employee at any time, with or without cause and with or without notice, at the option of the Executive Board and consistent with the Illinois School Code as applicable.

The Regional Director is authorized to promulgate rules and regulations implementing this policy.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005

### ARTICLE III – MONTHLY CALENDARS EXECUTIVE BOARD POLICY

All NIA personnel are required to track and record their work hours which reflects activities actually performed during the month. The Regional Director is authorized to promulgate rules and regulations implementing this policy.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
~~June~~ July , 2016

## **ARTICLE IV – COMPENSATION AND BENEFITS EXECUTIVE BOARD POLICY**

All employees of the NIA are compensated and provided fringe benefits based on the parameters of the specific assignment as approved by the Executive Board. The Regional Director is authorized to promulgate rules and regulations implementing this policy.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005

## ARTICLE VI – EVALUATIONS EXECUTIVE BOARD POLICY

The Executive Board has determined that each member school district shall receive professional customer service and each student will be provided appropriate instruction. To achieve these purposes, the Executive Board delegates to the Regional Director and his/her designated representatives the function of establishing and implementing a systematic program of selection, assignment, and assessment of educational support personnel, ~~classified~~administrative staff, ~~classified—specialists—~~and professional educational licensees.

If a member of the NIA covered by the Illinois School Code, after receiving a reasonable degree of assistance, fails to perform his/her duties at the expected level, dismissal procedures may be initiated according to the statutory provisions of the *School Code*.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June , 2015

## **ARTICLE VIII – ABSENCES FROM WORK EXECUTIVE BOARD POLICY**

All employees of the NIA are permitted absence from work based upon their specific assignment and the parameters authorized by the Executive Board. Absences from work shall be monitored and administered through the Human Resources Department. The Regional Director is authorized to promulgate rules and regulations implementing this policy.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005

**ARTICLE IX – WORK RELATED INJURY OR ILLNESS EXECUTIVE BOARD POLICY**

Employees of the NIA who sustain work related injuries shall have their sick leave benefits coordinated with any benefits such employees receive under the federal Family and Medical Leave Act and the Illinois Workers' Compensation Act. The Regional Director is authorized to promulgate regulations to implement this Executive Board policy.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July , 2016

## ARTICLE X – FAMILY AND MEDICAL LEAVE EXECUTIVE BOARD POLICY

### 10.1 GENERAL REQUIREMENTS FOR FAMILY AND MEDICAL LEAVE ("FMLA LEAVE")

#### A. Eligibility for 12 Weeks of Leave and Purpose of Leave

Pursuant to the *Family and Medical Leave Act* (the "FMLA"), any employee who has been employed by the Executive Board for at least 12 months, and has worked at least 1,250 hours during the preceding 12 months, shall be entitled to a leave of absence of up to 12 work weeks during a 12-month rolling period measured backward.

(1) Leave taken for the following purposes will be paid:

- (a) The birth of a child and to care for the newborn child, regardless of the gender of the parent, but provided the leave is completed no later than 12 months after the birth of the child; or
- (b) The placement of a child with the employee for adoption or foster care, provided the leave is completed no later than 12 months after the placement of the child.

(2) Leave taken for the following purposes will be unpaid:

- (a) To care for the employee's spouse, child or parent with a serious health condition;
- (b) The treatment of a serious health condition that makes the employee unable to perform the functions of the job; or
- (c) A qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is on covered active duty (or has been notified of an impending call or order to covered active duty) in the Armed Forces (i.e., covered active duty leave).

If leave is unpaid, NIA will substitute an employee's accrued compensatory time-off and/or paid leave for unpaid FMLA leave. All policies and rules regarding the use of paid leave apply when paid leave is substituted for unpaid FMLA leave.

#### B. Calculation of 12-Month Period

The 12-month period for purposes of calculating FMLA leave shall be measured backward from the date an employee's FMLA leave begins (the "lookback" method).

C. Eligibility for 26 weeks of Unpaid Leave – Service Member Family Leave

In addition to the above purposes, any employee who has been employed by the Executive Board for at least 12 months, has worked at least 1,250 hours during the preceding 12 months, and who is the spouse, son, daughter, parent, or next of kin of a covered service member shall be entitled to an unpaid leave of absence of up to 26 work weeks during a single 12-month period, as described below, to care for the covered service member with a serious injury or illness. Such leave entitlement is a one-time entitlement per covered service member per injury or illness. An eligible employee may be entitled to take more than one period of 26 work weeks of leave if the leave is to care for different covered service members or to care for the same service member with a subsequent injury or illness, except that no more than 26 work weeks of leave may be taken within any single 12-month period.

This 26 work week entitlement is a combined total of 26 work weeks of leave for any FMLA-qualifying reason during the single 12-month period, provided that the employee is entitled to no more than 12 weeks of leave for one or more of the purposes set forth in A.1 above.

The single 12-month period referred to in this section begins on the first day the eligible employee takes FMLA leave to care for a covered service member and ends 12 months after that date, regardless of the method used by the NIA designated in Section A.2 above to determine an employee's 12 work weeks of leave entitlement for other FMLA-qualifying reasons.

D. Intermittent or Reduced Schedule Leave

- (1) FMLA leave may be taken on an intermittent, or a reduced schedule, basis for an employee's own illness or injury, to care for a sick family member, or to care for a covered service member when medically necessary or when necessary because of any qualifying exigency. FMLA leave may not be taken on such basis after the birth or adoption of a child or placement of a child in foster care unless approved by the Executive Board, except in situations when the mother or newborn child has a serious health condition.
- (2) If the request for intermittent leave or leave on a reduced schedule is foreseeable based upon planned medical treatment for the employee, a family member or a covered service member, including during a period of recovery from one's own serious health condition, the Executive Board may require the employee to transfer temporarily to an available alternate position which better accommodates recurring periods of leave, subject to the special leave rules for instructional employees in Section C.2 below.

E. Health Insurance

During FMLA leave, the Executive Board shall maintain group health insurance coverage under the same conditions that would have been provided if the employee was working. If an employee does not return to work after an unpaid FMLA leave, the employee shall repay the cost of health insurance premiums paid by the Executive Board unless the employee's failure to return is due to (a) the continuation, recurrence or onset of a serious health condition of the employee, or the employee's family member, or a serious injury or illness of a covered service member, which would otherwise entitle the employee to FMLA leave or (b) other circumstances beyond the employee's control.

F. Return to Work

Upon return from FMLA leave, the employee shall be placed in the same position the employee held when the leave commenced or an equivalent position with equivalent benefits, pay and other terms and conditions of employment. Nothing herein shall grant the employee greater rights to reinstatement, benefits, or conditions of employment than if the employee had been continuously employed. A key employee may be denied restoration to employment if it is necessary to prevent substantial and grievous economic injury to the operations of the Executive Board.

**10.2 COMBINATION WITH OTHER LEAVES**

Any employee qualifying for FMLA leave will be required to first substitute paid sick leave for unpaid FMLA leave when the reason for the FMLA leave is due to the employee's own serious health condition or that of a family member to the extent the circumstances would allow the use of paid sick leave. Medical certification shall be submitted including the duration of the requested leave to verify the individual's or immediate family member's sickness. An employee may also use vacation or personal leave while utilizing FMLA leave. If such paid sick leave is less than 12 work weeks (or 26 work weeks), FMLA leave may then be used to allow for a total leave (whether paid or unpaid) of 12 (or 26) work weeks duration. Any leave, whether paid or unpaid, taken for an FMLA qualifying reason, shall be deducted from an employee's total FMLA leave.

The use of FMLA leave shall not preclude the use of other applicable paid or unpaid leave that would extend the employee's leave beyond 12 (or 26) work weeks, but the use of FMLA leave shall not serve to extend any such available leave. Additionally, if an employee is absent from work due to a compensable injury on the job and/or occupational disease under the Workers' Compensation Act, such absence will be deducted from the employee's 12 week FMLA entitlement if the injury/illness is one that meets the criteria for a serious health condition.

## 10.3 SPECIAL LEAVE RULES FOR INSTRUCTIONAL EMPLOYEES

### 1. Required Continuation of Leave

The Executive Board may require an instructional employee to continue taking FMLA leave until the end of the semester if:

- (a) the employee's FMLA leave begins more than 5 weeks before the end of the semester, the leave will last at least 3 weeks and the instructional employee would otherwise return to work during the last 3 weeks of the semester; or
- (b) the employee's FMLA leave (which is for a purpose of the birth of a son or daughter, the placement of a son or daughter for adoption or foster care, to care for a spouse, son, daughter, or parent with a serious health condition or to care for a covered service member) begins during the last 5 weeks of the semester, the leave will last for more than 2 weeks and the instructional employee would otherwise return to work during the last 2 weeks of the semester; or
- (c) the employee's FMLA leave (which is for a purpose of the birth of a son or daughter, the placement of a son or daughter for adoption or foster care, to care for a spouse, son, daughter, or parent with a serious health condition or to care for a covered service member) begins during the last 3 weeks of the semester and the leave lasts more than 5 working days.

Any leave required by the Executive Board to be taken until the end of the semester shall be counted as FMLA leave. The Executive Board shall continue to maintain health insurance group coverage, pursuant to Section 10.1.E above, and the employee shall be entitled to the restoration rights set forth under Section 10.1.F above.

### 2. Reduced Schedule or Intermittent Leave

If an instructional employee requests FMLA intermittent leave or leave on a reduced schedule to care for a family member with a serious health condition, to care for a covered service member, or for an employee's own serious health condition, which is foreseeable based on planned medical treatment that would cause such employee to be on leave for more than 20% of the total number of working days over the duration of the leave, the Executive Board may require the employee to choose either to:

- (a) take the leave for a period or periods of a particular duration, not greater than the duration of the planned treatment; or

- (b) temporarily transfer to an available alternate position for which the employee is qualified, which has equivalent pay and benefits and which better accommodates recurring periods of leave.

If an employee elects to take the leave for a “period or periods of a particular duration,” the entire period of leave taken will count as FMLA leave.

#### **10.4 SPOUSES EMPLOYED BY SAME EMPLOYER**

1. If leave is taken by spouses who are both employed by the Executive Board for birth or placement of a child for adoption or foster care, to care for the child after placement or birth, or to care for the employee's parent with a serious health condition, such leave is limited to a combined total of 12 work weeks. This limitation does not apply to leave taken by either spouse to care for the other spouse or a child with a serious health condition, or for leave taken due to the employee's own serious health condition.
2. If leave is taken by spouses who are both employed by the Executive Board to care for a covered service member with a serious injury or illness or in combination with a leave under Section 10.1, D.1 above, such leave is limited to a combined total of 26 work weeks during the single 12-month period.

#### **10.5 RULES AND REGULATIONS**

The Regional Director is authorized to adopt administrative procedures, consistent with the FMLA, regarding the provision of notice of leave, medical certification, distribution of FMLA information, and recordkeeping requirements and such other matters necessary to implement the FMLA.

#### **10.6 FMLA CONTROLLING**

In the event this Policy or its Rules and Regulations conflict with the FMLA, the FMLA shall control. To the extent that this Policy or its Rules and Regulations are silent on a matter covered by the FMLA, the FMLA and its implementing rules and regulations shall control.

The Regional Director is authorized to promulgate rules and regulations implementing this policy.

#### **Legal Reference:**

*The Family and Medical Leave Act of 1993*, as amended by the National Defense Authorization Act of 2008 and 2010, 29 U.S.C. § 2601 *et seq.*; 29 C.F.R. Part 835 Final Rule (2009).

Date Adopted: June 30, 2004

Date Amended: May 25, 2005,  
June 26, 2012,  
~~June~~July , 2016

## ARTICLE XI – LEAVE WITHOUT PAY EXECUTIVE BOARD POLICY

The Executive Board, in its discretion and on a case-by-case non-precedential basis, may offer its employees leave without pay to allow employees to cope with serious and pressing medical or personal problems which require extended absence from work (e.g. pregnancy, natural disaster, disability, and other serious matters). The Regional Director is authorized to promulgate rules and regulations implementing this policy.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July, 2016

**ARTICLE XII – DETERMINATION OF TEMPORARY AND PERMANENT DISABILITY  
EXECUTIVE BOARD POLICY**

A temporary illness or temporary incapacity is an illness or other capacity of ill-being that renders an employee physically or mentally unable to perform assigned duties. During such a period, the employee can use accumulated sick leave benefits. However, income received from other sources, such as worker's compensation and NIA-paid insurance programs, will be deducted from the NIA's compensation liability to the employee. In no case will the disabled employee receive more than 100% of his or her gross salary. Insurance plans privately purchased by the employee and to which NIA does not contribute are not applicable to this policy.

If illness, incapacity, or any other condition causes an employee to be absent in one school year, after exhaustion of all available leave, for more than 90 consecutive work days, the absence will be considered a permanent disability and the Executive Board or Regional Director may begin dismissal proceedings in accordance with state and federal law, including the Americans with Disabilities Act. The Regional Director may recommend this paragraph's use when circumstances strongly suggest that the employee returned to work intermittently in order to avoid this paragraph's application. This paragraph shall not be considered a limitation on the Executive Board's authority to take any action concerning an employee that is authorized by state and federal law.

Any employee may be required to have an examination, at NIA's expense, by a physician who is licensed in Illinois to practice medicine and surgery in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to perform health examinations, or a physician assistant who has been delegated the authority by his or her supervisor to perform health examinations if the examination is job-related and consistent with business necessity.

The absence of any employee caused by temporary disability shall not affect his/her tenured status.

The Regional Director is authorized to promulgate rules and regulations implementing this policy.

**Legal References:**

Americans with Disabilities Act, 42 U.S.C. §12102

105 ILCS 5/10-22.4, 5/24-12, and 5/24-13

*Elder v. School Dist. No. 127 ½*, 208 N.E.2d 423 (Ill.App.1, 1965).

*School District No. 151 v. ISBE*, 507 N.E.2d 134 (Ill.App.1, 1987).

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July \_\_, 2016

### ARTICLE XIII – DISCIPLINE EXECUTIVE BOARD POLICY

When an employee does not perform satisfactorily, violates or attempts to violate any law or local ordinance, Executive Board policy or Administrative rules and regulations, directives, or does not abide by generally accepted rules of good conduct, the employee can expect appropriate disciplinary action will be taken which may include but is not limited to verbal warnings, written warnings, suspension with or without pay, and discharge.

An employee may be terminated by the Executive Board of the NIA at any time with or without cause, consistent with federal and state law. The Regional Director is authorized to promulgate rules and regulations implementing this policy.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July , 2016

## ARTICLE XIV – TENURE EXECUTIVE BOARD POLICY

All personnel of the NIA who are in positions that require licensure shall be eligible for tenure. The policies of the NIA regarding tenure shall be consistent with *The School Code of Illinois*, Section 22.24-11. The Regional Director is authorized to promulgate rules and regulations implementing this policy.

### Legal References:

10 ILCS 5/13-2.5.

20 ILCS 1805/30.1 et seq.

105 ILCS 5/24-6, 5/24-6.1, 5/24-6.2, 5/24-6.3, 5/24-13, and 5/24-13.1.

820 ILCS 147/1 and 180/.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July , 2016

## **ARTICLE XV – LICENSED PROFESSIONAL STAFF REDUCTION-IN-FORCE EXECUTIVE BOARD POLICY**

In its sole discretion, the NIA and its administrative district, Sycamore Community Unit School District No. 427, may determine to decrease the number of professional-educator-licensed staff (“teachers”) employed at the NIA, to discontinue some particular type of teaching service, or to reduce the number of programs or positions in the NIA (i.e., “reduction-in-force”).

### **Sequence of Honorable Dismissal List**

Each school year, the NIA shall establish a Sequence of Honorable Dismissal List categorized by positions and the four groupings defined below. Teachers shall be categorized into one or more positions for which they are qualified based upon legal qualifications and any other qualifications established in an NIA job description that was in effect on or before May 10<sup>th</sup> of the school year preceding the reduction-in-force. Teachers shall be provided an opportunity to review their employment information and placement on the Sequence of Honorable Dismissal List prior to finalization of the list. This list shall be established at least 75 calendar days before the end of the school year.

### **Seniority List**

In addition to the sequence of honorable dismissal list, the Executive Board shall annually, at least 75 calendar days before the end of the school year, establish a list showing the seniority of each teacher. Seniority shall be defined as years of continuous service as a teacher in the NIA, computed from the first day of continuous employment. Less than full-time service shall be computed on a pro rata basis. Years of service including an approved unpaid leave of absence of ninety (90) consecutive employment days or more shall be counted toward seniority on a pro rata basis as defined in the Rules and Regulations, and shall not be deemed a break in continuous service. Service includes employment in teaching positions and in administrative positions.

### **Honorable Dismissal**

Among teachers qualified to hold a position, the teachers shall be dismissed in the order of their groups, with teachers in Group 1 dismissed first and teachers in Group 4 dismissed last.<sup>42</sup>Pursuant to Illinois law and subject to the agreements made by the joint committee for honorable dismissals, the following are the four groupings into which all teachers will be placed:

**Group 1:** Shall consist of any non-tenured teacher who:

(a) has never received a performance evaluation rating by the NIA; or

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<sup>42</sup>If the number of honorable dismissals exceeds a certain number set forth in Section 24-12 of the *School Code*, the Executive Board is required to hold a public hearing prior to taking action on the dismissals.

- (b) is employed for one school year or less to replace a teacher on leave; or
- (c) is employed on a part-time basis (i.e., employed to teach less than a full-day, teacher workload or less than 5 days of the normal student attendance week). But the following are *not* considered “employed on a part-time basis” and are not included in Group 1 by virtue of that criterion:
  - (i) a teacher who is employed as a full-time teacher but who actually teaches or is otherwise present and participating in the NIA’s educational program for less than a school year; or
  - (ii) a teacher who, in the immediately previous school year, was employed on a full-time basis and actually taught or was otherwise present and participated in the NIA’s educational program for 120 days or more.

Within Group 1, the sequence of dismissal shall be at the discretion of the Executive Board.

- Group 2:** Shall consist of any teachers with a Needs Improvement or Unsatisfactory rating on either of their last two performance evaluation ratings. Within Group 2, the sequence of honorable dismissal will be based on average performance evaluation ratings, with the teachers with the lowest average rating dismissed first. As among teachers in Group 2 with the same average rating, the teacher with the shorter length of seniority as defined above shall be dismissed first.
- Group 3:** Shall consist of any teachers with at least a Proficient (or Satisfactory) rating on both of their last two performance evaluation ratings (or their last rating, if only one rating is available), unless the teacher qualifies for Group 4. Within Group 3, the teacher with the shorter length of seniority as defined above shall be honorably dismissed first.
- Group 4:** Shall consist of any teachers with an Excellent rating on their last two performance evaluation ratings and any teachers with two Excellent ratings and a Proficient (or Satisfactory) rating on their last three performance evaluation ratings. Within Group 4, the teacher with the shorter length of seniority as defined above shall be honorably dismissed first.

Performance evaluation ratings from other school districts or special education joint agreements will not be considered when placing teachers into a group.

Any such teacher who is removed or dismissed as a result of a reduction-in-force shall be given written notice as set forth in the *School Code*.

## **Recall**

Teachers who have been honorably dismissed from Groups 3 or 4 shall have recall rights to any vacancy for which they are qualified that occurs in the NIA for the following school year or within one (1) calendar year from the beginning of the school year following their reduction-in-force.<sup>23</sup> Teachers who were honorably dismissed and who were in Group 2 due to one Needs Improvement rating on either of their last 2 performance evaluation ratings (provided that, if 2 ratings are available, the other performance evaluation rating used for grouping purposes is Satisfactory, Proficient, or Excellent) will have recall rights to any vacancies for which they are qualified within the period from the beginning of the following school year through February 1 of the following school year.

During this recall period, teachers shall be tendered in reverse order of honorable dismissal any position thereby becoming available, so far as the teacher is qualified to hold such position. A teacher honorably dismissed because of reduction-in-force who accepts the tender of a position during the recall period shall lose no rights that accrued while in contractual continued service.

If a teacher who was honorably dismissed from Groups 3 or 4 or a teacher who was honorably dismissed from Group 2 but is eligible for recall obtains additional endorsements or qualifications during the recall period, then, for the purpose of recall to future vacancies, that staff member shall be placed on the recall list for any positions for which he/she is now qualified. However, such teacher may not use the newly obtained endorsements/qualifications to bump a currently employed teacher. The teacher shall have the responsibility of keeping the NIA informed of any additional endorsements and qualifications. Such additional endorsements or qualifications shall not be considered by the NIA until verification has been supplied to the NIA by the teacher.

## **Rights of Teachers Hired Prior to September 23, 1987**

Teachers hired prior to September 23, 1987, have tenure and recall rights in member districts subject to the *School Code*.

## **Effect on Non-Tenured Dismissals**

Nothing in this policy affects the Executive Board's right to dismiss a non-tenured teacher in accordance with Section 24-11 of the Illinois *School Code*.

## **Administrative Rules**

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<sup>23</sup> In the event honorable dismissals exceed 15% of the number of full-time equivalent positions during the preceding school year, the recall period for Group 3 and Group 4 teachers is two years.

The Regional Director is authorized to promulgate rules and regulations to implement this Policy.

Date Adopted: June 30, 2004

Date Amended: November 8, 2012,  
January 28, 2015,  
~~June~~July , 2016

**ARTICLE XVI – EDUCATIONAL SUPPORT PERSONNEL/~~CLASSIFIED-  
STAFF/CLASSIFIED SPECIALIST STAFF~~ REDUCTION-IN-FORCE EXECUTIVE  
BOARD POLICY**

In its sole discretion, the Executive Board and its administrative district, Sycamore Community Unit School District No. 427, may determine to decrease the number of Educational Support Personnel, ~~Classified Staff and Classified Specialists~~ ( and Administrative Staff (collectively referred to as “ESP’s” in this policy only)) employed at the NIA or to discontinue some particular type of service (i.e., “reduction-in-force”). Any such full-time or formerly-full-time (as that term is defined by the Regional Director) ESP who is removed or dismissed as a result of a reduction-in-force shall be given written notice as set forth in the *School Code*.

Full-time and formerly-full-time ESPs who are affected by a reduction-in-force shall be dismissed in reverse order of seniority within the respective category of position in which the ESP has accrued seniority (i.e., shorter length of service dismissed first).

Seniority shall be defined as the length of continuous service within a category of position in the NIA. Seniority credit for part-time service in the same category of position will be given on a pro-rata basis. A year of service containing an unpaid leave of absence of ninety (90) consecutive days or more shall be counted toward seniority on a pro rata basis, as defined in the Rules and Regulations, and shall not be deemed a break in continuous service. Accumulation of seniority shall begin from the full-time or formerly-full-time ESP’s first day of service within a category of position as a permanent employee.

Full-time and formerly-full-time ESPs shall be ranked by their seniority within the following categories of position:

**HEARING DEPARTMENT**

1. Counselor
2. Audiologist
3. Interpreter
4. Teacher Assistant

**THERAPY DEPARTMENT**

5. Therapy Department Operations Executive
6. Coordinator
7. Assistant Coordinator
8. Supervisor
9. Physical Therapist
10. Occupational Therapist
11. Physical Therapy Assistant
12. Certified Occupational Therapy Assistant (“COTA”)

**VISION/MULTI DEPARTMENT**

13. Orientation and Mobility Specialist
14. Assistant Supported Employment Specialist
15. Job Coach

**CLASSIFIED ADMINISTRATIVE STAFF**

16. Administrative Assistant
17. Office Professional to Administrator
18. Technology Manager
19. Bilingual Office Professional to Manager
20. Office Professional to Professional Staff
21. Clerk

Any ESP who has worked in more than one category of position shall be ranked in each category worked based on years of seniority accrued in such position. Such seniority listing shall be annually established and posted by February 1<sup>st</sup>.

Categories of position shall be established by the NIA and, when needed, shall be updated periodically.

If the Executive Board has any vacancies in the NIA within the period prescribed by law, the positions thereby becoming available within a specific category of position shall be tendered, in reverse order of honorable dismissal, to the full-time and formerly-full-time ESPs so removed or dismissed from that category of position, or from any other category of position for which they are qualified.

This policy does not apply to and shall not be construed to grant any additional rights to substitutes or ESPs hired on an as-needed hourly basis.

The Regional Director or designee is authorized to promulgate rules and regulations to implement this policy.

**Legal References:**

5 ILCS 430 et seq.  
105 ILCS 5/10-22.34c and 5/10-23.5.  
820 ILCS 105/4a.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005,  
November 16, 2011,  
May 23, 2012,  
January 28, 2015,  
June/July , 2016

## **ARTICLE XVII – EQUAL EMPLOYMENT OPPORTUNITY EXECUTIVE BOARD POLICY**

It is the employment policy and practice of the NIA to comply with all federal and state employment laws. The NIA is an equal opportunity employer and does not discriminate on the basis of race, age, marital status, color, creed, religion, sex, sexual orientation, age, ancestry, marital status, arrest record, military status, order of protection status, unfavorable military discharge, citizenship status provided the individual is authorized to work in the United States, use of lawful products while not at work, being a victim of domestic or sexual violence, genetic information, physical or mental handicap or disability if otherwise able to perform the essential functions of the job with reasonable accommodation, pregnancy, childbirth or related medical conditions, credit history, unless a satisfactory credit history is an established bona fide occupational requirement of a particular position, or other legally protected categories in the hiring, promotion, firing, pay or privileges of employment. No one will be penalized solely for his or her status as a registered qualifying patient or a registered designated caregiver for purposes of the Compassionate Use of Medical Cannabis Pilot Program Act.

The NIA shall, in the hiring of employees, comply with all of the requirements of the Immigration Reform and Control Act of 1986, including the completion of Form I-9 and the retention of such form for the specified period of time.

No employee or applicant will be discriminated or retaliated against because he or she (1) requested, attempted to request, used, or attempted to use a reasonable accommodation as allowed by the Illinois Human Rights Act, or (2) initiated a complaint, was a witness, supplied information, or otherwise participated in an investigation or proceeding involving an alleged violation of this policy or state or federal laws, rules or regulations, provided the employee or applicant did not make a knowingly false accusation nor provide knowingly false information.

The Regional Director is authorized to promulgate rules and regulations implementing this policy.

### **Legal References:**

Age Discrimination in Employment Act, 29 U.S.C. §621 et seq.

Americans With Disabilities Act, Title I, 42 U.S.C. §12111 et seq.

Civil Rights Act of 1991, 29 U.S.C. §§621 et seq., 42 U.S.C. §1981 et seq., §2000e et seq., and §12101 et seq.

Equal Employment Opportunities Act (Title VII of the Civil Rights Act of 1964), 42 U.S.C. §2000e et seq., 29 C.F.R. Part 1601.

Equal Pay Act, 29 U.S.C. §206(d).

Genetic Information Nondiscrimination Act, 42 U.S.C. §2000ff et seq.

Immigration Reform and Control Act, 8 U.S.C. §1324a et seq.

Rehabilitation Act of 1973, 29 U.S.C. §791 et seq.

Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000d et seq.

Pregnancy Discrimination Act, 42 U.S.C. §2000e(k).  
Title IX of the Education Amendments, 20 U.S.C. §1681 et seq., 34 C.F.R. Part 106.  
Uniformed Services Employment and Reemployment Rights Act (1994), 38 U.S.C. §§4301 et seq.  
Ill. Constitution, Art. I, §§17, 18, and 19.  
105 ILCS 5/10-20.7, 5/10-20.7a, 5/10-21.1, 5/10-22.4, 5/10-23.5, 5/22-19, 5/24-4, 5/24-4.1, and 5/24-7.  
Compassionate Use of Medical Cannabis Pilot Program Act, 410 ILCS 130/40.  
Genetic Information Protection Act, 410 ILCS 513/25.  
Ill. Whistleblower Act, 740 ILCS 174/.  
Ill. Human Rights Act, 775 ILCS 5/1-103 and 5/2-102.  
Religious Freedom Restoration Act, 775 ILCS 35/5.  
Employee Credit Privacy Act, 820 ILCS 70/.  
Ill. Equal Pay Act of 2003, 820 ILCS 112/.  
Victims' Economic Security and Safety Act, 820 ILCS 180/30.  
23 Ill.Admin.Code §1.230.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July, 2016

## **ARTICLE XVIII – MINORITY RECRUITMENT AND HIRING EXECUTIVE BOARD POLICY**

The Executive Board shall recruit and hire minority personnel for the NIA, including teachers, other certificated employees and non-certificated employees, in accordance with the requirements of Section 10-20.7a of *The School Code*.

The Regional Director shall periodically report to the Executive Board on the status of minority recruitment and hiring in the NIA.

The Executive Board authorizes the Regional Director to promulgate rules and regulations to implement and enforce this Policy.

### **Legal References:**

Age Discrimination in Employment Act, 29 U.S.C. §621 et seq.

Americans With Disabilities Act, Title I, 42 U.S.C. §12111 et seq.

Civil Rights Act of 1991, 29 U.S.C. §§621 et seq., 42 U.S.C. §1981 et seq., §2000e et seq., and §12101 et seq.

Equal Employment Opportunities Act (Title VII of the Civil Rights Act of 1964), 42 U.S.C. §2000e et seq., 29 C.F.R. Part 1601.

Equal Pay Act, 29 U.S.C. §206(d).

Genetic Information Nondiscrimination Act, 42 U.S.C. §2000ff et seq.

Immigration Reform and Control Act, 8 U.S.C. §1324a et seq.

Rehabilitation Act of 1973, 29 U.S.C. §791 et seq.

Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000d et seq.

Pregnancy Discrimination Act, 42 U.S.C. §2000e(k).

Title IX of the Education Amendments, 20 U.S.C. §1681 et seq., 34 C.F.R. Part 106.

Uniformed Services Employment and Reemployment Rights Act (1994), 38 U.S.C. §§4301 et seq.

Ill. Constitution, Art. I, §§17, 18, and 19.

105 ILCS 5/10-20.7, 5/10-20.7a, 5/10-21.1, 5/10-22.4, 5/10-23.5, 5/22-19, 5/24-4, 5/24-4.1, and 5/24-7.

Compassionate Use of Medical Cannabis Pilot Program Act, 410 ILCS 130/40.

Genetic Information Protection Act, 410 ILCS 513/25.

Ill. Whistleblower Act, 740 ILCS 174/.

Ill. Human Rights Act, 775 ILCS 5/1-103 and 5/2-102.

Religious Freedom Restoration Act, 775 ILCS 35/5.

Employee Credit Privacy Act, 820 ILCS 70/.

Ill. Equal Pay Act of 2003, 820 ILCS 112/.

Victims' Economic Security and Safety Act, 820 ILCS 180/30.

23 Ill.Admin.Code §1.230.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005

## ARTICLE XIX – DRUG AND ALCOHOL-FREE WORKPLACE EXECUTIVE BOARD POLICY

The Executive Board recognizes its statutory obligations under the Drug-Free Schools and Communities Act of 1986, as amended by Public Law 101-226 in 1989 ("Schools Act"), and the Drug-Free Workplace Act of 1988 ("Workplace Act") and establishes that the NIA shall maintain a drug- and alcohol-free workplace on all school premises and in all NIA activities.

The NIA shall establish a drug and alcohol abuse education and prevention program and a drug-free awareness program for employees and shall take appropriate disciplinary action against any employee who violates this Policy or is convicted under a federal or non-federal criminal statute involving the unlawful manufacture, distribution, dispensing, possession or use of alcohol or a controlled substance in the workplace as defined in Schedule I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 CFR 1308.11 through 1308.15 (attached as Appendix 19-A). Alternatively, the Executive Board may require such employee to complete successfully an appropriate drug or alcohol abuse employee assistance rehabilitation program.

The Executive Board authorizes the Regional Director to promulgate rules and regulations to implement and enforce this Policy.

### Legal References:

Americans With Disabilities Act, 42 U.S.C. §12114.

Compassionate Use of Medical Cannabis Pilot Program, 410 ILCS 130/.

Controlled Substances Act, 21 U.S.C. §812; 21 C.F.R. §1308.11-1308.15.

Drug-Free Workplace Act of 1988, 41 U.S.C. §8101 et seq.

Safe and Drug -Free School and Communities Act of 1994, 20 U.S.C. §7101 et seq.

Drug-Free Workplace Act, 30 ILCS 580/.

105 ILCS 5/10-20.5b.

Date Adopted: June 30, 2004

Date Amended: JuneJuly, 2016

## ARTICLE XX – UNIFORM GRIEVANCE EXECUTIVE BOARD POLICY

Students or their parents, employees or community members may file a complaint in accordance with the grievance procedure promulgated pursuant to this policy if they believe that the Executive Board, its employees or agents have violated their rights guaranteed by the state or federal constitution, state or federal statutes or Executive Board Policy.

- A. Claims to be reviewed under this Policy include, but are not limited to, those arising under the following:
- (1) Title II of the Americans with Disabilities Act;
  - (2) Title IX of the Education Amendments of 1972;
  - (3) Section 504 of the Rehabilitation Act of 1973;
  - (4) Claims of sexual harassment under the Illinois Human Rights Act;
  - (5) Title VII of the Civil Rights Act of 1964.

The Regional Director, his or her designee, or the Executive Board will endeavor to respond to and/or resolve complaints without the need to resort to this grievance procedure and, if a complaint is filed, to address the complaint promptly and equitably. The right of an individual to prompt and equitable resolution of a complaint filed hereunder shall not be impaired by the individual's pursuit of other remedies. Use of the grievance procedure is not a prerequisite to the pursuit of other remedies. However, use of the grievance procedure does not extend any filing deadline related to the pursuit of other remedies. The Regional Director is authorized to promulgate rules and regulations to implement and enforce this policy.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July, 2016

## **ARTICLE XXI – SEXUAL HARASSMENT EXECUTIVE BOARD POLICY**

The Executive Board expects the workplace environment to be productive, respectful, and free of unlawful harassment. A working environment wherein sexual harassment of employees is permitted fosters disrespect for fellow employees and supervisors, interferes with an employee's work performance, and creates an intimidating, hostile work environment. An educational environment wherein sexual harassment of students is permitted fosters disrespect for fellow students, faculty and staff, interferes with a student's performance, and creates an intimidating, hostile educational environment.

### **21.1 Sexual Harassment is Prohibited**

It is the policy of the NIA that sexual harassment of employees of the NIA and students served by the NIA shall not be permitted.

NIA employees shall not make any unwelcome sexual advances or requests for sexual favors or engage in any conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, education, or related activities; (2) submission to or rejection of such conduct by an individual is used as the basis for employment or educational decisions affecting such individual; or (3) such conduct has the purpose or effect of substantially interfering with an individual's work or educational performance or creating an intimidating, hostile or offensive working or educational environment.

Sexual harassment prohibited by this policy includes verbal or physical conduct. The terms intimidating, hostile, or offensive include, but are not limited to, conduct that has the effect of humiliation, embarrassment, or discomfort. Sexual harassment will be evaluated in light of all the circumstances.

### **21.2 Making a Complaint**

An aggrieved person who feels comfortable in doing so should immediately inform the person engaging in sexual harassment that such conduct or communication is offensive and must stop.

Employees should report claims of harassment to the Nondiscrimination Coordinator or his or her designee. Employees may choose to report to a person of the employee's same sex. There are no express time limits for initiating complaints under this Policy; however, every effort should be made to file such complaints as soon as possible, while facts are known and potential witnesses are available.

### 21.3 Effect of Violation

A violation of this policy may result in discipline up to and including discharge. Any person who makes a knowingly false accusation regarding harassment will likewise be subject to disciplinary action, up to and including discharge.

### 21.4 Non-Retaliation

Initiation of a good faith complaint of sexual harassment will not adversely affect the aggrieved person's employment, compensation, work assignments, or position as a student.

The Regional Director is authorized to promulgate rules and regulations implementing this policy.

#### **Legal References:**

Title VII of the Civil Rights Act, 42 U.S.C. §2000e et seq., 29 C.F.R. §1604.11.  
Title IX of the Education Amendments, 20 U.S.C. §1681 et seq.; 34 C.F.R. §1604.11.  
Ill. Human Rights Act, 775 ILCS 5/2-101(E), 5/2-102(D), 5/5-102, and 5/5-102.2.  
56 Ill. Admin.Code Parts 2500, 2510, 5210, and 5220.  
*Burlington Industries v. Ellerth*, 118 S.Ct. 2257 (1998).  
*Crawford v. Metro. Gov't of Nashville & Davidson County*, 129 S. Ct. 846 (2009).  
*Faragher v. City of Boca Raton*, 118 S.Ct. 2275 (1998).  
*Franklin v. Gwinnett Co. Public Schools*, 112 S.Ct. 1028 (1992).  
*Harris v. Forklift Systems*, 114 S.Ct. 367 (1993).  
*Jackson v. Birmingham Board of Education*, 125 S.Ct. 1497 (2005).  
*Meritor Savings Bank v. Vinson*, 106 S.Ct. 2399 (1986).  
*Oncale v. Sundown Offshore Services*, 118 S.Ct. 998 (1998).  
*Porter v. Erie Foods International, Inc.*, 576 F.3d 629 (7th Cir. 2009).  
*Sangamon County Sheriff's Dept. v. Ill. Human Rights Com'n*, 908 N.E.2d 39 (Ill., 2009).  
*Vance v. Ball State University*, 133 S. Ct. 2434 (2013).

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June , 2016

**ARTICLE XXII – NON-DISCRIMINATION ON THE BASIS OF DISABILITY  
EXECUTIVE BOARD POLICY**

It is the policy of the Executive Board not to discriminate on the basis of disability in access to, use of, or employment in its programs, services or activities.

The Regional Director is authorized to establish rules and regulations to implement and enforce this policy.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005

June/July, 2016

## ARTICLE XXIII – SCHOOL VISITATION EXECUTIVE BOARD POLICY

It is the policy of the Executive Board to afford its employees leave time to attend school conferences or classroom activities related to the employee's child consistent with the provisions of the *School Visitation Rights Act*.

The Executive Board authorizes the Regional Director to establish rules and regulations designed to implement this Policy.

**Legal Reference:**

820 ILCS 147/, The School Visitation Rights Act.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July , 2016

**ARTICLE XXIV – MAINTENANCE, INSPECTION AND DISSEMINATION OF  
PERSONNEL RECORDS EXECUTIVE BOARD POLICY**

The Executive Board acknowledges that the maintenance, inspection and dissemination of personnel records must reflect an appropriate balance between the needs of the Executive Board for administrative effectiveness, the employee's confidentiality and privacy and third parties who have a legitimate interest in such information. The Executive Board of the NIA hereby states its intention to comply with State and federal regulations concerning personnel records. All personnel records shall be maintained, inspected and disseminated in accordance with this Policy and Regulations for implementation of this Policy.

The Regional Director is authorized to promulgate rules and regulations to implement and enforce this policy.

**Legal References:**

745 ILCS 46/10.

820 ILCS 40/.

23 Ill.Admin.Code §1.660.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July \_\_, 2016

## **ARTICLE XXV – COMPUTER SYSTEM USE EXECUTIVE BOARD POLICY**

The Executive Board hereby determines that it is in the best interests of the NIA, its personnel and its students to promote use of and familiarity with the NIA Computer System and with the services which are available through that system to support learning and enhance instruction.

Knowledge and appropriate use of the NIA Computer System can facilitate access to information resources available on-line, create innovative learning environments, and provide for worldwide communication. For purposes of this policy, implementing rules, and acceptable use guidelines, the term “NIA Computer System” or “System” shall include all computer hardware and/or software owned, leased, licensed or operated by the NIA, including, but not limited to, NIA electronic mail; NIA web sites; NIA Internet access, on-line services, and bulletin board systems; any portion of the Internet accessed through computer hardware and/or software owned, leased, licensed or operated by the NIA; and any computer hardware and/or software owned, leased, licensed or operated by an NIA member district and used by an NIA employee within the scope of his or her employment. “Use” of the NIA Computer System shall include use of or obtaining access to the System from any computer terminal whether or not owned or operated by the NIA.

Any employee who uses computer hardware and/or software owned, leased, licensed or operated by a member district shall comply with all policies, regulations, rules, and/or guidelines of the member district governing such use, in addition to all applicable provisions of this policy and its implementing regulations, rules, and/or guidelines.

The NIA Computer System was established to support the delivery of specialized education services for students with disabilities who reside in the member school districts of the NIA. The NIA Computer System does not constitute a public forum. The NIA reserves and retains the right to regulate the content of and links to the NIA Computer System. The NIA also has the right to and does monitor use of its Computer System. Users of the NIA Computer System do not have any expectation of privacy in connection with such use.

The Executive Board recognizes that although the Internet and on-line services afford access to legitimate sources of information for academic and educational purposes, they also enable access to materials which may be illegal, obscene, vulgar, or inappropriate for an educational setting. Employees’ use of the NIA Computer System, including any part of the computer system of an NIA member school district where the employee works, shall be consistent with NIA’s educational mission and the curriculum adopted by the Executive Board.

The Executive Board further recognizes that the effective operation of the NIA Computer System depends upon the existence and enforcement of guidelines for the proper and efficient use of the System. The Administration is authorized to and shall adopt and enforce guidelines that provide for the use of the System for educational and

work-related purposes, and describe acceptable and appropriate use of the System. Such guidelines shall be distributed to, and adhered to by, all NIA employees who are afforded access to the System.

Employees who violate this policy or the implementing rules and acceptable use guidelines may be subject to discipline up to and including dismissal, loss of System use privileges, and/or referral to law enforcement or other authorities or other legal action as appropriate.

The Regional Director is authorized to promulgate rules and regulations to implement and enforce this policy.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005

**ARTICLE XXVIII – STAFF DEVELOPMENT EXECUTIVE BOARD POLICY**

The Regional Director or designee shall implement a staff development program. The goal of such program shall be to update and improve the skills and knowledge of staff members in order to achieve and maintain a high level of job performance and satisfaction.

The staff development program shall provide, at a minimum, at least once every 2 years, the in-service training of licensed school personnel and administrators on current best practices regarding the identification and treatment of attention deficit disorder and attention deficit hyperactivity disorder, the application of non-aversive behavioral interventions in the school environment, and the use of psychotropic or psychostimulant medication for school-age children.

The staff development program shall provide, at a minimum, once every 2 years, the in-service training of all NIA staff on educator ethics, teacher-student conduct, and school employee-student conduct.

**Legal References:**

Healthy, Hunger-Free Kids Act of 2010, 42 U.S.C. §1758b, PL 111-296.

7 C.F.R. Parts 210 and 235.

105 ILCS 5/2-3.48, 5/2-3.53, 5/2-3.56, 5/2-3.59, 5/2-3.62, 5/3-11, 5/3-14.8, 5/10-20.35, 105 ILCS 5/10-22.6(c-5), 5/10-22.39, 5/22-80(h), 5/10-23.12, 5/24-5, 25/1.15, and 110/3.

23 Ill.Admin.Code §§ 22.20, 226.800, and Part 525.

77 Ill.Admin.Code §527.800.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July , 2016

**ARTICLE XXIX – CHRONIC COMMUNICABLE DISEASE EXECUTIVE BOARD  
POLICY**

**“EMPLOYEES WITH CHRONIC INFECTIOUS DISEASES”**

An employee with a communicable or chronic infectious disease is encouraged to inform the Regional Director immediately and consent to being monitored. The NIA shall hold the employee's medical condition, records, and identity in the strictest confidence, except to the extent allowed by law.

An employee who has a chronic infectious disease or is a carrier of an infectious disease shall be permitted to retain his or her position and all job responsibilities whenever, through reasonable accommodation and without undue hardship, there is no significant risk of transmission of the disease to others, provided the employee is able to continue to perform the position's essential functions. An employee with a communicable and chronic infectious disease remains subject to the Executive Board's employment policies, including, but not limited to, sick leave, physical examinations, temporary and permanent disability and termination.

The Regional Director is authorized to establish rules and regulations to implement this Policy which are consistent with State and federal law, Illinois Department of Public Health Rules, and School Board policies.

**Legal References:**

Americans With Disabilities Act, 42 U.S.C. §12101 et seq.; 29 C.F.R. §1630.1 et seq., amended by the Americans with Disabilities Act Amendments Act (ADAAA), Pub. L. 110-325.

Rehabilitation Act of 1973, 29 U.S.C. §791; 34 C.F.R. §104.1 et seq.

Department of Public Health Act, 20 ILCS 2305/6.

105 ILCS 5/24-5.

Personnel Record Review Act, 820 ILCS 40/.

Control of Communicable Diseases, 77 Ill.Admin.Code Part 690.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005  
June/July, 2016

**ARTICLE XXX – OPEN MEETINGS: EXECUTIVE BOARD ACTION, EXECUTIVE BOARD MINUTES, AND VERBATIM RECORDS**

It is the policy of the Executive Board to inform the public of its discussions and actions and to comply with the provisions of the *Illinois Open Meetings Act*. In furtherance of this policy, the Executive Board shall advise the public of its deliberations both in open and closed session in accordance with the accompanying Rules and Regulations.

The Regional Director is authorized to promulgate rules and regulations to implement and enforce this policy.

**Legal Reference:**

Illinois Open Meetings Act, 5 ILCS 120/1 et seq.

Date Adopted: June 30, 2004

Date Amended: May 25, 2005

**ARTICLE XXXI – FREEDOM OF INFORMATION ACT EXECUTIVE BOARD POLICY**

The Executive Board recognizes that all persons are entitled to request information regarding the official acts, decisions, procedures and policies of the NIA. Accordingly, the Executive Board shall designate at least two employees as its Freedom of Information Officers, shall maintain and make available public records, and shall grant and deny requests for such information as required by the Illinois *Freedom of Information Act*. The Executive Board President or Regional Director shall, at each regular Executive Board meeting, report any requests made of the organization under provisions of the Illinois *Freedom of Information Act* and shall report the status of such requests.

The Regional Director is hereby authorized to establish procedures implementing this policy and prepare the records directory and organization description required under the Act. Further, the Regional Director shall ensure that the organization description and the procedures for requesting public records, including the names of the designated Freedom of Information Officers, the address where requests for public records should be directed, and any fees, are prominently displayed at the NIA offices and posted on the official NIA website.

The Regional Director is hereby authorized to promulgate rules and regulations implementing this policy.

**Legal References:**

*Freedom of Information Act*, 5 ILCS 140 et seq.;  
*School Code*, 105 ILCS 5/10-16

Date Adopted: June 30, 2004

Date Amended: January 27, 2010  
June/July , 2016

## ARTICLE XXXII – ETHICS AND GIFT RECEIPT EXECUTIVE BOARD POLICY

### 32.1. General

Professional and ethical behavior is expected of all school officials and employees. In accordance with the *State Officials and Employees Act*, it is the policy of the NIA to adhere to the legal requirements set forth below regulating the ethical conduct, political activities, and the solicitation and acceptance of gifts by school officials and employees.

The Regional Director is authorized to establish rules and regulations to implement this policy.

### 32.2. Definitions

Unless otherwise stated, all terms used in this policy have the definitions given in the State Officials and Employees Ethics Act, 5 ILCS 430/1-5.

Political activity means:

1. Preparing for, organizing, or participating in any political meeting, political rally, political demonstration, or other political event.
2. Soliciting contributions, including but not limited to the purchase of, selling, distributing, or receiving payment for tickets for any political fundraiser, political meeting, or other political event.
3. Soliciting, planning the solicitation of, or preparing any document or report regarding anything of value intended as a campaign contribution.
4. Planning, conducting, or participating in a public opinion poll in connection with a campaign for elective office or on behalf of a political organization for political purposes or for or against any referendum question.
5. Surveying or gathering information from potential or actual voters in an election to determine probable vote outcome in connection with a campaign for elective office or on behalf of a political organization for political purposes or for or against any referendum question.
6. Assisting at the polls on Election Day on behalf of any political organization or candidate for elective office or for or against any referendum question.
7. Soliciting votes on behalf of a candidate for elective office or a political organization or for or against any referendum question or helping in an effort to get voters to the polls.

8. Initiating for circulation, preparing, circulating, reviewing, or filing any petition on behalf of a candidate for elective office or for or against any referendum question.
9. Making contributions on behalf of any candidate for elective office in that capacity or in connection with a campaign for elective office.
10. Preparing or reviewing responses to candidate questionnaires.
11. Distributing, preparing for distribution, or mailing campaign literature, campaign signs, or other campaign material on behalf of any candidate for elective office or for or against any referendum question.
12. Campaigning for any elective office or for or against any referendum question.
13. Managing or working on a campaign for elective office or for or against any referendum question.
14. Serving as a delegate, alternate, or proxy to a political party convention.
15. Participating in any recount or challenge to the outcome of any election.

With respect to an employee whose hours are not fixed, compensated time includes any period of time when the employee is on premises under the control of the NIA and any other time when the employee is executing his or her official duties, regardless of location.

Prohibited source means any person or entity who:

1. Is seeking official action by: (a) Executive Board member, or (b) an employee, or by the Executive Board member or another employee directing that employee;
2. Does business or seeks to do business with: (a) an Executive Board member, or (b) an employee, or with the Executive Board member or another employee directing that employee;
3. Conducts activities regulated by: (a) an Executive Board member, or (b) an employee or by the Executive Board member or another employee directing that employee;
4. Has an interest that may be substantially affected by the performance or non-performance of the official duties of the Executive Board member or employee;

5. Is registered or required to be registered with the Secretary of State under the Lobbyist Registration Act, except that an entity does not become a prohibited source merely because a registered lobbyist is one of its members or serves on its board of directors; or
6. Is an agent of, a spouse of, or an immediate family member living with a prohibited source.

Gift means any gratuity, discount, entertainment, hospitality, loan, forbearance, or other tangible or intangible item having monetary value including but not limited to, cash, food and drink, and honoraria for speaking engagements related to or attributable to government employment or the official position of Executive Board member or employee.

### **32.3. Prohibited Political Activity**

The following precepts govern political activities being conducted by NIA employees and Executive Board members:

1. No employee shall intentionally perform any political activity during any compensated time, as those terms are defined herein.
2. No Executive Board member or employee shall intentionally use any NIA property or resources in connection with any political activity.
3. At no time shall any Executive Board member or employee intentionally require any other Executive Board member or employee to perform any political activity: (a) as part of that Executive Board member's or employee's duties, (b) as a condition of employment, or (c) during any compensated time off, such as, holidays, vacation, or personal time off.
4. No Executive Board member or employee shall be required at any time to participate in any political activity in consideration for that Executive Board member or employee being awarded additional compensation or any benefit, whether in the form of a salary adjustment, bonus, compensatory time off, continued employment or otherwise; nor shall any Executive Board member or employee be awarded additional compensation or any benefit in consideration for his or her participation in any political activity.

An Executive Board member or employee may engage in any activity that: (1) is otherwise appropriate as part of his or her official duties, or (2) is undertaken by the individual on a voluntary basis that is not prohibited by this policy.

### **32.4. Limitations on Receiving Gifts**

Except as permitted by this policy, no Executive Board member or employee, and no spouse of or immediate family member living with an Executive Board member or employee, shall intentionally solicit or accept any gift from any prohibited source, as those terms are defined herein, or that is otherwise prohibited by law or policy. No prohibited source shall intentionally offer or make a gift that violates this policy.

The following are exceptions to the ban on accepting gifts from a prohibited source:

1. Opportunities, benefits, and services which are available on the same conditions as for the general public.
2. Anything for which the Executive Board member or employee, or his or her spouse or immediate family member, pays the fair market value.
3. Any contribution that is lawfully made under the Election Code or activities associated with a fundraising event in support of a political organization or candidate.
4. Educational materials and missions.
5. Travel expenses for a meeting to discuss business.
6. A gift from a relative, meaning those people related to the individual as father, mother, son, daughter, brother, sister, uncle, aunt, great aunt, great uncle, first cousin, nephew, niece, husband, wife, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, and including the father, mother, grandfather, or grandmother of the individual's spouse and the individual's fiancé or fiancée.
7. Anything provided by an individual on the basis of a personal friendship unless the recipient has reason to believe that, under the circumstances, the gift was provided because of the official position or employment of the recipient or his or her spouse or immediate family member and not because of the personal friendship. In determining whether a gift is provided on the basis of personal friendship, the recipient shall consider the circumstances under which the gift was offered, such as: (a) the history of the relationship between the individual giving the gift and the recipient of the gift, including any previous exchange of gifts between those individuals; (b) whether to the actual knowledge of the recipient the individual who gave the gift personally paid for the gift or sought a tax deduction or business reimbursement for the gift; and (c) whether to the actual knowledge of the recipient the individual who

gave the gift also at the same time gave the same or similar gifts to other Executive Board members or employees, or their spouses or immediate family members.

8. Food or refreshments not exceeding \$75 per person in value on a single calendar day; provided that the food or refreshments are: (a) consumed on the premises from which they were purchased or prepared; or (b) catered. Catered means food or refreshments that are purchased ready to consume, which are delivered by any means.
9. Food, refreshments, lodging, transportation, and other benefits resulting from outside business or employment activities (or outside activities that are not connected to the official duties of an Executive Board member or employee), if the benefits have not been offered or enhanced because of the official position or employment of the Executive Board member or employee, and are customarily provided to others in similar circumstances.
10. Intra-governmental and inter-governmental gifts. Intra-governmental gift means any gift given to an Executive Board member or employee from another Executive Board member or employee, and inter-governmental gift means any gift given to a Executive Board member or employee from an officer or employee of another governmental entity.
11. Bequests, inheritances, and other transfers at death.
12. Any item or items from any one prohibited source during any calendar year having a cumulative total value of less than \$100.

Each of the listed exceptions is mutually exclusive and independent of every other.

An Executive Board member or employee, his or her spouse or an immediate family member living with the Executive Board member or employee, does not violate this policy if the recipient promptly takes reasonable action to return a gift from a prohibited source to its source or gives the gift or an amount equal to its value to an appropriate charity that is exempt from income taxation under Section 501(c)(3) of the Internal Revenue Code.

#### **32.4 Enforcement**

The Executive Board President and Regional Director may seek guidance from counsel as necessary concerning compliance with and enforcement of this policy and State ethics laws. The Executive Board may, as necessary or prudent, appoint an Ethics Advisor for this task.

Written complaints alleging a violation of this policy shall be filed with the Regional Director or Executive Board President. If attempts to correct any misunderstanding or problem do not resolve the matter, the Regional Director or Executive Board President shall, after consulting with the counsel as necessary, either place the alleged violation on an Executive Board meeting agenda for the Executive Board's disposition or refer the complainant to Executive Board policy XX, Uniform Grievance Executive Board Policy. An Executive Board member who is related, either by blood or by marriage, up to the degree of first cousin, to the person who is the subject of the complaint, shall not participate in any decision-making capacity for the Executive Board. If the Executive Board finds it more likely than not that the allegations in a complaint are true, it shall notify the State's Attorney and/or consider disciplinary action for the employee.

The Regional Director is authorized to promulgate rules and regulations implementing this policy.

**Legal References:**

5 ILCS 430/, State Officials and Employees Ethics Act.

10 ILCS 5/9-25.1, Election Interference Prohibition Act.

Date Adopted: May 26, 2004

Date Amended: May 25, 2005  
June/July \_\_, 2016

## ARTICLE XXXIII – BOARD MEMBER USE OF ELECTRONIC COMMUNICATIONS

For purposes of this policy, *electronic communications* include, without limitation, electronic mail, electronic chat, instant messaging, texting, and any form of social networking. Electronic communications among a majority or more of a Board-quorum shall not be used for the purpose of discussing District business. Electronic communications among Board members shall be limited to: (1) disseminating information, and (2) messages not involving deliberation, debate, or decision-making.

The following list contains examples of permissible electronic communications:

1. Agenda item suggestions
2. Reminders regarding meeting times, dates, and places
3. Board meeting agendas or information concerning agenda items
4. Individual emails to community members, subject to the other limitations in this policy

The Regional Director is authorized to promulgate rules and regulations to implement and enforce this policy.

### Legal References:

5 ILCS 120/.

50 ILCS 205/20.

Date Adopted: August 25, 2004

Date Amended: May 25, 2005  
June/July , 2016

**ARTICLE XXXIV – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY  
ACT OF 1996 EXECUTIVE BOARD PRIVACY POLICY**

The Executive Board promulgates this Policy pursuant to Title II, Subtitle F, Part C entitled “Administrative Simplification” of the *Health Insurance Portability and Accountability Act of 1996* (“HIPAA”), and its implementing Privacy Regulations (“Regulations”). The purpose of this Policy is to comply with the reporting, disclosure and documentation requirements of HIPAA and its implementing Regulations and to ensure the security and confidentiality of protected health information. The Executive Board reserves the right to modify its privacy policies, practices and procedures. The NIA will issue a new Notice of Privacy Practices in the event modifications are made to its privacy practices, policies and procedures.

The Regional Director is authorized to promulgate rules and regulations to implement and enforce this policy.

**Legal Reference:**

45 CFR Part 160, Part 164 subparts A and E, HIPAA.

Date Adopted: May 25, 2005

Date Amended: ~~June~~ July , 2016

**ARTICLE XXXV – EARLY INTERVENTION PROCEDURAL SAFEGUARDS  
EXECUTIVE BOARD POLICY**

The federal *Individuals with Disabilities Education Improvement Act of 2004* (IDEA), mandates school districts to provide services to children with disabilities beginning at age three. Part C of the IDEA allows states the option of serving infants and toddlers from birth to three. Illinois has developed and implemented a statewide, comprehensive, coordinated system of early intervention services for eligible infants and toddlers and their families, which includes provisions relating to natural environments, procedural safeguards, and the Individualized Family Service Plan (IFSP).

In accordance with the *Early Intervention Services System Act*, the Illinois Department of Human Services (DHS), as the lead agency, determines Part C eligibility criteria and provides assurance of procedural safeguards that meet federal requirements. DHS assures effective implementation of the safeguards by each public agency in the State that is involved in the provision of early intervention services.

For those procedural safeguards that are different from those applicable under IDEA Part B, the Regional Director is authorized to develop administrative procedures to implement this policy.

The Regional Director is authorized to promulgate rules and regulations to implement and enforce this policy.

**Legal References:**

Americans With Disabilities Act, 42 U.S.C. § 12101 et seq.

Individuals With Disabilities Education Improvement Act of 2004, 20 U.S.C. § 1400 et seq.

Rehabilitation Act of 1973, Section 504, 29 U.S.C. § 794.

105 ILCS 5/14-1.01 et seq., 5/14-7.02, and 5/14-7.02b.

23 Ill.Admin.Code §226.

34 C.F.R. §300.

Date Adopted: May 25, 2005

Date Amended: JuneJuly, 2016

**ARTICLE XXXVI – USE OF TOBACCO ON SCHOOL PROPERTY EXECUTIVE BOARD POLICY**

To ensure the health and safety of students, employees and visitors to the NIA, and pursuant to state and federal law, the use of tobacco by students, teachers, educational support personnel, administrators, Executive Board members, and visitors to the NIA is hereby prohibited on NIA property when such property is being used for school purposes.

"Tobacco" includes cigarettes, cigars, pipes, and smoking tobacco in any other form, including smokeless or "chewing" tobacco.

"School purposes" include, but are not limited to, all events or activities or other use of school property that the Executive Board or school officials authorize or permit on school property, including without limitation all interscholastic or extracurricular athletic, academic, or other events sponsored by the Executive Board or in which pupils of the NIA participate. No smoking shall be permitted within any indoor facility owned or leased or contracted for, and utilized, by such person for provision of routine or regular kindergarten, elementary, or secondary education or library services to children.

In accordance with the law, the Executive Board may not authorize or permit any exception to or exemption from this prohibition at any place or at any time, including without limitation outside of school buildings or before or after the regular school day or on days when school is not in session.

This prohibition against tobacco pertains to all schools and other building facilities, as well as school grounds and other real estate owned, leased, or contracted for by the NIA.

The Regional Director is authorized to promulgate rules and regulations to implement and enforce this policy.

**Legal References:**

- Americans With Disabilities Act, 42 U.S.C. §12114.
- Compassionate Use of Medical Cannabis Pilot Program, 410 ILCS 130/.
- Controlled Substances Act, 21 U.S.C. §812; 21 C.F.R. §1308.11-1308.15.
- Drug-Free Workplace Act of 1988, 41 U.S.C. §8101 et seq.
- Safe and Drug-Free School and Communities Act of 1994, 20 U.S.C. §7101 et seq.
- Drug-Free Workplace Act, 30 ILCS 580/.
- 105 ILCS 5/10-20.5b.

Date Adopted: May 25, 2005

Date Amended: JuneJuly, 2016

## ARTICLE XXXVII –IDENTITY-PROTECTION EXECUTIVE BOARD POLICY

The Executive Board adopts this Identity-Protection Policy (“Policy”) pursuant to the *Identity Protection Act*, 5 ILCS 179/1 *et seq.*, to protect social security numbers (“SSNs”) from unauthorized disclosure. The collection, storage, use, and disclosure of social security numbers by the NIA shall be consistent with State and federal laws. The goals for managing the NIA’s collection, storage, use, and disclosure of social security numbers are to:

1. Limit all activities involving social security numbers to those circumstances that are authorized by State or federal law.
2. Protect each social security number collected or maintained by the NIA from unauthorized disclosure.

The Regional Director is responsible for ensuring that the NIA complies with the Identity Protection Act. Compliance measures shall include each of the following:

1. All employees having access to social security numbers in the course of performing their duties shall be trained to protect the confidentiality of social security numbers. Training should include instructions on the proper handling of information containing social security numbers from the time of collection through the destruction of the information.
2. Only employees who are required to use or handle information or documents that contain social security numbers shall have access to such information or documents.
3. Social security numbers requested from an individual shall be provided in a manner that makes the social security number easily redacted if the record is required to be released as part of a public records request.
4. When collecting a social security number or upon request by an individual, a statement of the purpose(s) for which the NIA is collecting and using the social security number shall be provided.
5. Notification to an individual whenever his or her personal information was acquired by an unauthorized person; personal information is an individual’s name in combination with his or her social security number, driver’s license number or State identification card number, or financial account information.
6. Disposal of materials containing personal information in a manner that renders the personal information unreadable, unusable, and

undecipherable; personal information has the meaning stated in #5, above.

7. All employees must be advised of this policy's existence and a copy of the policy must be made available to each employee. The policy must also be made available to any member of the public, upon request.

No NIA employee shall collect, store, use, or disclose an individual's social security number unless specifically authorized by the Superintendent. This policy shall not be interpreted as a guarantee of the confidentiality of social security numbers and/or other personal information. The NIA will use best efforts to comply with this policy, but this policy should not be construed to convey any rights to protection of information not otherwise afforded by law.

**Legal Reference:**

5 ILCS 179/, Identity Protection Act.

Date Adopted: November 14, 2012  
2016

Date Amended: June July,

## ARTICLE XXXVIII –SUSPENSION OF EMPLOYEES EXECUTIVE BOARD POLICY

### 38.1 Suspension With Pay

The Executive Board is itself authorized and authorizes the Regional Director or designee to suspend an employee with pay: (1) during an investigation into allegations of misconduct whenever the employee's continued presence in his/her position would not be in the best interests of the NIA, (2) as a disciplinary measure for misconduct that is detrimental to the NIA, or (3) pending a dismissal hearing.

Any criminal conviction resulting from the investigation or allegations for which the suspension with pay was made shall require the employee to repay to the NIA all compensation and the value of all benefits received by the employee during the suspension.

### 38.2 Suspension Without Pay

The Executive Board further is itself authorized and authorizes the Regional Director or designee to suspend an employee without pay for up to **[thirty (30) employment days (6 work weeks)]** for misconduct which is detrimental to the NIA or pending a dismissal hearing. No employee shall be suspended for more than **[thirty (30) employment days]** without pay during any school year. Employees who are exempt from the overtime provisions of the *Fair Labor Standards Act* may be suspended without pay in compliance with state and federal law.

Misconduct that is detrimental to the NIA includes, but is not limited to, unprofessional actions, conduct, or judgment, any failure to follow any oral or written directive, order or policy or practice of the Executive Board or any supervisor, or any act or failure to act that constitutes a violation or an attempt to violate any law or local ordinance which relates to the employee's duties.

### **Administrative Rules**

The Regional Director is authorized to promulgate rules and regulations to implement this Policy.

### **Legal References:**

105 ILCS 5/10-20.5

*Spinelli v. Emmanuel Lutheran Evangelical Congregation*, 118 Ill.2d 389 (1987)

*Craddock v. Board of Education*, 81 Ill.2d 28 (1980)

29 C.F.R. §541.118; 29 U.S.C §213

Date Adopted: February 20, 2013

## ARTICLE XXXIX – SOCIAL MEDIA EXECUTIVE BOARD POLICY

Social Media is media for social interaction, using highly accessible communication techniques through the use of web-based and mobile technologies to turn communication into interactive dialogue. This includes platforms such as Facebook, LinkedIn, Twitter, and YouTube.

Personal Technology is any device that is not owned or leased by the NIA or otherwise authorized for NIA use and: (1) transmits sounds, images, text, messages, videos, or electronic information, (2) electronically records, plays, or stores information, or (3) accesses the Internet, or private communication or information networks. This includes laptop computers, tablets, smartphones, and other devices.

### **39.1 Usage and Conduct**

All NIA employees who use personal technology and social media shall:

1. Adhere to the high standards for appropriate school relationships required by Article XXXII above, Ethics Act Executive Board Policy, at all times, regardless of the ever-changing social media and personal technology platforms available. This includes NIA employees posting images or private information about themselves or others in a manner readily accessible to students and other employees that is inappropriate as defined by the Ethics Act Executive Board Policy and the Illinois Code of Educator Ethics, 23 Ill.Admin.Code §22.20.
2. Choose an NIA-provided or supported method whenever possible to communicate with students and their parents/guardians.
3. Not interfere with or disrupt the educational or working environment, or the delivery of education or educational support services.
4. Not use personal technology or social media to share, publish, or transmit information about or images of NIA employees without proper approval. For NIA employees, proper approval may include implied consent under the circumstances.
5. Refrain from using NIA's logos without permission.
6. Use personal technology and social media for personal purposes only during non-work times or hours. Any duty-free use must occur during times and places that the use will not interfere with job duties or otherwise be disruptive to the school environment or its operation.
7. Assume all risks associated with the use of personal technology and social media on NIA ground or at NIA-sponsored activities, including

viewing of inappropriate Internet materials through the NIA employee's personal technology or social media. The Executive Board expressly disclaims any responsibility for imposing content filters, blocking lists, or monitoring of its employees' personal technology and social media.

8. Be subject to remedial and any other appropriate disciplinary action for violations of this policy, ranging from prohibiting the employee from possessing or using any personal technology or social media at school to dismissal and/or indemnifying the NIA for any losses, costs, or damages, including reasonable attorney fees incurred by the NIA relating to or arising out of any violation of this policy.

### **39.2 NIA Responsibilities**

The Regional Director shall:

1. Inform NIA employees about this policy.
2. Build awareness of this policy with students, parents, and the community.
3. Ensure that no one for the NIA, or on its behalf, requests of an employee or applicant access in any manner to his or her social networking website or requests passwords to such sites.
4. Periodically review this policy and any procedures with NIA employee representatives and electronic network system administrator(s) and present proposed changes to the Executive Board.

#### **Legal References:**

105 ILCS 5/21B-75 and 5/21B-80.

Ill. Human Rights Act, 775 ILCS 5/5A-102.

Code of Ethics for Ill. Educators, 23 Ill.Admin.Code §22.20.

*Garcetti v. Ceballos*, 547 U.S. 410 (2006).

*Pickering v. High School Dist. 205*, 391 U.S. 563 (1968).

*Mayer v. Monroe County Community School Corp.*, 474 F.3d 477 (7th Cir. 2007).

Date Adopted: June/July, 2016

<b>Summary report:</b>	
<b>Litéra® Change-Pro 7.5.0.96 Document comparison done on 7/8/2016 9:47:49 AM</b>	
<b>Style name:</b> Hinshaw	
<b>Intelligent Table Comparison:</b> Active	
<b>Original DMS:</b> iw://HC07-DMS1/Rockford1/71254313/2	
<b>Modified DMS:</b> iw://HC07-DMS1/Rockford1/71260007/1	
<b>Changes:</b>	
Add	120
<del>Delete</del>	124
<del>Move From</del>	1
Move To	1
Table Insert	0
<del>Table Delete</del>	0
Table moves to	0
<del>Table moves from</del>	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format Changes	0
<b>Total Changes:</b>	<b>246</b>



A Regional Special Education Cooperative Serving the Counties of  
Boone, Carroll, DeKalb, Jo Daviess, Kane, Lee, Ogle, Stephenson, Whiteside and Winnebago

## MEMORANDUM

**DATE:** August 25, 2016  
**TO:** All NIA Employees  
**FROM:** Jon Malone, Regional Director  
**RE:** FY17 Insurance Rates

The NIA Executive Board approved the FY17 insurance rates at their meeting on August 24, 2016. Due to the advocacy and hard work of our insurance consultants (Fringe Funding) in negotiating on behalf of NIA, the rates for FY17 are decreasing 7.5% for the PPO Plan and decreasing 6% for the HSA Plan. NIA employees will continue to contribute \$300.00 (\$12.50 per paycheck) towards the cost of their single coverage health insurance.

### Standard PPO Premium Costs

Single coverage costs for the standard PPO, dental, vision, and Life & AD&D for FY17 will be \$921.79/month with a \$25.00 monthly NIA employee contribution for an annual premium total of \$10,761.48 paid by the NIA Executive Board.

Family coverage for the standard PPO for FY17 will be  $\$1,970.06 - \$921.79 = \$1,048.27 - \$50.00$  (NIA Executive Board monthly contribution) = \$998.27/month paid by the employee.

### Health Savings Account Premium Costs

Single HSA coverage, dental, vision, Life & AD&D costs for FY17 will be \$892.96/month with a \$25.00 monthly NIA employee contribution per year for an annual premium total of \$10,115.52 paid by the NIA Executive Board.

Family HSA coverage costs for FY17 will be  $\$1,860.18 - \$892.96 = \$967.22 - \$50.00$  (NIA Executive Board monthly contribution) = \$917.22/month paid by the employee.

70% of the HSA deductible will continue to be funded by NIA. (\$1,750 single / \$3,500 family) This is money you get to keep for medical expenses if you do not use it, and it rolls over to next year.

If you have not considered moving to the Health Savings Account (HSA) option, this may be the year to make the move! Jean Tritle in Human Resources or our brokers at Fringe Funding can give you more information regarding the HSA.

Please remember that NIA employees continue to have access to the benefits website that was **developed for NIA by Fringe Funding. If you have not checked it out, please do so at** [www.nia.gethrinfo.net](http://www.nia.gethrinfo.net) (ID: niasite, password: benefits) for many more details regarding NIA benefits. The website has been updated to include the most current health benefit information. You can also access the benefits information via the NIA website by entering the secure employee section.

There are no changes to the PPO or HSA plan benefits for the 9/1/2016 – 8/31/2017 plan year. Vision Insurance will continue to be provided by VSP and Delta Dental will continue to be our dental carrier for NIA staff members who receive and/or purchase health benefits for FY17. Please note that there is no ID card for VSP. Let your eye care professional know that you have VSP insurance and they will access our plan via your social security number.

### **Flexible Spending Accounts (FSA)**

NIA employees may establish a **Flexible Spending Account (FSA) with an FSA Benefits Debit Card**. The debit card is "front loaded" with your contribution amount and can be used for all covered medical costs as well as prescription drugs. I would encourage all NIA employees to consider opening a Flexible Spending Account (FSA) for 2017 during our Open Enrollment period in November. Please contact Jean Tritle for details regarding the benefits of an FSA.

### **Perspectives Employee Assistance Program (EAP)**

NIA offers an **Employee Assistance Program (EAP), Perspectives**. All NIA employees including hourly staff may access the confidential EAP services available 24/7 at 800-456-6327. Perspectives has a website with many useful resources that can be accessed [at www.perspectivesltd.com](http://www.perspectivesltd.com) (ID: nia500, password: perspectives). Please note that this service may also be used by family members. The purpose of an EAP is to provide support and resources to our staff that may be experiencing challenges or stress in any aspect of their lives. The EAP also provides concierge services such as assistance with locating child care, elder care, financial and legal services.

### **1-800MD**

Effective September 1, 2015, all NIA employees and their dependents had access to a new benefit, **1-800MD**. This new telemedicine benefit provides access to board certified physicians around the clock, 24/7/365 via telephone, secure video, or e-mail **at no cost to you** other than for prescription co-pays, if applicable. The 1-800MD doctors can answer questions, give advice, and even diagnose and treat non-emergency conditions without long wait times and high costs. There are no restrictions on consultation times and they have a 1-hour call back guarantee, with most calls being returned in an average of 14 minutes. The participating physicians are board-certified in Emergency Medicine, Family Medicine, Internal Medicine, and Pediatrics and are all U.S. residents. Participants have access to Medical Decision Tools, a Health Research Library, Wellness Tools, a Symptom Checker, and a Drug Interaction Checker. The use of this new benefit for non-emergency illnesses will help to keep the costs of our PPO and HSA down, which translates into lower monthly premium payments for these plans. Before you can receive a consultation from a 1800MD Doctor, you will need to register and complete a personal medical history update. Go to 1800MD.com and click on member login to register if you haven't already done so. You will find the personal health history under the Open Electronic Medical Record under the "My members" tab. We suggest completing this information to avoid any delays when you need to consult with a doctor.

### **Open Enrollment**

Because the deductible periods for our medical, dental and Section 125 plans take effect at the beginning of the calendar year (January 1-December 31) we are once again conducting our open enrollment period in the month of November. During open enrollment, NIA employees who are eligible for benefits can elect to add or drop single coverage, add or drop dependents from coverage, switch to/from the PPO or HSA plan and/or make changes to their participation status in the Section 125 Flexible Spending (FSA) plan. Open enrollment materials will be sent via email to staff at the end of October.

Enclosures

# Northwestern Illinois Association: PPO Plan

Coverage Period: 09/01/2016 - 08/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual+Family | Plan Type: PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.bcbsil.com/member/policy-forms](http://www.bcbsil.com/member/policy-forms) or by calling 1-800-828-3116.

Important Questions	Answers	Why this Matters:
<b>What is the overall deductible?</b>	For In-Network <b>\$250</b> Individual / <b>\$750</b> Family For Out-of-Network <b>\$500</b> Individual / <b>\$1,500</b> Family Doesn't apply to certain preventive care. Copays and per occurrence <b>deductibles</b> don't count toward the <b>deductible</b> .	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
<b>Are there other deductibles for specific services?</b>	Yes. <b>\$300 deductible</b> for Out-of-Network hospital admission. There are no other specific <b>deductibles</b> .	You must pay all of the costs for these services up to the specific <b>deductible</b> amount before this plan begins to pay for these services.
<b>Is there an out-of-pocket limit on my expenses?</b>	For In-Network <b>\$1,000</b> Individual / <b>\$3,000</b> Family For Out-of-Network <b>\$3,000</b> Individual / <b>\$9,000</b> Family Prescription drug expense limit: <b>\$5,600</b> Individual/ <b>\$10,200</b> Family	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
<b>What is not included in the out-of-pocket limit?</b>	Premiums, balanced-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
<b>Does this plan use a network of providers?</b>	Yes. For a list of In-Network Providers, visit <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call <b>1-800-828-3116</b> .	If you use an In-Network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
<b>Do I need a referral to see a specialist?</b>	No.	You can see the <b>specialist</b> you choose without permission from this plan.
<b>Are there services this plan doesn't cover?</b>	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

**Questions:** Call 1-800-828-3116 or visit us at [www.bcbsil.com](http://www.bcbsil.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary

at <http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf> or call 1-855-756-4448 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In-Network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
<b>1</b> If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	30% coinsurance	Copay applies to office visit only.
	Specialist visit	\$40 copay/visit	30% coinsurance	
	Other practitioner office visit	10% coinsurance	30% coinsurance	Chiropractic and osteopathic manipulation services are limited to 25 visits per benefit period.
	Preventive care/screening/immunization	No Charge	30% coinsurance	---none---
	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	---none---
If you have a test	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	---none---

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is available at <a href="http://www.bcbsil.com">www.bcbsil.com</a>.</p>	Generic drugs	\$15 copay/prescription for up to a 34 day supply. \$30 copay/prescription for up to a 90 day supply.	\$15 copay/prescription for up to a 34 day supply.	Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
	Formulary brand drugs	\$30 copay/prescription for up to a 34 day supply. \$60 copay/prescription for up to a 90 day supply.	\$30 copay/prescription for up to a 34 day supply.	For Out-of-Network drug provider you are responsible for 25% of the eligible amount after the copay.
	Non-Formulary brand drugs	\$50 copay/prescription for up to a 34 day supply. \$100 copay/prescription for up to a 90 day supply.	\$50 copay/prescription for up to a 34 day supply.	Up to 34 day retail / 90 day mail.  RX Out-of-Pocket Expense Limit: \$5,600 Individual/\$10,200 Family
<b>If you have outpatient surgery</b>	Specialty drugs	Covered	Not Covered	---none---
	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	10% coinsurance 10% coinsurance	30% coinsurance 30% coinsurance	---none--- ---none---
<b>If you need immediate medical attention</b>	Emergency room services	\$150 copay/visit	\$150 copay/visit	Copay waived if admitted.
	Emergency medical transportation Urgent care	20% coinsurance 10% coinsurance	20% coinsurance 30% coinsurance	---none--- ---none---
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	\$300 deductible per admission for Out-of-Network providers.
	Physician/surgeon fee	10% coinsurance	30% coinsurance	---none---

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	10% coinsurance	30% coinsurance	\$20 PCP copay applies to psychotherapy office visit only.
	Mental/Behavioral health inpatient services	10% coinsurance	30% coinsurance	\$300 deductible per admission for Out-of-Network providers.
	Substance use disorder outpatient services	10% coinsurance	30% coinsurance	\$20 PCP copay applies to psychotherapy office visit only.
	Substance use disorder inpatient services	10% coinsurance	30% coinsurance	\$300 deductible per admission for Out-of-Network providers.
<b>If you are pregnant</b>	Prenatal and postnatal care	\$20 copay	30% coinsurance	Copay applies to first prenatal visit (per pregnancy).
	Delivery and all inpatient services	10% coinsurance	30% coinsurance	\$300 deductible per admission for Out-of-Network providers.
116	Home health care	10% coinsurance	30% coinsurance	---none---
	Rehabilitation services	10% coinsurance	30% coinsurance	---none---
	Habilitation services	10% coinsurance	30% coinsurance	---none---
	Skilled nursing care	10% coinsurance	30% coinsurance	\$300 deductible per admission for Out-of-Network providers.
	Durable medical equipment	10% coinsurance	30% coinsurance	Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice service	10% coinsurance	30% coinsurance	\$300 deductible per admission for Out-of-Network providers.
<b>If your child needs dental or eye care</b>	Eye exam	Not Covered	Not Covered	---none---
	Glasses	Not Covered	Not Covered	---none---
	Dental check-up	Not Covered	Not Covered	---none---

## Excluded Services & Other Covered Services:

<b>Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)</b>	
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Cosmetic Surgery</li><li>• Dental Care (Adult and Children)</li></ul>	<ul style="list-style-type: none"><li>• Hearing Aids</li><li>• Long Term Care</li><li>• Routine Eye Care (Adult and Children)</li><li>• Routine Foot Care (with the exception of person with diagnosis of diabetes)</li><li>• Weight Loss Program</li></ul>
<b>Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)</b>	
<ul style="list-style-type: none"><li>• Bariatric Surgery</li><li>• Chiropractic Care</li></ul>	<ul style="list-style-type: none"><li>• Infertility Treatment</li><li>• Most coverage provided outside the United States. See <a href="http://www.bcbsil.com">www.bcbsil.com</a></li><li>• Non-Emergency Care When Traveling Outside the U.S.</li><li>• Private Duty Nursing (with the exception of inpatient private duty nursing)</li></ul>

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-828-3116. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Blue Cross and Blue Shield of Illinois at 1-800-828-3116 or visit [www.bcbsil.com](http://www.bcbsil.com), or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your **appeal**. Contact the Illinois Department of Insurance at (877) 527-9431 or visit <http://insurance.illinois.gov>.

### Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-828-3116.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-828-3116.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-828-3116.

Navajo (Dine): Dineke'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-828-3116.

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*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



### This is not a cost estimator.

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Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,420
- Patient pays \$1,120

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$250
Copays	\$20
Coinsurance	\$700
Limits or exclusions	\$150
<b>Total</b>	<b>\$1,120</b>

### Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,320
- Patient pays \$1,080

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$250
Copays	\$650
Coinsurance	\$100
Limits or exclusions	\$80
<b>Total</b>	<b>\$1,080</b>

Note: These examples are based on individual coverage only.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

**No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

**No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

**Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

**Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-800-828-3116 or visit us at [www.bebsthe.com](http://www.bebsthe.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf> or call 1-855-756-4448 to request a copy.



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.bcbsil.com/member/policy-forms](http://www.bcbsil.com/member/policy-forms) or by calling 1-800-828-3116.

Important Questions	Answers	Why this Matters:
<b>What is the overall <u>deductible</u>?</b>	<b>\$2,500</b> Person / <b>\$5,000</b> Family Doesn't apply to certain preventive care. Per occurrence <u>deductibles</u> don't count toward the <u>deductible</u> .	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
<b>Are there other <u>deductibles</u> for specific services?</b>	Yes. <b>\$300 deductible</b> for Out-of-Network hospital admission. There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
<b>Is there an <u>out-of-pocket limit</u> on my expenses?</b>	Yes. <b>\$5,000</b> Person / <b>\$10,000</b> Family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, balanced-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Does this plan use a <u>network of providers</u>?</b>	Yes. For a list of In-Network Providers, visit <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call <b>1-800-828-3116</b> .	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
<b>Do I need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without permission from this plan.
<b>Are there services this plan doesn't cover?</b>	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <u>excluded services</u> .

**Questions:** Call 1-800-828-3116 or visit us at [www.bcbsil.com](http://www.bcbsil.com).  
 If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf> or call 1-855-756-4448 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In-Network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge	20% coinsurance	---none---
	Specialist visit	No Charge	20% coinsurance	---none---
If you have a test	Other practitioner office visit	No Charge	20% coinsurance	Chiropractic and osteopathic manipulation services are limited to 25 visits per benefit period.
	Preventive care/screening/immunization	No Charge	20% coinsurance	---none---
If you need drugs to treat your illness or condition  More information about <b>prescription drug coverage</b> is available at <a href="http://www.bcbsil.com">www.bcbsil.com</a> .	Diagnostic test (x-ray, blood work)	No Charge	20% coinsurance	---none---
	Imaging (CT/PET scans, MRIs)	No Charge	20% coinsurance	---none---
	Generic drugs	No Charge	No Charge	Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
	Formulary brand drugs	No Charge	No Charge	
	Non-Formulary brand drugs	No Charge	No Charge	Up to 34 day retail / 90 day mail.
If you have outpatient surgery	Specialty drugs	Covered	Not Covered	---none---
	Facility fee (e.g., ambulatory surgery center)	No Charge	20% coinsurance	---none---
	Physician/surgeon fees	No Charge	20% coinsurance	---none---

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
<b>If you need immediate medical attention</b>	Emergency room services	\$150 copay/visit	\$150 copay/visit	Copay waived if admitted.
	Emergency medical transportation	No Charge	No Charge	---none---
	Urgent care	No Charge	20% coinsurance	---none---
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No Charge	20% coinsurance	\$300 deductible per admission for Out-of-Network providers.
	Physician/surgeon fee	No Charge	20% coinsurance	---none---
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	No Charge	20% coinsurance	---none---
	Mental/Behavioral health inpatient services	No Charge	20% coinsurance	\$300 deductible per admission for Out-of-Network providers. Preauthorization is required.
	Substance use disorder outpatient services	No Charge	20% coinsurance	---none---
	Substance use disorder inpatient services	No Charge	20% coinsurance	\$300 deductible per admission for Out-of-Network providers. Preauthorization is required.
<b>If you are pregnant</b>	Prenatal and postnatal care	No Charge	20% coinsurance	---none---
	Delivery and all inpatient services	No Charge	20% coinsurance	\$300 deductible per admission for Out-of-Network providers.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
<b>If you need help recovering or have other special health needs</b>	Home health care	No Charge	20% coinsurance	---none---
	Rehabilitation services	No Charge	20% coinsurance	---none---
	Habilitation services	No Charge	20% coinsurance	---none---
	Skilled nursing care	No Charge	20% coinsurance	\$300 deductible per admission for Out-of-Network providers. Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price). \$300 deductible per admission for Out-of-Network providers.
<b>1 If your child needs dental or eye care</b>	Durable medical equipment	No Charge	20% coinsurance	
	Hospice service	No Charge	20% coinsurance	
	Eye exam	Not Covered	Not Covered	---none---
	Glasses	Not Covered	Not Covered	---none---
	Dental check-up	Not Covered	Not Covered	---none---

### Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic Surgery</li> <li>• Dental Care (Adult and Children)</li> <li>• Hearing Aids</li> <li>• Long Term Care</li> <li>• Routine Eye Care (Adult and Children)</li> <li>• Routine Foot Care (with the exception of person with diagnosis of diabetes)</li> <li>• Weight Loss Program</li> </ul>

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## Does this Coverage Provide Minimum Essential Coverage?

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## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

## Language Access Services:

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*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



### This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,890
- Patient pays \$ 2,650

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$2,500
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$150
<b>Total</b>	<b>\$2,650</b>

### Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$2,820
- Patient pays \$ 2,580

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$2,500
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$80
<b>Total</b>	<b>\$2,580</b>

Note: These examples are based on individual coverage only.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

**No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

**No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

**Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

**Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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**SUMMARY OF FY17 FINAL EXPENSE BUDGETS**

<u>BUDGET/SERVICE AREA:</u>	<u>TOTAL</u>	<u>FY16</u>	<u>Change</u>
<b>LOCAL:</b>			
01 ADMINISTRATION.....	1,357,413	927,734	429,679
02 EDUCATIONAL BASELINE.....	0	192,227	(192,227)
03 AUDIOLOGICAL BASELINE.....	0	353,998	(353,998)
04 HEARING SUPERVISION/BASELINE.....	270,498	270,909	(411)
05 HEARING COUNSELING.....	125,807	125,378	429
06 AUDIOLOGY SUPPORT/BASELINE.....	735,351	401,686	333,665
07 VISION/MULTI SUPERVISION/BASELINE.....	303,363	214,299	89,064
08 ORIENTATION & MOBILITY.....	212,574	169,003	43,571
09 SPEECH/LANGUAGE SERVICES.....	350,315	91,831	258,484
10 THERAPY.....	10,854,328	10,725,117	129,211
16 OFFICE OPERATION & MAINTENANCE.....	768,253	756,613	11,640
17 HEARING INTERPRETERS.....	571,950	467,337	104,613
18 SUPPORTED WORK SPECIALISTS.....	168,167	170,279	(2,112)
19 INSERVICE.....	70,816	72,886	(2,070)
23 HEARING TEACHING.....	493,663	297,638	196,025
24 VISION TEACHING.....	636,229	508,393	127,836
26 ADAPTIVE PHYSICAL EDUCATION.....	81,453	99,685	(18,232)
29 AUTISM.....	61,778	66,448	(4,670)
30 ASSISTIVE TECH.....	16,618	21,374	(4,756)
TOTAL LOCAL.....	17,078,576	15,932,835	1,145,741
<b>HEARING IMPAIRED PROGRAM:</b>			
20 NIA DEAF/HH PROGRAM.....	1,867,230	2,216,796	(349,566)
21 NIA DEAF/HH SUMMER PROGRAM.....	34,807	40,616	(5,809)
TOTAL DEAF/HH PROGRAM.....	1,902,037	2,257,412	(355,375)
<b>MEDICAID:</b>			
22 MEDICAID FEE FOR SERVICE.....	14,000,000	14,000,000	-
28 MEDICAID ADMINISTRATIVE OUTREACH.....	7,000,000	7,000,000	-
TOTAL MEDICAID.....	21,000,000	21,000,000	-
GRAND TOTAL.....	39,980,613		

Northwestern Illinois Association  
SUMMARY OF FY17 REVENUE

LOCAL:	<u>TOTAL</u>	<u>FY16</u>	<u>Change</u>
SERVICE FEES.....	14,749,055	13,753,668	995,387
DSCC-CBO (EI).....	9,000	9,000	-
INTEREST.....	2,500	2,500	-
NIA PERSONNEL REIMBURSEMENT .....	1,068,534	857,993	210,541
MEDICAID ADMIN OUTREACH .....	450,000	400,000	50,000
ASSESSMENTS.....	439,755	441,819	(2,064)
HEARING IMPAIRED PROGRAM ADMIN FEE .....	55,500	55,500	0
SUMMER DEAF ADMIN FEE.....	4,000	4,000	0
IDPH ADMIN FEE .....	0	2,724	(2,724)
BILLING AGENT FEE .....	24,000	26,600	(2,600)
HEARING PSYCH .....	1,200	1,200	0
SIGN LANGUAGE FEES .....	3,000	3,000	0
WORKSHOP FEES .....	30,000	30,000	0
CONTRIBUTIONS .....	1,000	1,000	0
INSERVICE TRAINING .....	5,000	5,000	0
CONTRACTUAL INTERPRETERS .....	35,000	35,000	0
TOTAL LOCAL.....	<u>16,877,544</u>	15,629,004	1,248,540
 <b>HEARING IMPAIRED PROGRAM:</b>			
NIA DEAF/HH PROGRAM TUITION.....	1,703,250	2,063,749	(360,499)
NIA DEAF/HH PROGRAM PERSONNEL REIMBURSEMENT.....	122,480	133,047	(10,567)
NIA DEAF/HH PROGRAM MEDICAID FFS .....	41,500	20,000	21,500
SUMMER NIA DEAF/HH PROGRAM TUITION.....	28,195	34,458	(6,263)
SUMMER DEAF/HH PERSONNEL REIMBURSEMENT.....	6,612	6,158	454
TOTAL NIA DEAF/HH PROGRAM....	<u>1,902,037</u>	2,257,412	(355,375)
 <b>MEDICAID:</b>			
MEDICAID FEE FOR SERVICE .....	14,000,000		
MEDICAID ADMINISTRATIVE OUTREACH.....	7,000,000		
TOTAL MEDICAID.....	<u>21,000,000</u>		
 <b>GRANTS:</b>			
SUPPORTED WORK SPECIALISTS.....	30,000		
TOTAL GRANTS.....	<u>30,000</u>		
TOTAL REVENUE.....	<u>39,809,581</u>		
MINUS EXPENSES.....	<u>39,980,613</u>		
DEFICIT.....	<u>(171,032) *</u>		

\*.5% TRS cost shift and 90% Personnel Reimbursement