

# **CENTER JOINT UNIFIED SCHOOL DISTRICT**

[www.centerusd.org](http://www.centerusd.org)

## **Local Control Accountability Plan Goals:**

1. CJUSD Students will be challenged and supported to achieve academic success in a clean, safe environment
2. CJUSD students will be College and Career ready
3. CJUSD students and families will be engaged and informed regarding the educational process and opportunities

## **BOARD OF TRUSTEES REGULAR MEETING**

**District Board Room, Room 503  
Wilson C. Riles Middle School  
4747 PFE Road, Roseville, CA 95747**

**Wednesday, November 18, 2015 - 6:00 p.m.**

## **STATUS**

- I. **CALL TO ORDER & ROLL CALL - 5:30 p.m.**
- II. **ANNOUNCEMENT OF ITEMS TO BE DISCUSSED IN CLOSED SESSION**
  1. Conference with Labor Negotiator, David Grimes, Re: CSEA and CUTA (G.C. §54957.6)
  2. Student Expulsions/Readmissions (G.C. §54962)
- III. **PUBLIC COMMENTS REGARDING ITEMS TO BE DISCUSSED IN CLOSED SESSION**
- IV. **CLOSED SESSION - 5:30 p.m.**
- V. **OPEN SESSION - CALL TO ORDER - 6:00 p.m.**
- VI. **FLAG SALUTE**
- VII. **ANNOUNCEMENT OF ACTION TAKEN IN CLOSED SESSION** Info/Action
- VIII. **ADOPTION OF AGENDA** Action
- IX. **STUDENT BOARD REPRESENTATIVE REPORTS (3 minutes each)** Info
  1. Center High School - Paige Brannam
  2. McClellan High School - Samantha Lopez
  3. Global Youth Charter School - Jessica Walden / Samantha Higgen-Wilcox

*Note: If you need a disability-related modification or accommodation, including auxiliary aids or services, to participate in the public meeting, please contact the Superintendent's Office at (916) 338-6409 at least 48 hours before the scheduled Board meeting. [Government Code §54954.2] [Americans with Disabilities Act of 1990, §202.]*

**NOTICE:** The agenda packet and supporting materials, including materials distributed less than 72 hours prior to the scheduled meeting, can be viewed at Center Joint Unified School District, Superintendent's Office, located at 8408 Watt Avenue, Antelope, CA. For more information please call 916-338-6409.

**X. ORGANIZATION REPORTS (3 minutes each)**

Info

1. CUTA - Heather Woods, President
2. CSEA - Marie Huggins, President

**XI. COMMENTS FROM THE AUDIENCE REGARDING ITEMS NOT ON THE AGENDA**

Public  
Comments  
Invited

*Anyone may address the Board regarding any item that is within the Board's subject matter jurisdiction. However, the Board may not discuss or take action on any item which is not on this agenda except as authorized by Government Code Section 54954.2. A speaker shall be limited to 3 minutes (Board Policy 9323). All public comments on items listed on this agenda will be heard at the time the Board is discussing that item.*

**XII. BOARD / SUPERINTENDENT REPORTS (10 minutes)**

Info

**XIII. CONSENT AGENDA (5 minutes)**

Action

*NOTE: The Board will be asked to approve all of the following items by a single vote, unless any member of the Board asks that an item be removed from the consent agenda and considered and discussed separately.*

- |                  |     |                                                                                                                                                                                                                                                                                                               |
|------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Governance       | 1.  | Approve Adoption of Minutes from October 21, 2015 Regular Meeting                                                                                                                                                                                                                                             |
| ↓                | 2.  | Approve 2015-2016 Legal Services Engagement Letter and the Fees and Billing Practices - Van Dermeyden Maddux                                                                                                                                                                                                  |
| ↓                | 3.  | Approve Memorandum of Understanding by and Between Center Joint Unified School District and the County of Sacramento                                                                                                                                                                                          |
| Personnel        | 4.  | Approve Classified Personnel Transactions                                                                                                                                                                                                                                                                     |
| ↓                | 5.  | Approve Certificated Personnel Transactions                                                                                                                                                                                                                                                                   |
| ↓                | 6.  | Approve Tentative Agreement Between CJUSD and CUTA                                                                                                                                                                                                                                                            |
| ↓                | 7.  | Approve Tentative Agreement Between CJUSD and CSEA                                                                                                                                                                                                                                                            |
| ↓                | 8.  | Approve CUTA/CJUSD Employee Salary & Benefit Compensation 2015/16 and AB 1200 Public Disclosure                                                                                                                                                                                                               |
| ↓                | 9.  | Approve CSEA/CJUSD Employee Salary & Benefit Compensation 2015/16 and AB 1200 Public Disclosure                                                                                                                                                                                                               |
| ↓                | 10. | Approve Certificated Management, Classified Management & Confidential Salary Increase and Health & Welfare Benefits                                                                                                                                                                                           |
| ↓                | 11. | Approve 2015/16 Revised Salary Schedules                                                                                                                                                                                                                                                                      |
| ↓                | 12. | Approve Employment Agreement Amendment - Superintendent                                                                                                                                                                                                                                                       |
| ↓                | 13. | Approve CUTA Contract Changes/Additions                                                                                                                                                                                                                                                                       |
| ↓                | 14. | Approve CSEA Contract Changes                                                                                                                                                                                                                                                                                 |
| Curr & Instr     | 15. | Approve Single Plan for Student Achievement for the 2015-16 School Year - Spinelli                                                                                                                                                                                                                            |
| ↓                | 16. | Approve 2015/16 Program Improvement - Supplemental Education Services (SES Providers) - Master Contracts and Addendums<br>123 Math<br>Ace It! Tutoring Powered by Sylvan Learning<br>!Ace Tutoring Services, Inc. Club Z! Tutoring (Progressive Instruction LLC dba Club Z! Tutoring)<br>Learn with iPads LLC |
| ↓                | 17. | Approve Change of Graduation Requirements - Center High School                                                                                                                                                                                                                                                |
| ↓                | 18. | Approve Clinical Fieldwork Agreement Granting Permission for ARC Speech and Language Pathology Assistant Program student to Use CJUSD Facilities for Technical Training                                                                                                                                       |
| ↓                | 19. | Ratify MOU with SCOE for AVID College Tutors                                                                                                                                                                                                                                                                  |
| ↓                | 20. | Approve 5th Grade Alliance Redwoods Trip - North Country                                                                                                                                                                                                                                                      |
| ↓                | 21. | Approve 4th Grade Sierra Outdoor School - North Country                                                                                                                                                                                                                                                       |
| Facilities & Op. | 22. | Approve Ground Lease Agreement: North Highlands Recreation & Park District                                                                                                                                                                                                                                    |
| ↓                | 23. | Approve Professional Services Agreement: Renee M. Plummer                                                                                                                                                                                                                                                     |
| Business         | 24. | Approve Payroll Orders: July - October 2015                                                                                                                                                                                                                                                                   |
| ↓                | 25. | Approve Supplemental Agenda (Vendor Warrants): October 2015                                                                                                                                                                                                                                                   |

XIV. Governance	<b>BUSINESS ITEMS</b>	
	<b>A. <u>Schedule Annual Organizational Meeting of the Board</u></b> Education Code §35143 requires governing boards to set an annual organizational meeting “within a 15-day period that commences with the date upon which a governing board member elected at that election takes office. Organizational meetings in years in which no such regular election for governing board members is conducted shall be held during the same 15-day period on the calendar.” (Board members are seated the <i>first Friday</i> of December following the November election [Education Code §5017]) That 15-day period for 2015 is December 4-18	Action
↓	<b>B. <u>CSBA Delegate Assembly Nominations</u></b> Nominations will be accepted until Thursday, January 7, 2016. Any CSBA member board is eligible to nominate board members within their geographical region or subregion. Each board may nominate as many individuals as it chooses. The subregion for CJUSD is 6-B.	Action
Personnel & Student Services	<b>C. <u>District Calendars 2016-17, 2017-18, and 2018-19</u></b> The proposed district calendars for the 2016-17, 2017-18, and 2018-19 school years were created in a manner that allows the district to continue maintaining a 10 month work year for 10 month employees, maintaining the district's traditional October break, and providing a relatively even split between the first and second semesters while also providing for first semester finals before Winter Break.	Action
	<b>XV. <u>ADVANCE PLANNING</u></b> <i>a. Future Meeting Dates:</i> <i>i. Regular Meeting: Wednesday, December 16, 2015 @ 6:00 p.m. - District Board Room - Room 503, located at Riles Middle School, 4747 PFE Road, Roseville, CA 95747</i> <i>b. Suggested Agenda Items:</i>	Info
	<b>XVI. CONTINUATION OF CLOSED SESSION (Item IV)</b>	Action
	<b>XVII. ADJOURNMENT</b>	Action

**CJUSD Mission:**

*Students will realize their dreams by developing communication skills, reasoning, integrity, and motivation through academic excellence, a well-rounded education, and being active citizens of our diverse community.*

## *Center Joint Unified School District*

Dept./Site: Superintendent's Office  
To: Board of Trustees  
Date: November 18, 2015  
From: Scott A. Loehr, Superintendent  
Principal's Initials: \_\_\_\_\_

**AGENDA REQUEST FOR:**

Action Item     X    

Information Item           

#Attached Pages           

**SUBJECT: Adoption of Minutes**

The minutes from the following meeting are being presented:

October 21, 2015 Regular Meeting

**RECOMMENDATION:** The CJUSD Board of Trustees approve the presented minutes.

**CONSENT AGENDA**



# **CENTER JOINT UNIFIED SCHOOL DISTRICT**

## **BOARD OF TRUSTEES REGULAR MEETING**

**District Board Room, Room 503  
Wilson C. Riles Middle School  
4747 PFE Road, Roseville, CA 95747**

**Wednesday, October 21, 2015**

### **MINUTES**

**OPEN SESSION - CALL TO ORDER** - President Kelley called the meeting to order at 5:30 p.m.

**ROLL CALL -** Trustees Present: Mrs. Anderson, Mr. Hunt, Mrs. Kelley, Mrs. Pope, Mr. Wilson

Administrators Present: Scott Loehr, Superintendent  
Craig Deason, Assist. Supt., Operations & Facilities  
Jeanne Bess, Director of Fiscal Services  
David Grimes, Director of Personnel/Student Services

#### **ANNOUNCEMENT OF ITEMS TO BE DISCUSSED IN CLOSED SESSION**

1. Conference with Labor Negotiator, David Grimes, Re: CSEA and CUTA (G.C. §54957.6)
2. Student Expulsions/Readmissions (G.C. §54962)

#### **PUBLIC COMMENTS REGARDING ITEMS TO BE DISCUSSED IN CLOSED SESSION**

**CLOSED SESSION - 5:30 p.m.**

**OPEN SESSION - CALL TO ORDER – 6:01 p.m.**

**FLAG SALUTE** - led by Paige Brannam

**ANNOUNCEMENT OF ACTION TAKEN IN CLOSED SESSION** – the Board met in Closed Session and no action was taken.

**ADOPTION OF AGENDA** - There was a motion to approve the adoption of the agenda as presented.

**Motion:** Wilson  
**Second:** Anderson

**Vote:** General Consent

#### **STUDENT BOARD REPRESENTATIVE REPORTS**

1. Center High School - Paige Brannam
  - coming along with Homecoming Week. Theme is Board Games: Seniors have Candyland, Juniors have Life, the Sophmores have Clue, and the Freshmen have Chutes and Ladders
  - decorations are coming along nicely around the school
  - Friday there will be a Rally after school, around 2:00 pm; everyone is invited to see the area decorations Friday morning at 7:00 am
2. McClellan High School - Samantha Lopez was not available to report.
3. Global Youth Charter School - Jessica Walden was not available to report.

## **ORGANIZATION REPORTS**

1. CUTA - Heather Woods, President, was not available to report. Vanessa Mason reported that CUTA was happy that they negotiated a 4% pay increase and great health care. She reported on the events happening at the sites: at North Country Paula Clement was awarded a grant for young readers medal books, at Oak Hill they had the Fall Festival last Friday and Trunk or Treat is upcoming, Spinelli is currently doing their Pennies for Patients drive and they have Math Night tomorrow night, Dudley had a very successful Fall Carnival last Friday and had Healthy Play training last Monday, Riles will have a Fun & Foam jog-a-thon this Friday, a Fall Dance next Friday, and their conferences were a big success. Riles is excited that the Volleyball and Football teams were champs this year.

2. CSEA - Marie Huggins, President, reported that they are excited that they have the same 4% salary increase and good health and welfare benefit packages. They have been able to negotiate that this week. They are looking for ratification by the 6th of November; they have the go ahead from the CSEA field office to proceed with their information meeting and then going on with voting. She thanked Wilson C. Riles MS for letting the chapter hold their member dinner there on October 1st. There were approximately 80 members in attendance. A warehouseman was the Grill Master. Its been good to see the year start off good; they have had 20 new member applications since All Staff Day.

## **REPORTS/PRESENTATIONS**

1. **Williams Uniform Complaint Quarterly Reporting** - David Grimes, Director of Personnel & Student Services, reported that there was nothing to report.

2. **California Assessment of Student Performance and Progress (CAASPP)** - Rebecca Lawson, Coordinator of Instruction, shared a PowerPoint with the Board. It covered how the online Smarter Balance assessments are different from previous California tests, new standards and tests (challenging for schools to teach and students to learn), how the student performance is reported on the Smarter Balance assessments, district results, comparison of our district with other county districts and the state, how reports are used, online resources and parent guides, and our next steps using the results.

Mr. Loehr noted that Illuminate will be a system that can help us along the way get assessment on how the students are doing, and its a very easy way for teachers to gather data. Mrs. Lawson noted that it really helps teachers identify what they need. Trustee Wilson asked if we are really evaluating what the students are learning or are we evaluating how we are teaching to the test. Mr. Loehr noted that we don't teach toward the test but teach the standards. What we are trying to get at is how did you get to the answer. He noted that we are working toward the standards, not to get better in our scores.

Trustee Kelley noted that we don't want to teach to the test, but it definitely tells us a lot of things. We have consistently seen that there is a problem in some of our grade levels with math. At the same time, looking in the training proposals that are in the Consent Agenda tonight, she didn't see anything in the area of math. Mr. Loehr noted that in year one the primary focus is on math and ELA training. Trustee Kelley thanked them for putting in the vertical collaboration. She also noted that we need to pour some effort into those who have students that don't do well. Mr. Loehr acknowledged Mr. Jordan and Mrs. Frisch for their efforts in having their folks working together.

## **COMMENTS FROM THE AUDIENCE REGARDING ITEMS NOT ON THE AGENDA -**

Steve Jackson, Principal at Dudley Elementary, noted that over the last 2 months their site has had major events. He thanked the CHS students that showed up to help clean up the campus. They hung in there the whole time. At the Fall Festival they had workers come help as well; they did a fantastic job.

## **BOARD/SUPERINTENDENT REPORTS**

### **Mrs. Pope**

- attended the Dudley Harvest Festival; observed the CHS students working hard.
- attended Oak Hill's Fall Festival; the PTAs put their heart and soul into the events. CHS students were there as well. She thanked the PTAs for everything they do for the schools.
- noted that Mr. Jordan did a survey regarding electives; she noted some totals of responses.
- attended Vickie Nunes retirement.
- attended the Global WASC visit.
- noted that CHS has created an app for your phone; it is an amazing tool for the parents.
- noted that she received Mr. French's newsletter and can't imagine him ever being an awful teacher.
- noted that in the Antelope News was CHS, McClellan, Preschool, Riles, and Dudley; all good advertising.

### **Mrs. Anderson**

- toured CHS to see some of the new things going on over there; she also toured Dudley.
- noted that the CHS app is fantastic.

**Mr. Wilson** - had nothing to report

### **Mrs. Kelley**

- attended the county Board dinner; it was an awesome presentation.
- noted that she is looking forward to homecoming; she will be working the snack bar.

**Mr. Hunt** - had nothing to report

### **Mr. Loehr**

- attended the SCOE Board dinner; noted that there was some interesting info that he got from the speaker.
- noted that campus tours have been great.
- complimented all of the staff for everything they are doing to make things happen.
- thanked Becky for the report and for keeping us on focus on a lot of this stuff.
- noted that he had an opportunity to meet with the Friends of Mondavi; we received 275 tickets, which are being distributed to 6 of our school sites. The district picks up the cost of the transportation to get them out there.

## **CONSENT AGENDA**

1. Approved Adoption of Minutes from September 16, 2015 Regular Meeting
2. Approved Educator Effectiveness Program Expenditure Plan
3. Approved Classified Personnel Transactions
4. Approved Certificated Personnel Transactions
5. Approved Professional Service Agreement: Supported Life Institute/CTEC
6. Ratified 2015/2016 Master Contracts:
  - Capitol Autism
  - Jabbergym Inc.

**CONSENT AGENDA (continued)**

7. Ratified 2015/2016 Individual Services Agreements:
  - 2015/16-174 Aldar Academy
  - 2015/16-175-179 American River Speech
  - 2015/16-180 Bright Futures Therapy
  - 2015/16-181 C.T.E.C.
  - 2015/16-182 Capitol Autism
  - 2015/16-183 Easter Seal Society of CA
  - 2015/16-184 Jabbergym
8. Approved Memorandum of Understanding Agreement #0883 Between Sacramento County Office of Education and Center Joint Unified School District for the 2015/2016 SCOE Let's Get Started with California's ELD Standards Workshop
9. Approved Memorandum of Understanding Agreement #0882 Between Sacramento County Office of Education and Center Joint Unified School District for the 2015/2016 SCOE Next Generation Science Standards (NGSS) Introduction Workshop
10. Ratified Renewal of 12 Month Unlimited Notification Service with Reliance Communications (School Messenger)
11. Approved Memorandum of Understanding Between Sacramento County Office of Education (SCOE, Sly Park Environmental Education Center and Center Joint Unified School District for Participation in the Sly Park Environmental Education Program
12. Approved Memorandum of Understanding Agreement #5 CJUSD-BPP with Sacramento County Office of Education for Bullying Prevention Grant through the Mental Health Services Act
13. Approved Professional Service Agreement: Creative Spirit
14. Approved Professional Service Agreement: A Touch of Understanding
15. Approved Field Trip: Center High School FBLA to "Leadership Development Institute Conference", Santa Clara, CA
16. Approved Professional Service Agreement: Isabella Maranon
17. Approved Agreement Between Center Joint Unified School District and GM Engineering for A/V System Upgrades - CHS
18. Approved Payroll Orders: July - September 2015
19. Approved Supplemental Agenda (Vendor Warrants): September 2015

**Motion:** Wilson  
**Second:** Pope

**Vote:** General Consent

**BUSINESS ITEMS**

**A. District Calendars 2016-17, 2017-18, and 2018-19**

Mr. Loehr thanked Mr. Grimes for all of his hard work on this; it is no easy task.

David Grimes, Director of Personnel & Student Services, noted that some of the priorities in putting these calendars together were:

1. maintaining a 10 month work year for 10 month employees
2. maintaining the district's traditional October break
3. providing a relatively even split between the first and second semesters while also providing for first semester finals before Winter Break

One other change of note, in 17-18 SY we are looking at coming back from Spring Break on the Monday following Easter. If we had the students come back on the Tuesday, it would move the teacher work day at the end of the year to fall on the day after Memorial Day.

**BUSINESS ITEMS (continued)**

Trustee Wilson noted that he still hates the October Break. Trustee Anderson asked how we got to the point of starting a whole month early. Mr. Loehr noted that our other option is to go farther into June. Mr. Grimes noted that the rationale is to get the semester finals done by Winter Break so they are not coming back in January to take finals. Mr. Loehr noted that we don't want to cross over into another month for those 10 month employees. Trustee Wilson noted that if we took away the October Break we could start school a week later.

Mr. Loehr noted that they wanted to share this with them before it was brought for a vote. Mr. Loehr noted that Sac City has been the only one that has held out, starting later than the rest of us, but they are now switching over. Trustee Pope noted that the semester break makes sense happening at Winter Break. Mr. Loehr agreed that it gives staff and students a mental break from school. Mr. Grimes noted that years ago some individuals were graduating mid year and by finishing at Winter Break it was allowing those students to start college classes in January. Trustee Pope noted that Mr. Grimes did a great job.

**B. APPROVED - Second Reading: Board Policies/Regulations/Exhibits**

**Motion:** Pope  
**Second:** Anderson

**Ayes:** Anderson, Hunt, Kelley, Pope  
**Noes:** Wilson

**ADVANCE PLANNING**

- a. *Future Meeting Dates:*
  - i. *Regular Meeting: Wednesday, November 18, 2015 @ 6:00 p.m. - District Board Room - Room 503, located at Riles Middle School, 4747 PFE Road, Roseville, CA 95747*
- b. *Suggested Agenda Items: possibly a new batch of policies will require a special meeting*

**ADJOURNMENT – 6:49 p.m.**

**Motion:** Hunt  
**Second:** Wilson

**Vote:** General Consent

Respectfully submitted,

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Scott A. Loehr, Superintendent  
Secretary to the Board of Trustees

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Delrae Pope, Clerk  
Board of Trustees

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Adoption Date

# *Center Joint Unified School District*

<b>AGENDA REQUEST FOR:</b>	
Dept./Site: Superintendent's Office	Action Item <u>X</u>
To: Board of Trustees	Information Item _____
Date: November 18, 2015	# Attached Pages <u>4</u>
From: Scott A. Loehr, Superintendent	
Principal/Administrator Initials: _____	

**SUBJECT: 2015-2016 Legal Services Engagement Letter and the Fees and Billing Practices - Van Dermiden Maddux**

The District would like to use the services of Van Dermiden Maddux for select items during the 2015-16 school year.

**RECOMMENDATION: CJUSD Board of Trustees approve the 2015-2016 Legal Services Engagement Letter and the Fees and Billing Practices - Van Dermiden Maddux.**

**CONSENT AGENDA**



**VAN DERMYNEN MADDUX**  
*Investigations Law Firm*

November 4, 2015

**VIA ELECTRONIC MAIL: [sloehr@centerusd.org](mailto:sloehr@centerusd.org)**

Scott Loehr, Superintendent  
Center Joint Unified School District  
8408 Watt Avenue  
Antelope, CA 95843

**Re: Engagement Letter for Legal Services**

Dear Mr. Loehr:

This letter will confirm your request to engage Van Dermynen Maddux Law Corporation ("the Firm") to provide employment and education related legal advice and counsel to the Governing Board of the Center Joint Unified School District ("Client") related to an employee dismissal hearing. This Agreement will govern all related legal services to be performed for this engagement.

**Fees and Costs**

Client agrees to pay the Firm at the rate following rates:

Staff	Discounted Hourly Rate for Local School District
Eve Fichtner, Partner	\$250

The Firm may incur various costs and expenses in performing services under this Agreement. Client agrees to pay for all costs and expenses, in addition to the hourly fee. Specifically, Client agrees to pay a 2% administrative charge calculated on the service fees billed. This fee covers costs and expenses incurred in our handling of the matter, such as postage, photocopies, parking fees, bridge or other road tolls, fax charges, telephone charges and other similar charges. This administrative fee does not include other out-of-pocket charges incurred by the Firm, such as messenger and other special delivery fees, other travel costs such as mileage reimbursement at \$0.575 per mile, meals, lodging, and similar charges. Client will be responsible for reimbursing Firm for the out-of-pocket expenses as actually

incurred by the Firm, and all costs and expenses will be charged at the Firm's cost. The Firm will not charge for word processing or overtime expenses associated with administrative personnel.

Any estimate of fees given by the Firm shall not be a guarantee. Actual fees may vary from estimates given.

#### **Billing Statements**

The Firm will send Client periodic statements for fees and costs incurred. Each statement will be payable within thirty (30) days of its mailing date. The statements shall include the amount, rate, basis of calculation or other method of determination of the fees and costs, which costs will be clearly identified by item and amount.

Payment is due upon presentation of the invoice. Invoices that remain unpaid after sixty (60) days from the invoice date are immediately subject to a late payment charge of fifteen percent (15%) per year, accrued monthly. Because this matter is of a sensitive nature and subject to the attorney-client privilege, we recommend that you treat our invoices as confidential documents and safeguard them appropriately.

#### **Discharge and Withdrawal**

Clients may terminate our legal services at any time effective upon delivery of written notice to the Firm. In this event, all unpaid charges will immediately become due and payable. Unless we specifically agree to do so, we will provide no further services and advance no further costs on the matter after we receive notice of termination. Our right to terminate services to a client is subject to certain Rules of Professional Conduct that: (a) require us to take reasonable steps to avoid foreseeable prejudice to the client from our withdrawal; and (b) establish standards for mandatory and permissive withdrawal under certain circumstances. Failure by a client to pay our bills in full, and on a timely basis, can constitute adequate grounds for us to withdraw.

#### **Return and Disposition of Files**

We will retain files related to Client for a period of three years after the matter is closed. At the end of the three-year period, we will have no further obligation to retain the files, and may, at our discretion, destroy them without further notice. You may request the files at any time.

#### **Conflicts Review**

We have performed a computerized check of potential conflicts of interest that might have prevented us from providing representation in this matter. Based on information provided by you, as well as the information available in our files, we are not aware of any conflicts of interest at this time. If you later learn of any additional parties with an interest in this matter, you should notify us immediately so that we can be certain that they create no problem with our representation of you. We will conduct a similar search with respect to each new matter you may refer to the Firm.



**Entire Agreement**

This letter represents our entire agreement, which will be effective on the date of your signature. It supersedes all prior agreements, statements, or promises made before this time.

**Cooperation**

To perform our services effectively, we require the full cooperation and support of all representatives of the Client. You can assist us by keeping us fully informed as to facts and developments relevant to our representation of you and to each matter assigned. It is essential that each client (as well as any employees or representatives) provide us with accurate and complete information, including written materials when requested, and that you make personnel available to the extent required.

**No Warranty of Result**

Although we believe that we can assist Client in reaching its goals, we cannot predict or represent that a particular result can be obtained. We can make no promises or guarantees regarding the outcome of the matter or matters that are the subject of our services.

To signify Client's agreement with the terms of this letter, please sign the original and retain it for your files. You should sign the enclosed copy and return it to us for our files.

Thank you for this opportunity to provide legal services.

Very truly yours,



Eve Fichtner

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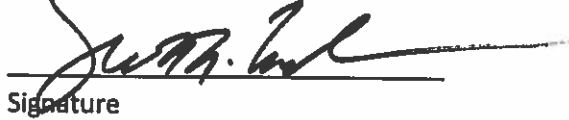
Mr. Loehr  
November 4, 2015  
Page 4

I have read and understand this engagement letter and the Fees and Billing Practices. I hereby confirm the engagement of Van Dermeyden Maddux Law Corporation to provide legal services in accordance with its terms.

**Center Joint Unified School District**

By: Scott A. Loehr

Authorized Representative's  
Printed Name

  
Signature

Date: November 4, 2015

*Center Joint Unified School District*

<b>AGENDA REQUEST FOR:</b>	
<b>Dept./Site:</b> Superintendent's Office	<b>Action Item</b> <u>    X    </u>
<b>To:</b> Board of Trustees	<b>Information Item</b> <u>          </u>
<b>Date:</b> November 18, 2015	<b># Attached Pages</b> <u>    4    </u>
<b>From:</b> Scott A. Loehr, Superintendent	
<b>Principal/Administrator Initials:</b> <u>                    </u>	

**SUBJECT: Memorandum of Understanding By and Between Center Joint Unified School District and The County of Sacramento**

This MOU defines the expectations, rights, and responsibilities of the parties with regard to providing certain services for all elections. This MOU supersedes any other agreement between the parties related to the matters covered by this MOU.

**RECOMMENDATION: CJUSD Board of Trustees Approve Memorandum of Understanding By and Between Center Joint Unified School District and The County of Sacramento.**

**MEMORANDUM OF UNDERSTANDING BY AND BETWEEN  
CENTER JOINT UNIFIED SCHOOL DISTRICT  
AND  
THE COUNTY OF SACRAMENTO**

1. **PARTIES.** This Memorandum of Understanding (MOU) is entered into by the Center Joint Unified School District, ("District") and the County of Sacramento, a political subdivision of the State of California ( County").

2. **PURPOSE OF THIS MOU.** The purpose of this MOU is to define the expectations, rights, and responsibilities of the parties with regard to providing certain services for all elections. This MOU supersedes any other agreement between the parties related to the matters covered by this MOU.

3. **ROLES AND RESPONSIBILITIES.** The responsibilities of the Sacramento County Registrar of Voters and the District Superintendent of the Center Joint Unified School District are defined in Attachment A (Scope of Services), which is a part of this MOU.

4. **REIMBURSEMENT FOR SERVICES PROVIDED.** The District agrees to reimburse the County for elections services within 30 days from receipt of an invoice from the County Elections Office. If there is a dispute about services provided or costs claimed, the Registrar of Voters and the City Clerk shall meet in good faith to resolve the dispute before any other remedies are sought.

5. **MUTUAL INDEMNIFICATION.**

5.1 District agrees to indemnify and hold harmless County, its officers, employees, agents, and volunteers from any and all liabilities for injury to persons and damage to property arising out of any act or omission of District, its officers, employees, agents or volunteers in connection with District's performance of its obligations under this MOU.

5.2 County agrees to indemnify and hold harmless District, its officers, employees, agents, and volunteers from any and all liabilities for injury to persons and damage to property arising out of any act or omission of County, its officers, employees, agents or volunteers in connection with County's performance of its obligations under this MOU.

5.3 This Section 5 survives the termination or expiration of this MOU.

6. **TERM OF AGREEMENT.** This MOU is effective upon the signatures of the parties, and may be modified at any time by the written consent of the parties. It may be terminated at any time upon mutual consent of the parties, or unilaterally upon written notice from the terminating party to the other party at least 60 days prior to the date of termination. The District shall reimburse the County for cost of services provided through the date of the termination notice.

CENTER JOINT UNIFIED SCHOOL  
DISTRICT,

COUNTY OF SACRAMENTO,  
a political subdivision of the State of  
California

By: \_\_\_\_\_  
Kelly Kelley, President  
Center Joint Unified School District  
Board of Trustees

By: \_\_\_\_\_  
Registrar of Voters

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

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

Approved as to Form:

Approved as to Form:

By: \_\_\_\_\_  
Delrae Pope, Clerk  
Center Joint Unified School District  
Board of Trustees

By: \_\_\_\_\_  
County Counsel

## ATTACHMENT A - SCOPE OF SERVICES

### ALL ELECTIONS

**Registrar of Voters shall provide the following services for all Center Joint Unified School District elections:**

1. Prepare election process forms and provide to the District Superintendent at least 120 days prior to the election.
2. Verify signatures on petitions, including but not limited to, all candidate official filing forms, nomination paper petitions, and supplemental nomination paper petitions; initiative, referendum, and recall petitions; Notices of Intent to Circulate Petitions; and Notices of Intent to Recall.
3. Assign measure letters.
4. Prepare, translate, and format the sample ballot for materials including, as applicable: candidates' statement, ballot arguments and rebuttals, measure ballot title and summary, measure impartial analysis, facsimile ballot, voting instructions, polling place information, and map and/or address of ballot drop-off locations in the Center Joint Unified School District.
5. Supply sample ballot materials to registered voters in the affected District.
6. Provide to the District Superintendent an electronic listing of all electors eligible to vote in the election, including polling place, if applicable.
7. Provide ballot tabulation equipment and qualified and trained personnel for its operation throughout the election as provided by law.
8. Provide security during ballot counting and tabulation process.
9. Provide sufficient personnel to deliver, process, count, and tabulate election ballots.
10. Provide sufficient personnel to process, count, and tabulate signature withdrawal requests.
11. Distribute and process vote-by-mail ballots.
12. Distribute and process provisional ballots and challenged ballots.
13. Perform canvass and issue Official Statement of Vote to the District Superintendent as required by federal and state election laws.
14. Prepare invoices for services rendered within 45 days of the election and provide revised invoices, as necessary, following cost reconciliation.
15. Other services as requested by the District Superintendent.

**The District Superintendent shall provide the following services to the Registrar of Voters for all District elections:**

1. Provide a copy of the resolution calling the election and requesting services as required by federal and state election law.
2. Provide Board action regarding costs for printing of candidate statements.
3. As applicable, promptly furnish copies of the full text of measures, including a written description of any related maps or images, impartial analysis, ballot title and summary, arguments, and rebuttals.
4. Remit payment for services rendered within 30 days of receiving invoice.

## ELECTION POLLING LOCATIONS

**The Registrar of Voters shall provide the additional following services for Center Joint Unified School District polling location elections:**

1. Establish polling locations that are compliant with State of California law regarding accessibility.
2. Provide furniture and equipment, as needed, for polling locations and poll workers.
3. Hire, train, and compensate poll workers and alternate poll workers.
4. Hire, train, and compensate Coordinators and technical teams for technical and logistical support to poll workers and elections personnel.
5. Provide the District Superintendent with a direct link to County website that indicates polling locations.

**The District Superintendent shall provide the additional following services for Center Joint Unified School District polling place elections:**

1. Provide location and security for a ballot box for vote-by-mail drop-offs at District Office on Election Day and at least 15 days prior. *(this item optional at request of District)*

## ALL-MAIL-BALLOT ELECTIONS

**The Registrar of Voters shall provide the additional following services for Center Joint Unified School District all-mail-ballot elections:**


1. Provide materials, equipment, staffing, and activities required for all-mail-ballot elections as required by law.
2. Hire and train workers for ballot drop-off locations.
3. Provide for the establishment of ballot drop-off locations, with days and hours of operation for a period of at least 15 days prior to Election Day and on Election Day from 7 a.m. to 8 p.m. or as required by election law.
4. Provide materials, furniture, and equipment, as needed, for ballot drop-off locations.
5. Timely deliver all official ballots as required by law.
6. Provide daily tallies of returned ballots by district as requested to the District Superintendent.

**The District Superintendent shall provide to the Registrar of Voters for Center Joint Unified School District all-mail-ballot elections:**

1. Assist with the identification of potential facilities for ballot drop-off locations.
2. Provide location and security for a ballot box for vote-by-mail drop-offs at District Office on Election Day and 15 days prior to Election Day or as otherwise required by law. *(this item optional at request of District)*

# *Center Joint Unified School District*

**AGENDA REQUEST FOR:**

<b>Dept./Site:</b>	Personnel Department	<b>Action Item</b>	<u>X</u>
<b>Date:</b>	November 18, 2015	<b>Information Item</b>	<u>  </u>
<b>To:</b>	Board of Trustees	<b># Attached Pages</b>	<u>  1  </u>
<b>From:</b>	David Grimes,  Director of Personnel and Student Services		

**Subject: Classified Personnel Transactions**

**New Hire**

Hannah Hammer, Cafeteria Worker  
 Kimberley Kelly, Instructional Assistant  
 Ashley Votaw, Transition Partnership Program Asst.  
 Amy Roenspie, Behavior Specialist II  
 Corajane Munoz, Office Assistant  
 Kaela Coble, Instructional Specialist PH/Autism

**Resignation**

Lucas Smpardos, Custodian  
 Theresa Smith, Cafeteria Worker  
 Joseph Surin, Cafeteria Worker

**Recommendation: Approve Classified Personnel Transactions as Submitted**

**CONSENT AGENDA**



Hannah Hammer has been hired as a Cafeteria Worker, Center High School effective September 21, 2015.

Kimberley Kelly has been hired as an Instructional Assistant, Dudley Elementary School effective September 23, 2015.

Ashley Votaw has been hired as a Transition Partnership Program Assistant, Center High School effective September 28, 2015.

Amy Roenspie has been hired as a Behavior Specialist II, District wide effective October 1, 2015.

Corajane Munoz has been hired as an Office Assistant, Wilson Riles Middle School effective October 12, 2015.

Kaela Coble has been hired as an Instructional Specialist PH/Autism, Spinelli Elementary School effective October 12, 2015.

Lucas Smpardos has resigned from his position as Custodian, Center High School effective October 20, 2015.

Theresa Smith has resigned from her position as Cafeteria Worker, Center High School effective October 26, 2015.

Joseph Surin has resigned from his position as Cafeteria Worker, Oak Hill Elementary School effective November 5, 2015.

# Center Joint Unified School District

**AGENDA REQUEST FOR:**

**Dept./Site:** Personnel Department

**Action Item** X

**Date:** November 18, 2015

**Information Item** -

**To:** Board of Trustees

**# Attached Pages** 1

**From:**  David Grimes, Director of Personnel and Student Services

**Subject:** Certificated Personnel Transaction

**Resignation**

Melvin Yee, Wilson Riles Middle School

**Recommendation:** Approve Certificated Personnel Transaction as Submitted

CONSENT AGENDA

**Resignation**

Melvin Yee has resigned from his position as Special Education Teacher, Wilson Riles Middle School, effective end of day on October 30, 2015.

## *Center Joint Unified School District*

<b>Dept./Site:</b> Superintendent's Office		<b>AGENDA REQUEST FOR:</b>
<b>To:</b>	Board of Trustees	Action Item <u>X</u>
<b>Date:</b>	November 18, 2015	Information Item _____
<b>From:</b>	David Grimes, Director of Personnel	# Attached Pages <u>3</u>
<b>Principal/Administrator Initials:</b> _____		

**SUBJECT:** Tentative Agreement Between CJUSD and CUTA

The District and CUTA came to an agreement regarding 2015/16 Salary and 2016 Health and Welfare Benefits.

**RECOMMENDATION:** The CJUSD Board of Trustees approve the Tentative Agreement Between CJUSD and CUTA.

CONSENT AGENDA

**TENTATIVE AGREEMENT**  
**Between**  
**CENTER JOINT UNIFIED SCHOOL DISTRICT**  
**And**  
**CENTER UNIFIED TEACHERS ASSOCIATION**

The District and CUTA agree to the following related to Salary for the school year 2015/16 and Health and Welfare Benefits for the year 2016:

1. The certificated salary schedule will be increased by 4% using the 2014/15 schedule as a baseline. The salary increase will be retroactive to July 1, 2015.
2. CUTA employee and District contributions for Health and Welfare Benefits for the year 2016 will be as outlined on the attached sheet labeled Health and Welfare Benefits for CUTA for Calendar Year 2016.
3. In the event that the District's agreement with the other bargaining unit exceeds what is offered above, the District agrees to match that agreement for CUTA.
4. This agreement does not constitute a precedent for any future agreement in salary or Health and Welfare Benefits.

For CUTA:

DATE: 10/26/15

BY: Heather Woods  
Heather Woods  
CUTA President

DATE: 10/21/15

BY: Venessa Mason  
Venessa Mason  
CUTA Bargaining Chair

For DISTRICT:

DATE: 10/21/15

BY: David Grimes  
David Grimes  
Director of Personnel

**WHA - current HMO plan**

WHA - HDHP

<b>Total of WHA Costs</b>	<b>8,592.85</b>
---------------------------	-----------------

## Kalsor HDHP

**Total Kaiser Savings** **(9,605.65)**

**Delta Dental PPO - Incentive**

Composite	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
	173.00	133.10	39.90	169.55	(3.45)	132.24	37.31	102	(87.72)

**Delta Dental PPO - Classified**

Composite	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
	128.77	108.26	20.51	126.19	(2.58)	106.33	19.86	0	-

**Delta Dental PPO - Certificated**

Composite	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
	149.35	119.21	30.14	146.36	(2.99)	118.46	27.90	114	(85.50)

Per Month (173.22)  
6 Month Total (1,039.32)

**VSP**

Composite	Premium for 2014	Premium for 2015	Premium Increase Per Month	# employees Per Plan	Total Cost Per Plan
	31.62	34.79	3.17	140	443.80
Per Month					443.80
6 Month Total					2,662.80
6 Months Total					-
6 Months Total for Medical, Vision, and Dental					610.68

# *Center Joint Unified School District*

<b>AGENDA REQUEST FOR:</b>	
Dept./Site: Superintendent's Office	Action Item <u>X</u>
To: Board of Trustees	Information Item <u>      </u>
Date: November 18, 2015	# Attached Pages <u>2</u>
From: David Grimes, Director of Personnel	
Principal/Administrator Initials: <u>      </u>	

**SUBJECT: Tentative Agreement Between CJUSD and CSEA**

The District and CSEA came to an agreement regarding 2015/16 Salary and 2016 Health and Welfare Benefits.

**RECOMMENDATION: The CJUSD Board of Trustees approve the Tentative Agreement Between CJUSD and CSEA.**

CONSENT AGENDA



T.A:d  
10/19/15  
[Signature]  
10/19/15

**TENTATIVE AGREEMENT**  
**Between**  
**CENTER JOINT UNIFIED SCHOOL DISTRICT**  
**And**  
**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION, LOCAL 610**

1. The classified and noon duty aide salary schedules will be increased by 4% using the 2014/15 schedule as the baseline. The salary increase will be retroactive to July 1, 2015.
2. Effective January 1, 2016, Sections A-E of Article XX, Health and Welfare Benefits, of the Collective Bargaining Agreement, shall read as follows:

**HEALTH AND WELFARE BENEFITS**  
**Effective 1/1/16**

- A. For calendar year 2016, the District will make available three plans of Western Health Advantage and two plans of Kaiser for employees.
- B. Full time Employees may elect one (1) of the following health coverage plans:

	District Cost	Employee Cost	Total Premium
<b>Western Health HMO</b>			
Employee only	592.58	18.73	611.31
Employee + one	888.49	392.24	1,280.73
Employee + family	1,268.42	559.97	1,828.39
<b>Western Health Advantage 420 Plan</b>			
Employee + family	1,149.78	507.41	1,657.19
<b>WHA - HDHP ***</b>			
Employee only	453.42	12.20	465.62
Employee + one	934.36	41.14	975.50
Employee + family	1,333.91	58.73	1,392.64
<b>Kaiser HMO</b>			
Employee only	604.46	25.33	629.79
Employee + one	906.50	416.56	1,322.56
Employee + family	1,295.00	594.37	1,889.37
<b>Kaiser - HDHP ***</b>			
Employee only	413.85	0.00	413.85
Employee + one	869.08	0.00	869.08
Employee + family	1,241.54	0.00	1,241.54

C. The District will reimburse \$50 of the \$100 Emergency Room Services charge. Applicable claims incurred above shall be submitted on District reimbursement forms which are available in the Business Office. The District will reimburse employee for verification claims within thirty (30) calendar days of receipt in the Business Office; reimbursement checks shall be sent to the employee's home address.

D. Full time Employees may elect one (1) of the following dental coverage plans:

	District Cost	Employee Cost	Total
<b>Dental (composite)</b>			
\$2000 cap	110.08	31.21	141.29
DPO - Network (Preferred)	89.12	15.56	105.16

Full time Employees hired after 1/1/05 shall only be eligible for the Preferred coverage plan as shown above.

E. Full time Employees, who are not already covered by Kaiser vision, may elect the following vision coverage plan:

	District Cost	Employee Cost	Total
<b>Vision (composite)</b>			
VSP	28.99	0.00	28.99

For CSEA:

DATE: 10/19/15

BY: Marie Huggins  
Marie Huggins  
CSEA President, Chapter 610

DATE: 10/19/15

BY: Lindsey Jones  
Lindsey Jones  
CSEA Labor Relations Representative

For DISTRICT:

DATE: Oct. 19, 2015

BY: David Grimes  
David Grimes  
Director of Personnel

# *Center Joint Unified School District*

		<b>AGENDA REQUEST FOR:</b>
<b>Dept./Site:</b>	<b>Business Department</b>	<b>Action Item</b> <u>  X  </u>
<b>To:</b>	<b>Board of Trustees</b>	<b>Information Item</b> <u>      </u>
<b>Date:</b>	<b>November 18, 2015</b>	<b># Attached Pages</b> <u>  17  </u>
<b>From:</b>	<b>Jeanne Bess</b>	
	<b>Director of Fiscal Services</b>	

**SUBJECT: CUTA/CJUSD Employee Salary & Benefit Compensation 2015/16  
and  
AB 1200 Public Disclosure**

Attached is the 2015/16 Salary and Benefit Compensation Agreements between CUTA and CJUSD, effective July 1, 2015 and the AB 1200 Public Disclosure document which discloses the impact on the District's budget.

**RECOMMENDATION: The CJUSD Board of Trustees approve the Salary and Benefits Compensation Agreements as Presented.**

CONSENT AGENDA

**I. CERTIFICATION NO. 1: CERTIFICATION OF THE DISTRICTS ABILITY TO MEET THE COSTS OF COLLECTIVE BARGAINING AGREEMENT**

The disclosure document must be signed by the district Superintendent and Chief Business Officer at the time of public disclosure.

In accordance with the requirements of Government Code Section 3547.5, the Superintendent and Director of Fiscal Services of Center Joint Unified School District, hereby certify that the District can meet the costs incurred under the Collective Bargaining Agreement between the District and the Certificated Bargaining unit, during the term of the agreement from July 1, 2015 to June 30, 2016.

The budget revisions necessary to meet the costs of the agreement is each year of its term are as follows:

**Budget Adjustment Categories:**

**Revenues/Other Financing Sources**

**Expenditures/Other Financing Uses**

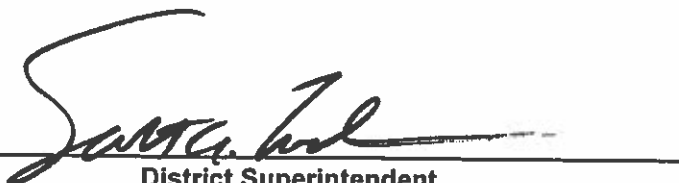
**Ending Balance Increase (Decrease)**

**Budget Adjustment  
Increase (Decrease)**

0

759,660

First Interim Reflects Budget Adjustment



District Superintendent  
(Signature)

November 2, 2015  
Date



Director of Fiscal Services  
(Signature)

November 2, 2015  
Date

**SACRAMENTO COUNTY OFFICE OF EDUCATION**  
**PUBLIC DISCLOSURE OF COLLECTIVE BARGAINING AGREEMENT**  
 In Accordance with AB 1200 (Chapter 1213/1991), GC 3547.5, and CCR, Title V, Section 15449

Name of School District: Center Joint Unified School District  
 Name of Bargaining Unit: Center Unified Teachers Association  
 Certificated, Classified, Other: Certificated

The proposed agreement covers the period beginning: July 1, 2015 and ending: June 30, 2016  
 (date) (date)

The Governing Board will act upon the agreement on: November 18, 2015  
 (date)

Note: This form, along with a copy of the proposed agreement, must be submitted to the County Office at least ten (10) working days prior to the date the Governing Board will take action.

**A. Proposed Change in Compensation**

Compensation		Fiscal Impact of Proposed Agreement			
		Annual			
		Cost Prior to	Year 1	Year 2	Year 3
		Proposed Agreement	Increase (Decrease)	Increase (Decrease)	Increase (Decrease)
		FY 15/16	FY 15/16	FY 16/17	FY 17/18
1	Salary Schedule (This is to include Step and Columns, which is also reported separately in Item 6)	\$16,411,026.00	\$666,481.00	\$666,481.00	\$666,481.00
			4.06%	3.90%	3.76%
2	Other Compensation Stipends, Bonuses, Longevity, Overtime, Differential, Callback or Standby Pay, etc.	\$267,312.00	\$0.00	\$0.00	\$0.00
			0.00%	0.00%	0.00%
	Description of other compensation	Stipends	n/a	n/a	n/a
3	Statutory Benefits - STRS, PERS, FICA WE, UI, Medicare, etc.	\$2,532,363.00	\$92,568.00	\$104,897.00	\$111,562.00
			3.66%	4.00%	4.09%
4	Health/Welfare Plans	\$2,461,565.00	\$611.00	\$0.00	\$0.00
5	Total Compensation - Add Items 1 through 4 to equal 5	\$21,672,266.00	\$759,660.00	\$771,378.00	\$778,043.00
			3.51%	3.44%	3.35%
6	Step and Column - Due to movement plus any changes due to settlement. This is a subset of Item No. 1	\$339,152.00	n/a	\$339,152.00	\$339,152.00
7	Total Number of Represented Employees (Use FTEs if appropriate)	228.54	228.54	230	232
8	Total Compensation Average Cost per Employee	94,829.20	3,323.97	3,375.24	3,404.41
			3.51%	3.44%	3.35%

9. What was the negotiated percentage increase approved? For example, if the increase in "Year 1" was for less than a full year, what is the annualized percentage of that increase for "Year 1"?

4.0 % on the salary schedule. For health & welfare, the District will pay the increased premium for Western Health Advantage. Certificated employees will not see an increase in WHA contributions. The savings from Kaiser premium reductions will be split; approximately 75% of the savings will be passed to the Certificated employee. The remaining 25% of the Kaiser premium savings will be used to off-set the District's increased contribution to WHA premiums.

10. Were any additional steps, columns, or range added to the schedule? (If yes, please explain.)

No.

11. Please include comments and explanations as necessary. (If more room is necessary, please attach an additional sheet.)

N/A

12. Does this bargaining unit have a negotiated cap for Health & Welfare Yes ☒ | No ☐

If yes, please describe the cap amount.

Each year the shared contribution between the District and the Certificated employees is negotiated. CUTA members pay approximately 38% of the premium depending on the plan design. CUTA members pay approximately 19% of dental premiums. Vision is paid by the District unless the employee has Kaiser as their medical carrier.

- B. Proposed Negotiated Changes in Noncompensation Items (i.e., class size adjustments, staff development days, teacher prep time, classified staffing rations, etc.)

None.

- C. What are the specific impacts (positive or negative) on instructional and support programs accommodate the settlement? Include the impact of changes such as staff reductions or increases, program reductions or increases, elimination or expansion of other services or programs (i.e., counselors, librarians, custodial staff, etc.)

None.

**D. What contingency language is included in the proposed agreement (e.g., reopeners, etc.)?**

None.

**E. Will this agreement create, or decrease deficit financing in the current or subsequent year(s)? "Deficit Financing" is defined to exist when a fund's expenditures and other financing uses exceed its revenue and other financing sources in a given year. If yes, explain the amounts and justification for doing so.**

This agreement is using undesignated unrestricted funds. The District will not fall into deficit spending and still maintains a full 3% reserve.

**F. Identify other major provisions that do not directly affect the district's costs, such as binding arbitrations, grievance procedures, etc.**

None.

**G. Source of Funding for Proposed Agreement**

**1. Current Year**

The funding will be from unrestricted, undesignated, on-going revenue

**2. If this is a single year agreement, how will the ongoing cost of the proposed agreement be funded in subsequent years (i.e., what will all the district to afford this contract)?**

Same as above.

**3. If this is a multiyear agreement, what is the source of funding, including assumptions used, to fund these obligations in subsequent years? (Remember to include compounding effects in meeting obligations.)**

N/A

## H. IMPACT OF PROPOSED AGREEMENT ON UNRESTRICTED RESERVES

### 1. State Reserve Standard

		2015/16	2016/17	2017/18
a.	Total Expenditures, Transfers Out, and Uses (Including Cost of Proposed Agreement)	\$42,146,355	\$43,060,465	\$44,605,576
b.	State Standard Minimum Reserve Percentage for this District :	3%	3%	3%
c.	State Standard Minimum Reserve Amount for this District (For districts with less than 1,001 ADA, this is the greater of Line a, times Line b, OR \$50,000	\$1,264,391	\$1,291,814	\$1,338,167

### 2. Budgeted Unrestricted Reserve (After Impact of Proposed Agreement)

a.	General Fund Budgeted Unrestricted Designated for Economic Uncertainties (9770)	\$1,264,395	\$1,291,815	\$1,338,170
b.	General Fund Budgeted Unrestricted Unappropriated Amount (9790)	\$1,568,179	\$1,871,636	\$2,036,594
c.	Special Reserve Fund (Fund 17) Budgeted Designated for Economic Uncertainties (9770)	\$0	\$0	\$0
d.	Special Reserve Fund (Fund 17) Budgeted Unappropriate Amount (9790)	\$1,058,323	\$1,058,323	\$1,058,323
g.	Total Available Reserves	\$3,890,897	\$4,221,774	\$4,433,087
h.	Reserve for Economic Uncertainties Percentage	9.2%	9.8%	9.9%

### 3. Do unrestricted reserves meet the state minimum reserve amount?

2015/16	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2016/17	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2017/18	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>



## H. IMPACT OF PROPOSED AGREEMENT ON UNRESTRICTED RESERVES

### 1. State Reserve Standard

	2015/16	2016/17	2017/18
a. Total Expenditures, Transfers Out, and Uses (Including Cost of Proposed Agreement)	\$42,146,355	\$43,181,211	\$44,571,714
b. State Standard Minimum Reserve Percentage for this District :	3%	3%	3%
c. State Standard Minimum Reserve Amount for this District (For districts with less than 1,001 ADA, this is the greater of Line a, times Line b, OR \$50,000	\$1,264,391	\$1,295,436	\$1,337,151

### 2. Budgeted Unrestricted Reserve (After Impact of Proposed Agreement)

a. General Fund Budgeted Unrestricted Designated for Economic Uncertainties (9770)	\$1,264,395	\$1,295,436	\$1,337,155
b. General Fund Budgeted Unrestricted Unappropriated Amount (9790)	\$1,568,179	\$1,900,690	\$2,036,594
c. Special Reserve Fund (Fund 17) Budgeted Designated for Economic Uncertainties (9770)	\$0	\$0	\$0
d. Special Reserve Fund (Fund 17) Budgeted Unappropriate Amount (9790)	\$1,058,323	\$1,058,323	\$1,058,323
g. Total Available Reserves	\$3,890,897	\$4,254,449	\$4,432,072
h. Reserve for Economic Uncertainties Percentage	9.2%	9.9%	9.9%

### 3. Do unrestricted reserves meet the state minimum reserve amount?

2015/16	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2016/17	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2017/18	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## H. IMPACT OF PROPOSED AGREEMENT ON CURRENT YEAR OPERATING BUDGET

### Unrestricted General Fund

Enter Bargaining Unit: **Certificated**

	Column 1	Column 2	Column 3	Column 4
	Latest Board - Approved Budget Before Settlement (As of 07/01/15)	Adjustments as a Result of Settlement	Other Revisions	Total Current Budget (Columns 1+2+3)
<b>REVENUES</b>				
LCFF/ Revenue Limit Sources (8010-8099)	\$ 34,056,076	\$ -	\$ 1,502,047	\$ 35,558,123
Remaining Revenues (8100-8799)	\$ 842,740	\$ -	\$ 154,000	\$ 996,740
<b>TOTAL REVENUES</b>	\$ 34,898,816	\$ -	\$ 1,656,047	\$ 36,554,863
<b>EXPENDITURES</b>				
Certificated Salaries (1000-1999)	\$ 14,930,693	\$ 666,481	\$ -	\$ 15,597,174
Classified Salaries (2000-2999)	\$ 3,963,450	\$ -	\$ -	\$ 3,963,450
Employee Benefits (3000-3999)	\$ 5,756,825	\$ 93,179	\$ -	\$ 5,850,004
Books and Supplies (4000-4999)	\$ 896,700	\$ -	\$ -	\$ 896,700
Services, Other Operating Expenses (5000-5999)	\$ 3,300,884	\$ -	\$ -	\$ 3,300,884
Capital Outlay (6000-6999)	\$ -	\$ -	\$ -	\$ -
Other Outgo (7100-7299) (7400-7499)	\$ 10,050	\$ -	\$ -	\$ 10,050
Direct Support/Indirect Cost (7300-7399)	\$ (95,449)	\$ -	\$ -	\$ (95,449)
Other Adjustments	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	\$ 28,763,153	\$ 759,660	\$ -	\$ 29,522,813
<b>OPERATING SURPLUS (DEFICIT)</b>	\$ 6,135,663	\$ (759,660)	\$ 1,656,047	\$ 7,032,050
<b>TRANSFERS IN &amp; OTHER SOURCES (8910-8979)</b>	\$ -	\$ -	\$ -	\$ -
<b>TRANSFERS OUT &amp; OTHER USES (7610-7699)</b>	\$ 281,978	\$ -	\$ -	\$ 281,978
<b>CONTRIBUTIONS (8980-8999)</b>	\$ (5,567,978)	\$ -	\$ -	\$ (5,567,978)
<b>CURRENT YEAR INCREASE (DECREASE) IN FUND BALANCE</b>	\$ 285,707	\$ (759,660)	\$ 1,656,047	\$ 1,182,094
<b>BEGINNING BALANCE</b>	\$ 1,295,776	\$ -	\$ -	\$ 1,295,776
Prior-Year Adjustments/Restatements (9793/9795)	\$ -			\$ -
<b>CURRENT-YEAR ENDING BALANCE</b>	\$ 1,581,483	\$ (759,660)	\$ 1,656,047	\$ 2,477,870
<b>COMPONENTS OF ENDING BALANCE:</b>				
Reserved Amounts (9711-9740)	\$ 93,101	\$ -	\$ -	\$ 93,101
Reserved for Economic Uncertainties (9770)	\$ 1,202,455	\$ 22,790	\$ -	\$ 1,225,245
Designated Amounts (9775-9780)	\$ -	\$ -	\$ -	\$ -
Unappropriated Amounts (9790)	\$ 285,927	\$ (782,450)	\$ 1,656,047	\$ 1,159,524

\* Please see question on page 7.

## H. IMPACT OF PROPOSED AGREEMENT ON CURRENT YEAR OPERATING BUDGET

### Restricted General Fund

Enter Bargaining Unit: **Certificated**

	Column 1	Column 2	Column 3	Column 4
	Latest Board - Approved Budget Before Settlement (As of 07/01/15)	Adjustments as a Result of Settlement	Other Revisions	Total Current Budget (Columns 1+2+3)
<b>REVENUES</b>				
LCFF/ Revenue Limit Sources (8010-8099)	\$ -	\$ -	\$ -	\$ -
Remaining Revenues (8100-8799)	\$ 5,572,571		\$ -	\$ 5,572,571
<b>TOTAL REVENUES</b>	\$ 5,572,571	\$ -	\$ -	\$ 5,572,571
<b>EXPENDITURES</b>				
Certificated Salaries (1000-1999)	\$ 3,811,214	\$ 180,544	\$ -	\$ 3,991,758
Classified Salaries (2000-2999)	\$ 2,416,145	\$ -	\$ -	\$ 2,416,145
Employee Benefits (3000-3999)	\$ 1,912,169	\$ 34,856	\$ -	\$ 1,947,025
Books and Supplies (4000-4999)	\$ 1,318,220	\$ -	\$ -	\$ 1,318,220
Services, Other Operating Expenses (5000-5999)	\$ 1,304,800	\$ -	\$ -	\$ 1,304,800
Capital Outlay (6000-6999)	\$ -	\$ -	\$ -	\$ -
Other Outgo (7100-7299) (7400-7499)	\$ 229,010	\$ -	\$ -	\$ 229,010
Direct Support/Indirect Cost (7300-7399)	\$ 44,991	\$ -	\$ -	\$ 44,991
Other Adjustments	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	\$ 11,036,549	\$ 215,400	\$ -	\$ 11,251,949
<b>OPERATING SURPLUS (DEFICIT)</b>	\$ (5,463,978)	\$ (215,400)	\$ -	\$ (5,679,378)
<b>TRANSFERS IN &amp; OTHER SOURCES (8910-8979)</b>	\$ -	\$ -	\$ -	\$ -
<b>TRANSFERS OUT &amp; OTHER USES (7610-7699)</b>	\$ -	\$ -	\$ -	\$ -
<b>CONTRIBUTIONS (8980-8999)</b>	\$ 5,567,978	\$ 215,400	\$ -	\$ 5,783,378
<b>CURRENT YEAR INCREASE (DECREASE) IN FUND BALANCE</b>	\$ 104,000	\$ -	\$ -	\$ 104,000
<b>BEGINNING BALANCE</b>	\$ 809,699	\$ -	\$ -	\$ 809,699
Prior-Year Adjustments/Restatements (9793/9795)	\$ -			\$ -
<b>CURRENT-YEAR ENDING BALANCE</b>	\$ 913,699	\$ -	\$ -	\$ 913,699
<b>COMPONENTS OF ENDING BALANCE:</b>				
Reserved Amounts (9711-9740)	\$ 913,699	\$ -	\$ -	\$ 913,699
Reserved for Economic Uncertainties (9770)	\$ -	\$ -	\$ -	\$ -
Designated Amounts (9775-9780)	\$ -	\$ -	\$ -	\$ -
Unappropriated Amounts (9790)	\$ -	\$ -	\$ -	\$ -

## H. IMPACT OF PROPOSED AGREEMENT ON CURRENT YEAR OPERATING BUDGET

### Combined General Fund

Enter Bargaining Unit: **Certificated**

	Column 1	Column 2	Column 3	Column 4
	Latest Board - Approved Budget Before Settlement (As of 9/15/10)	Adjustments as a Result of Settlement	Other Revisions	Total Current Budget (Columns 1+2+3)
<b>REVENUES</b>				
Revenue Limit Sources (8010-8099)	\$ 34,056,076	\$ -	\$ 1,502,047	\$ 35,558,123
Remaining Revenues (8100-8799)	\$ 6,415,311	\$ -	\$ 154,000	\$ 6,569,311
<b>TOTAL REVENUES</b>	\$ 40,471,387	\$ -	\$ 1,656,047	\$ 42,127,434
<b>EXPENDITURES</b>				
Certificated Salaries (1000-1999)	\$ 18,741,907	\$ 847,025	\$ -	\$ 19,588,932
Classified Salaries (2000-2999)	\$ 6,379,595	\$ -	\$ -	\$ 6,379,595
Employee Benefits (3000-3999)	\$ 7,668,994	\$ 128,035	\$ -	\$ 7,797,029
Books and Supplies (4000-4999)	\$ 2,214,920	\$ -	\$ -	\$ 2,214,920
Services, Other Operating Expenses (5000-5999)	\$ 4,605,684	\$ -	\$ -	\$ 4,605,684
Capital Outlay (6000-6999)	\$ -	\$ -	\$ -	\$ -
Other Outgo (7100-7299) (7400-7499)	\$ 239,060	\$ -	\$ -	\$ 239,060
Direct Support/Indirect Cost (7300-7399)	\$ (50,458)	\$ -	\$ -	\$ (50,458)
Other Adjustments	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	\$ 39,799,702	\$ 975,060	\$ -	\$ 40,774,762
<b>OPERATING SURPLUS (DEFICIT)</b>	\$ 671,685	\$ (975,060)	\$ 1,656,047	\$ 1,352,672
<b>TRANSFERS IN &amp; OTHER SOURCES (8910-8979)</b>	\$ -	\$ -	\$ -	\$ -
<b>TRANSFERS OUT &amp; OTHER USES (7610-7699)</b>	\$ 281,978	\$ -	\$ -	\$ 281,978
<b>CONTRIBUTIONS (8980-8999)</b>	\$ -	\$ 215,400	\$ -	\$ 215,400
<b>CURRENT YEAR INCREASE (DECREASE) IN FUND BALANCE</b>	\$ 389,707	\$ (759,660)	\$ 1,656,047	\$ 1,286,094
<b>BEGINNING BALANCE</b>	\$ 2,105,475	\$ -	\$ -	\$ 2,105,475
Prior-Year Adjustments/Restatements (9793/9795)	\$ -			\$ -
<b>CURRENT-YEAR ENDING BALANCE</b>	\$ 2,495,182	\$ (759,660)	\$ 1,656,047	\$ 3,391,569
<b>COMPONENTS OF ENDING BALANCE:</b>				
Reserved Amounts (9711-9740)	\$ 1,006,800	\$ -	\$ -	\$ 1,006,800
Reserved for Economic Uncertainties (9770)	\$ 1,202,455	\$ 44,035	\$ -	\$ 1,246,490
Designated Amounts (9775-9780)	\$ -	\$ -	\$ -	\$ -
Unappropriated Amounts - Unrestricted (9790)	\$ 285,927	\$ (782,450)	\$ 1,656,047	\$ 1,159,524
Unappropriated Amounts - Restricted (9790)	\$ -	\$ -	\$ -	\$ -
Reserve for Economic Uncertainties Percentage	3.00%			3.04%

## Public Disclosure of Proposed Collective Bargaining Agreement

**4. Please include any additional comments and explanation of Page 4 if necessary:** As a reminder, the adopted budget was approved with a 32% LCFF GAP closure. Since then the State adopted it's budget and the First Interim report will reflect the corrected GAP closure at 51%.

Center Joint Unified School District  
AB1200 Multi Year Projection  
As of November 2, 2015

Unrestricted		Adopted Budget		
	Objects	15/16 Budget	16/17 Projection	17/18 Projection
LCFF/RLSources				
State Aid	8011	24,949,012.00	26,362,327.00	28,197,847.00
EPA	8012	5,632,975.00	5,562,717.00	5,117,700.00
Taxes Net of In Lieu	8021-8089	5,190,091.00	5,189,408.00	5,189,408.00
Federal Revenues	8100-8299	-	-	-
Other State Revenues	8300-8599	720,240.00	720,240.00	720,240.00
Other Local Revenues	8600-8799	122,500.00	122,500.00	122,500.00
Other Financing Sources				
Transfers In	8900-8929	-	-	-
Other Sources	8930-8979	-	-	-
Contributions	8980-8999	(6,185,633.00)	(6,382,470.00)	(6,784,486.00)
Total		30,429,185.00	31,574,722.00	32,563,209.00
Certificated Salaries				
Base Salaries			15,688,863.00	16,140,185.00
Step & Column			271,322.00	271,322.00
COLA			-	-
Other Adjustments			180,000.00	180,000.00
Total Cert Salaries	1000-1999	15,688,863.00	16,140,185.00	16,591,507.00
Classified Salaries				
Base Salaries			4,140,060.00	4,183,933.00
Step & Column			43,873.00	43,873.00
COLA			-	-
Other Adjustments			-	-
Total Classified Salaries	2000-2999	4,140,060.00	4,183,933.00	4,227,806.00
Employee Benefits	3000-3999	6,060,588.55	6,525,364.00	7,167,645.00
Books & Supplies	4000-4999	1,007,859.50	896,700.00	896,700.00
Services & Other Op Expenses	5000-5999	3,305,210.00	3,300,884.00	3,300,884.00
Capital Outlay	6000-6999	5,600.00	-	-
Other Outgo	7100-7299,7400-7499	10,050.00	10,050.00	10,050.00
Indirect Costs	7300-7399	(97,215.00)	(95,449.00)	(95,449.00)
Other Financing Uses	7600-7699	281,978.00	281,978.00	281,978.00
Other Adjustments		-	-	-
Total		30,402,994.05	31,243,645.00	32,381,121.00
Net Increase (Decrease) in Fund Balance		26,190.95	331,077.00	182,088.00
Net Beginning Fund Balance		2,838,017.53	2,864,208.48	3,195,285.48
Ending Fund Balance		2,864,208.48	3,195,285.48	3,377,373.48
Components of Ending Fund Balance				
Nonspendable	9710-9719	31,834.80	31,834.80	31,834.80
Committed Stabilization	9750	-	-	-
Other Commitments	9760	-	-	-
Assigned	9780	-	-	-
Unassigned/Unappropriated				
Economic Uncertainties	9789	1,264,395.00	1,291,815.00	1,308,945.00
Unassigned/Unappropriated	9790	1,568,178.68	1,871,635.68	2,036,593.68
Total Components of EFB		2,864,408.48	3,195,285.48	3,377,373.48

Center Joint Unified School District  
AB1200 Multi Year Projection  
As of November 2, 2015

Restricted	Objects	Adopted Budget		
		15/16 Budget	16/17 Projection	17/18 Projection
LCFF/RL Sources	8010-8099	-	-	-
Federal Revenues	8100-8299	2,607,565.00	2,510,565.00	2,510,565.00
Other State Revenues	8300-8599	800,059.00	776,921.00	776,921.00
Other Local Revenues	8600-8799	2,150,104.00	1,970,395.00	1,970,395.00
Other Financing Sources				
Transfer In	8900-8929	-	-	-
Other Sources	8930-8979	-	-	-
Contributions	8980-8999	6,185,633.00	6,382,470.00	6,784,486.00
Total		11,743,361.00	11,640,351.00	12,042,367.00
Certificated Salaries				
Base Salaries			3,991,758.00	4,059,588.00
Step & Column			67,830.00	67,830.00
COLA			-	-
Other Adjustments			-	-
Total Cert Salaries	1000-1999	3,991,758.00	4,059,588.00	4,127,418.00
Classified Salaries				
Base Salaries			2,626,476.00	2,764,127.00
Step & Column			26,891.00	26,891.00
COLA			-	-
Other Adjustments			110,760.00	110,760.00
Total Classified Salaries	2000-2999	2,626,476.00	2,764,127.00	2,901,778.00
Employee Benefits	3000-3999	1,999,309.00	2,096,084.00	2,298,238.00
Books & Supplies	4000-4999	1,492,203.65	1,318,220.00	1,318,220.00
Services & Other Op Expenses	5000-5999	1,372,623.35	1,304,800.00	1,304,800.00
Capital Outlay	6000-6999	-	-	-
Other Outgo	7100-7299,7400-7499	216,000.00	229,010.00	229,010.00
Indirect Costs	7300-7399	44,991.00	44,991.00	44,991.00
Other Financial Uses	7600-7699			
Transfers Out	7600-7629	-	-	-
Other Uses	7630-7699	-	-	-
Other Adjustments				
Total		11,743,361.00	11,816,820.00	12,224,455.00
Net Increase (Decrease) in Fund Balance		-	(176,469.00)	(182,088.00)
Net Beginning Fund Balance		809,699.21	1,367,632.54	1,191,163.54
Ending Fund Balance		809,699.21	1,191,163.54	1,009,075.54
Components of Ending Fund Balance				
Nonspendable	9710-9719			
Restricted	9740	809,699.21	1,191,163.54	1,009,075.54
Committed Stabilization	9750	-	-	-
Other Commitments	9760	-	-	-
Assigned	9780	-	-	-
Unassigned/Unappropriated	9790	-	-	-
Total Components of EFB		809,699.21	1,191,163.54	1,009,075.54

Center Joint Unified School District  
AB1200 Multi Year Projection  
As of November 2, 2015

**Summary**

	Objects	Adopted Budget		
		15/16 Budget	16/17 Projection	17/18 Projection
LCFF/RL Sources	8010-8099	35,772,078.00	37,114,452.00	38,504,955.00
Federal Revenues	8100-8299	2,607,565.00	2,510,565.00	2,510,565.00
Other State Revenues	8300-8599	1,520,299.00	1,497,181.00	1,497,181.00
Other Local Revenues	8600-8799	2,272,604.00	2,092,895.00	2,092,895.00
Other Financing Sources	8900-8999	-	-	-
<b>Total Revenues</b>		<b>42,172,548.00</b>	<b>43,215,073.00</b>	<b>44,605,578.00</b>
Certificated Salaries				
Base Salaries			19,680,621.00	20,199,773.00
Step & Column			339,152.00	339,152.00
COLA			-	-
Other Adjustments			180,000.00	180,000.00
<b>Total Cert Salaries</b>	1000-1999	<b>19,680,621.00</b>	<b>20,199,773.00</b>	<b>20,718,925.00</b>
Classified Salaries				
Base Salaries			6,766,538.00	6,948,060.00
Step & Column			70,784.00	70,784.00
COLA			-	-
Other Adjustments			110,760.00	110,760.00
<b>Total Classified Salaries</b>	2000-2999	<b>6,766,538.00</b>	<b>6,948,060.00</b>	<b>7,129,584.00</b>
Employee Benefits	3000-3999	8,059,897.55	8,621,448.00	9,465,883.00
Books & Supplies	4000-4999	2,500,063.15	2,214,920.00	2,214,920.00
Services & Other Op Expenses	5000-5999	4,877,833.35	4,605,684.00	4,605,684.00
Capital Outlay	6000-6999	5,600.00	-	-
Other Outgo	7100-7299,7400-7499	228,050.00	239,060.00	239,060.00
Indirect Costs	7300-7399	(52,224.00)	(50,458.00)	(50,458.00)
Other Financing Uses	7600-7699	281,978.00	281,978.00	281,978.00
Other Adjustments				
<b>Total Expenses</b>		<b>42,146,355.05</b>	<b>43,060,465.00</b>	<b>44,605,578.00</b>
<b>Net Increase (Decrease) in Fund Balance</b>		<b>26,190.95</b>	<b>154,608.00</b>	<b>-</b>
Net Beginning Fund Balance		3,647,718.74	3,673,907.69	4,386,449.02
Ending Fund Balance		3,673,907.69	4,386,449.02	4,386,449.02
Components of Ending Fund Balance				
Nonspendable	9710-9740	31,834.80	31,834.80	31,834.80
Restricted	9770	809,699.21	1,191,163.54	1,009,075.54
Stabilization Arrangements	9750	-	-	-
Other Commitments	9760	-	-	-
Assigned	9780	-	-	-
Unassigned/Unappropriated				
Reserve for Economic Uncertainties	9789	1,284,395.00	1,291,815.00	1,338,170.00
Unassigned/Unappropriated	9790	2,377,877.89	1,871,835.68	2,007,368.68
<b>Total Components of EFB</b>		<b>3,674,107.69</b>	<b>4,386,449.02</b>	<b>4,386,449.02</b>



**J. CERTIFICATION NO. 2**

The disclosure document must be signed by the district Superintendent or designee at the time of public disclosure and by the President or Clerk of the Governing Board at the time of formal board action on the proposed agreement..

The information provided in this document summarizes the financial implications of the proposed agreement and is submitted to the Governing Board for public disclosure of the major provisions of the agreement (as provided in the "Public Disclosure of Proposed Bargaining Agreement") in accordance with the requirements of AB 1200 and Government Code Section 3547.5.

\_\_\_\_\_  
District Superintendent  
(Signature)

November 18, 2015  
Date

Jeanne Bess  
Contact Person

(916) 338-6302  
Phone

After public disclosure of the major provisions contained in this summary, the Governing Board at its meeting on November 18, 2015, took action to approve the proposed Agreement with the Bargaining Unit.

\_\_\_\_\_  
President (or Clerk), Governing Board  
(Signature)

November 18, 2015  
Date

**TENTATIVE AGREEMENT**  
**Between**  
**CENTER JOINT UNIFIED SCHOOL DISTRICT**  
**And**  
**CENTER UNIFIED TEACHERS ASSOCIATION**

The District and CUTA agree to the following related to Salary for the school year 2015/16 and Health and Welfare Benefits for the year 2016:

1. The certificated salary schedule will be increased by 4% using the 2014/15 schedule as a baseline. The salary increase will be retroactive to July 1, 2015.
2. CUTA employee and District contributions for Health and Welfare Benefits for the year 2016 will be as outlined on the attached sheet labeled Health and Welfare Benefits for CUTA for Calendar Year 2016.
3. In the event that the District's agreement with the other bargaining unit exceeds what is offered above, the District agrees to match that agreement for CUTA.
4. This agreement does not constitute a precedent for any future agreement in salary or Health and Welfare Benefits.

For CUTA:

DATE: 10/26/15

BY: Heather Woods  
Heather Woods  
CUTA President

DATE: 10/21/15

BY: Venessa Mason  
Venessa Mason  
CUTA Bargaining Chair

For DISTRICT:

DATE: 10/21/15

BY: David Grimes  
David Grimes  
Director of Personnel

**WHA - current HMO plan**

WHA - HDHP

<b>Total of WHA Costs</b>	<b>8,592.85</b>
---------------------------	-----------------

## Kaiser HDHP

**Total Kaiser Savings** (9,605.65)

**Delta Dental PPO - Incentive**

Composite	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
	173.00	133.10	39.90	169.55	(3.45)	132.24	37.31	102	(87.72)

**Delta Dental PPO - Classified**

Composite	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
	128.77	108.26	20.51	128.19	(2.58)	106.33	19.86	0	-

**Delta Dental PPO - Certificated**

Composite	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
	149.35	119.21	30.14	146.36	(2.99)	118.46	27.90	114	(85.50)

Per Month (173.22)  
6 Month Total (1,039.32)

**VSP**

Composite	Premium for 2014	Premium for 2015	Premium Increase Per Month	# employees Per Plan	Total Cost Per Plan
	31.62	34.79	3.17	140	443.80
Per Month					443.80
6 Month Total					2,662.80
6 Months Total					-
6 Months Total for Medical, Vision, and Dental					610.68

# *Center Joint Unified School District*

		<b>AGENDA REQUEST FOR:</b>
<b>Dept./Site:</b>	<b>Business Department</b>	<b>Action Item</b> <u>  X  </u>
<b>To:</b>	<b>Board of Trustees</b>	<b>Information Item</b> <u>      </u>
<b>Date:</b>	<b>November 18, 2015</b>	<b># Attached Pages</b> <u>  15  </u>
<b>From:</b>	<b>Jeanne Bess</b> <b>Director of Fiscal Services</b>	

**SUBJECT: CSEA/CJUSD Employee Salary & Benefit Compensation 2015/16  
and  
AB 1200 Public Disclosure**

Attached is the 2015/16 Salary and Benefit Compensation Agreements between CSEA and CJUSD, effective July 1, 2015 and the AB 1200 Public Disclosure document which discloses the impact on the District's budget.

**RECOMMENDATION: The CJUSD Board of Trustees approve the Salary and Benefits Compensation Agreements as Presented.**

**CONSENT AGENDA**

**I. CERTIFICATION NO. 1: CERTIFICATION OF THE DISTRICTS ABILITY TO MEET THE COSTS OF COLLECTIVE BARGAINING AGREEMENT**

The disclosure document must be signed by the district Superintendent and Chief Business Officer at the time of public disclosure.

In accordance with the requirements of Government Code Section 3547.5, the Superintendent and Director of Fiscal Services of Center Joint Unified School District, hereby certify that the District can meet the costs incurred under the Collective Bargaining Agreement between the District and the Certificated Bargaining unit, during the term of the agreement from July 1, 2015 to June 30, 2016.

The budget revisions necessary to meet the costs of the agreement is each year of its term are as follows:

**Budget Adjustment Categories:**

Revenues/Other Financing Sources

Expenditures/Other Financing Uses

Ending Balance Increase (Decrease)

**Budget Adjustment  
Increase (Decrease)**

0

360,371

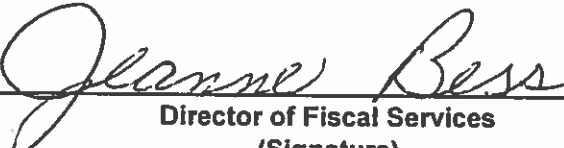
First Interim will reflect budget adjustments

  
\_\_\_\_\_

District Superintendent  
(Signature)

November 3, 2015

Date

  
\_\_\_\_\_

Director of Fiscal Services  
(Signature)

November 3, 2015

Date

**SACRAMENTO COUNTY OFFICE OF EDUCATION**  
**PUBLIC DISCLOSURE OF COLLECTIVE BARGAINING AGREEMENT**  
 In Accordance with AB 1200 (Chapter 1213/1991), GC 3547.5, and CCR, Title V, Section 15449

Name of School District: Center Joint Unified School District

Name of Bargaining Unit: California School Employees Association Unit 610

Certificated, Classified, Other: Classified

The proposed agreement covers the period beginning: **July 1, 2015** and ending: **June 30, 2016**  
 (date) (date)

The Governing Board will act upon the agreement on: **November 18, 2015**  
 (date)

Note: This form, along with a copy of the proposed agreement, must be submitted to the County Office at least ten (10) working days prior to the date the Governing Board will take action.

**A. Proposed Change in Compensation**

Compensation		Fiscal Impact of Proposed Agreement			
		Annual			
		Cost Prior to	Year 1	Year 2	Year 3
		Proposed Agreement	Increase (Decrease)	Increase (Decrease)	Increase (Decrease)
		FY 15/16	FY 15/16	FY 16/17	FY 17/18
1	Salary Schedule (This is to include Step and Columns, which is also reported separately in Item 6)	\$5,819,880.00	\$230,281.00	\$230,281.00	\$230,281.00
			3.96%	3.81%	3.67%
2	Other Compensation Stipends, Bonuses, Longevity, Overtime, Differential, Callback or Standby Pay, etc.	\$0.00	\$0.00	\$0.00	\$0.00
	Description of other compensation	n/a	n/a	n/a	n/a
3	Statutory Benefits - STRS, PERS, FICA WE, UI, Medicare, etc.	\$1,466,025.00	\$48,833.00	\$50,373.00	\$51,961.00
			3.33%	3.33%	3.32%
4	Health/Welfare Plans	\$1,204,979.00	-\$360.00	\$0.00	\$0.00
5	Total Compensation - Add Items 1 through 4 to equal 5	\$8,490,884.00	\$278,754.00	\$280,654.00	\$282,242.00
			3.28%	3.20%	3.12%
6	Step and Column - Due to movement plus any changes due to settlement. This is a subset of Item No. 1	\$55,977.00	n/a	\$55,977.00	\$55,977.00
7	Total Number of Represented Employees (Use FTEs if appropriate)	196.04	196.04	196.04	196.04
8	Total Compensation <u>Average</u> Cost per Employee	43,312.00	1,421.92	1,431.62	1,439.72
			3.28%	3.20%	3.12%

9. What was the negotiated percentage increase approved? For example, if the increase in "Year 1" was for less than a full year, what is the annualized percentage of that increase for "Year 1"?

4.0 % on the salary schedule. For health & welfare, the District will pay the increased premium for Western Health Advantage. Classified employees will not see an increase in WHA contributions. The savings from Kaiser premium reductions will be split; approximately 71% of the savings will be passed to the Classified employee. The remaining 29% of the Kaiser premium savings will be used to off-set the District's increased contribution to the WHA premiums.

10. Were any additional steps, columns, or range added to the schedule? (If yes, please explain.)

No.

11. Please include comments and explanations as necessary. (If more room is necessary, please attach an additional sheet.)

N/A

12. Does this bargaining unit have a negotiated cap for Health & Welfare Yes ☒ | No ☐

If yes, please describe the cap amount.

Each year the shared contribution between the District and the Classified employees is negotiated. CSEA members pay approximately 44% of the premium depending on the plan design. CSEA members pay approximately 19% of dental premiums. Vision is paid sby the District unless The employee has Kaiser as their medical carrier.

- B. Proposed Negotiated Changes in Noncompensation Items (i.e., class size adjustments, staff development days, teacher prep time, classified staffing rations, etc.)

None.

- C. What are the specific impacts (positive or negative) on instructional and support programs accommodate the settlement? Include the impact of changes such as staff reductions or increases, program reductions or increases, elimination or expansion of other services or programs (i.e., counselors, librarians, custodial staff, etc.)

None.



**D . What contingency language is included in the proposed agreement (e.g., reopeners, etc.)?**

None.

**E. Will this agreement create, or decrease deficit financing in the current or subsequent year(s)? "Deficit Financing" is defined to exist when a fund's expenditures and other financing uses exceed its revenue and other financing sources in a given year. If yes, explain the amounts and justification for doing so.**

This agreement is using undesignated unrestricted funds. The District maintains a full 3% reserve and will not fall into deficit spending.

**F. Identify other major provisions that do not directly affect the district's costs, such as binding arbitrations, grievance procedures, etc.**

None.

**G. Source of Funding for Proposed Agreement**

**1. Current Year**

Unrestricted, undesignated, on-going revenue will be used.

**2. If this is a single year agreement, how will the ongoing cost of the proposed agreement be funded in subsequent years (i.e., what will all the district to afford this contract)?**

Same as above.

**3. If this is a multiyear agreement, what is the source of funding, including assumptions used, to fund these obligations in subsequent years? (Remember to include compounding effects in meeting obligations.)**

N/A

## H. IMPACT OF PROPOSED AGREEMENT ON UNRESTRICTED RESERVES

### 1. State Reserve Standard

		2015/16	2016/17	2017/18
a.	Total Expenditures, Transfers Out, and Uses (Including Cost of Proposed Agreement)	\$42,146,355	\$43,060,465	\$44,605,576
b.	State Standard Minimum Reserve Percentage for this District :	3%	3%	3%
c.	State Standard Minimum Reserve Amount for this District (For districts with less than 1,001 ADA, this is the greater of Line a, times Line b, OR \$50,000	\$1,264,391	\$1,291,814	\$1,338,167

### 2. Budgeted Unrestricted Reserve (After Impact of Proposed Agreement)

a.	General Fund Budgeted Unrestricted Designated for Economic Uncertainties (9770)	\$1,264,395	\$1,291,815	\$1,338,170
b.	General Fund Budgeted Unrestricted Unappropriated Amount (9790)	\$1,568,179	\$1,871,636	\$2,036,594
c.	Special Reserve Fund (Fund 17) Budgeted Designated for Economic Uncertainties (9770)	\$0	\$0	\$0
d.	Special Reserve Fund (Fund 17) Budgeted Unappropriate Amount (9790)	\$1,058,323	\$1,068,323	\$1,058,323
g.	Total Available Reserves	\$3,890,897	\$4,231,774	\$4,433,087
h.	Reserve for Economic Uncertainties Percentage	9.2%	9.8%	9.9%

### 3. Do unrestricted reserves meet the state minimum reserve amount?

2015/16	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2016/17	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2017/18	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## H. IMPACT OF PROPOSED AGREEMENT ON CURRENT YEAR OPERATING BUDGET

### Unrestricted General Fund

Enter Bargaining Unit: Classified

	Column 1	Column 2	Column 3	Column 4
	Latest Board - Approved Budget Before Settlement (As of 12/17/14)	Adjustments as a Result of Settlement	Other Revisions	Total Current Budget (Columns 1+2+3)
<b>REVENUES</b>				
LCFF/ Revenue Limit Sources (8010-8099)	\$ 34,056,076	\$ -	\$ 1,502,047	\$ 35,558,123
Remaining Revenues (8100-8799)	\$ 842,740	\$ -	\$ 154,000	\$ 996,740
<b>TOTAL REVENUES</b>	\$ 34,898,816	\$ -	\$ 1,656,047	\$ 36,554,863
<b>EXPENDITURES</b>				
Certificated Salaries (1000-1999)	\$ 14,930,693		\$ -	\$ 14,930,693
Classified Salaries (2000-2999)	\$ 3,963,450	\$ 109,361	\$ -	\$ 4,072,811
Employee Benefits (3000-3999)	\$ 5,756,825	\$ 22,943	\$ -	\$ 5,779,768
Books and Supplies (4000-4999)	\$ 896,700	\$ -	\$ -	\$ 896,700
Services, Other Operating Expenses (5000-5999)	\$ 3,300,884	\$ -	\$ -	\$ 3,300,884
Capital Outlay (6000-6999)	\$ -	\$ -	\$ -	\$ -
Other Outgo (7100-7299) (7400-7499)	\$ 10,050	\$ -	\$ -	\$ 10,050
Direct Support/Indirect Cost (7300-7399)	\$ (95,449)	\$ -	\$ -	\$ (95,449)
Other Adjustments	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	\$ 28,763,153	\$ 132,304	\$ -	\$ 28,895,457
<b>OPERATING SURPLUS (DEFICIT)</b>	\$ 6,135,663	\$ (132,304)	\$ 1,656,047	\$ 7,659,406
<b>TRANSFERS IN &amp; OTHER SOURCES (8910-8979)</b>	\$ -	\$ -	\$ -	\$ -
<b>TRANSFERS OUT &amp; OTHER USES (7610-7699)</b>	\$ 281,978	\$ -	\$ -	\$ 281,978
<b>CONTRIBUTIONS (8980-8999)</b>	\$ (5,567,978)	\$ -	\$ -	\$ (5,567,978)
<b>CURRENT YEAR INCREASE (DECREASE) IN FUND BALANCE</b>	\$ 285,707	\$ (132,304)	\$ 1,656,047	\$ 1,809,450
<b>BEGINNING BALANCE</b>	\$ 2,838,018	\$ -	\$ -	\$ 2,838,018
Prior-Year Adjustments/Restatements (9793/9795)	\$ -			\$ -
<b>CURRENT-YEAR ENDING BALANCE</b>	\$ 3,123,725	\$ (132,304)	\$ 1,656,047	\$ 4,647,468
<b>COMPONENTS OF ENDING BALANCE:</b>				
Reserved Amounts (9711-9740)	\$ 31,635	\$ -	\$ -	\$ 31,635
Reserved for Economic Uncertainties (9770)	\$ 1,203,000	\$ -	\$ 36,095	\$ 1,239,095
Designated Amounts (9775-9780)	\$ -	\$ -	\$ -	\$ -
Unappropriated Amounts (9790)	\$ 1,889,090	\$ (132,304)	\$ 1,619,952	\$ 3,376,738

\* Please see question on page 7.

**H. IMPACT OF PROPOSED AGREEMENT ON CURRENT YEAR OPERATING BUDGET**

**Restricted General Fund**

**Enter Bargaining Unit: Classified**

	<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>	<b>Column 4</b>
	<b>Latest Board - Approved Budget Before Settlement (As of 7/01/15)</b>	<b>Adjustments as a Result of Settlement</b>	<b>Other Revisions</b>	<b>Total Current Budget (Columns 1+2+3)</b>
<b>REVENUES</b>				
LCFF/ Revenue Limit Sources (8010-8099)	\$ -	\$ -	\$ -	\$ -
Remaining Revenues (8100-8799)	\$ 5,572,571	\$ -	\$ -	\$ 5,572,571
<b>TOTAL REVENUES</b>	\$ 5,572,571	\$ -	\$ -	\$ 5,572,571
<b>EXPENDITURES</b>				
Certificated Salaries (1000-1999)	\$ 3,811,214	\$ -	\$ -	\$ 3,811,214
Classified Salaries (2000-2999)	\$ 2,416,145	\$ 175,783	\$ -	\$ 2,591,928
Employee Benefits (3000-3999)	\$ 1,912,169	\$ 52,284	\$ -	\$ 1,964,453
Books and Supplies (4000-4999)	\$ 1,318,220	\$ -	\$ -	\$ 1,318,220
Services, Other Operating Expenses (5000-5999)	\$ 1,304,800	\$ -	\$ -	\$ 1,304,800
Capital Outlay (6000-6999)	\$ -	\$ -	\$ -	\$ -
Other Outgo (7100-7299) (7400-7499)	\$ 229,010	\$ -	\$ -	\$ 229,010
Direct Support/Indirect Cost (7300-7399)	\$ 44,991	\$ -	\$ -	\$ 44,991
Other Adjustments	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	\$ 11,036,549	\$ 228,067	\$ -	\$ 11,264,616
<b>OPERATING SURPLUS (DEFICIT)</b>	\$ (5,463,978)	\$ (228,067)	\$ -	\$ (5,692,045)
<b>TRANSFERS IN &amp; OTHER SOURCES (8910-8979)</b>		\$ -	\$ -	\$ -
<b>TRANSFERS OUT &amp; OTHER USES (7610-7699)</b>	\$ -	\$ -	\$ -	\$ -
<b>CONTRIBUTIONS (8980-8999)</b>	\$ 5,567,978	\$ -	\$ -	\$ 5,567,978
<b>CURRENT YEAR INCREASE (DECREASE) IN FUND BALANCE</b>	\$ 104,000	\$ (228,067)	\$ -	\$ (124,067)
<b>BEGINNING BALANCE</b>	\$ 1,367,633	\$ -	\$ -	\$ 1,367,633
Prior-Year Adjustments/Restatements (9793/9795)	\$ -			\$ -
<b>CURRENT-YEAR ENDING BALANCE</b>	\$ 1,471,633	\$ (228,067)	\$ -	\$ 1,243,566
<b>COMPONENTS OF ENDING BALANCE:</b>				
Reserved Amounts (9711-9740)	\$ 1,471,633	\$ (228,067)	\$ -	\$ 1,243,566
Reserved for Economic Uncertainties (9770)	\$ -	\$ -	\$ -	\$ -
Designated Amounts (9775-9780)	\$ -	\$ -	\$ -	\$ -
Unappropriated Amounts (9790)	\$ -	\$ -	\$ -	\$ -

**H. IMPACT OF PROPOSED AGREEMENT ON CURRENT YEAR OPERATING BUDGET**

**Combined General Fund**

Enter Bargaining Unit:

	Column 1	Column 2	Column 3	Column 4
	Latest Board - Approved Budget Before Settlement (As of 9/15/10)	Adjustments as a Result of Settlement	Other Revisions	Total Current Budget (Columns 1+2+3)
<b>REVENUES</b>				
Revenue Limit Sources (8010-8099)	\$ 34,056,076	\$ -	\$ 1,502,047	\$ 35,558,123
Remaining Revenues (8100-8799)	\$ 6,415,311	\$ -	\$ 154,000	\$ 6,569,311
<b>TOTAL REVENUES</b>	\$ 40,471,387	\$ -	\$ 1,656,047	\$ 42,127,434
<b>EXPENDITURES</b>				
Certificated Salaries (1000-1999)	\$ 18,741,907	\$ -	\$ -	\$ 18,741,907
Classified Salaries (2000-2999)	\$ 6,379,595	\$ 285,144	\$ -	\$ 6,664,739
Employee Benefits (3000-3999)	\$ 7,668,994	\$ 75,227	\$ -	\$ 7,744,221
Books and Supplies (4000-4999)	\$ 2,214,920	\$ -	\$ -	\$ 2,214,920
Services, Other Operating Expenses (5000-5999)	\$ 4,605,684	\$ -	\$ -	\$ 4,605,684
Capital Outlay (6000-6999)	\$ -	\$ -	\$ -	\$ -
Other Outgo (7100-7299) (7400-7499)	\$ 239,060	\$ -	\$ -	\$ 239,060
Direct Support/Indirect Cost (7300-7399)	\$ (50,458)	\$ -	\$ -	\$ (50,458)
Other Adjustments	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	\$ 39,799,702	\$ 360,371	\$ -	\$ 40,160,073
<b>OPERATING SURPLUS (DEFICIT)</b>	\$ 671,685	\$ (360,371)	\$ 1,656,047	\$ 1,967,361
<b>TRANSFERS IN &amp; OTHER SOURCES (8910-8979)</b>	\$ -	\$ -	\$ -	\$ -
<b>TRANSFERS OUT &amp; OTHER USES (7610-7699)</b>	\$ 281,978	\$ -	\$ -	\$ 281,978
<b>CONTRIBUTIONS (8980-8999)</b>	\$ -	\$ -	\$ -	\$ -
<b>CURRENT YEAR INCREASE (DECREASE) IN FUND BALANCE</b>	\$ 389,707	\$ (360,371)	\$ 1,656,047	\$ 1,685,383
<b>BEGINNING BALANCE</b>	\$ 4,205,651	\$ -	\$ -	\$ 4,205,651
Prior-Year Adjustments/Restatements (9793/9795)	\$ -			\$ -
<b>CURRENT-YEAR ENDING BALANCE</b>	\$ 4,595,358	\$ (360,371)	\$ 1,656,047	\$ 5,891,034
<b>COMPONENTS OF ENDING BALANCE:</b>				
Reserved Amounts (9711-9740)	\$ 1,503,268	\$ (228,067)	\$ -	\$ 1,275,201
Reserved for Economic Uncertainties (9770)	\$ 1,203,000	\$ 44,035	\$ 36,095	\$ 1,283,130
Designated Amounts (9775-9780)	\$ -	\$ -	\$ -	\$ -
Unappropriated Amounts - Unrestricted (9790)	\$ 1,889,090	\$ (132,304)	\$ 1,619,952	\$ 3,376,738
Unappropriated Amounts - Restricted (9790)	\$ -	\$ -	\$ -	\$ -
Reserve for Economic Uncertainties Percentage	3.00%			3.17%

Center Joint Unified School District  
AB1200 Multi Year Projection  
As of November 2, 2015

Unrestricted	Objects	Adopted Budget		
		15/16 Budget	16/17 Projection	17/18 Projection
LCFF/RL Sources				
State Aid	8011	24,949,012.00	26,362,327.00	28,197,847.00
EPA	8012	5,632,975.00	5,562,717.00	5,117,700.00
Taxes Net of In Lieu	8021-8089	5,190,091.00	5,189,408.00	5,189,408.00
Federal Revenues	8100-8299	-	-	-
Other State Revenues	8300-8599	720,240.00	720,240.00	720,240.00
Other Local Revenues	8600-8799	122,500.00	122,500.00	122,500.00
Other Financing Sources				
Transfers In	8900-8929	-	-	-
Other Sources	8930-8979	-	-	-
Contributions	8980-8999	(6,185,633.00)	(6,382,470.00)	(6,784,486.00)
Total		30,429,185.00	31,574,722.00	32,563,209.00
Certificated Salaries				
Base Salaries			15,688,863.00	16,140,185.00
Step & Column			271,322.00	271,322.00
COLA			-	-
Other Adjustments			180,000.00	180,000.00
Total Cert Salaries	1000-1999	15,688,863.00	16,140,185.00	16,591,507.00
Classified Salaries				
Base Salaries			4,140,060.00	4,183,933.00
Step & Column			43,873.00	43,873.00
COLA			-	-
Other Adjustments			-	-
Total Classified Salaries	2000-2999	4,140,060.00	4,183,933.00	4,227,806.00
Employee Benefits	3000-3999	6,060,588.55	6,525,364.00	7,167,645.00
Books & Supplies	4000-4999	1,007,859.50	896,700.00	896,700.00
Services & Other Op Expenses	5000-5999	3,305,210.00	3,300,884.00	3,300,884.00
Capital Outlay	6000-6999	5,600.00	-	-
Other Outgo	7100-7299,7400-7499	10,050.00	10,050.00	10,050.00
Indirect Costs	7300-7399	(97,215.00)	(95,449.00)	(95,449.00)
Other Financing Uses	7600-7699	281,978.00	281,978.00	281,978.00
Other Adjustments		-	-	-
Total		30,402,994.05	31,243,645.00	32,381,121.00
Net Increase (Decrease) in Fund Balance		26,190.95	331,077.00	182,088.00
Net Beginning Fund Balance		2,838,017.53	2,864,208.48	3,195,285.48
Ending Fund Balance		2,864,208.48	3,195,285.48	3,377,373.48
Components of Ending Fund Balance				
Nonspendable	9710-9719	31,834.80	31,834.80	31,834.80
Committed Stabilization	9750	-	-	-
Other Commitments	9760	-	-	-
Assigned	9780	-	-	-
Unassigned/Unappropriated				
Economic Uncertainties	9789	1,264,395.00	1,291,815.00	1,308,945.00
Unassigned/Unappropriated	9790	1,568,178.68	1,871,635.68	2,036,593.68
Total Components of EFB		2,864,408.48	3,195,285.48	3,377,373.48

Center Joint Unified School District  
AB1200 Multi Year Projection  
As of November 2, 2015

Restricted	Objects	Adopted Budget		
		15/16 Budget	16/17 Projection	17/18 Projection
LCFF/RL Sources	8010-8099	-	-	-
Federal Revenues	8100-8299	2,607,565.00	2,510,565.00	2,510,565.00
Other State Revenues	8300-8599	800,059.00	776,921.00	776,921.00
Other Local Revenues	8600-8799	2,150,104.00	1,970,395.00	1,970,395.00
Other Financing Sources				
Transfer In	8900-8929	-	-	-
Other Sources	8930-8979	-	-	-
Contributions	8980-8999	6,185,633.00	6,382,470.00	6,784,486.00
Total		11,743,361.00	11,640,351.00	12,042,367.00
Certificated Salaries				
Base Salaries			3,991,758.00	4,059,588.00
Step & Column			67,830.00	67,830.00
COLA			-	-
Other Adjustments			-	-
Total Cert Salaries	1000-1999	3,991,758.00	4,059,588.00	4,127,418.00
Classified Salaries				
Base Salaries			2,626,476.00	2,764,127.00
Step & Column			26,891.00	26,891.00
COLA			-	-
Other Adjustments			110,760.00	110,760.00
Total Classified Salaries	2000-2999	2,626,476.00	2,764,127.00	2,901,778.00
Employee Benefits	3000-3999	1,999,309.00	2,096,084.00	2,298,238.00
Books & Supplies	4000-4999	1,492,203.65	1,318,220.00	1,318,220.00
Services & Other Op Expenses	5000-5999	1,372,623.35	1,304,800.00	1,304,800.00
Capital Outlay	6000-6999	-	-	-
Other Outgo	7100-7299,7400-7499	216,000.00	229,010.00	229,010.00
Indirect Costs	7300-7399	44,991.00	44,991.00	44,991.00
Other Financialing Uses	7600-7699			
Transfers Out	7600-7629	-	-	-
Other Uses	7630-7699	-	-	-
Other Adjustments				
Total,		11,743,361.00	11,816,820.00	12,224,455.00
Net Increase (Decrease) in Fund Balance		-	(176,469.00)	(182,088.00)
Net Beginning Fund Balance		809,699.21	1,367,632.54	1,191,163.54
Ending Fund Balance		809,699.21	1,191,163.54	1,009,075.54
Components of Ending Fund Balance				
Nonspendable	9710-9719			
Restricted	9740	809,699.21	1,191,163.54	1,009,075.54
Committed Stabilization	9750	-	-	-
Other Commitments	9760	-	-	-
Assigned	9780	-	-	-
Unassigned/Unappropriated	9790	-	-	-
Total Components of EFB		809,699.21	1,191,163.54	1,009,075.54

Center Joint Unified School District  
AB1200 Multi Year Projection  
As of November 2, 2015

Summary	Objects	Adopted Budget		
		15/16 Budget	16/17 Projection	17/18 Projection
LCFF/RL Sources	8010-8099	35,772,078.00	37,114,452.00	38,504,855.00
Federal Revenues	8100-8299	2,607,585.00	2,510,585.00	2,510,585.00
Other State Revenues	8300-8599	1,520,299.00	1,497,161.00	1,497,161.00
Other Local Revenues	8600-8799	2,272,604.00	2,092,895.00	2,092,895.00
Other Financing Sources	8900-8999	-	-	-
<b>Total Revenues</b>		<b>42,172,546.00</b>	<b>43,215,073.00</b>	<b>44,605,576.00</b>
Certificated Salaries				
Base Salaries			19,680,621.00	20,199,773.00
Step & Column			339,152.00	339,152.00
COLA			-	-
Other Adjustments			180,000.00	180,000.00
<b>Total Cert Salaries</b>	<b>1000-1999</b>	<b>19,680,621.00</b>	<b>20,199,773.00</b>	<b>20,718,925.00</b>
Classified Salaries				
Base Salaries			6,766,536.00	6,948,060.00
Step & Column			70,764.00	70,764.00
COLA			-	-
Other Adjustments			110,760.00	110,760.00
<b>Total Classified Salaries</b>	<b>2000-2999</b>	<b>6,766,536.00</b>	<b>6,948,060.00</b>	<b>7,129,584.00</b>
Employee Benefits	3000-3999	8,059,897.55	8,621,448.00	9,485,883.00
Books & Supplies	4000-4999	2,500,083.15	2,214,920.00	2,214,920.00
Services & Other Op Expenses	5000-5999	4,677,833.35	4,605,684.00	4,605,684.00
Capital Outlay	6000-6999	5,600.00	-	-
Other Outgo	7100-7299,7400-7499	226,050.00	239,060.00	239,060.00
Indirect Costs	7300-7399	(52,224.00)	(50,458.00)	(50,458.00)
Other Financing Uses	7600-7699	281,978.00	281,978.00	281,978.00
Other Adjustments				
<b>Total Expenses</b>		<b>42,146,355.05</b>	<b>43,060,465.00</b>	<b>44,605,576.00</b>
<b>Net Increase (Decrease) in Fund Balance</b>		<b>26,190.95</b>	<b>154,608.00</b>	<b>-</b>
Net Beginning Fund Balance		3,647,716.74	3,673,907.69	4,386,449.02
Ending Fund Balance		3,673,907.69	4,386,449.02	4,386,449.02
Components of Ending Fund Balance				
Nonspendable	9710-9740	31,834.80	31,834.80	31,834.80
Restricted	9770	809,699.21	1,191,163.54	1,009,075.54
Stabilization Arrangements	9750	-	-	-
Other Commitments	9760	-	-	-
Assigned	9780	-	-	-
Unassigned/Unappropriated				
Reserve for Economic Uncertainties	9789	1,264,395.00	1,291,815.00	1,338,170.00
Unassigned/Unappropriated	9790	2,377,877.89	1,871,635.68	2,007,368.68
<b>Total Components of EFB</b>		<b>3,674,107.69</b>	<b>4,386,449.02</b>	<b>4,386,449.02</b>



## Public Disclosure of Proposed Collective Bargaining Agreement

**4. Please include any additional comments and explanation of Page 4 if necessary:** As a reminder, the adopted budget was approved with a 32% LCFF GAP closure. Since then, the State adopted it's budget and the First Interim Report will reflect the correct Gap closure of approximately 51%.

**J. CERTIFICATION NO. 2**

The disclosure document must be signed by the district Superintendent or designee at the time of public disclosure and by the President or Clerk of the Governing Board at the time of formal board action on the proposed agreement..

The information provided in this document summarizes the financial implications of the proposed agreement and is submitted to the Governing Board for public disclosure of the major provisions of the agreement (as provided in the "Public Disclosure of Proposed Bargaining Agreement") in accordance with the requirements of AB 1200 and Government Code Section 3547.5.

\_\_\_\_\_  
District Superintendent  
(Signature)

November 18, 2015  
Date

Jeanne Bess  
Contact Person

(916) 338-6302  
Phone

After public disclosure of the major provisions contained in this summary, the Governing Board at its meeting on November 18, 2015, took action to approve the proposed Agreement with the Bargaining Unit.

\_\_\_\_\_  
President (or Clerk), Governing Board  
(Signature)

November 18, 2015  
Date

T.A.:d  
10/19/15  
FEB 10/19/15

**TENTATIVE AGREEMENT**  
**Between**  
**CENTER JOINT UNIFIED SCHOOL DISTRICT**  
**And**  
**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION, LOCAL 610**

1. The classified and noon duty aide salary schedules will be increased by 4% using the 2014/15 schedule as the baseline. The salary increase will be retroactive to July 1, 2015.
2. Effective January 1, 2016, Sections A-E of Article XX, Health and Welfare Benefits, of the Collective Bargaining Agreement, shall read as follows:

**HEALTH AND WELFARE BENEFITS**  
**Effective 1/1/16**

- A. For calendar year 2016, the District will make available three plans of Western Health Advantage and two plans of Kaiser for employees.
- B. Full time Employees may elect one (1) of the following health coverage plans:

	District Cost	Employee Cost	Total Premium
<b>Western Health HMO</b>			
Employee only	592.58	18.73	611.31
Employee + one	888.49	392.24	1,280.73
Employee + family	1,268.42	559.97	1,828.39
<b>Western Health Advantage 420 Plan</b>			
Employee + family	1,149.78	507.41	1,657.19
<b>WHA - HDHP ***</b>			
Employee only	453.42	12.20	465.62
Employee + one	934.36	41.14	975.50
Employee + family	1,333.91	58.73	1,392.64
<b>Kaiser HMO</b>			
Employee only	604.46	25.33	629.79
Employee + one	906.50	416.56	1,322.56
Employee + family	1,295.00	594.37	1,889.37
<b>Kaiser - HDHP ***</b>			
Employee only	413.85	0.00	413.85
Employee + one	869.08	0.00	869.08
Employee + family	1,241.54	0.00	1,241.54

C. The District will reimburse \$50 of the \$100 Emergency Room Services charge. Applicable claims incurred above shall be submitted on District reimbursement forms which are available in the Business Office. The District will reimburse employee for verification claims within thirty (30) calendar days of receipt in the Business Office; reimbursement checks shall be sent to the employee's home address.

D. Full time Employees may elect one (1) of the following dental coverage plans:

	District Cost	Employee Cost	Total
<b>Dental (composite)</b>			
\$2000 cap	110.08	31.21	141.29
DPO - Network (Preferred)	89.12	15.56	105.16

Full time Employees hired after 1/1/05 shall only be eligible for the Preferred coverage plan as shown above.

E. Full time Employees, who are not already covered by Kaiser vision, may elect the following vision coverage plan:

	District Cost	Employee Cost	Total
<b>Vision (composite)</b>			
VSP	28.99	0.00	28.99

For CSEA:

DATE: 10/19/15

BY: Marie Huggins  
Marie Huggins  
CSEA President, Chapter 610

DATE: 10/19/15

BY: Lindsey Jones  
Lindsey Jones  
CSEA Labor Relations Representative

For DISTRICT:

DATE: Oct. 19, 2015

BY: David Grimes  
David Grimes  
Director of Personnel

# *Center Joint Unified School District*

<b>AGENDA REQUEST FOR:</b>	
Dept./Site: Superintendent's Office	Action Item <u>    X    </u>
To: Board of Trustees	Information Item <u>        </u>
Date: November 18, 2015	# Attached Pages <u>    6    </u>
From: David Grimes, Director of Personnel	
Principal/Administrator Initials: <u>                    </u>	

<p><b>SUBJECT: Certificated Management, Classified Management &amp; Confidential Salary Increase and Health &amp; Welfare Benefits</b></p> <p>The Certificated Management, Classified Management &amp; Confidential employees, along with CJUSD, agreed to a 4% salary increase using the 2014/15 Salary Schedule as the baseline. The salary increase will be retro active to July 1, 2015. They have also agreed to the Health and Welfare Benefits for 2016.</p> <p><b>RECOMMENDATION: The CJUSD Board of Trustees approve the Certificated Management, Classified Management &amp; Confidential Salary Increase and Health &amp; Welfare Benefits.</b></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CONSENT AGENDA

**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**Center Joint Unified School District**  
**and Classified Management/Confidential Employees**

This memorandum of understanding ("MOU") confirms and clarifies the parties' mutual understanding and agreement regarding Classified Management/Confidential Employees' salary increase and Health and Welfare Benefits.

1. The Center Joint Unified School District and Classified Management/Confidential Employees' have agreed that the salary schedule will be increased by 4% using the 2014/15 salary schedule as a baseline. The salary increase will be retroactive to July 1, 2015.
2. The Center Joint Unified School District and Classified Management/Confidential Employees have agreed that the contributions for Health and Welfare Benefits for the year 2016 will be as outlined on the attached sheet labeled Classified Management/Confidential Health and Welfare Benefits.

**Center Joint Unified School District**  
**Classified Management/Confidential Health & Welfare Benefits**  
**For Calendar Year 2016**  
**Based on 12 Months of Premiums Paid**

**WHA - current HMO plan**

	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
Single Other	608.79	590.06	18.73	611.31	2.52	592.58	18.73	2	5.04
2 Party Other	1,275.45	883.21	392.24	1,280.73	5.28	888.49	392.24	0	-
Family Other	1,820.85	1,260.88	559.97	1,828.39	7.54	1,268.42	559.97	0	-
								6 Month Total	30.24

**WHA - HDHP**

	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per District	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
Single Other	443.39	431.19	12.20	465.62	22.23	453.42	12.20	0	-
2 Party Other	928.93	887.79	41.14	975.50	46.57	934.36	41.14	1	48.57
Family Other	1,326.15	1,267.42	58.73	1,392.64	66.49	1,333.91	58.73	2	132.98
								6 Month Total	684.90

Total 6 Month Cost of WHA 695.14

**Kaiser - current HMO plan**

	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
Single Other	663.28	614.17	49.11	629.79	(33.49)	614.17	15.82	1	(33.49)
2 Party Other	1,392.89	926.90	465.99	1,322.56	(70.33)	926.90	395.66	1	(70.33)
Family Other	1,989.84	1,324.14	665.70	1,889.37	(100.47)	1,324.14	565.23	0	-

**Kaiser HDHP**

	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
Single Other	435.85	421.89	13.96	413.85	(22.00)	413.85	-	0	-
2 Party Other	915.28	865.94	49.34	869.08	(46.20)	869.08	3.14	0	-
Family Other	1,307.54	1,237.07	70.47	1,241.54	(66.00)	1,241.54	4.47	0	-
								Grand Total	695.14

#### Delta Dental PPO - Incentive

	Premium for 2015	Premium for 2016	Increase Per Employee Per Month	# employees Per Plan	Total Cost Per Plan
Composite	144.17	141.29	(2.88)	23	(66.24)

#### Delta Dental PPO - Classified

	Premium for 2015	Premium for 2016	Increase Per Employee Per Month	# employees Per Plan	Total Cost Per Plan
Composite	107.31	105.16	(2.15)	0	-

#### Delta Dental PPO - Certificated

	Premium for 2015	Premium for 2016	Increase Per Employee Per Month	# employees Per Plan	Total Cost Per Plan
Composite	124.46	121.97	(2.49)	1	(2.49)
				Per Month	(68.73)

#### VSP

	Premium for 2015	Premium for 2016	Increase Per Employee Per Month	# employees Per Plan	Total Cost Per Plan
Composite	26.35	28.99	2.64	10	26.40
				Per Month	26.40



## **MEMORANDUM OF UNDERSTANDING**

**Between**

**Center Joint Unified School District  
and Certificated Management Employees**

This memorandum of understanding ("MOU") confirms and clarifies the parties' mutual understanding and agreement regarding Certificated Management Employees' salary increase and Health and Welfare Benefits.

1. The Center Joint Unified School District and Certificated Management Employees have agreed that the Certificated Management Employees' salary schedule will be increased by 4% using the 2014/15 salary schedule as a baseline. The salary increase will be retroactive to July 1, 2015.
2. The Center Joint Unified School District and Certificated Management Employees have agreed on the contributions for Health and Welfare Benefits for the year 2016 will be as outlined on the attached Health and Welfare Benefits for Certificated Managers.

**Center Joint Unified School District  
Certificated Managers  
For Calendar Year 2016  
Based on 12 Months of Premiums Paid**

**WHA - current HMO plan**

	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
Single Other	608.79	555.27	53.52	611.31	2.52	557.79	53.52	1	2.52
2 Party Other	1,275.45	810.33	465.12	1,280.73	5.28	815.61	465.12	0	-
Family Other	1,820.85	1,156.83	664.02	1,828.39	7.54	1,164.37	664.02	0	-
								6 Month Total	15.12

**WHA - HDHP**

	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
Single Other	443.39	408.54	34.85	465.62	22.23	430.77	34.85	0	-
2 Party Other	928.93	840.33	88.60	975.50	46.57	886.90	88.60	0	-
Family Other	1,326.15	1,199.67	126.48	1,392.64	66.49	1,266.16	126.48	3	199.47
								6 Month Total	1,196.82

Total 6 Month Cost of WHA 1,211.94

**Kaiser - current HMO plan**

	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
Single Other	663.28	574.73	88.55	629.79	(33.49)	574.73	55.06	1	(33.49)
2 Party Other	1,392.89	844.06	548.83	1,322.56	(70.33)	844.06	478.50	0	-
Family Other	1,989.84	1,205.81	784.03	1,889.37	(100.47)	1,205.81	683.56	0	-
								6 Month Total	(200.94)

**Kaiser HDHP**

	Premium for 2015	Dist Pd Amt for 2015	Employee Pd Amt for 2015	Premium for 2016	Premium Increase Per Employee	Dist Pd Amt for 2016	Employee Pd Amt for 2016	# employees Per Plan	District Monthly Change
Single Other	435.85	422.02	13.83	413.85	(22.00)	413.85	-	0	-
2 Party Other	915.28	868.18	47.10	869.08	(46.20)	868.18	0.90	1	(46.20)
Family Other	1,307.54	1,240.22	67.32	1,241.54	(66.00)	1,240.22	1.32	3	(198.00)
								6 Month Total	(1,465.20)

Total 6 Month Savings from Kaiser (1,666.14)

### Delta Dental PPO - Incentive

	Premium for 2015	Premium for 2016	Premium Increase Per Employee	# employees Per Plan	District Monthly Change
Composite	144.17	141.29	(2.88)	12	(34.56)

### Delta Dental PPO - Classified

	Premium for 2015	Premium for 2016	Premium Increase Per Employee	# employees Per Plan	Total Cost Per Plan
Composite	107.31	105.16	(2.15)	0	-

### Delta Dental PPO - Certificated

	Premium for 2015	Premium for 2016	Premium Increase Per Employee	# employees Per Plan	Total Cost Per Plan
Composite	124.46	121.97	(2.49)	1	(2.49)

Total 6 Month Cost of DD (222.30)

### VSP

	Premium for 2015	Premium for 2016	Premium Increase Per Employee	# employees Per Plan	Total Cost Per Plan
Composite	26.35	28.99	2.64	11	29.04

Total 6 Month Cost of Vision 174.24

# Center Joint Unified School District

		<b>AGENDA REQUEST FOR:</b>
<b>Dept./Site:</b>	Superintendent's Office	<b>Action Item</b> <u>X</u>
<b>To:</b>	Board of Trustees	<b>Information Item</b> <u>      </u>
<b>Date:</b>	November 18, 2015 <i>gmk</i>	<b># Attached Pages</b> <u>12</u>
<b>From:</b>	David Grimes, Director of Personnel	
<b>Principal/Administrator Initials:</b>		

<b>SUBJECT:</b>	<b>2015/16 REVISED SALARY SCHEDULES</b>
<p>Center Joint Unified School District, CSEA, CUTA, Certificated Management and Confidential/Classified Management Groups have agreed upon salary increases effective July 1, 2015. Attached are the updated salary schedules for the following employee groups/classifications that reflect this increase:</p> <p>CONFIDENTIAL          CLASSIFIED MANAGEMENT          CERTIFICATED MANAGEMENT          CSEA          CUTA          PROGRAM SPECIALIST          MAA COORDINATOR          TITLE 1 ACADEMIC COORDINATOR          PSYCHOLOGIST/COUNSELORS          NOON DUTY AIDES</p>	
<p><b>RECOMMENDATION:</b> The CJUSD Board of Trustees approve the 2015/16 Revised Salary Schedules.</p>	

CONSENT AGENDA

**CENTER JOINT UNIFIED SCHOOL DISTRICT  
CONFIDENTIAL SALARY SCHEDULE**

**2015-2016**

POSITION	WORK YEAR	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
Superintendent							
Secretary (SSEC)	261	\$24.97	\$26.22	\$27.53	\$28.91	\$30.36	\$31.88
Executive Asst (PSS)	261	\$19.71	\$20.70	\$21.74	\$22.83	\$23.97	\$25.17
Administrative Secretary (ADMN)	261	\$18.66	\$19.59	\$20.57	\$21.60	\$22.68	\$23.81
Personnel Tech (PTEC)	261	\$19.44	\$20.41	\$21.43	\$22.50	\$23.63	\$24.81
Lead Account Tech (LTEC)	261	\$20.48	\$21.50	\$22.58	\$23.71	\$24.90	\$26.15

Masters: \$500 Ed.D./Ph.D.: \$750

Longevity:

- +1.0% after 8 years District service
- +2.0% after 10 years District service
- +2.5% after 13 years District service
- +3.0% after 15 years District service
- +3.5% after 18 years District service
- +4.0% after 20 years District service

Vacation:

1 to 2 years	13 days
3 years	14 days
4 to 5 years	16 days
6 to 8 years	17 days
9 years	18 days
10 to 11 years	19 days
12 years	20 days
13 to 19 years	21 days
20 years +	22 days

**CENTER JOINT UNIFIED SCHOOL DISTRICT  
CLASSIFIED MANAGEMENT SALARY SCHEDULE**

**2015-2016**

<b>POSITION</b>	<b>WORK YEAR</b>	<b>STEP 1</b>	<b>STEP 2</b>	<b>STEP 3</b>	<b>STEP 4</b>	<b>STEP 5</b>	<b>STEP 6</b>
<b>Assistant Supt. Facilities/Operations</b>	<b>261</b>	<b>\$111,135</b>	<b>\$114,469</b>	<b>\$117,903</b>	<b>\$121,440</b>	<b>\$125,083</b>	<b>\$128,835</b>
<b>Director of Fiscal Services (DFS)</b>	<b>261</b>	<b>\$92,533</b>	<b>\$95,309</b>	<b>\$98,168</b>	<b>\$101,113</b>	<b>\$104,146</b>	<b>\$107,270</b>
<b>Technology Coordinator (TCD)</b>	<b>261</b>	<b>\$84,047</b>	<b>\$86,568</b>	<b>\$89,165</b>	<b>\$91,840</b>	<b>\$94,595</b>	<b>\$97,433</b>
<b>Supv/Nutrition Services (SNS)</b>	<b>261</b>	<b>\$64,075</b>	<b>\$65,997</b>	<b>\$67,977</b>	<b>\$70,016</b>	<b>\$72,116</b>	<b>\$74,279</b>
<b>Transportation Supv/Trainer (TST)</b>	<b>261</b>	<b>\$61,242</b>	<b>\$63,079</b>	<b>\$64,971</b>	<b>\$66,920</b>	<b>\$68,928</b>	<b>\$70,996</b>

**Masters:                   \$500                   Ed.D./Ph.D.:           \$750**

**Longevity:**

- +1.0% after 8 years District service**
- +2.0% after 10 years District service**
- +2.5% after 13 years District service**
- +3.0% after 15 years District service**
- +3.5% after 18 years District service**
- +4.0% after 20 years District service**
- +6.0% after 25 years District service**
- +8.0% after 30 years District service**

**Vacation:**

- 1 to 4 years                   21 days**
- 5 to 9 years                   22 days**
- 10 to 14 years               23 days**
- 15 to 19 years               24 days**
- 20 years +                   25 days**

**CENTER JOINT UNIFIED SCHOOL DISTRICT  
CERTIFICATED MANAGEMENT SALARY SCHEDULE**

2015-2016

POSITION	WORK YEAR	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7
Asst. Supt. (ASCI)	225	\$108,420	\$111,673	\$115,023	\$118,474	\$122,028	\$125,689	\$129,460
Director of Personnel & Student Serv (DPSS)	215	\$90,276	\$92,984	\$95,774	\$98,647	\$101,606	\$104,654	\$107,794
High School Principal (HSP)	209	\$101,501	\$104,546	\$107,682	\$110,912	\$114,239	\$117,666	\$121,196
Continuation HS Principal (CHSP)	209	\$88,635	\$91,294	\$94,033	\$96,854	\$99,760	\$102,753	\$105,836
H.S. Asst. Principal (HSVP)	200	\$82,314	\$84,783	\$87,326	\$89,946	\$92,644	\$95,423	\$98,286
Elem. Principal (EPYR)	204	\$86,083	\$88,665	\$91,325	\$94,065	\$96,887	\$99,794	\$102,788
Elem. Asst. Principal (EVPY)	200	\$76,424	\$78,717	\$81,079	\$83,511	\$86,016	\$88,596	\$91,254
Charter School Principal (CSP)	209	\$88,635	\$91,294	\$94,033	\$96,854	\$99,760	\$102,753	\$105,836
Middle School Asst Principal (MSAP)	200	\$78,456	\$80,810	\$83,234	\$85,731	\$88,303	\$90,952	\$93,681
Middle School Principal (MSP)	209	\$90,187	\$92,893	\$95,680	\$98,550	\$101,507	\$104,552	\$107,689
Global Youth Administrator (GYA)	204	\$83,950	\$86,469	\$89,063	\$91,735	\$94,487	\$97,322	\$100,242
Continuation HS Asst Principal (CHAP)	200	\$78,456	\$80,810	\$83,234	\$85,731	\$88,303	\$90,952	\$93,681
Charter School Asst Principal (CSVP)	200	\$81,916	\$84,373	\$86,904	\$89,511	\$92,196	\$94,962	\$97,811

Masters:	\$1,000	Ed.D./Ph.D	\$1,250
Longevity:	+1.0% after 8 years District service +2.0% after 10 years District service +2.5% after 13 years District service +3.0% after 15 years District service +3.5% after 18 years District service +4.0% after 20 years District service +6.0% after 25 years District service +8.0% after 30 years District service		

**CENTER JOINT UNIFIED SCHOOL DISTRICT  
CLASSIFIED HOURLY WAGE SCHEDULE  
APPENDIX B  
2015-2016**

A	\$11.11	\$11.67	\$12.25	\$12.86	\$13.50	\$14.18
B	\$11.39	\$11.96	\$12.56	\$13.19	\$13.85	\$14.54
C	\$11.67	\$12.25	\$12.86	\$13.50	\$14.18	\$14.89
D	\$11.97	\$12.57	\$13.20	\$13.86	\$14.55	\$15.28
E	\$12.27	\$12.88	\$13.52	\$14.20	\$14.91	\$15.66
F	\$12.58	\$13.21	\$13.87	\$14.56	\$15.29	\$16.05
G	\$12.89	\$13.53	\$14.21	\$14.92	\$15.67	\$16.45
H	\$13.21	\$13.87	\$14.56	\$15.29	\$16.05	\$16.85
I	\$13.55	\$14.23	\$14.94	\$15.69	\$16.47	\$17.29
J	\$13.88	\$14.57	\$15.30	\$16.07	\$16.87	\$17.71
K	\$14.23	\$14.94	\$15.69	\$16.47	\$17.29	\$18.15
L	\$14.59	\$15.32	\$16.09	\$16.89	\$17.73	\$18.62
M	\$14.94	\$15.69	\$16.47	\$17.29	\$18.15	\$19.06
N	\$15.32	\$16.09	\$16.89	\$17.73	\$18.62	\$19.55
O	\$15.71	\$16.50	\$17.33	\$18.20	\$19.11	\$20.07
P	\$16.10	\$16.91	\$17.76	\$18.65	\$19.58	\$20.56
Q	\$16.50	\$17.33	\$18.20	\$19.11	\$20.07	\$21.07
R	\$16.93	\$17.78	\$18.67	\$19.60	\$20.58	\$21.61
S	\$17.36	\$18.23	\$19.14	\$20.10	\$21.11	\$22.17
T	\$17.80	\$18.69	\$19.62	\$20.60	\$21.63	\$22.71
U	\$18.24	\$19.15	\$20.11	\$21.12	\$22.18	\$23.29
V	\$18.70	\$19.64	\$20.62	\$21.65	\$22.73	\$23.87
W	\$19.18	\$20.14	\$21.15	\$22.21	\$23.32	\$24.49
X	\$19.66	\$20.64	\$21.67	\$22.75	\$23.89	\$25.08
X1	\$21.42	\$22.49	\$23.61	\$24.79	\$26.03	\$27.33
Y	\$29.65	\$31.13	\$32.69	\$34.32	\$36.04	\$37.84
Z	\$32.03					
BS2	\$34.32	\$36.04	\$37.84	\$39.73	\$41.72	\$43.81

Longevity: To be paid once on anniversary date of hire

After 8 years of District service    \$250  
 After 10 years of District service    \$500  
 After 13 years of District service    \$750  
 After 15 years of District service    \$1000

Vacation:

1 to 3 years                    12 days  
 4 to 8 years                   15 days  
 9 to 12 years                18 days  
 13 to 19 years              20 days  
 20 Years +                  22 days

Masters:            \$500                    Ed.D./Ph.D.:    \$750.00



**CLASSIFIED HOURLY WAGE SCHEDULE - APPENDIX A**

<u><b>Instruction</b></u>	
Behavior Specialist	Y
Behavior Specialist II	BS2
Bilingual Asst/Primary Language	L
Bilingual Asst/Primary Language (hired after 1/1/00)	G
Child Aide	D
Health Assistant	L
Instructional Assistant	D
Instructional Specialist	F
Instructional Specialist PH/Autism & Instructional Specialist PH/Autism/Diabetic	L
Integrated Services Technician	X
Library Technician	K
Speech and Language Pathologist Assistant	X1
<u><b>Clerical</b></u>	
Account Technician	S
Assistant Superintendent Secretary	X
Associated Student Body Bookkeeper (HS)	K
Attendance Secretary	J
Attendance Secretary (JHS)	L
Central Office Clerk/Business or Personnel	L
College Career Coordinator	X
District Courier	E
High School Secretary	N
Network Specialist	Y
Nutrition Staff Secretary	N
Office Assistant	I
Parent Volunteer Coordinator	E
Payroll Technician	V
Registrar	M
School Secretary	M
Staff Secretary	N
Student Outreach Advisor	X
Technology Specialist	X
Transition Partnership Program Coordinator Assistant	M
Workability Job Developer/Coach	Q
Workability Program Coordinator	X
<u><b>Maintenance</b></u>	
Groundskeeper	N
Maintenance Worker	R
Maintenance Worker/HVAC	U
Lead Warehouse Worker	Q
Warehouse Worker	O
Security	Z
<u><b>Transportation</b></u>	
Bus Driver	M
Bus Driver/Delegated Behind the Wheel Trainer	Q
Dispatcher/Relief Driver	O
Relief Driver	N
Mechanic	X
School Bus Attendant	B
<u><b>Food Service</b></u>	
Nutrition Specialist	X
Cafeteria Lead/7-12	M
Cafeteria Lead/K-6	L
Cafeteria Lead/K-6 Satellite	M
Cafeteria Worker	D
<u><b>Operations</b></u>	
Campus Monitor	D
Custodian	K
Approved by Board November 18, 2015	M

**CENTER JOINT UNIFIED SCHOOL DISTRICT**  
**CERTIFICATED SALARY SCHEDULE - APPENDIX A**

2015-2016 (183 days)

STEPS	CLASS I BA	CLASS II BA + 36	CLASS III BA + 48	CLASS IV BA + 60	CLASS V BA + 72*
1	39,765	41,755	43,842	46,034	
2	41,356	43,425	45,596	47,875	
3	43,010	45,162	47,420	49,790	
4	44,730	46,968	49,317	51,782	
5	46,519	48,847	51,290	53,853	
6	48,380	50,801	53,342	56,007	58,810
7	50,315	52,833	55,476	58,247	61,162
8	52,328	54,946	57,695	60,577	63,608
9		57,144	60,003	63,000	66,153
10			62,403	65,520	68,799
11				68,141	71,552
12				70,867	74,414
14				72,997	76,647
16				75,187	78,945
18				77,442	81,314
20				79,765	83,753

Longevity 3% (Class IV & V) Steps 14 - 16 - 18 - 20

Masters\*\* \$500

PHD/ED \$750

**\*Employees hired after July 1, 1989, must be in the District at least five (5) years prior to movement into Class V.**

**\*\*Teachers earning a Masters Degree from an accredited institution shall receive \$500 for each, effective July 1, 1995.**

CENTER JOINT UNIFIED SCHOOL DISTRICT  
PROGRAM SPECIALIST  
SALARY SCHEDULE 33  
(205 DAYS)

2015-2016

STEPS	CLASS I BA	CLASS II BA + 36	CLASS III BA + 48	CLASS IV BA + 60	CLASS V BA + 72*
1	49,160	51,620	54,202	56,912	
2	51,126	53,685	56,370	59,188	
3	53,171	55,832	58,625	61,556	
4	55,298	58,065	60,970	64,018	
5	57,510	60,388	63,409	66,579	
6	59,810	62,804	65,945	69,242	
7	62,202	65,316	68,583	72,012	73,452
8	64,690	67,929	71,326	74,892	76,389
9		70,646	74,179	77,888	79,446
10			77,146	81,004	81,829
11				84,244	85,103
12				87,612	88,507
14				90,239	92,046
16				92,946	94,810
18				95,735	97,653
20				98,607	100,583
					103,541

Longevity 3% (Class IV & V) Steps 14 - 16 - 18 - 20  
Masters\*\* \$500  
PHD/ED \$750

**\*Employees hired after July 1, 1989, must be in the District at least five (5) years prior to movement into Class V.**

**\*\*Teachers earning a Masters Degree from an accredited institution shall receive \$500 for each, effective July 1, 1995.**

CENTER JOINT UNIFIED SCHOOL DISTRICT  
PROGRAM SPECIALIST  
SALARY SCHEDULE 34  
(183 DAYS)

2015-2016

STEPS	CLASS I BA	CLASS II BA + 36	CLASS III BA + 48	CLASS IV BA + 60	CLASS V BA + 72*
1	39,765	41,755	43,842	46,034	
2	41,356	43,425	45,596	47,875	
3	43,010	45,162	47,420	49,790	
4	44,730	46,968	49,317	51,782	
5	46,519	48,847	51,290	53,853	
6	48,380	50,801	53,342	56,007	58,810
7	50,315	52,833	55,476	58,247	61,162
8	52,328	54,946	57,695	60,577	63,608
9		57,144	60,003	63,000	66,153
10			62,403	65,520	68,799
11				68,141	71,552
12				70,867	74,414
14				72,997	76,647
16				75,187	78,945
18				77,442	81,314
20				79,765	83,753
Longevity 3% (Class IV & V) Steps 14 - 16 - 18 - 20					
Masters** \$500					
PHD/ED \$750					

**\*Employees hired after July 1, 1989, must be in the District at least five (5) years prior to movement into Class V.**

**\*\*Teachers earning a Masters Degree from an accredited institution shall receive \$500 for each, effective July 1, 1995.**

CENTER JOINT UNIFIED SCHOOL DISTRICT  
 MAA COORDINATOR  
 SALARY SCHEDULE 35  
 CERTIFICATED

2015-2016

POSITION	WORK YEAR	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7
MAA COORDINATOR	193	\$73,977	\$76,196	\$78,482	\$80,836	\$83,261	\$85,759	\$88,332

Masters:	\$500	Ed.D./Ph.D	\$750
Longevity:	+1.0% after 8 years District service +2.0% after 10 years District service +2.5% after 13 years District service +3.0% after 15 years District service +3.5% after 18 years District service +4.0% after 20 years District service +6.0% after 25 years District service +8.0% after 30 years District service		

CENTER JOINT UNIFIED SCHOOL DISTRICT  
TITLE 1 ACADEMIC COORDINATOR SALARY SCHEDULE 98 (198 DAYS)

2015-2016

STEPS	CLASS I BA	CLASS II BA + 36	CLASS III BA + 48	CLASS IV BA + 60	CLASS V BA + 72*
1	43,024	45,178	47,435	49,807	
2	44,745	46,985	49,332	51,799	
3	46,535	48,864	51,305	53,871	
4	48,396	50,819	53,357	56,026	
5	50,332	52,852	55,491	58,267	
6	52,345	54,966	57,711	60,598	63,630
7	54,439	57,165	60,019	63,022	66,176
8	56,617	59,452	62,420	65,543	68,823
9		61,830	64,917	68,165	71,575
10			67,514	70,892	74,438
11				73,728	77,417
12				76,677	80,513
14				78,973	82,926
16				81,343	85,415
18				83,782	87,979
20				86,295	90,616
Longevity 3% (Class IV & V) Steps 14 - 16 - 18 - 20					
Masters** \$500					
PHD/ED \$750					

**\*Employees hired after July 1, 1989, must be in the District at least five (5) years prior to movement into Class V.**

**\*\*Teachers earning a Masters Degree from an accredited institution shall receive \$500 for each, effective July 1, 1995.**

CENTER JOINT UNIFIED SCHOOL DISTRICT  
PSYCHOLOGISTS, COUNSELORS, AND SCHOOL NURSES  
SALARY SCHEDULE 93 (193 DAYS)-APPENDIX A-2

2015-2016

STEPS	CLASS I BA	CLASS II BA + 36	CLASS III BA + 48	CLASS IV BA + 60	CLASS V BA + 72*
1	41,937	44,036	46,237	48,548	50,977
2	43,614	45,797	48,086	50,490	53,016
3	45,359	47,629	50,009	52,510	55,137
4	47,173	49,534	52,009	54,610	57,342
5	49,060	51,515	54,089	56,794	59,636
6	51,022	53,576	56,253	59,066	62,021
7	53,063	55,719	58,503	61,429	64,502
8	55,186	57,948	60,843	63,886	67,082
9		60,266	63,277	66,441	69,765
10			65,808	69,099	72,556
11				71,863	75,458
12				74,738	78,476
14				76,980	80,830
16				79,291	83,255
18				81,669	85,753
20				84,119	88,324

Masters\*\* \$500  
PHD/ED \$750

\*\*Psychologists and Counselors earning a Masters Degree from an accredited institution shall receive \$500 each, effective July 1, 1995.

CENTER UNIFIED SCHOOL DISTRICT

NOON DUTY AIDES

2015-2016

POSITION	WORK YEAR	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
NOON DUTY AIDES (ND)	180	\$10.86	\$11.40	\$11.97	\$12.57	\$13.20	\$13.86



## *Center Joint Unified School District*

<b>AGENDA REQUEST FOR:</b>	
Dept./Site: Superintendent's Office	Action Item <u>  X  </u>
To: Board of Trustees	Information Item <u>      </u>
Date: November 18, 2015	# Attached Pages <u>  2  </u>
From: Scott A. Loehr, Superintendent	
Principal/Administrator Initials: <u>      </u>	

**SUBJECT: Employment Agreement Amendment - Superintendent**

Section III, Salary - Add Item #2c

**RECOMMENDATION: CJUSD Board of Trustees Approve the Employment Agreement Amendment for the Superintendent.**

CONSENT AGENDA

## EMPLOYMENT AGREEMENT AMENDMENT

This Agreement is entered into by and between the GOVERNING BOARD, hereinafter referred to as "BOARD," and on behalf of the CENTER JOINT UNIFIED SCHOOL DISTRICT of Sacramento County, California, hereinafter referred to as the "DISTRICT," and Scott A. Loehr, hereinafter referred to as the "SUPERINTENDENT," effective November 18, 2015.

IT IS HEREBY AGREED by the parties hereto that the employment Agreement between the Board and the Superintendent dated July 29, 2009 is hereby amended effective November 18, 2015, as follows:

### CONTRACT AMENDMENT

#### Current Contract Section III, Salary Item #2:

**The Governing Board may grant a salary increase to the Superintendent at any time during its discretion. Any salary increase shall not cause a new Contract to have been entered into or cause termination date of existing Contract to be extended. At no time shall the Superintendent be paid less than he was paid during the prior year.**

- a. **Beginning July 1, 2013, the Superintendent's base salary will be increased by 1.5% to establish his new base salary for future years.**
- b. **Beginning July 1, 2014, the Superintendent's base salary (established as amendment December 11, 2013) will be increased by 2.0% to establish his new base salary for future years.**

#### Amended Contract Section III, Salary Item #2:

**The Governing Board may grant a salary increase to the Superintendent at any time during its discretion. Any salary increase shall not cause a new Contract to have been entered into or cause termination date of existing Contract to be extended. At no time shall the Superintendent be paid less than he was paid during the prior year.**

- a. **Beginning July 1, 2013, the Superintendent's base salary will be increased by 1.5% to establish his new base salary for future years.**

- b. Beginning July 1, 2014, the Superintendent's base salary (established as amendment December 11, 2013) will be increased by 2.0% to establish his new base salary for future years.**
- c. Beginning July 1, 2015, the Superintendent's base salary (established as amendment March 15, 2015) will be increased by 4.0% to establish his new base salary for future years.**

IN WITNESS WHEREOF the parties hereto have duly executed this Agreement effective on the date and year first hereinabove written.

SUPERINTENDENT

GOVERNING BOARD, CENTER  
JOINT UNIFIED SCHOOL DISTRICT

\_\_\_\_\_  
SCOTT A.LOEHR

\_\_\_\_\_  
KELLY KELLEY

Dated: \_\_\_\_\_

\_\_\_\_\_  
DELRAE POPE

\_\_\_\_\_  
NANCY ANDERSON

\_\_\_\_\_  
DONALD WILSON

\_\_\_\_\_  
JEREMY HUNT

## *Center Unified School District*

**AGENDA REQUEST FOR:**

Dept./Site: Personnel

Date: November 9, 2015

To: Board of Trustees

From: David Grimes,  Director of Personnel

Action Item   X  

# Attached Pages   2  

**SUBJECT: CUTA Contract Changes/Additions**

The District Negotiations Team has come to a tentative agreement with the Center Unified Teachers Association on two contract items (see attached):

A. Wording in Article XV - Transfers and Reassignments - has been changed to clarify the procedure that a current certificated employee must follow in order to be considered for a voluntary transfer.

B. Stipends have been added to Appendix B for District Geography Bee Coordinator (Grades 4-6), District GATE Coordinator, and Site GATE Coordinators.

The Contract Team recommends approval of these changes to the Collective Bargaining Agreement between the District and CUTA.

CONSENT AGENDA

**TENTATIVE AGREEMENT**  
**Between**  
**CENTER JOINT UNIFIED SCHOOL DISTRICT**  
**And**  
**CENTER UNIFIED TEACHERS ASSOCIATION**

The District and CUTA agree to the following change to the Collective Bargaining Agreement:

1. ARTICLE XV (TRANSFERS AND REASSIGNMENTS), Section B, Voluntary Transfers, #2 shall now read:

"All District applicants who meet the position's eligibility requirements will be considered for an interview. A request to transfer must include a letter of interest and a current resume."

For CUTA:

DATE: 10/26/15

BY: Heather Woods  
Heather Woods  
CUTA President

DATE: 10/21/15

BY: Venessa Mason  
Venessa Mason  
CUTA Bargaining Chair

For DISTRICT:

DATE: 10/21/15

BY: David Grimes  
David Grimes  
Director of Personnel

**TENTATIVE AGREEMENT**  
**Between**  
**CENTER JOINT UNIFIED SCHOOL DISTRICT**  
**And**  
**CENTER UNIFIED TEACHERS ASSOCIATION**

The District and CUTA agree to the following stipends being added to the Collective Bargaining Agreement, Appendix B:

- |                                                    |        |
|----------------------------------------------------|--------|
| 1. District Geography Bee Coordinator (Grades 4-6) | \$500  |
| 2. District GATE Coordinator                       | \$2040 |
| 3. Site GATE Coordinator                           | \$1020 |

For CUTA:

DATE: 10/26/15 BY: Heather Woods  
Heather Woods  
CUTA President

DATE: 10/21/15 BY: Venessa Mason  
Venessa Mason  
CUTA Bargaining Chair

For DISTRICT:

DATE: 10/21/15 BY: David Grimes  
David Grimes  
Director of Personnel

## *Center Unified School District*

**AGENDA REQUEST FOR:**

Dept./Site: Personnel

Date: November 9, 2015

To: Board of Trustees

From: David Grimes, Director of Personnel

Action Item   X  

# Attached Pages   3  

**SUBJECT: CSEA Contract Changes**

The District Negotiations Team has come to a tentative agreement with the Center School Employees Association Local 610 on two contract items (see attached):

- A. A revision in the wording of Article IV - CSEA Rights - which allows CSEA additional access to new employees upon hire and at the beginning of the school year.
- B. An adjustment to Article XII - Alarm/Security Procedures - which increases the weekly compensation paid to off-hours, on-call alarm/security personnel (4:30 PM to 8 AM) from \$200 to \$300.

The Contract Team recommends approval of these changes to the Collective Bargaining Agreement between the District and CSEA Local, 610.

CONSENT AGENDA

**TENTATIVE AGREEMENT**  
**Between**  
**CENTER JOINT UNIFIED SCHOOL DISTRICT**  
**And**  
**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION, LOCAL 610**

This Tentative Agreement confirms and clarifies the parties' mutual understanding and agreement of new contract language regarding:

**ARTICLE IV**  
**CSEA RIGHTS**

- O. The District shall provide the CSEA Chapter President or designee notice of any newly hired employees, within seven (7) days of date of hire in order to facilitate an orientation process by CSEA. The list will include the employee's contact information, home and site phone numbers and address and email address. CSEA will maintain the privacy of the employees' information.
- "Newly hired employees" includes employees who have not been previously employed by the District and also includes all employees who are or have been previously employed by the District and whose current position has placed them in the bargaining unit represented by CSEA. For those latter employees, the "date of hire" is the date upon which the employee's employee status changed such that the employee was placed in the CSEA unit.
- P. The District shall include two copies of a CSEA information sheet in any employee orientation packet of District material's provided to any newly hired employee. The information sheet shall be provided to the District by CSEA and include the contact information for the CSEA Executive Board, the Labor Relations Representative, and the web address for the CSEA Collective Bargaining Agreement. One copy of this information sheet shall be signed and dated by the employee and retained by the District as proof of receipt.
- Q. CSEA shall have the right to conduct an orientation session for newly hired unit employees to inform them about CSEA, including but not limited to CSEA structure, activities, and membership, and the collective bargaining agreement.
- R. In the event the District conducts employee orientation sessions for newly hired employees, CSEA shall also have the right to conduct an orientation at the end of the District's session. The District shall provide one (1) hour of paid release time for a total of one (1) CSEA representative to conduct the orientation session. Said release time shall not be counted against the total release time contained elsewhere in the collective bargaining agreement. The CSEA Labor Relations Representative may also attend the orientation session. During CSEA's orientation session, no District manager or supervisor or non-unit employee shall be present.

MA 9/11  
9/18



For CSEA:

DATE: 9/18/15

BY: Marie Huggins  
Marie Huggins  
CSEA President, Chapter 610

DATE: 9/18/15

BY: Lindsey Jones  
Lindsey Jones  
CSEA Labor Relations Representative

For DISTRICT:

DATE: Sept. 18, 2015

BY: David Grimes  
David Grimes  
Director of Personnel

**TENTATIVE AGREEMENT**  
**Between**  
**CENTER JOINT UNIFIED SCHOOL DISTRICT**  
**And**  
**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION, LOCAL 610**

This Tentative Agreement confirms and clarifies the parties' mutual understanding and agreement of new contract language regarding:

**ARTICLE XII**

**ALARM/SECURITY PROCEDURES**

**D. Compensation**

1. Effective July 1, 2015, a stipend of three hundred dollars (\$300) per week will be paid for monitoring of this duty. Any negotiated percentage increase to the salary schedule will be applied to this stipend amount effective July 1st of the following school year.

For CSEA:

DATE: 9/18/15

BY: Marie Huggins  
Marie Huggins  
CSEA President, Chapter 610

DATE: 9/18/15

BY: Lindsey Jones  
Lindsey Jones  
CSEA Labor Relations Representative

For DISTRICT:

DATE: Sept. 18, 2015

BY: David Grimes  
David Grimes  
Director of Personnel

## *Center Joint Unified School District*

AGENDA REQUEST FOR

DEPT./SITE: Spinelli Elementary

ACTION ITEM   X  

TO: Board of Trustees

INFORMATION ITEM       

DATE: October 26, 2015

# ATTACHED PAGES   20  

FROM: Kristin Schmieder

PRINCIPAL'S INITIALS                     

**SUBJECT:**

Seeking Board approval of Spinelli's *Single Plan for Student Achievement* for the 2015-2016 School Year

**RECOMMENDATION:** The CJUSD Board of Trustees approve Spinelli's *Single Plan for Student Achievement* for the 2015-2016 School Year.

CONSENT AGENDA

*2015-2016 School Year*

# Single Plan for Student Achievement

## Part II: The Single Plan for Student Achievement Template



A Resource for the School Site Council

Prepared by: California Department of Education, February 2014

## Part II: The Single Plan for Student Achievement Template

School: Spinelli Elementary

District: Center Joint Unified School District

County-District School (CDS) Code: 34-73973-6032924

Principal: Kristin Schmieder

Date of this revision: October 2015

The Single Plan for Student Achievement (SPSA) is a plan of actions to raise the academic performance of all students. California *Education Code* sections 41507, 41572, and 64001 and the federal Elementary and Secondary Education Act (ESEA) require each school to consolidate all school plans for programs funded through the ConApp and ESEA Program Improvement into the SPSA.

For additional information on school programs and how you may become involved locally, please contact the following person:

Contact Person:	Kristin Schmieder
Position:	Principal
Telephone Number:	(916) 338-6490
Address:	3401 Scotland Drive
E-mail Address:	kriss@centerusd.org

The District Governing Board approved this revision of the SPSA on December 16, 2015.



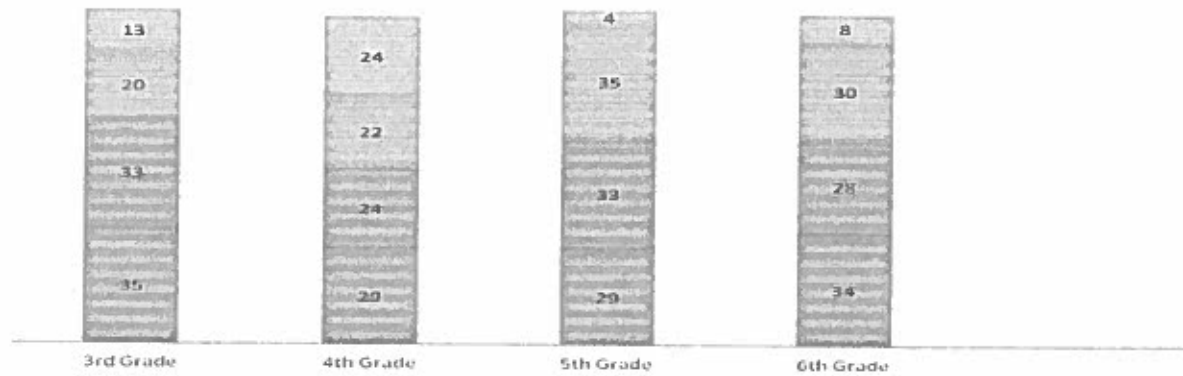
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## 2015 ENGLISH LANGUAGE ARTS/LITERACY

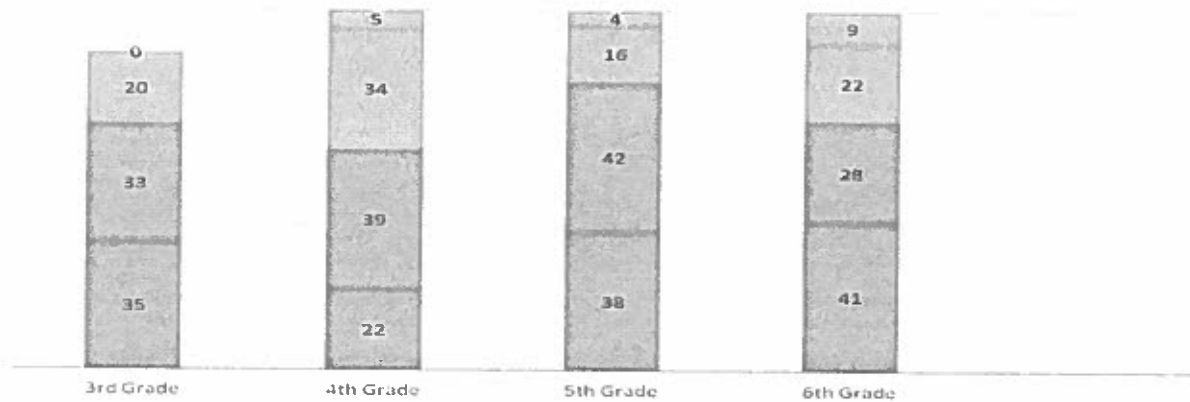
■ Standard Not Met ■ Standard Nearly Met ■ Standard Met ■ Standard Exceeded



Student scores are represented in percentages

## 2015 MATHEMATICS

■ Standard Not Met ■ Standard Nearly Met ■ Standard Met ■ Standard Exceeded



Student scores are represented in percentages

## Form A: Planned Improvements in

### Student Performance Goal #1

The School Site Council has analyzed the academic performance of all student groups and has considered the effectiveness of key elements of the instructional program for students failing to meet academic performance index and adequate yearly progress growth targets. As a result, it has adopted the following school goals, related actions, and expenditures to raise the academic performance of students not yet meeting state standards:

**LEA GOAL: Center JUSD students will be challenged and supported to achieve academic success in a clean, safe environment**

**SCHOOL GOAL: English Language Arts:** For the 2015-2016 school year, we will use baseline data from the 2014-2015 CAASPP, and formative and summative local assessments, to show a 2% increase in the number of students meeting or exceeding the Common Core English Language Arts State Standards.

What data did you use to form this goal?	What were the findings from the analysis of this data?	How will the school evaluate the progress of this goal?
<ul style="list-style-type: none"><li>• CAASPP data for grades 3-6</li><li>• Benchmark assessments grades K-2</li><li>• CELDT results</li><li>• Open Court Assessments K-5</li><li>• Pearson assessments grade 6</li><li>• Writing assessment results</li><li>• Accelerated Reader student reading levels</li><li>• STAR Initial Reading Inventory reading levels</li><li>• Fluency benchmark scores</li><li>• San Diego Quick levels</li><li>• SIPPS Assessments</li></ul>	<ul style="list-style-type: none"><li>• School-wide achievement in English/Language Arts on the CAASPP fell below the State grade level averages</li><li>• Student scores on the various assessments did not meet or exceed the CCSS grade level expectations</li><li>• School-wide achievement in English Language arts did not meet the NCLB requirements</li></ul>	<ul style="list-style-type: none"><li>• Daily, weekly, monthly and at the end of each trimester, students will be monitored/evaluated/assessed in a variety of ways to determine progress towards grade level CCSS</li><li>• CAASPP data</li><li>• Benchmark assessments</li><li>• CELDT data</li></ul> <p><b>Where can a budget plan of the proposed expenditures for this goal be found?</b></p> <p>Form C, pages 12-14 of this SPSA</p>



**STRATEGY:** During the 2015-2016 school year, at-risk students will receive interventions to address their areas of weakness. These interventions will be based on their needs in the area of English Language Arts.

Action/Date	Person(s) Responsible	Task/Date	Cost and Funding Source (Itemize for Each Source)
<p>August 2015-May 2016</p> <p>1. Identify at-risk students and target their literacy needs</p>	<p>Title 1 Academic Coordinator, Title 1 Teacher, Instructional Specialist, Classroom Teacher, EL Teacher, Bilingual Assistant, Collaborative Teacher groups</p>	<p>August 2015-May 2016</p> <ul style="list-style-type: none"> <li>Assess at-risk students to determine literacy needs</li> <li>Analyze formative and summative assessment data for at-risk students</li> <li>Analyze CAASPP data to determine at-risk students</li> <li>Identify specific literacy needs</li> </ul>	<p>Title 1: \$104,150.00 Academic Coordinator \$ 28,800.00 Teacher \$ 6,300.00 Instructional Specialist \$ 45,372 EL Teacher \$ 19,679 Bilingual Assistant Form C pages 11-13 of this SPSA</p>
<p>August 2015-May 2016</p> <p>2. Plan and implement the literacy intervention plan for at-risk students</p>	<p>Title 1 Academic Coordinator, Title 1 Teacher, Instructional Specialist, Classroom Teacher, EL Teacher, Bilingual Assistant, Collaborative Teacher groups</p>	<p>August 2015-May 2016</p> <ul style="list-style-type: none"> <li>Select appropriate literacy intervention strategies/ materials for at-risk students</li> <li>Train staff as needed for interventions</li> <li>Implement literacy interventions to meet at-risk student's needs on a daily, weekly, monthly basis</li> <li>Provide scaffolds in the classroom to support student needs</li> </ul>	<p>Title 1: \$104,150.00 Academic Coordinator \$ 28,800.00 Teacher \$ 6,300.00 Instructional Specialist \$ 45,372 EL Teacher \$ 19,679 Bilingual Assistant Form C pages 11-13 of this SPSA</p>

<p>August 2015-May 2016</p> <p>3. Conduct ongoing evaluations based on student outcomes</p>	<p>Title 1 Academic Coordinator, Title 1 Teacher, Instructional Specialist, Classroom Teacher, EL Teacher, Bilingual Assistant, Collaborative Teacher groups</p>	<p>August 2015-May 2016</p> <ul style="list-style-type: none"> <li>• Monitor and evaluate student progress on a daily, weekly, monthly basis</li> <li>• Adjust/re-evaluate student goals according to their needs</li> <li>• EL Teacher re-teaches/pre-teaches concepts/vocabulary</li> <li>• Collaborative teacher groups give input/suggestions for interventions</li> </ul>	<p>Title 1:  \$104,150.00 Academic Coordinator  \$ 28,800.00 Teacher  \$ 6,300.00 Instructional Specialist  \$ 45,372 EL Teacher  \$ 19,679 Bilingual Assistant  Form C pages 11-13 of this SPSA</p>
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## Form A: Planned Improvements in Student Performance Goal #2

The School Site Council has analyzed the academic performance of all student groups and has considered the effectiveness of key elements of the instructional program for students failing to meet academic performance index and adequate yearly progress growth targets. As a result, it has adopted the following school goals, related actions, and expenditures to raise the academic performance of students not yet meeting state standards:

**LEA GOAL: Center JUSD students will be challenged and supported to achieve academic success in a clean, safe environment**

**SCHOOL GOAL: Math:** For the 2015-2016 school year, we will use baseline data from the 2014-2015 CAASPP, and formative and summative local assessments, to show a 2% increase in the number of students meeting or exceeding the Common Core Math State Standards

What data did you use to form this goal?	What were the findings from the analysis of this data?	How will the school evaluate the progress of this goal?
<ul style="list-style-type: none"><li>• Math CAASPP Data from</li><li>• Benchmark Assessments K-2</li><li>• Mc Graw Hill Math Assessments</li><li>• Math Fluency Assessments</li></ul>	<ul style="list-style-type: none"><li>• School-wide achievement in Math on the CAASPP fell below the State grade level averages</li><li>• Student scores on math assessments did not meet or exceed the CCSS grade level expectations</li><li>• Local assessment data shows students have not reached fluency on addition, subtraction, multiplication, and division facts, and are not meeting or exceeding the CCSS solving word problems and fractions.</li><li>• School-wide achievement in Math did not meet the NCLB requirements</li></ul>	<ul style="list-style-type: none"><li>• Daily, weekly, monthly and at the end of each trimester students will be monitored and evaluated for progress towards math grade level standards</li><li>• CAASPP Data in math</li><li>• Math Benchmark Assessment Data</li><li>• Mc Graw Hill Math Assessments</li><li>• Math Fluency Assessments</li></ul> <p><b>Where can a budget plan of the proposed expenditures for this goal be found?</b></p> <p>Form C, pages 12-14 of this SPSA</p>

**STRATEGY:** During the 2015-2016 school year, at-risk students will receive interventions to address their areas of weakness. These interventions will be based on their needs in the area of Math.

Action/Date	Person(s) Responsible	Task/Date	Cost and Funding Source (Itemize for Each Source)
August 2015-May 2016  1. Identify at-risk students and target their math areas of weakness in math	Title 1 Academic Coordinator, Title 1 Teacher, Instructional Specialist, Classroom Teacher, Collaborative Teacher groups	August 2015-May 2016 <ul style="list-style-type: none"> <li>Assess at-risk students to determine areas of weakness in math</li> <li>Analyze formative and summative assessment data for at-risk students</li> <li>Identify specific math needs</li> </ul>	Title 1: \$104,150.00 Academic Coordinator \$ 28,800.00 Teacher \$ 6,300.00 Instructional Specialist  Form C pages 12-14 of this SPSA
August 2015-May 2016  2. Plan and implement the math intervention plan for at-risk students	Title 1 Academic Coordinator, Title 1 Teacher, Instructional Specialist, Classroom Teacher, Collaborative Teacher groups	August 2015-May 2016 <ul style="list-style-type: none"> <li>Select appropriate intervention strategies/ materials for at-risk students</li> <li>Train staff as needed for interventions</li> <li>Implement interventions to meet at-risk student's needs on a daily, weekly, monthly basis</li> </ul>	Title 1: \$104,150.00 Academic Coordinator \$ 28,800.00 Teacher \$ 6,300.00 Instructional Specialist  Form C pages 12-14 of this SPSA

<p>August 2015-May 2016</p> <p>3. Conduct ongoing evaluations based on student outcomes</p>	<p>Title 1 Academic Coordinator, Title 1 Teacher, Instructional Specialist, Classroom Teacher, Collaborative Teacher groups</p>	<p>August 2015-May 2016</p> <ul style="list-style-type: none"> <li>• Monitor and evaluate student progress on a daily, weekly, monthly basis</li> <li>• Adjust/re-evaluate student goals according to their needs</li> <li>• Collaborative teacher groups give input/suggestions for interventions</li> </ul>	<p>Title 1: \$104,150.00 Academic Coordinator \$ 28,800.00 Teacher \$ 6,300.00 Instructional Specialist</p> <p>Form C pages 12-14 of this SPSA</p>
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## Form A (Non-Academic Goal #1)

**LEA GOAL:** Center JUSD students will be engaged in their educational process and opportunities

**SCHOOL GOAL:** By May of the 2015-2016 school year, survey data will show a 5% increase in the number of staff and students feeling safe and connected at school.

What data did you use to form this goal?	What were the findings from the analysis of this data?	How will the school evaluate the progress of this goal?
<ul style="list-style-type: none"> <li>2013-2014 California Healthy Kids Survey</li> <li>2013-2014 California School Climate Staff Survey</li> <li>2013-2014 Spinelli Safe School Survey for staff, students, and parents</li> </ul>	<ul style="list-style-type: none"> <li>Results of the 2013-2014 CHKS states 68% of 5<sup>th</sup> grade students feel safe at school, and 44% feel connected at school</li> <li>Results of the California School Climate Staff Survey</li> <li>The 2013-2014 Spinelli Safe School Survey reported similar data</li> </ul>	<ul style="list-style-type: none"> <li>Every other year survey results data</li> </ul>

**STRATEGIES:** 1) Spinelli classroom teachers will identify student safety issues and the lack of feeling connected at school, review current practices, and identify potential strategies or interventions to increase student safety and connectedness.

Action/Date	Person(s) Responsible	Task/Date	Cost and Funding Source (Itemize for Each Source)
August 2015-May 2016		August 2015-May 2016	
Classroom teachers will identify safety concerns	Classroom teachers, Collaborative teacher groups, Principal	<ul style="list-style-type: none"> <li>Classroom teachers will hold class meetings to identify safety concerns</li> <li>Classroom teachers will share their findings with their collaborative teacher groups and brainstorm a plan for improvement</li> <li>Classroom teachers will share the information with the Principal, changes will be implemented</li> </ul>	None
After school clubs will be offered to address student connectedness	Staff members, parent art docent	<ul style="list-style-type: none"> <li>An Arts and Crafts Club will be offered to students grades 1-6 on a weekly basis</li> <li>A Guitar Club will be offered to staff and students in grades 4-6 on a weekly basis</li> </ul>	Club stipends of \$1,000.00 per club will be paid by site

Peace Keeper Program	Title 1 Academic Coordinator	<ul style="list-style-type: none"> <li>▪ A Tutoring Club will be offered for students in grades 4, 5, and 6 on a weekly basis</li> <li>▪ Walking Club will be offered at recesses on a daily basis</li> <li>▪ Peace Keepers solve student conflicts at recesses</li> </ul>	<p>Student incentives paid by Student Body Fund</p> <p>Student incentives paid by Student Body Fund</p>
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## Form A (Non-Academic Goal #2)

**LEA GOAL:** Center JUSD families will be engaged and informed regarding their student's educational experience

**SCHOOL GOAL:** By May of the 2015-2016 school year, data will show a 5% increase in the number of families attending school events/activities.

What data did you use to form this goal?	What were the findings from the analysis of this data?	How will the school evaluate the progress of this goal?
<ul style="list-style-type: none"> <li>2013-2014 California Healthy Kids Survey</li> <li>2013-2014 California School Climate Staff Survey</li> <li>2013-2014 Spinelli Safe School Survey for staff, students, and parents</li> </ul>	<ul style="list-style-type: none"> <li>Survey data, 44% of students feel connected at school</li> <li>Survey data, 79% of staff feel parents are encouraged to participate in activities, actual participation less than 50%</li> <li>Low attendance at school events/activities reported through sign-in sheets</li> </ul>	<ul style="list-style-type: none"> <li>Sign-in sheets for events/activities</li> </ul>

**STRATEGIES:** 1) Spinelli classroom teachers will use a variety of mediums to communicate to families about school events and activities.

Action/Date	Person(s) Responsible	Task/Date	Cost and Funding Source (Itemize for Each Source)
August 2015-May 2016  Staff will reach out to families to invite them to school events/activities	Classroom teachers, Principal	August 2015-May 2016  <ul style="list-style-type: none"> <li>Classroom teachers will invite families to events/activities via email, phone, face-to-face, or newsletters</li> <li>Principal will use the phone messaging system to send out invitations to school events/activities</li> </ul>	None



## Form B: Centralized Services for Planned Improvements in Student Performance

The following actions and related expenditures support this site program goal and will be performed as a centralized service. Note: the total amount for each categorical program in Form B must be aligned with the Consolidated Application.

School Goal #: 5

Actions to be Taken to Reach This Goal <sup>1</sup> Consider all appropriate dimensions (e.g., Teaching and Learning, Staffing, and Professional Development)	Start Date <sup>2</sup> Completion Date	Proposed Expenditures	Estimated Cost	Funding Source (itemize for each source)
For the 2015-2016 school year, Center JUSD will offer professional development to ensure the teaching staff is highly qualified and well prepared for the grade level Common Core State Standards, and the needs of all students	August 2015 to May 2016	Staff Development opportunities in the following areas will be offered to teachers: <ul style="list-style-type: none"> <li>• Curriculum delivery</li> <li>• Research based instructional strategies</li> <li>• Technology assistance</li> <li>• Behavior management</li> <li>• Data disaggregation</li> <li>• ELsupport/strategies</li> <li>• Collaboration</li> </ul>	Academic Coordinator \$15,225.00  Coordinator of C & I \$13,654.00  EL Coordinator \$11,895.00	Title 1 PI  .65 FTE General Fund, .2 FTE Title 1, .15 FTE Title 1 PI  .60 FTE EL, .40 FTE Title III

Note: Centralized services may include the following direct services:

- Research-based instructional strategies, curriculum development, school climate, and data disaggregation for instructional staff
- District-wide staff providing specific services to schools, e.g., English Language Development Coordinator, Teachers on Special Assignment, Instructional Coaches
- After-School and Summer School programs funded by categorical programs
- Data analysis services, software, and training for assessment of student progress

Centralized services do not include administrative costs.

<sup>1</sup> See Appendix A: Chart of Legal Specifics for the Single Plan for Student Achievement for content required by each program or funding source supporting this goal.

<sup>2</sup> List the date an action will be taken, or will begin, and the date it will be completed.

## Form C: Programs Included in this Plan

Check the box for each state and federal program in which the school participates. Enter the amounts allocated for each program in which the school participates and, if applicable, check the box indicating that the program's funds are being consolidated as part of operating a schoolwide program (SWP). The plan must describe the activities to be conducted at the school for each of the state and federal programs in which the school participates. The totals on these pages should match the cost estimates in Form A and the school's allocation from the ConApp.

Note: For many of the funding sources listed below, school districts may be exercising Categorical Program Provisions options (flexibility), which are described at <http://www.cde.ca.gov/fq/aa/co/ca12squiappcatprog.asp>.

Of the four following options, please select the one that describes this school site:

- ☐ This site operates as a targeted assistance school (TAS), not as a schoolwide program (SWP).
- ☒ This site operates a SWP but does not consolidate its funds as part of operating a SWP.
- ☐ This site operates a SWP and consolidates only applicable federal funds as part of operating a SWP.
- ☐ This site operates a SWP and consolidates all applicable funds as part of operating a SWP.

State Programs	Allocation	Consolidated in the SWP
<input checked="" type="checkbox"/> <b>Local Control Funding Formula (LCFF) – Base Grant</b> Purpose: To provide flexibility in the use of state and local funds by LEAs and schools	\$32,402,711 (D)	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>LCFF – Supplemental Grant</b> Purpose: To provide a supplemental grant equal to 20 percent of the adjusted LCFF base grant for targeted disadvantaged students	\$4,263,093 (D)	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>LCFF – Concentration Grant</b> Purpose: To provide an additional concentration grant equal to 50 percent of the adjusted LCFF base grant for targeted students exceeding 55 percent of an LEA's enrollment	\$1,401,845 (D)	<input type="checkbox"/>
<input type="checkbox"/> <b>California School Age Families Education (Carryover only)</b> Purpose: Assist expectant and parenting students to succeed in school	\$	<input type="checkbox"/>
<input type="checkbox"/> <b>Economic Impact Aid/State Compensatory Education (EIA-SCE) (Carryover only)</b> Purpose: Help educationally disadvantaged students succeed in the regular program	\$	<input type="checkbox"/>

<input type="checkbox"/>	<b>Economic Impact Aid/Limited English Proficient (EIA-LEP) (Carryover only)</b> Purpose: Develop fluency in English and academic proficiency of English learners	\$	<input type="checkbox"/>
<input type="checkbox"/>	<b>Peer Assistance and Review (Carryover only)</b> Purpose: Assist teachers through coaching and mentoring	\$	<input type="checkbox"/>
<input type="checkbox"/>	<b>Professional Development Block Grant (Carryover only)</b> Purpose: Attract, train, and retain classroom personnel to improve student performance in core curriculum areas	\$	<input type="checkbox"/>
<input type="checkbox"/>	<b>Pupil Retention Block Grant (Carryover only)</b> Purpose: Prevent students from dropping out of school	\$	<input type="checkbox"/>
<input type="checkbox"/>	<b>Quality Education Investment Act (QEIA)</b> Purpose: Funds are available for use in performing various specified measures to improve academic instruction and pupil academic achievement	\$	<input type="checkbox"/>
<input type="checkbox"/>	<b>School and Library Improvement Program Block Grant (Carryover only)</b> Purpose: Improve library and other school programs	\$	<input type="checkbox"/>
<input type="checkbox"/>	<b>School Safety and Violence Prevention Act (Carryover only)</b> Purpose: Increase school safety	\$	<input type="checkbox"/>
<input type="checkbox"/>	<b>Tobacco-Use Prevention Education</b> Purpose: Eliminate tobacco use among students	\$	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>List and Describe Other State or Local Funds</b> (e.g., Career and Technical Education [CTE], etc.) Lottery	\$9,750 (S)	<input type="checkbox"/>
Total amount of state categorical funds allocated to this school		\$9,750	
<b>Federal Programs</b>		<b>Allocation</b>	<b>Consolidated in the SWP</b>
<input checked="" type="checkbox"/>	<b>Title I, Part A: Allocation</b> Purpose: To improve basic programs operated by local educational agencies (LEAs)	\$228,166 (S)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Title I, Part A: Parental Involvement</b> (if applicable under Section 1118[a][3][c] of the Elementary and Secondary Education Act) Purpose: Ensure that parents have information they need to make well-informed choices for their children, more effectively share responsibility with their children's schools, and help schools develop effective and successful academic programs (this is a reservation from the total Title I, Part A allocation).	\$10,532 (D)	<input type="checkbox"/>

<input checked="" type="checkbox"/> <b>For Program Improvement Schools only: Title I, Part A Program Improvement (PI) Professional Development</b> (10 percent minimum reservation from the Title I, Part A reservation for schools in PI Year 1 and 2)	\$87,321 (D)		<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>Title II, Part A: Improving Teacher Quality</b> Purpose: Improve and increase the number of highly qualified teachers and principals		\$121,172 (D)	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>Title III, Part A: Language Instruction for Limited-English-Proficient (LEP) Students</b> Purpose: Supplement language instruction to help LEP students attain English proficiency and meet academic performance standards		\$64,363 (D)	Title III funds may not be consolidated as part of a SWP <sup>3</sup>
<input type="checkbox"/> <b>Title VI, Part B: Rural Education Achievement Program</b> Purpose: Provide flexibility in the use of ESEA funds to eligible LEAs		\$	<input type="checkbox"/>
<input type="checkbox"/> <b>For School Improvement Schools only: School Improvement Grant (SIG)</b> Purpose: to address the needs of schools in improvement, corrective action, and restructuring to improve student achievement		\$	<input type="checkbox"/>
<input type="checkbox"/> <b>Other federal funds</b> (list and describe)		\$	<input type="checkbox"/>
<input type="checkbox"/> <b>Other federal funds</b> (list and describe)		\$	<input type="checkbox"/>
<input type="checkbox"/> <b>Other federal funds</b> (list and describe)		\$	<input type="checkbox"/>
Total amount of federal categorical funds allocated to this school		\$228,166	
Total amount of state and federal categorical funds allocated to this school		\$237,916	

Note: Other Title I-supported activities that are not shown on this page may be included in the SPSA Action Plan.

<sup>3</sup> Title III funds are not a school level allocation even if allocated by the district to a school site. The LEA is responsible for fiscal reporting and monitoring and cannot delegate their authority to a site at which the program is being implemented. If Title III funds are spent at a school site, they must be used for the purposes of Title III and only for those students the LEA has identified for services. For more information please contact the Language Policy and Leadership Office at 916-319-0845.

## Form D: School Site Council Membership

California *Education Code* describes the required composition of the School Site Council (SSC). The SSC shall be composed of the principal and representatives of: teachers selected by teachers at the school; other school personnel selected by other school personnel at the school; parents of pupils attending the school selected by such parents; and, in secondary schools, pupils selected by pupils attending the school.<sup>4</sup> The current make-up of the SSC is as follows:

Names of Members	Principal	Classroom Teacher	Other School Staff	Parent or Community Member	Secondary Student
Kristin Schmieder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Julie Opfer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jimmy Boyce	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leslie Macek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maria Maeder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kathleen O'Keefe-Jones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Linda Villarreal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rosalva Villa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tiffany Weaver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numbers of members in each category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


<sup>4</sup> EC Section 52852

## Form E: Recommendations and Assurances

The school site council (SSC) recommends this school plan and proposed expenditures to the district governing board for approval and assures the board of the following:

1. The SSC is correctly constituted and was formed in accordance with district governing board policy and state law.
2. The SSC reviewed its responsibilities under state law and district governing board policies, including those board policies relating to material changes in the Single Plan for Student Achievement (SPSA) requiring board approval.
3. The SSC sought and considered all recommendations from the following groups or committees before adopting this plan (**Check those that apply**):

☐ State Compensatory Education Advisory Committee \_\_\_\_\_ Signature

☒ English Learner Advisory Committee  Signature

☐ Special Education Advisory Committee \_\_\_\_\_ Signature

☐ Gifted and Talented Education Advisory Committee \_\_\_\_\_ Signature

☒ District/School Liaison Team for schools in Program Improvement  Signature

☐ Compensatory Education Advisory Committee \_\_\_\_\_ Signature

☐ Departmental Advisory Committee (secondary) \_\_\_\_\_ Signature

☒ Safety Committee  Signature

4. The SSC reviewed the content requirements for school plans of programs included in this SPSA and believes all such content requirements have been met, including those found in district governing board policies and in the local educational agency plan.
5. This SPSA is based on a thorough analysis of student academic performance. The actions proposed herein form a sound, comprehensive, coordinated plan to reach stated school goals to improve student academic performance.

6. This SPSA was adopted by the SSC at a public meeting on: October 22, 2015.

Attested:

Kristin Schmieder  
Name of School Principal

 10/22/2015  
Signature of School Principal Date

Jimmy Boyce  
Name of SSC Chairperson

 10/22/2015  
Signature of SSC Chairperson Date



## *Center Joint Unified School District*

**AGENDA REQUEST FOR:**

**Dept/Site:** Instructional Services

**Date:** November 18, 2015

**Action Item** X

**To:** Board of Trustees

**Information Item**

**From:** Tami JBeily  
Coordinator of Categorical Programs

**# Attached Pages**

**SUBJECT:** 2015/16 Program Improvement – Supplemental Education Services (SES Providers) – Master Contracts and Addendums

Please approve the following signed Master Contracts and addendums for these Program Improvement SES Providers to provide supplemental services to qualifying students in Center Joint Unified School District.

123 Math

Ace it! Tutoring Powered by Sylvan Learning

! Ace Tutoring Services, Inc.

Club Z! Tutoring (Progressive Instruction LLC dba Club Z! Tutoring)

Learn with iPads LLC

**RECOMMENDATION:** 2015/16 Program Improvement – Supplemental Education Services (SES) Providers – Master Contracts and Addendums

CONSENT AGENDA



**CENTER JOINT UNIFIED SCHOOL DISTRICT  
STATE AND FEDERAL PROGRAMS**

**MASTER CONTRACT**

**TITLE I – SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDERS**

**THIS MASTER CONTRACT** (“Contract”) is made and entered into on November 18, 2015, between the **Center Joint Unified School District** (hereinafter referred to as “LEA” [local educational agency] or “District”), a public school district duly operating under the laws of the State of California, and 1 2 3 Math, 2050 Rangeview Drive, Glendale, CA 91201, 877-251-6284, Fax 877-889-6891, the supplementary service provider (hereinafter referred to as “PROVIDER”) for the purpose of providing supplementary services to eligible LEA students. “Eligible students” are those students identified by the District who meet specific requirements under Title I.

**WHEREAS**, the LEA is authorized by Section 53060 of the California Government Code to contract with and employ any persons for the furnishing of special services and advice in financial, economic, accounting, engineering, legal or administrative matters, if such persons are specially trained and experienced and competent to perform the special services required;

**WHEREAS**, the LEA is in need of such special services and advice;

**WHEREAS**, PROVIDER is specially trained and experienced and competent to perform the special services required by the LEA, and such services are needed on a limited basis;

**WHEREAS**, the No Child Left Behind Act, 20 U.S.C. Section 1116(e)(3)(A) outlines the requirements for supplemental educational services;

**WHEREAS**, Section 6316(e)(3) contains the following requirements:

- a. Requires the LEA to develop, in consultation with a school representative, parents (and the provider chosen by parents), a statement of specific measurable achievement goals which are based upon the student’s area of need as identified from the California standards assessments; how the student’s progress will be measured, and a timetable for improving achievement, in the case of a student with disabilities, is consistent with the student’s IEP;
- b. Requires a description of how and when the PROVIDER will regularly inform, in accordance with the ISSA (Individual Supplemental Services Agreement), the student’s parent, school liaison and LEA of the student’s progress toward achievement of the agreed upon measurable goals;
- c. Requires a provision for the termination of the agreement if the provider is unable to meet the goals and timetables required;
- d. Requires provisions with respect to the making payment to the provider by the LEA;
- e. Prohibits the provider from disclosing to the public the identity of any student eligible for, or receiving supplemental services without the written permission of the parent of such student;

**WHEREAS**, PROVIDER has been approved by the California State Department of Education and has met the qualifications to be certified as a supplementary service provider; and

**WHEREAS**, PROVIDER is willing to provide such services to LEA’s eligible students if selected by the parents/guardians of eligible students.

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

**THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES CONTAINED HEREIN,** it is agreed between the parties as follows:

**1. Individual Supplementary Services Agreements**

An Individual Supplementary Services Agreement (ISSA) shall be developed by LEA in consultation with parents/guardians and PROVIDER for each LEA eligible student whose parent/guardian elects to receive supplementary services from PROVIDER. Changes in any student's ISSA may only be made with the written consent of LEA in consultation with parents/guardians. PROVIDER, LEA or the parents/guardians may request a review of a student's ISSA. In conjunction with the liaison, the PROVIDER shall insure that all student ISSAs are completed within forty-five (45) days of receipt of student information or by exception based on a mutual written agreement between the LEA and PROVIDER.

Provider shall administer a standards based pre and post test assessment.

PROVIDER shall not unilaterally terminate any ISSA. PROVIDER shall obtain written authorization from LEA before terminating any ISSA.

Parents/guardians shall not be charged for any services rendered under the ISSA unless such services and charges are clearly identified in writing and agreed upon in advance in a writing signed by the parents/guardians. In no event shall the agreed upon charges obligate the LEA financially, nor shall the LEA incur any obligation or expense in excess of the state/federal reimbursement amount. Preliminary allocations indicate a per student rate will be \$858.84 per student, adjustments to this amount may be made pending final notification from the state. PROVIDERS shall receive compensation only for sessions actually attended by LEA students and for supplemental educational services actually provided to LEA students. Providers shall not receive compensation in the event of student absences, regardless of the reason for absence.

**2. Incentives and Rewards**

Incentives and rewards must be appropriately related to the purpose of the student's *Individual Supplemental Services Agreement* for academic achievement and should reasonably motivate or reward students for achievement of the specific goals of the *Individual Supplemental Services Agreement*. Additionally, the incentive or reward must be directly related to a motivational activity which is part of the provider's plan to facilitate academic achievement. Under no circumstances shall parents/guardians and/or students be given an incentive for enrolling in a specific Supplemental Educational Services Program.

The cost of the incentives and/or rewards must not be exorbitant and must not diminish the effectiveness of the original intent of Supplemental Educational Services set forth in the "*No Child Left behind*" legislation of 2001. Provider will not provide any up-front incentive at over \$2.00 per student to parent or students to encourage signing up for provider's services or to encourage any other student or parent to sign up for provider's services.

**3. Parents/Guardianship**

For the purpose of the Contract, a parent is the natural or adoptive parent, legal guardian, or a surrogate parent appointed by LEA.

**4. Student Records**

A student record is defined by State and Federal Law, and essentially is any document prepared or retained by PROVIDER with an individual student's name referenced therein. All student records shall be kept in a secure location preventing access by unauthorized individuals. PROVIDER will maintain an access log  
**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

delineating date, time, agency, and identity of any individual accessing student records who is not in the direct employ of the PROVIDER. PROVIDER shall not provide access or forward to any other person other than parents/guardians or LEA any student record including student email address without the written consent of the parent/guardian or LEA. PROVIDER agrees to provide access to and copies of student records including assessments, progress reports, samples of student work and end of year student report reflecting percentage of objectives met by the student to LEA and/or the parents/guardians of LEA's student. PROVIDER will also provide LEA with an end of year summary indicating the total number of students that met 95% of their objectives during the period of the contract. No later than thirty (30) days after termination of services PROVIDER shall turn over to LEA all required documents for all Center Unified students in their program.

**5. Access by LEA**

PROVIDER shall notify LEA of the location and/or any change in location at which it is providing services to LEA's eligible students. It shall allow LEA representatives access to its facilities for periodic monitoring of each student's instructional program and shall be invited to participate in the review of each student's progress by LEA. **Such access shall include unannounced monitoring visits.** LEA representatives shall have ongoing access to observe each student at work, observe the instructional setting, interview PROVIDER, and review each student's progress as well as access to **all student records maintained on site** including the behavior intervention plan, if any.

**6. Fingerprints/TB Clearance**

In accordance with California Education Code § 45125.1, PROVIDER shall conduct a criminal background check of its employees and/or subcontractors and, upon receipt of those checks, certify to the LEA that no employee and/or subcontractors of PROVIDER working with students of the school district has been convicted of a violent or serious felony as defined by statutes. PROVIDER shall supply LEA with a list of names of those employees and/or subcontractors who are cleared to work with students of the LEA. A fingerprint certification will be required. Additionally all providers will be required to submit a TB clearance for those employed and/or subcontractors who will be working with students.

**7. Independent Contractor Status**

This agreement is by and between two independent agents and is not intended to and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association. PROVIDER understands and agrees that it shall be responsible for providing its own salaries, payroll taxes, withholding, insurance, workers compensation coverage and all other benefits of any kind, as required by law for its own employees, and assumes the full responsibility for the acts and/or omissions of his/her employees or agents as they relate to the services to be provided under this agreement.

It is the responsibility of the PROVIDER to insure that all of its employees are informed of all provisions as outlined in this contract prior to working with families/students.

**8. Conflict of Interest:**

This Agreement is subject to LEA Board Policy 2300 governing conflicts of interest. PROVIDER agrees to furnish to LEA (upon request) a valid copy of the most recently adopted partnership agreements or bylaws of the corporation and also a complete and accurate list of the Governing Board of Directors (or Trustees or Partners) and to timely update said information as changes in such governance occur. PROVIDER shall avoid any actual or potential conflict of interest on behalf of itself or its employees providing services hereunder, including, but not limited, to employment with LEA, including its charter schools.

**9. Accident/Incident Report**

(THIS FORM MAY NOT BE ALTERED IN ANY WAY)

PROVIDER agrees to submit a written accident report to LEA within five (5) days of an accident or incident when a pupil has suffered an injury, injured another individual, or has been involved in an activity requiring notification of law enforcement or emergency personnel.

**10. Discrimination**

PROVIDER shall not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, ethnicity, gender, sexual orientation, sexual preference or physical or mental disability in employment or operation of its programs.

**11. Child Abuse Reporting**

PROVIDER assures LEA that all staff members, including volunteers, are familiar with and agree to adhere to child abuse and/or missing children reporting obligations and procedures under California law, including but not limited to, California Education Code § 49370 and California Penal Code § 11166 et seq. PROVIDER agrees to provide annual training to all its employees regarding mandated reporting of child abuse and missing children. PROVIDER agrees that all staff members will abide by such laws in a timely manner.

PROVIDER shall submit immediately by facsimile and mail, within twenty-four (24) hours an accident or incident report to LEA when it becomes aware of circumstances including, but not limited to: allegations of molestation, child abuse, missing children under PROVIDER's supervision.

**12. Supplies, Equipment and Facilities**

PROVIDER shall be solely responsible for the provision of all appropriate supplies, equipment, and facilities for a pupil as required in his/her ISSA. A PROVIDER who desires to use District facilities must make a separate application for use of facilities through the District's Use of Facilities procedures. As noted in the "District Use of Facilities" packet, the use of science and computer labs is disallowed.

**13. Inspection and Audit**

PROVIDER shall provide access to and the LEA shall have the right to examine and audit, upon the LEA's request, all of the records, reports, or other matter relating to the Contract. Fiscal records shall be maintained by PROVIDER for five (5) years and shall be available for audit. Records that no longer need to be retained must be shredded/destroyed in a manner that maintains confidentiality.

**14. Indemnification**

PROVIDER shall defend, hold harmless, and indemnify LEA and its governing board, officers, agents, and employees from and against all liabilities and claims for damage for death, sickness, or injury to any person(s) or damage to any property, including, without limitation, all consequential damages and expenses (including attorney fees), from any cause whatsoever arising from or connected with its service hereunder, resulting from the negligence or intentional acts of PROVIDER, its agents or employees. It is understood and agreed that such indemnity shall survive the termination of this agreement.

LEA shall defend, hold harmless and indemnify PROVIDER and its governing board, offices, agents, and employees from all liabilities and claims for damage for death, sickness, or injury to any person(s) or damage to any property, including, without limitation, all consequential damages and expenses (including attorney fees), from any cause whatsoever resulting from the negligence or intentional acts of LEA, its agents or employees. It is understood and agreed that such indemnity shall survive the termination of this agreement.

LEA shall not be liable for acts of the student(s) or the student's parent/guardian, family member, etc.

**15. Insurance**

(THIS FORM MAY NOT BE ALTERED IN ANY WAY)

During the entire term of this agreement and any extension or modification thereof, PROVIDER shall keep in effect a policy or policies of liability insurance, including coverage of owned and non-owned vehicles used in relation to the performance of service(s) by PROVIDER, of at least one million dollars (\$1,000,000.00) for each person and one million dollars (\$1,000,000.00) for all accidents or occurrences for all damages arising out of death, bodily injury, sickness or disease from any one accident or occurrence, and one million dollars (\$1,000,000.00) for all damages and liability arising out of injury to or destruction of property for each accident or occurrence. Not later than the effective date of this agreement, PROVIDER shall provide LEA with satisfactory evidence of insurance, naming LEA as additional certificate holder, including a provision for a twenty (20) calendar day written notice to LEA before cancellation or material change, evidencing the above-specific coverage. The PROVIDER shall at its own cost and expense procedure and maintain insurance under the Worker's Compensation Law of California, if applicable. LEA reserves the right to revise the requirements of this provision at any time. If LEA determines that additional insurance coverage is necessary, LEA will reopen negotiations with PROVIDER to modify the terms of this agreement.

**16. Billing Amount**

PROVIDER'S hourly rate for services rendered shall be \$60.00 per individual per hour. The total amount of services rendered during the term of this contract shall not exceed the final per student allocation as indicated by the state. The student-teacher ratio for this hourly rate will be 1:1 to 4:1. Services shall begin within thirty (30) days of the completion of the ISSA.

**17. Monthly Invoices**

PROVIDER shall comply with all procedures concerning enrollment, contracting, attendance reporting, and billing as specified by LEA.

PROVIDER shall submit to LEA monthly invoices itemized by name/address of student, service provided and actual number of hours for which services were provided, including attendance verification logs signed by parent and/or guardian or computer log-in records. LEA shall not pay for non-attendance of students. Such invoices with amount due shall be submitted within thirty (30) days of the rendering of services. **Invoices and related documents shall be submitted on a form and in the manner prescribed by LEA.** LEA shall process payments to PROVIDER within forty-five (45) days of submission of such invoices, except in those situations identified in Paragraph 18, below.

**18. Records of Attendance**

PROVIDER shall maintain daily records of student service provided, including the name/address of student, the name of PROVIDER's employee who rendered the service, and the amount of time of such service. PROVIDER shall permit access to and/or a copy of such records to LEA upon request. Parent shall receive a copy of the monthly attendance log.

**19. Right to Withhold**

LEA may withhold payment to PROVIDER, on ten (10) working days written notice of such withholding, when in the opinion of the LEA:

- a. PROVIDER's performance, in whole or in part, either has not been carried out or is insufficiently documented.
- b. PROVIDER has neglected, failed, or refused to furnish information or to cooperate with the inspection, review, or audit of its program, work, or records.
- c. PROVIDER has failed to submit the invoice in a timely manner.

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

If LEA gives notice of intent to withhold, PROVIDER shall have fourteen (14) days from the date of receipt of said notice to correct such deficiency. **Provider may submit a written extension to correct the deficiencies and/or may invoke the dispute resolution provision herein. LEA shall process submitted re-billing invoices to PROVIDER within forty-five (45) days of submission of such invoices.**

**20. Modifications and Amendments:**

This Contract may be modified or amended only by a written document signed by authorized representatives of PROVIDER and LEA. No change in this Contract or in the ISSA shall result in a LEA financial obligation to PROVIDER in excess of the State/Federal reimbursement rate per student per year to the LEA.

**21. Disputes**

Disputes between LEA and PROVIDER concerning the meaning, requirements or performance of this contract shall be submitted in writing to the Superintendent of the Center Joint Unified School District. The determination of the LEA's Superintendent shall be made in writing and shall be binding on both parties.

**22. Subcontract and Assignment**

PROVIDER shall not subcontract or assign any of the work contemplated under this Contract without first obtaining written approval from the LEA. Such approval shall be attached and made part of this Contract. Subcontracts or assignments may be entered into only with providers certified by the California Department of Education.

Any sub-contractor or assignee shall be bound by all of the terms of this Contract, including the insurance and indemnification provisions, and it shall be PROVIDER'S responsibility to obtain the agreement of subcontractor/assignee to comply with all terms contained herein.

**23. Termination**

- a. This agreement may be terminated by LEA or PROVIDER at any time, as provided herein. PROVIDER's exercise of its right to terminate this Contract shall not alleviate its responsibilities to complete any existing ISSA's.
- b. To terminate this Contract, either party shall give twenty (20) calendar days written notice prior to the date of the termination. Upon termination without default of PROVIDER, LEA shall pay, without duplication, for all services satisfactorily performed to date of termination.
- c. In consideration of this payment, PROVIDER waives all rights to any further payment or damage. Upon termination, PROVIDER shall turn over to LEA all student records in its possession generated as a result of services rendered under this Contract, possessed by PROVIDER or under its control at the time of termination.
- d. An Individual Supplementary Services Agreement may be terminated by PROVIDER only upon consent of the LEA. An ISSA shall terminate if the student ceases to be enrolled in the District. Upon termination under this paragraph, final payment from LEA will be calculated based upon a pro-rata calculation of total services agreed-upon in the ISSA for which the LEA is responsible for payment, divided by that portion of services actually rendered.
- e. The PROVIDER must provide the LEA with written documentation of termination of services for any student within 7 days. LEA will be provided with the specifics as to why a student who has chosen said PROVIDER is not receiving services from the PROVIDER. The district and the provider will  
**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

each contact the parent of a student who does not attend prior to terminating the student's participation in the SES program.

**24. Compliance with Laws**

During the term of this agreement, PROVIDER shall comply with all applicable federal, State Board of Education, and local statutes, laws ordinances, rules and regulations relating to the provision of supplementary services, including securing and maintaining in force such permits and licenses as are required by law in connection with the furnishing of services pursuant to this Agreement.

**25. Entire Agreement**

This Agreement constitutes the entire agreement between LEA and PROVIDER and supersedes any prior or contemporaneous understanding or agreement with respect to the services contemplated.

**26. Governing Law**

The terms and conditions of this agreement shall be governed by the laws of the state of California with venue in Sacramento County, California.

**27. Severability Clause**

If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement shall be severable and remain in effect, to the extent that the intent of the parties can be fulfilled.

**28. Notices**

Notices required under this Contract shall be valid when mailed first class postage or personally delivered to the following representatives, as indicated below:

For the LEA:                   Tami JBeily, Coordinator  
                                      Categorical Programs and Grants  
                                      Center Joint Unified School District  
                                      8408 Watt Avenue  
                                      Antelope, CA 95843

For PROVIDER:               Kira Krupovlyanskaya, Director  
                                      1 2 3 Math  
                                      2050 Rangeview Drive  
                                      Glendale CA 91201

**29. Authorized Representative**

The persons signing this Contract certify they are the authorized representatives of the respective parties, and are authorized to sign this document. Services are limited to the per student allocation determined by the district.

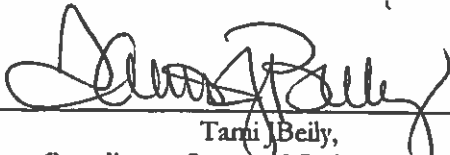
The parties hereto have executed this agreement by and through their duly authorized agents or representatives. This contract is effective November 18, 2015, and terminates at 5:00 p.m. on May 25, 2016, unless sooner terminated as provided herein.

FED ID: 46-1244165

**PROVIDER: 1 2 3 Math**

**CENTER JOINT UNIFIED SCHOOL DISTRICT:**

BY:   
Kira Krupovlyanskaya  
Director

BY:   
Tami Beily,  
Coordinator State and Federal Programs

**APPROVED AS TO FORM:** \_\_\_\_\_

General Counsel  
Legal Services  
Center Joint Unified School District

(THIS FORM MAY NOT BE ALTERED IN ANY WAY)





Established 1858

# Center Joint Unified School District

## Instructional Services

8408 Watt Avenue • Antelope, CA 98843-9116  
(916) 338-6320 • Fax (916) 338-6329

## BOARD OF TRUSTEES

Nancy Anderson  
Jeremy Hunt  
Kelly Kelley  
Delrae M. Pope  
Donald E. Wilson

## SUPERINTENDENT

Scott A. Loehr.

Date: October 23, 2015

From: Tami JBeily  
Coordinator of Federal & State Programs

To: SES Providers

I am sending the below information as an addendum to the CJUSD Master Contract for your review and understanding.

Signed SES Provider contracts and addendum must be signed and returned via email, Attn: Debbie Cribbs at [dcribbs@centerusd.org](mailto:dcribbs@centerusd.org) no later than Wednesday, November 4, 2015.

Contracts will be approved by the CJUSD Board of Trustees at the November 18, 2015 Board Meeting. SES providers will be notified by email that the CJUSD Board has approved the contract. Student lists will be provided as an attachment to the notification email. Services must start within 14 calendar days from the date the SES provider is notified of board approval. If services do not begin within 14 calendar days, CJUSD will cancel the contract and will reassign students to another SES provider.

Only the parents or guardian of student may complete Application for SES services. Application must be an original parent signature, not a copy. For verification purposes, parent signatures on SES applications will be compared to parent signatures on school registration packets. Should signatures not match, the CJUSD contract with SES provider will be cancelled, all students under the contract will be reassigned and SES provider will be reported to CDE.

SES Providers will not be paid for services if an ISSA is submitted incomplete or not at all. ISSA must include parent and student signatures.

I hereby acknowledge receipt of said contract and the above revisions and send this letter of acknowledgment.

Kira Krupovlyanskaya / Director

Printed Name/Title

10/23/2015

Date

Signature

1 2 3 MATH

SES Provider

*"Proud of the Past, Planning for the Future"*

**CENTER JOINT UNIFIED SCHOOL DISTRICT  
STATE AND FEDERAL PROGRAMS**

**MASTER CONTRACT**

**TITLE I – SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDERS**

**THIS MASTER CONTRACT** (“Contract”) is made and entered into on November 18, 2015, between the **Center Joint Unified School District** (hereinafter referred to as “LEA” [local educational agency] or “District”), a public school district duly operating under the laws of the State of California, and **Ace It! Tutoring Powered by Sylvan Learning, 878 W. Benjamin Hold Dr., Stockton CA 95207, 209-491-5408, Fax 209-491-5409**, the supplementary service provider (hereinafter referred to as “PROVIDER”) for the purpose of providing supplementary services to eligible LEA students. “Eligible students” are those students identified by the District who meet specific requirements under Title I.

**WHEREAS**, the LEA is authorized by Section 53060 of the California Government Code to contract with and employ any persons for the furnishing of special services and advice in financial, economic, accounting, engineering, legal or administrative matters, if such persons are specially trained and experienced and competent to perform the special services required;

**WHEREAS**, the LEA is in need of such special services and advice;

**WHEREAS**, PROVIDER is specially trained and experienced and competent to perform the special services required by the LEA, and such services are needed on a limited basis;

**WHEREAS**, the No Child Left Behind Act, 20 U.S.C. Section 1116(e)(3)(A) outlines the requirements for supplemental educational services;

**WHEREAS**, Section 6316(e)(3) contains the following requirements:

- a. Requires the LEA to develop, in consultation with a school representative, parents (and the provider chosen by parents), a statement of specific measurable achievement goals which are based upon the student’s area of need as identified from the California standards assessments; how the student’s progress will be measured, and a timetable for improving achievement, in the case of a student with disabilities, is consistent with the student’s IEP;
- b. Requires a description of how and when the PROVIDER will regularly inform, in accordance with the ISSA (Individual Supplemental Services Agreement), the student’s parent, school liaison and LEA of the student’s progress toward achievement of the agreed upon measurable goals;
- c. Requires a provision for the termination of the agreement if the provider is unable to meet the goals and timetables required;
- d. Requires provisions with respect to the making payment to the provider by the LEA;
- e. Prohibits the provider from disclosing to the public the identity of any student eligible for, or receiving supplemental services without the written permission of the parent of such student;

**WHEREAS**, PROVIDER has been approved by the California State Department of Education and has met the qualifications to be certified as a supplementary service provider; and

**WHEREAS**, PROVIDER is willing to provide such services to LEA’s eligible students if selected by the parents/guardians of eligible students.

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

**THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES CONTAINED HEREIN,** it is agreed between the parties as follows:

**1. Individual Supplementary Services Agreements**

An Individual Supplementary Services Agreement (ISSA) shall be developed by LEA in consultation with parents/guardians and PROVIDER for each LEA eligible student whose parent/guardian elects to receive supplementary services from PROVIDER. Changes in any student's ISSA may only be made with the written consent of LEA in consultation with parents/guardians. PROVIDER, LEA or the parents/guardians may request a review of a student's ISSA. In conjunction with the liaison, the PROVIDER shall insure that all student ISSAs are completed within forty-five (45) days of receipt of student information or by exception based on a mutual written agreement between the LEA and PROVIDER.

Provider shall administer a standards based pre and post test assessment.

PROVIDER shall not unilaterally terminate any ISSA. PROVIDER shall obtain written authorization from LEA before terminating any ISSA.

Parents/guardians shall not be charged for any services rendered under the ISSA unless such services and charges are clearly identified in writing and agreed upon in advance in a writing signed by the parents/guardians. In no event shall the agreed upon charges obligate the LEA financially, nor shall the LEA incur any obligation or expense in excess of the state/federal reimbursement amount. Preliminary allocations indicate a per student rate will be \$858.84 per student, adjustments to this amount may be made pending final notification from the state. PROVIDERS shall receive **compensation** only for sessions actually attended by **LEA students and for supplemental educational services actually provided to LEA students.** **Providers shall not receive compensation in the event of student absences, regardless of the reason for absence.**

**2. Incentives and Rewards**

Incentives and rewards must be appropriately related to the purpose of the student's *Individual Supplemental Services Agreement* for academic achievement and should reasonably motivate or reward students for achievement of the specific goals of the *Individual Supplemental Services Agreement*. Additionally, the incentive or reward must be directly related to a motivational activity which is part of the provider's plan to facilitate academic achievement. Under no circumstances shall parents/guardians and/or students be given an incentive for enrolling in a specific Supplemental Educational Services Program.

The cost of the incentives and/or rewards must not be exorbitant and must not diminish the effectiveness of the original intent of Supplemental Educational Services set forth in the "*No Child Left behind*" legislation of 2001. Provider will not provide any up-front incentive at over \$2.00 per student to parent or students to encourage signing up for provider's services or to encourage any other student or parent to sign up for provider's services.

**3. Parents/Guardianship**

For the purpose of the Contract, a parent is the natural or adoptive parent, legal guardian, or a surrogate parent appointed by LEA.

**4. Student Records**

A student record is defined by State and Federal Law, and essentially is any document prepared or retained by PROVIDER with an individual student's name referenced therein. All student records shall be kept in a secure location preventing access by unauthorized individuals. PROVIDER will maintain an access log  
(THIS FORM MAY NOT BE ALTERED IN ANY WAY)

delineating date, time, agency, and identity of any individual accessing student records who is not in the direct employ of the PROVIDER. PROVIDER shall not provide access or forward to any other person other than parents/guardians or LEA any student record including student email address without the written consent of the parent/guardian or LEA. PROVIDER agrees to provide access to and copies of student records including assessments, progress reports, samples of student work and end of year student report reflecting percentage of objectives met by the student to LEA and/or the parents/guardians of LEA's student. PROVIDER will also provide LEA with an end of year summary indicating the total number of students that met 95% of their objectives during the period of the contract. No later than thirty (30) days after termination of services PROVIDER shall turn over to LEA all required documents for all Center Unified students in their program.

**5. Access by LEA**

PROVIDER shall notify LEA of the location and/or any change in location at which it is providing services to LEA's eligible students. It shall allow LEA representatives access to its facilities for periodic monitoring of each student's instructional program and shall be invited to participate in the review of each student's progress by LEA. **Such access shall include unannounced monitoring visits.** LEA representatives shall have ongoing access to observe each student at work, observe the instructional setting, interview PROVIDER, and review each student's progress as well as access to **all student records maintained on site** including the behavior intervention plan, if any.

**6. Fingerprints/TB Clearance**

In accordance with California Education Code § 45125.1, PROVIDER shall conduct a criminal background check of its employees and/or subcontractors and, upon receipt of those checks, certify to the LEA that no employee and/or subcontractors of PROVIDER working with students of the school district has been convicted of a violent or serious felony as defined by statutes. PROVIDER shall supply LEA with a list of names of those employees and/or subcontractors who are cleared to work with students of the LEA. A fingerprint certification will be required. Additionally all providers will be required to submit a TB clearance for those employed and/or subcontractors who will be working with students.

**7. Independent Contractor Status**

This agreement is by and between two independent agents and is not intended to and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association. PROVIDER understands and agrees that it shall be responsible for providing its own salaries, payroll taxes, withholding, insurance, workers compensation coverage and all other benefits of any kind, as required by law for its own employees, and assumes the full responsibility for the acts and/or omissions of his/her employees or agents as they relate to the services to be provided under this agreement.

It is the responsibility of the PROVIDER to insure that all of its employees are informed of all provisions as outlined in this contract prior to working with families/students.

**8. Conflict of Interest:**

This Agreement is subject to LEA Board Policy 2300 governing conflicts of interest. PROVIDER agrees to furnish to LEA (upon request) a valid copy of the most recently adopted partnership agreements or bylaws of the corporation and also a complete and accurate list of the Governing Board of Directors (or Trustees or Partners) and to timely update said information as changes in such governance occur. PROVIDER shall avoid any actual or potential conflict of interest on behalf of itself or its employees providing services hereunder, including, but not limited, to employment with LEA, including its charter schools.

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PROVIDER agrees to submit a written accident report to LEA within five (5) days of an accident or incident when a pupil has suffered an injury, injured another individual, or has been involved in an activity requiring notification of law enforcement or emergency personnel.

**10. Discrimination**

PROVIDER shall not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, ethnicity, gender, sexual orientation, sexual preference or physical or mental disability in employment or operation of its programs.

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PROVIDER assures LEA that all staff members, including volunteers, are familiar with and agree to adhere to child abuse and/or missing children reporting obligations and procedures under California law, including but not limited to, California Education Code § 49370 and California Penal Code § 11166 et seq. PROVIDER agrees to provide annual training to all its employees regarding mandated reporting of child abuse and missing children. PROVIDER agrees that all staff members will abide by such laws in a timely manner.

PROVIDER shall submit immediately by facsimile and mail, within twenty-four (24) hours an accident or incident report to LEA when it becomes aware of circumstances including, but not limited to: allegations of molestation, child abuse, missing children under PROVIDER's supervision.

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PROVIDER shall be solely responsible for the provision of all appropriate supplies, equipment, and facilities for a pupil as required in his/her ISSA. A PROVIDER who desires to use District facilities must make a separate application for use of facilities through the District's Use of Facilities procedures. As noted in the "District Use of Facilities" packet, the use of science and computer labs is disallowed.

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PROVIDER shall provide access to **and the LEA shall have the right to examine and audit, upon the LEA's request, all of the records, reports, or other matter relating to the Contract.** Fiscal records shall be maintained by PROVIDER for five (5) years and shall be available for audit. Records that no longer need to be retained must be shredded/destroyed in a manner that maintains confidentiality.

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PROVIDER shall defend, hold harmless, and indemnify LEA and its governing board, officers, agents, and employees from and against all liabilities and claims for damage for death, sickness, or injury to any person(s) or damage to any property, including, without limitation, all consequential damages and expenses (including attorney fees), from any cause whatsoever arising from or connected with its service hereunder, resulting from the negligence or intentional acts of PROVIDER, its agents or employees. It is understood and agreed that such indemnity shall survive the termination of this agreement.

LEA shall defend, hold harmless and indemnify PROVIDER and its governing board, offices, agents, and employees from all liabilities and claims for damage for death, sickness, or injury to any person(s) or damage to any property, including, without limitation, all consequential damages and expenses (including attorney fees), from any cause whatsoever resulting from the negligence or intentional acts of LEA, its agents or employees. It is understood and agreed that such indemnity shall survive the termination of this agreement.

LEA shall not be liable for acts of the student(s) or the student's parent/guardian, family member, etc.

**15. Insurance**

(THIS FORM MAY NOT BE ALTERED IN ANY WAY)

During the entire term of this agreement and any extension or modification thereof, PROVIDER shall keep in effect a policy or policies of liability insurance, including coverage of owned and non-owned vehicles used in relation to the performance of service(s) by PROVIDER, of at least one million dollars (\$1,000,000.00) for each person and one million dollars (\$1,000,000.00) for all accidents or occurrences for all damages arising out of death, bodily injury, sickness or disease from any one accident or occurrence, and one million dollars (\$1,000,000.00) for all damages and liability arising out of injury to or destruction of property for each accident or occurrence. Not later than the effective date of this agreement, PROVIDER shall provide LEA with satisfactory evidence of insurance, naming LEA as additional certificate holder, including a provision for a twenty (20) calendar day written notice to LEA before cancellation or material change, evidencing the above-specific coverage. The PROVIDER shall at its own cost and expense procedure and maintain insurance under the Worker's Compensation Law of California, if applicable. LEA reserves the right to revise the requirements of this provision at any time. If LEA determines that additional insurance coverage is necessary, LEA will reopen negotiations with PROVIDER to modify the terms of this agreement.

**16. Billing Amount**

PROVIDER'S hourly rate for services rendered shall be \$80.00 per individual/\$49.00 per group per hour. The total amount of services rendered during the term of this contract shall not exceed the final per student allocation as indicated by the state. The student-teacher ratio for this hourly rate will be 1:1 to 6:1. Services shall begin within thirty (30) days of the completion of the ISSA.

**17. Monthly Invoices**

PROVIDER shall comply with all procedures concerning enrollment, contracting, attendance reporting, and billing as specified by LEA.

PROVIDER shall submit to LEA monthly invoices itemized by name/address of student, service provided and actual number of hours for which services were provided, including attendance verification logs signed by parent and/or guardian or computer log-in records. LEA shall not pay for non-attendance of students. Such invoices with amount due shall be submitted within thirty (30) days of the rendering of services. **Invoices and related documents shall be submitted on a form and in the manner prescribed by LEA.** LEA shall process payments to PROVIDER within forty-five (45) days of submission of such invoices, except in those situations identified in Paragraph 18, below.

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LEA may withhold payment to PROVIDER, on ten (10) working days written notice of such withholding, when in the opinion of the LEA:

- a. PROVIDER's performance, in whole or in part, either has not been carried out or is insufficiently documented.
- b. PROVIDER has neglected, failed, or refused to furnish information or to cooperate with the inspection, review, or audit of its program, work, or records.
- c. PROVIDER has failed to submit the invoice in a timely manner.

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PROVIDER shall not subcontract or assign any of the work contemplated under this Contract without first obtaining written approval from the LEA. Such approval shall be attached and made part of this Contract. Subcontracts or assignments may be entered into only with providers certified by the California Department of Education.

Any sub-contractor or assignee shall be bound by all of the terms of this Contract, including the insurance and indemnification provisions, and it shall be PROVIDER'S responsibility to obtain the agreement of subcontractor/assignee to comply with all terms contained herein.

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- c. In consideration of this payment, PROVIDER waives all rights to any further payment or damage. Upon termination, PROVIDER shall turn over to LEA all student records in its possession generated as a result of services rendered under this Contract, possessed by PROVIDER or under its control at the time of termination.
- d. An Individual Supplementary Services Agreement may be terminated by PROVIDER only upon consent of the LEA. An ISSA shall terminate if the student ceases to be enrolled in the District. Upon termination under this paragraph, final payment from LEA will be calculated based upon a pro-rata calculation of total services agreed-upon in the ISSA for which the LEA is responsible for payment, divided by that portion of services actually rendered.
- e. The PROVIDER must provide the LEA with written documentation of termination of services for any student within 7 days. LEA will be provided with the specifics as to why a student who has chosen said PROVIDER is not receiving services from the PROVIDER. The district and the provider will

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

each contact the parent of a student who does not attend prior to terminating the student's participation in the SES program.

**24. Compliance with Laws**

During the term of this agreement, PROVIDER shall comply with all applicable federal, State Board of Education, and local statutes, laws ordinances, rules and regulations relating to the provision of supplementary services, including securing and maintaining in force such permits and licenses as are required by law in connection with the furnishing of services pursuant to this Agreement.

**25. Entire Agreement**

This Agreement constitutes the entire agreement between LEA and PROVIDER and supersedes any prior or contemporaneous understanding or agreement with respect to the services contemplated.

**26. Governing Law**

The terms and conditions of this agreement shall be governed by the laws of the state of California with venue in Sacramento County, California.

**27. Severability Clause**

If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement shall be severable and remain in effect, to the extent that the intent of the parties can be fulfilled.

**28. Notices**

Notices required under this Contract shall be valid when mailed first class postage or personally delivered to the following representatives, as indicated below:

For the LEA:                   Tami JBeily, Coordinator  
                                      Categorical Programs and Grants  
                                      Center Joint Unified School District  
                                      8408 Watt Avenue  
                                      Antelope, CA 95843

For PROVIDER:               Annette Schroen, Director  
                                      Ace it! Tutoring by Sylvan Learning  
                                      878 W. Benjamin Hold Drive  
                                      Stockton CA 95207

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**



**29. Authorized Representative**


The persons signing this Contract certify they are the authorized representatives of the respective parties, and are authorized to sign this document. Services are limited to the per student allocation determined by the district.

The parties hereto have executed this agreement by and through their duly authorized agents or representatives. This contract is effective November 18, 2015, and terminates at 5:00 p.m. on May 25, 2016, unless sooner terminated as provided herein.

FED ID: 94-3039105

**PROVIDER: Ace it! Tutoring Powered by  
Sylvan Learning**

**CENTER JOINT UNIFIED SCHOOL DISTRICT:**

BY:   
Annette Schroen  
Director

BY:   
Jami J Beily  
Coordinator State and Federal Programs

**APPROVED AS TO FORM:** \_\_\_\_\_  
General Counsel  
Legal Services  
Center Joint Unified School District



Established 1858

# Center Joint Unified School District

## Instructional Services

8408 Watt Avenue • Antelope, CA 98843-9116  
(916) 338-6320 • Fax (916) 338-6329

## BOARD OF TRUSTEES

Nancy Anderson  
Jeremy Hunt  
Kelly Kelley  
Delrae M. Pope  
Donald E. Wilson

## SUPERINTENDENT

Scott A. Loehr.

Date: October 23, 2015

From: Tami JBeily  
Coordinator of Federal & State Programs

To: SES Providers

I am sending the below information as an addendum to the CJUSD Master Contract for your review and understanding.

Signed SES Provider contracts and addendum must be signed and returned via email, Attn: Debbie Cribbs at [dcribbs@centerusd.org](mailto:dcribbs@centerusd.org) no later than Wednesday, November 4, 2015.

Contracts will be approved by the CJUSD Board of Trustees at the November 18, 2015 Board Meeting. SES providers will be notified by email that the CJUSD Board has approved the contract. Student lists will be provided as an attachment to the notification email. Services must start within 14 calendar days from the date the SES provider is notified of board approval. If services do not begin within 14 calendar days, CJUSD will cancel the contract and will reassign students to another SES provider.

Only the parents or guardian of student may complete Application for SES services. Application must be an original parent signature, not a copy. For verification purposes, parent signatures on SES applications will be compared to parent signatures on school registration packets. Should signatures not match, the CJUSD contract with SES provider will be cancelled, all students under the contract will be reassigned and SES provider will be reported to CDE.

SES Providers will not be paid for services if an ISSA is submitted incomplete or not at all. ISSA must include parent and student signatures.


I hereby acknowledge receipt of said contract and the above revisions and send this letter of acknowledgment.

Annette Schroen, Director of Operations

Printed Name/Title

October 22, 2015

Date

  
Signature

Ace it! Tutoring Powered by Sylvan Learning  
SES Provider

**CENTER JOINT UNIFIED SCHOOL DISTRICT  
STATE AND FEDERAL PROGRAMS**

**MASTER CONTRACT**

**TITLE I – SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDERS**

**THIS MASTER CONTRACT** (“Contract”) is made and entered into on November 18, 2016, between the **Center Joint Unified School District** (hereinafter referred to as “LEA” [local educational agency] or “District”), a public school district duly operating under the laws of the State of California, and **! ACE Tutoring Services, Inc., 3576 Arlington Ave, Suite 300, Riverside, CA 92506. 800-688-1103. Fax 951-686-8097,** the supplementary service provider (hereinafter referred to as “PROVIDER”) for the purpose of providing supplementary services to eligible LEA students. “Eligible students” are those students identified by the District who meet specific requirements under Title I.

**WHEREAS**, the LEA is authorized by Section 53060 of the California Government Code to contract with and employ any persons for the furnishing of special services and advice in financial, economic, accounting, engineering, legal or administrative matters, if such persons are specially trained and experienced and competent to perform the special services required;

**WHEREAS**, the LEA is in need of such special services and advice;

**WHEREAS**, PROVIDER is specially trained and experienced and competent to perform the special services required by the LEA, and such services are needed on a limited basis;

**WHEREAS**, the No Child Left Behind Act, 20 U.S.C. Section 1116(e)(3)(A) outlines the requirements for supplemental educational services;

**WHEREAS**, Section 6316(e)(3) contains the following requirements:

- a. Requires the LEA to develop, in consultation with a school representative, parents (and the provider chosen by parents), a statement of specific measurable achievement goals which are based upon the student’s area of need as identified from the California standards assessments; how the student’s progress will be measured, and a timetable for improving achievement, in the case of a student with disabilities, is consistent with the student’s IEP;
- b. Requires a description of how and when the PROVIDER will regularly inform, in accordance with the ISSA (Individual Supplemental Services Agreement), the student’s parent, school liaison and LEA of the student’s progress toward achievement of the agreed upon measurable goals;
- c. Requires a provision for the termination of the agreement if the provider is unable to meet the goals and timetables required;
- d. Requires provisions with respect to the making payment to the provider by the LEA;
- e. Prohibits the provider from disclosing to the public the identity of any student eligible for, or receiving supplemental services without the written permission of the parent of such student;

**WHEREAS**, PROVIDER has been approved by the California State Department of Education and has met the qualifications to be certified as a supplementary service provider; and

**WHEREAS**, PROVIDER is willing to provide such services to LEA’s eligible students if selected by the parents/guardians of eligible students.

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

**THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES CONTAINED HEREIN,** it is agreed between the parties as follows:

**1. Individual Supplementary Services Agreements**

An Individual Supplementary Services Agreement (ISSA) shall be developed by LEA in consultation with parents/guardians and PROVIDER for each LEA eligible student whose parent/guardian elects to receive supplementary services from PROVIDER. Changes in any student's ISSA may only be made with the written consent of LEA in consultation with parents/guardians. PROVIDER, LEA or the parents/guardians may request a review of a student's ISSA. In conjunction with the liaison, the PROVIDER shall insure that all student ISSAs are completed within forty-five (45) days of receipt of student information or by exception based on a mutual written agreement between the LEA and PROVIDER.

Provider shall administer a standards based pre and post test assessment.

PROVIDER shall not unilaterally terminate any ISSA. PROVIDER shall obtain written authorization from LEA before terminating any ISSA.

Parents/guardians shall not be charged for any services rendered under the ISSA unless such services and charges are clearly identified in writing and agreed upon in advance in a writing signed by the parents/guardians. In no event shall the agreed upon charges obligate the LEA financially, nor shall the LEA incur any obligation or expense in excess of the state/federal reimbursement amount. Preliminary allocations indicate a per student rate will be \$858.84 per student, adjustments to this amount may be made pending final notification from the state. PROVIDERS shall receive compensation only for sessions actually attended by LEA students and for supplemental educational services actually provided to LEA students. Providers shall not receive compensation in the event of student absences, regardless of the reason for absence.

**2. Incentives and Rewards**

Incentives and rewards must be appropriately related to the purpose of the student's *Individual Supplemental Services Agreement* for academic achievement and should reasonably motivate or reward students for achievement of the specific goals of the *Individual Supplemental Services Agreement*. Additionally, the incentive or reward must be directly related to a motivational activity which is part of the provider's plan to facilitate academic achievement. Under no circumstances shall parents/guardians and/or students be given an incentive for enrolling in a specific Supplemental Educational Services Program.

The cost of the incentives and/or rewards must not be exorbitant and must not diminish the effectiveness of the original intent of Supplemental Educational Services set forth in the "No Child Left behind" legislation of 2001. Provider will not provide any up-front incentive at over \$2.00 per student to parent or students to encourage signing up for provider's services or to encourage any other student or parent to sign up for provider's services.

**3. Parents/Guardianship**

For the purpose of the Contract, a parent is the natural or adoptive parent, legal guardian, or a surrogate parent appointed by LEA.

**4. Student Records**

A student record is defined by State and Federal Law, and essentially is any document prepared or retained by PROVIDER with an individual student's name referenced therein. All student records shall be kept in a secure location preventing access by unauthorized individuals. PROVIDER will maintain an access log  
(THIS FORM MAY NOT BE ALTERED IN ANY WAY)

delineating date, time, agency, and identity of any individual accessing student records who is not in the direct employ of the PROVIDER. PROVIDER shall not provide access or forward to any other person other than parents/guardians or LEA any student record including student email address without the written consent of the parent/guardian or LEA. PROVIDER agrees to provide access to and copies of student records including assessments, progress reports, samples of student work and end of year student report reflecting percentage of objectives met by the student to LEA and/or the parents/guardians of LEA's student. PROVIDER will also provide LEA with an end of year summary indicating the total number of students that met 95% of their objectives during the period of the contract. No later than thirty (30) days after termination of services PROVIDER shall turn over to LEA all required documents for all Center Unified students in their program.

**5. Access by LEA**

PROVIDER shall notify LEA of the location and/or any change in location at which it is providing services to LEA's eligible students. It shall allow LEA representatives access to its facilities for periodic monitoring of each student's instructional program and shall be invited to participate in the review of each student's progress by LEA. **Such access shall include unannounced monitoring visits.** LEA representatives shall have ongoing access to observe each student at work, observe the instructional setting, interview PROVIDER, and review each student's progress as well as access to **all student records maintained on site** including the behavior intervention plan, if any.

**6. Fingerprints/TB Clearance**

In accordance with California Education Code § 45125.1, PROVIDER shall conduct a criminal background check of its employees and/or subcontractors and, upon receipt of those checks, certify to the LEA that no employee and/or subcontractors of PROVIDER working with students of the school district has been convicted of a violent or serious felony as defined by statutes. PROVIDER shall supply LEA with a list of names of those employees and/or subcontractors who are cleared to work with students of the LEA. A fingerprint certification will be required. Additionally all providers will be required to submit a TB clearance for those employed and/or subcontractors who will be working with students.

**7. Independent Contractor Status**

This agreement is by and between two independent agents and is not intended to and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association. PROVIDER understands and agrees that it shall be responsible for providing its own salaries, payroll taxes, withholding, insurance, workers compensation coverage and all other benefits of any kind, as required by law for its own employees, and assumes the full responsibility for the acts and/or omissions of his/her employees or agents as they relate to the services to be provided under this agreement.

It is the responsibility of the PROVIDER to insure that all of its employees are informed of all provisions as outlined in this contract prior to working with families/students.

**8. Conflict of Interest:**

This Agreement is subject to LEA Board Policy 2300 governing conflicts of interest. PROVIDER agrees to furnish to LEA (upon request) a valid copy of the most recently adopted partnership agreements or bylaws of the corporation and also a complete and accurate list of the Governing Board of Directors (or Trustees or Partners) and to timely update said information as changes in such governance occur. PROVIDER shall avoid any actual or potential conflict of interest on behalf of itself or its employees providing services hereunder, including, but not limited, to employment with LEA, including its charter schools.

**9. Accident/Incident Report**

(THIS FORM MAY NOT BE ALTERED IN ANY WAY)

PROVIDER agrees to submit a written accident report to LEA within five (5) days of an accident or incident when a pupil has suffered an injury, injured another individual, or has been involved in an activity requiring notification of law enforcement or emergency personnel.

**10. Discrimination**

PROVIDER shall not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, ethnicity, gender, sexual orientation, sexual preference or physical or mental disability in employment or operation of its programs.

**11. Child Abuse Reporting**

PROVIDER assures LEA that all staff members, including volunteers, are familiar with and agree to adhere to child abuse and/or missing children reporting obligations and procedures under California law, including but not limited to, California Education Code § 49370 and California Penal Code § 11166 et seq. PROVIDER agrees to provide annual training to all its employees regarding mandated reporting of child abuse and missing children. PROVIDER agrees that all staff members will abide by such laws in a timely manner.

PROVIDER shall submit immediately by facsimile and mail, within twenty-four (24) hours an accident or incident report to LEA when it becomes aware of circumstances including, but not limited to: allegations of molestation, child abuse, missing children under PROVIDER's supervision.

**12. Supplies, Equipment and Facilities**

PROVIDER shall be solely responsible for the provision of all appropriate supplies, equipment, and facilities for a pupil as required in his/her ISSA. A PROVIDER who desires to use District facilities must make a separate application for use of facilities through the District's Use of Facilities procedures. As noted in the "District Use of Facilities" packet, the use of science and computer labs is disallowed.

**13. Inspection and Audit**

PROVIDER shall provide access to and the LEA shall have the right to examine and audit, upon the LEA's request, all of the records, reports, or other matter relating to the Contract. Fiscal records shall be maintained by PROVIDER for five (5) years and shall be available for audit. Records that no longer need to be retained must be shredded/destroyed in a manner that maintains confidentiality.

**14. Indemnification**

PROVIDER shall defend, hold harmless, and indemnify LEA and its governing board, officers, agents, and employees from and against all liabilities and claims for damage for death, sickness, or injury to any person(s) or damage to any property, including, without limitation, all consequential damages and expenses (including attorney fees), from any cause whatsoever arising from or connected with its service hereunder, resulting from the negligence or intentional acts of PROVIDER, its agents or employees. It is understood and agreed that such indemnity shall survive the termination of this agreement.

LEA shall defend, hold harmless and indemnify PROVIDER and its governing board, offices, agents, and employees from all liabilities and claims for damage for death, sickness, or injury to any person(s) or damage to any property, including, without limitation, all consequential damages and expenses (including attorney fees), from any cause whatsoever resulting from the negligence or intentional acts of LEA, its agents or employees. It is understood and agreed that such indemnity shall survive the termination of this agreement.

LEA shall not be liable for acts of the student(s) or the student's parent/guardian, family member, etc.

**15. Insurance**

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

During the entire term of this agreement and any extension or modification thereof, PROVIDER shall keep in effect a policy or policies of liability insurance, including coverage of owned and non-owned vehicles used in relation to the performance of service(s) by PROVIDER, of at least one million dollars (\$1,000,000.00) for each person and one million dollars (\$1,000,000.00) for all accidents or occurrences for all damages arising out of death, bodily injury, sickness or disease from any one accident or occurrence, and one million dollars (\$1,000,000.00) for all damages and liability arising out of injury to or destruction of property for each accident or occurrence. Not later than the effective date of this agreement, PROVIDER shall provide LEA with satisfactory evidence of insurance, naming LEA as additional certificate holder, including a provision for a twenty (20) calendar day written notice to LEA before cancellation or material change, evidencing the above-specific coverage. The PROVIDER shall at its own cost and expense procedure and maintain insurance under the Worker's Compensation Law of California, if applicable. LEA reserves the right to revise the requirements of this provision at any time. If LEA determines that additional insurance coverage is necessary, LEA will reopen negotiations with PROVIDER to modify the terms of this agreement.

**16. Billing Amount**

PROVIDER'S hourly rate for services rendered shall be \$60.00 per hour. The total amount of services rendered during the term of this contract shall not exceed the final per student allocation as indicated by the state. The student-teacher ratio for this hourly rate will be 1:1 to 3:1. Services shall begin within thirty (30) days of the completion of the ISSA.

**17. Monthly Invoices**

PROVIDER shall comply with all procedures concerning enrollment, contracting, attendance reporting, and billing as specified by LEA.

PROVIDER shall submit to LEA monthly invoices itemized by name/address of student, service provided and actual number of hours for which services were provided, including attendance verification logs signed by parent and/or guardian or computer log-in records. LEA shall not pay for non-attendance of students. Such invoices with amount due shall be submitted within thirty (30) days of the rendering of services. **Invoices and related documents shall be submitted on a form and in the manner prescribed by LEA.** LEA shall process payments to PROVIDER within forty-five (45) days of submission of such invoices, except in those situations identified in Paragraph 18, below.

**18. Records of Attendance**

PROVIDER shall maintain daily records of student service provided, including the name/address of student, the name of PROVIDER's employee who rendered the service, and the amount of time of such service. PROVIDER shall permit access to and/or a copy of such records to LEA upon request. Parent shall receive a copy of the monthly attendance log.

**19. Right to Withhold**

LEA may withhold payment to PROVIDER, on ten (10) working days written notice of such withholding, when in the opinion of the LEA:

- a. PROVIDER's performance, in whole or in part, either has not been carried out or is insufficiently documented.
- b. PROVIDER has neglected, failed, or refused to furnish information or to cooperate with the inspection, review, or audit of its program, work, or records.
- c. PROVIDER has failed to submit the invoice in a timely manner.

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

If LEA gives notice of intent to withhold, PROVIDER shall have fourteen (14) days from the date of receipt of said notice to correct such deficiency. **Provider may submit a written extension to correct the deficiencies and/or may invoke the dispute resolution provision herein. LEA shall process submitted re-billing invoices to PROVIDER within forty-five (45) days of submission of such invoices.**

**20. Modifications and Amendments:**

This Contract may be modified or amended only by a written document signed by authorized representatives of PROVIDER and LEA. No change in this Contract or in the ISSA shall result in a LEA financial obligation to PROVIDER in excess of the State/Federal reimbursement rate per student per year to the LEA.

**21. Disputes**

Disputes between LEA and PROVIDER concerning the meaning, requirements or performance of this contract shall be submitted **in writing** to the Superintendent of the Center Joint Unified School District. The determination of the LEA's Superintendent shall be made in writing and shall be binding on both parties.

**22. Subcontract and Assignment**

PROVIDER shall not subcontract or assign any of the work contemplated under this Contract without first obtaining written approval from the LEA. Such approval shall be attached and made part of this Contract. Subcontracts or assignments may be entered into only with providers certified by the California Department of Education.

Any sub-contractor or assignee shall be bound by all of the terms of this Contract, including the insurance and indemnification provisions, and it shall be PROVIDER'S responsibility to obtain the agreement of subcontractor/assignee to comply with all terms contained herein.

**23. Termination**

- a. This agreement may be terminated by LEA or PROVIDER at any time, as provided herein. PROVIDER's exercise of its right to terminate this Contract shall not alleviate its responsibilities to complete any existing ISSA's.
- b. To terminate this Contract, either party shall give twenty (20) calendar days written notice prior to the date of the termination. Upon termination without default of PROVIDER, LEA shall pay, without duplication, for all services satisfactorily performed to date of termination.
- c. In consideration of this payment, PROVIDER waives all rights to any further payment or damage. Upon termination, PROVIDER shall turn over to LEA all student records in its possession generated as a result of services rendered under this Contract, possessed by PROVIDER or under its control at the time of termination.
- d. An Individual Supplementary Services Agreement may be terminated by PROVIDER only upon consent of the LEA. An ISSA shall terminate if the student ceases to be enrolled in the District. Upon termination under this paragraph, final payment from LEA will be calculated based upon a pro-rata calculation of total services agreed-upon in the ISSA for which the LEA is responsible for payment, divided by that portion of services actually rendered.
- e. The PROVIDER must provide the LEA with written documentation of termination of services for any student within 7 days. LEA will be provided with the specifics as to why a student who has chosen said PROVIDER is not receiving services from the PROVIDER. The district and the provider will  
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each contact the parent of a student who does not attend prior to terminating the student's participation in the SES program.

**24. Compliance with Laws**

During the term of this agreement, PROVIDER shall comply with all applicable federal, State Board of Education, and local statutes, laws ordinances, rules and regulations relating to the provision of supplementary services, including securing and maintaining in force such permits and licenses as are required by law in connection with the furnishing of services pursuant to this Agreement.

**25. Entire Agreement**

This Agreement constitutes the entire agreement between LEA and PROVIDER and supersedes any prior or contemporaneous understanding or agreement with respect to the services contemplated.

**26. Governing Law**

The terms and conditions of this agreement shall be governed by the laws of the state of California with venue in Sacramento County, California.

**27. Severability Clause**

If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement shall be severable and remain in effect, to the extent that the intent of the parties can be fulfilled.

**28. Notices**

Notices required under this Contract shall be valid when mailed first class postage or personally delivered to the following representatives, as indicated below:

For the LEA:                   Tami JBeily, Coordinator  
                                      Categorical Programs and Grants  
                                      Center Joint Unified School District  
                                      8408 Watt Avenue  
                                      Antelope, CA 95843

For PROVIDER:               Jeff Wang, Director  
                                      ! ACE Tutoring Services, Inc.  
                                      3576 Arlington Ave, Suite 300  
                                      Riverside, CA 92506

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

**29. Authorized Representative**

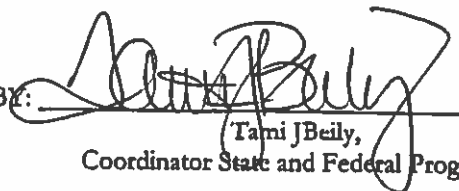
The persons signing this Contract certify they are the authorized representatives of the respective parties, and are authorized to sign this document. Services are limited to the per student allocation determined by the district.

The parties hereto have executed this agreement by and through their duly authorized agents or representatives. This contract is effective November 18, 2015, and terminates at 5:00 p.m. on May 25, 2016, unless sooner terminated as provided herein.

FED ID: 33-0842322

**PROVIDER: ! ACE Tutoring Services, Inc.      CENTER JOINT UNIFIED SCHOOL DISTRICT:**

BY:   
\_\_\_\_\_  
Jeff Wang  
Director

BY:   
\_\_\_\_\_  
Tami J Beily,  
Coordinator State and Federal Programs

**APPROVED AS TO FORM:** \_\_\_\_\_  
General Counsel  
Legal Services  
Center Joint Unified School District

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**



Established 1858

# Center Joint Unified School District

## Instructional Services

8408 Watt Avenue • Antelope, CA 98843-9116  
(916) 338-6320 • Fax (916) 338-6329

## BOARD OF TRUSTEES

Nancy Anderson  
Jeremy Hunt  
Kelly Kelley  
Delrae M. Pope  
Donald E. Wilson

## SUPERINTENDENT

Scott A. Loehr.

Date: October 23, 2015

From: Tami JBeily  
Coordinator of Federal & State Programs

To: SES Providers

I am sending the below information as an addendum to the CJUSD Master Contract for your review and understanding.

Signed SES Provider contracts and addendum must be signed and returned via email, Attn: Debbie Cribbs at [dcribbs@centerusd.org](mailto:dcribbs@centerusd.org) no later than Wednesday, November 4, 2015.

Contracts will be approved by the CJUSD Board of Trustees at the November 18, 2015 Board Meeting. SES providers will be notified by email that the CJUSD Board has approved the contract. Student lists will be provided as an attachment to the notification email. Services must start within 14 calendar days from the date the SES provider is notified of board approval. If services do not begin within 14 calendar days, CJUSD will cancel the contract and will reassign students to another SES provider.

Only the parents or guardian of student may complete Application for SES services. Application must be an original parent signature, not a copy. For verification purposes, parent signatures on SES applications will be compared to parent signatures on school registration packets. Should signatures not match, the CJUSD contract with SES provider will be cancelled, all students under the contract will be reassigned and SES provider will be reported to CDE.

SES Providers will not be paid for services if an ISSA is submitted incomplete or not at all. ISSA must include parent and student signatures.

I hereby acknowledge receipt of said contract and the above revisions and send this letter of acknowledgment.

Jeff Wang, Director  
Printed Name/Title

10/26/15  
Date

[Signature]  
Signature

! ACE Tutoring Services, Inc.  
SES Provider

**CENTER JOINT UNIFIED SCHOOL DISTRICT  
STATE AND FEDERAL PROGRAMS**

**MASTER CONTRACT**

**TITLE I – SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDERS**

**THIS MASTER CONTRACT** (“Contract”) is made and entered into on November 18, 2015, between the **Center Joint Unified School District** (hereinafter referred to as “LEA” [local educational agency] or “District”), a public school district duly operating under the laws of the State of California, and **Club Z! Tutoring, (Progressive Instruction LLC dba Club Z! Tutoring) 520 9<sup>th</sup> Street, Suite 102, Sacramento, CA 95814, 916-714-2770, Fax 916-880-5398**, the supplementary service provider (hereinafter referred to as “PROVIDER”) for the purpose of providing supplementary services to eligible LEA students. “Eligible students” are those students identified by the District who meet specific requirements under Title I.

**WHEREAS**, the LEA is authorized by Section 53060 of the California Government Code to contract with and employ any persons for the furnishing of special services and advice in financial, economic, accounting, engineering, legal or administrative matters, if such persons are specially trained and experienced and competent to perform the special services required;

**WHEREAS**, the LEA is in need of such special services and advice;

**WHEREAS**, PROVIDER is specially trained and experienced and competent to perform the special services required by the LEA, and such services are needed on a limited basis;

**WHEREAS**, the No Child Left Behind Act, 20 U.S.C. Section 1116(e)(3)(A) outlines the requirements for supplemental educational services;

**WHEREAS**, Section 6316(e)(3) contains the following requirements:

- a. Requires the LEA to develop, in consultation with a school representative, parents (and the provider chosen by parents), a statement of specific measurable achievement goals which are based upon the student's area of need as identified from the California standards assessments; how the student's progress will be measured, and a timetable for improving achievement, in the case of a student with disabilities, is consistent with the student's IEP;
- b. Requires a description of how and when the PROVIDER will regularly inform, in accordance with the ISSA (Individual Supplemental Services Agreement), the student's parent, school liaison and LEA of the student's progress toward achievement of the agreed upon measurable goals;
- c. Requires a provision for the termination of the agreement if the provider is unable to meet the goals and timetables required;
- d. Requires provisions with respect to the making payment to the provider by the LEA;
- e. Prohibits the provider from disclosing to the public the identity of any student eligible for, or receiving supplemental services without the written permission of the parent of such student;

**WHEREAS**, PROVIDER has been approved by the California State Department of Education and has met the qualifications to be certified as a supplementary service provider; and

**WHEREAS**, PROVIDER is willing to provide such services to LEA's eligible students if selected by the parents/guardians of eligible students.

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES CONTAINED HEREIN, it is agreed between the parties as follows:

### 1. Individual Supplementary Services Agreements

An Individual Supplementary Services Agreement (ISSA) shall be developed by LEA in consultation with parents/guardians and PROVIDER for each LEA eligible student whose parent/guardian elects to receive supplementary services from PROVIDER. Changes in any student's ISSA may only be made with the written consent of LEA in consultation with parents/guardians. PROVIDER, LEA or the parents/guardians may request a review of a student's ISSA. In conjunction with the liaison, the PROVIDER shall insure that all student ISSAs are completed within forty-five (45) days of receipt of student information or by exception based on a mutual written agreement between the LEA and PROVIDER.

Provider shall administer a standards based pre and post test assessment.

PROVIDER shall not unilaterally terminate any ISSA. PROVIDER shall obtain written authorization from LEA before terminating any ISSA.

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Incentives and rewards must be appropriately related to the purpose of the student's *Individual Supplemental Services Agreement* for academic achievement and should reasonably motivate or reward students for achievement of the specific goals of the *Individual Supplemental Services Agreement*. Additionally, the incentive or reward must be directly related to a motivational activity which is part of the provider's plan to facilitate academic achievement. Under no circumstances shall parents/guardians and/or students be given an incentive for enrolling in a specific Supplemental Educational Services Program.

The cost of the incentives and/or rewards must not be exorbitant and must not diminish the effectiveness of the original intent of Supplemental Educational Services set forth in the "No Child Left behind" legislation of 2001. Provider will not provide any up-front incentive at over \$2.00 per student to parent or students to encourage signing up for provider's services or to encourage any other student or parent to sign up for provider's services.

### 3. Parents/Guardianship

For the purpose of the Contract, a parent is the natural or adoptive parent, legal guardian, or a surrogate parent appointed by LEA.

### 4. Student Records

A student record is defined by State and Federal Law, and essentially is any document prepared or retained by PROVIDER with an individual student's name referenced therein. All student records shall be kept in a secure location preventing access by unauthorized individuals. PROVIDER will maintain an access log  
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delineating date, time, agency, and identity of any individual accessing student records who is not in the direct employ of the PROVIDER. PROVIDER shall not provide access or forward to any other person other than parents/guardians or LEA any student record including student email address without the written consent of the parent/guardian or LEA. PROVIDER agrees to provide access to and copies of student records including assessments, progress reports, samples of student work and end of year student report reflecting percentage of objectives met by the student to LEA and/or the parents/guardians of LEA's student. PROVIDER will also provide LEA with an end of year summary indicating the total number of students that met 95% of their objectives during the period of the contract. No later than thirty (30) days after termination of services PROVIDER shall turn over to LEA all required documents for all Center Unified students in their program.

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**6. Fingerprints/TB Clearance**

In accordance with California Education Code § 45125.1, PROVIDER shall conduct a criminal background check of its employees and/or subcontractors and, upon receipt of those checks, certify to the LEA that no employee and/or subcontractors of PROVIDER working with students of the school district has been convicted of a violent or serious felony as defined by statutes. PROVIDER shall supply LEA with a list of names of those employees and/or subcontractors who are cleared to work with students of the LEA. A fingerprint certification will be required. Additionally all providers will be required to submit a TB clearance for those employed and/or subcontractors who will be working with students.

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This Agreement is subject to LEA Board Policy 2300 governing conflicts of interest. PROVIDER agrees to furnish to LEA (upon request) a valid copy of the most recently adopted partnership agreements or bylaws of the corporation and also a complete and accurate list of the Governing Board of Directors (or Trustees or Partners) and to timely update said information as changes in such governance occur. PROVIDER shall avoid any actual or potential conflict of interest on behalf of itself or its employees providing services hereunder, including, but not limited, to employment with LEA, including its charter schools.

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PROVIDER shall provide access to **and the LEA shall have the right to examine and audit, upon the LEA's request, all of the** records, reports, or other matter relating to the Contract. Fiscal records shall be maintained by PROVIDER for five (5) years and shall be available for audit. Records that no longer need to be retained must be shredded/destroyed in a manner that maintains confidentiality.

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LEA shall not be liable for acts of the student(s) or the student's parent/guardian, family member, etc.

**15. Insurance**

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During the entire term of this agreement and any extension or modification thereof, PROVIDER shall keep in effect a policy or policies of liability insurance, including coverage of owned and non-owned vehicles used in relation to the performance of service(s) by PROVIDER, of at least one million dollars (\$1,000,000.00) for each person and one million dollars (\$1,000,000.00) for all accidents or occurrences for all damages arising out of death, bodily injury, sickness or disease from any one accident or occurrence, and one million dollars (\$1,000,000.00) for all damages and liability arising out of injury to or destruction of property for each accident or occurrence. Not later than the effective date of this agreement, PROVIDER shall provide LEA with satisfactory evidence of insurance, naming LEA as additional certificate holder, including a provision for a twenty (20) calendar day written notice to LEA before cancellation or material change, evidencing the above-specific coverage. The PROVIDER shall at its own cost and expense procedure and maintain insurance under the Worker's Compensation Law of California, if applicable. LEA reserves the right to revise the requirements of this provision at any time. If LEA determines that additional insurance coverage is necessary, LEA will reopen negotiations with PROVIDER to modify the terms of this agreement.

**16. Billing Amount**

PROVIDER'S hourly rate for services rendered shall be \$61.31 per individual per hour. The total amount of services rendered during the term of this contract shall not exceed the final per student allocation as indicated by the state. The student-teacher ratio for this hourly rate will be 1:1. Services shall begin within thirty (30) days of the completion of the ISSA.

**17. Monthly Invoices**

PROVIDER shall comply with all procedures concerning enrollment, contracting, attendance reporting, and billing as specified by LEA.

PROVIDER shall submit to LEA monthly invoices itemized by name/address of student, service provided and actual number of hours for which services were provided, including attendance verification logs signed by parent and/or guardian or computer log-in records. LEA shall not pay for non-attendance of students. Such invoices with amount due shall be submitted within thirty (30) days of the rendering of services. **Invoices and related documents shall be submitted on a form and in the manner prescribed by LEA.** LEA shall process payments to PROVIDER within forty-five (45) days of submission of such invoices, except in those situations identified in Paragraph 18, below.

**18. Records of Attendance**

PROVIDER shall maintain daily records of student service provided, including the name/address of student, the name of PROVIDER's employee who rendered the service, and the amount of time of such service. PROVIDER shall permit access to and/or a copy of such records to LEA upon request. Parent shall receive a copy of the monthly attendance log.

**19. Right to Withhold**

LEA may withhold payment to PROVIDER, on ten (10) working days written notice of such withholding, when in the opinion of the LEA:

- a. PROVIDER's performance, in whole or in part, either has not been carried out or is insufficiently documented.
- b. PROVIDER has neglected, failed, or refused to furnish information or to cooperate with the inspection, review, or audit of its program, work, or records.
- c. PROVIDER has failed to submit the invoice in a timely manner.

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If LEA gives notice of intent to withhold, PROVIDER shall have fourteen (14) days from the date of receipt of said notice to correct such deficiency. **Provider may submit a written extension to correct the deficiencies and/or may invoke the dispute resolution provision herein. LEA shall process submitted re-billing invoices to PROVIDER within forty-five (45) days of submission of such invoices.**

**20. Modifications and Amendments:**

This Contract may be modified or amended only by a written document signed by authorized representatives of PROVIDER and LEA. No change in this Contract or in the ISSA shall result in a LEA financial obligation to PROVIDER in excess of the State/Federal reimbursement rate per student per year to the LEA.

**21. Disputes**

Disputes between LEA and PROVIDER concerning the meaning, requirements or performance of this contract shall be submitted **in writing** to the Superintendent of the Center Joint Unified School District. The determination of the LEA's Superintendent shall be made in writing and shall be binding on both parties.

**22. Subcontract and Assignment**

PROVIDER shall not subcontract or assign any of the work contemplated under this Contract without first obtaining written approval from the LEA. Such approval shall be attached and made part of this Contract. Subcontracts or assignments may be entered into only with providers certified by the California Department of Education.

Any sub-contractor or assignee shall be bound by all of the terms of this Contract, including the insurance and indemnification provisions, and it shall be PROVIDER'S responsibility to obtain the agreement of subcontractor/assignee to comply with all terms contained herein.

**23. Termination**

- a. This agreement may be terminated by LEA or PROVIDER at any time, as provided herein. PROVIDER's exercise of its right to terminate this Contract shall not alleviate its responsibilities to complete any existing ISSA's.
- b. To terminate this Contract, either party shall give twenty (20) calendar days written notice prior to the date of the termination. Upon termination without default of PROVIDER, LEA shall pay, without duplication, for all services satisfactorily performed to date of termination.
- c. In consideration of this payment, PROVIDER waives all rights to any further payment or damage. Upon termination, PROVIDER shall turn over to LEA all student records in its possession generated as a result of services rendered under this Contract, possessed by PROVIDER or under its control at the time of termination.
- d. An Individual Supplementary Services Agreement may be terminated by PROVIDER only upon consent of the LEA. An ISSA shall terminate if the student ceases to be enrolled in the District. Upon termination under this paragraph, final payment from LEA will be calculated based upon a pro-rata calculation of total services agreed-upon in the ISSA for which the LEA is responsible for payment, divided by that portion of services actually rendered.
- e. The PROVIDER must provide the LEA with written documentation of termination of services for any student within 7 days. LEA will be provided with the specifics as to why a student who has chosen said PROVIDER is not receiving services from the PROVIDER. The district and the provider will  
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each contact the parent of a student who does not attend prior to terminating the student's participation in the SES program.

**24. Compliance with Laws**

During the term of this agreement, PROVIDER shall comply with all applicable federal, State Board of Education, and local statutes, laws ordinances, rules and regulations relating to the provision of supplementary services, including securing and maintaining in force such permits and licenses as are required by law in connection with the furnishing of services pursuant to this Agreement.

**25. Entire Agreement**

This Agreement constitutes the entire agreement between LEA and PROVIDER and supersedes any prior or contemporaneous understanding or agreement with respect to the services contemplated.

**26. Governing Law**

The terms and conditions of this agreement shall be governed by the laws of the state of California with venue in Sacramento County, California.

**27. Severability Clause**

If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement shall be severable and remain in effect, to the extent that the intent of the parties can be fulfilled.

**28. Notices**

Notices required under this Contract shall be valid when mailed first class postage or personally delivered to the following representatives, as indicated below:

For the LEA:                      Tami JBeily, Coordinator  
                                            Categorical Programs and Grants  
                                            Center Joint Unified School District  
                                            8408 Watt Avenue  
                                            Antelope, CA 95843

For PROVIDER:                  Timothy Hass, Director  
                                            Club Z! Tutoring  
                                            520 9<sup>th</sup> Street, Suite 102  
                                            Sacramento CA 95814

**29. Authorized Representative**

The persons signing this Contract certify they are the authorized representatives of the respective parties, and are authorized to sign this document. Services are limited to the per student allocation determined by the district.

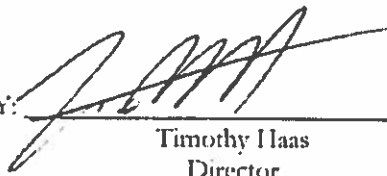
The parties hereto have executed this agreement by and through their duly authorized agents or representatives. This contract is effective November 18, 2015, and terminates at 5:00 p.m. on May 25, 2016, unless sooner terminated as provided herein.

FED ID: 65-1191021

**PROVIDER: Club Z! Tutoring  
(Progressive Instruction LLC dba Club Z!  
Tutoring)**

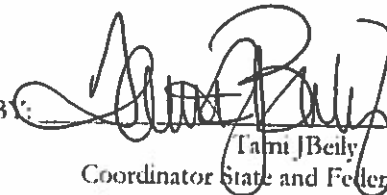
**CENTER JOINT UNIFIED SCHOOL DISTRICT:**

BY: \_\_\_\_\_



Timothy Haas  
Director

BY: \_\_\_\_\_



Tami J Beily  
Coordinator State and Federal Programs

**APPROVED AS TO FORM: \_\_\_\_\_**

General Counsel  
Legal Services  
Center Joint Unified School District

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**



Established 1858

# Center Joint Unified School District

## Instructional Services

8408 Watt Avenue • Antelope, CA 98843-9116  
(916) 338-6320 • Fax (916) 338-6329

## BOARD OF TRUSTEES

Nancy Anderson  
Jeremy Hunt  
Kelly Kelley  
Delrae M. Pope  
Donald E. Wilson

## SUPERINTENDENT

Scott A. Loehr,

Date: October 23, 2015

From: Tami JBeily  
Coordinator of Federal & State Programs

To: SES Providers

I am sending the below information as an addendum to the CJUSD Master Contract for your review and understanding.

Signed SES Provider contracts and addendum must be signed and returned via email, Attn: Debbie Cribbs at [dcribbs@centerusd.org](mailto:dcribbs@centerusd.org) no later than Wednesday, November 4, 2015.

Contracts will be approved by the CJUSD Board of Trustees at the November 18, 2015 Board Meeting. SES providers will be notified by email that the CJUSD Board has approved the contract. Student lists will be provided as an attachment to the notification email. Services must start within 14 calendar days from the date the SES provider is notified of board approval. If services do not begin within 14 calendar days, CJUSD will cancel the contract and will reassign students to another SES provider.

Only the parents or guardian of student may complete Application for SES services. Application must be an original parent signature, not a copy. For verification purposes, parent signatures on SES applications will be compared to parent signatures on school registration packets. Should signatures not match, the CJUSD contract with SES provider will be cancelled, all students under the contract will be reassigned and SES provider will be reported to CDE.

SES Providers will not be paid for services if an ISSA is submitted incomplete or not at all. ISSA must include parent and student signatures.

I hereby acknowledge receipt of said contract and the above revisions and send this letter of acknowledgment.

Timothy Haus, Director of Education  
Printed Name/Title

10/23/15  
Date

[Signature]  
Signature

progressive instruction llc dba club z tutoring  
SES Provider

**CENTER JOINT UNIFIED SCHOOL DISTRICT  
STATE AND FEDERAL PROGRAMS**

**MASTER CONTRACT**

**TITLE I – SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDERS**

**THIS MASTER CONTRACT** (“Contract”) is made and entered into on November 18, 2015, between the **Center Joint Unified School District** (hereinafter referred to as “LEA” [local educational agency] or “District”), a public school district duly operating under the laws of the State of California, and **Learn with iPads LLC, 7095 Hollywood Blvd. #772, Hollywood, CA 90028**, the supplementary service provider (hereinafter referred to as “PROVIDER”) for the purpose of providing supplementary services to eligible LEA students. “Eligible students” are those students identified by the District who meet specific requirements under Title I.

**WHEREAS**, the LEA is authorized by Section 53060 of the California Government Code to contract with and employ any persons for the furnishing of special services and advice in financial, economic, accounting, engineering, legal or administrative matters, if such persons are specially trained and experienced and competent to perform the special services required;

**WHEREAS**, the LEA is in need of such special services and advice;

**WHEREAS**, PROVIDER is specially trained and experienced and competent to perform the special services required by the LEA, and such services are needed on a limited basis;

**WHEREAS**, the No Child Left Behind Act, 20 U.S.C. Section 1116(e)(3)(A) outlines the requirements for supplemental educational services;

**WHEREAS**, Section 6316(e)(3) contains the following requirements:

- a. Requires the LEA to develop, in consultation with a school representative, parents (and the provider chosen by parents), a statement of specific measurable achievement goals which are based upon the student’s area of need as identified from the California standards assessments; how the student’s progress will be measured, and a timetable for improving achievement, in the case of a student with disabilities, is consistent with the student’s IEP;
- b. Requires a description of how and when the PROVIDER will regularly inform, in accordance with the ISSA (Individual Supplemental Services Agreement), the student’s parent, school liaison and LEA of the student’s progress toward achievement of the agreed upon measurable goals;
- c. Requires a provision for the termination of the agreement if the provider is unable to meet the goals and timetables required;
- d. Requires provisions with respect to the making payment to the provider by the LEA;
- e. Prohibits the provider from disclosing to the public the identity of any student eligible for, or receiving supplemental services without the written permission of the parent of such student;

**WHEREAS**, PROVIDER has been approved by the California State Department of Education and has met the qualifications to be certified as a supplementary service provider; and

**WHEREAS**, PROVIDER is willing to provide such services to LEA’s eligible students if selected by the parents/guardians of eligible students.

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

**THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES CONTAINED HEREIN**, it is agreed between the parties as follows:

**1. Individual Supplementary Services Agreements**

An Individual Supplementary Services Agreement (ISSA) shall be developed by LEA in consultation with parents/guardians and PROVIDER for each LEA eligible student whose parent/guardian elects to receive supplementary services from PROVIDER. Changes in any student's ISSA may only be made with the written consent of LEA in consultation with parents/guardians. PROVIDER, LEA or the parents/guardians may request a review of a student's ISSA. In conjunction with the liaison, the PROVIDER shall insure that all student ISSAs are completed within forty-five (45) days of receipt of student information or by exception based on a mutual written agreement between the LEA and PROVIDER.

Provider shall administer a standards based pre and post test assessment.

PROVIDER shall not unilaterally terminate any ISSA. PROVIDER shall obtain written authorization from LEA before terminating any ISSA.

Parents/guardians shall not be charged for any services rendered under the ISSA unless such services and charges are clearly identified in writing and agreed upon in advance in a writing signed by the parents/guardians. In no event shall the agreed upon charges obligate the LEA financially, nor shall the LEA incur any obligation or expense in excess of the state/federal reimbursement amount. Preliminary allocations indicate a per student rate will be \$858.84 per student, adjustments to this amount may be made pending final notification from the state. PROVIDERS shall receive compensation only for sessions actually attended by LEA students and for supplemental educational services actually provided to LEA students. Providers shall not receive compensation in the event of student absences, regardless of the reason for absence.

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PROVIDER shall defend, hold harmless, and indemnify LEA and its governing board, officers, agents, and employees from and against all liabilities and claims for damage for death, sickness, or injury to any person(s) or damage to any property, including, without limitation, all consequential damages and expenses (including attorney fees), from any cause whatsoever arising from or connected with its service hereunder, resulting from the negligence or intentional acts of PROVIDER, its agents or employees. It is understood and agreed that such indemnity shall survive the termination of this agreement.

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**15. Insurance**

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**



During the entire term of this agreement and any extension or modification thereof, PROVIDER shall keep in effect a policy or policies of liability insurance, including coverage of owned and non-owned vehicles used in relation to the performance of service(s) by PROVIDER, of at least one million dollars (\$1,000,000.00) for each person and one million dollars (\$1,000,000.00) for all accidents or occurrences for all damages arising out of death, bodily injury, sickness or disease from any one accident or occurrence, and one million dollars (\$1,000,000.00) for all damages and liability arising out of injury to or destruction of property for each accident or occurrence. Not later than the effective date of this agreement, PROVIDER shall provide LEA with satisfactory evidence of insurance, naming LEA as additional certificate holder, including a provision for a twenty (20) calendar day written notice to LEA before cancellation or material change, evidencing the above-specific coverage. The PROVIDER shall at its own cost and expense procedure and maintain insurance under the Worker's Compensation Law of California, if applicable. LEA reserves the right to revise the requirements of this provision at any time. If LEA determines that additional insurance coverage is necessary, LEA will reopen negotiations with PROVIDER to modify the terms of this agreement.

**16. Billing Amount**

**PROVIDER'S hourly rate for services rendered shall be \$70.00 per individual per hour. The total amount of services rendered during the term of this contract shall not exceed the final per student allocation as indicated by the state. The student-teacher ratio for this hourly rate will be 1:1. Services shall begin within thirty (30) days of the completion of the ISSA.**

**17. Monthly Invoices**

**PROVIDER shall comply with all procedures concerning enrollment, contracting, attendance reporting, and billing as specified by LEA.**

PROVIDER shall submit to LEA monthly invoices itemized by name/address of student, service provided and actual number of hours for which services were provided, including attendance verification logs signed by parent and/or guardian or computer log-in records. LEA shall not pay for non-attendance of students. Such invoices with amount due shall be submitted within thirty (30) days of the rendering of services. **Invoices and related documents shall be submitted on a form and in the manner prescribed by LEA.** LEA shall process payments to PROVIDER within forty-five (45) days of submission of such invoices, except in those situations identified in Paragraph 18, below.

**18. Records of Attendance**

PROVIDER shall maintain daily records of student service provided, including the name/address of student, the name of PROVIDER's employee who rendered the service, and the amount of time of such service. PROVIDER shall permit access to and/or a copy of such records to LEA upon request. Parent shall receive a copy of the monthly attendance log.

**19. Right to Withhold**

LEA may withhold payment to PROVIDER, on ten (10) working days written notice of such withholding, when in the opinion of the LEA:

- a. PROVIDER's performance, in whole or in part, either has not been carried out or is insufficiently documented.
- b. PROVIDER has neglected, failed, or refused to furnish information or to cooperate with the inspection, review, or audit of its program, work, or records.
- c. PROVIDER has failed to submit the invoice in a timely manner.

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

If LEA gives notice of intent to withhold, PROVIDER shall have fourteen (14) days from the date of receipt of said notice to correct such deficiency. Provider may submit a written extension to correct the deficiencies and/or may invoke the dispute resolution provision herein. LEA shall process submitted re-billing invoices to PROVIDER within forty-five (45) days of submission of such invoices.

**20. Modifications and Amendments:**

This Contract may be modified or amended only by a written document signed by authorized representatives of PROVIDER and LEA. No change in this Contract or in the ISSA shall result in a LEA financial obligation to PROVIDER in excess of the State/Federal reimbursement rate per student per year to the LEA.

**21. Disputes**

Disputes between LEA and PROVIDER concerning the meaning, requirements or performance of this contract shall be submitted in writing to the Superintendent of the Center Joint Unified School District. The determination of the LEA's Superintendent shall be made in writing and shall be binding on both parties.

**22. Subcontract and Assignment**

PROVIDER shall not subcontract or assign any of the work contemplated under this Contract without first obtaining written approval from the LEA. Such approval shall be attached and made part of this Contract. Subcontracts or assignments may be entered into only with providers certified by the California Department of Education.

Any sub-contractor or assignee shall be bound by all of the terms of this Contract, including the insurance and indemnification provisions, and it shall be PROVIDER'S responsibility to obtain the agreement of subcontractor/assignee to comply with all terms contained herein.

**23. Termination**

- a. This agreement may be terminated by LEA or PROVIDER at any time, as provided herein. PROVIDER's exercise of its right to terminate this Contract shall not alleviate its responsibilities to complete any existing ISSA's.
- b. To terminate this Contract, either party shall give twenty (20) calendar days written notice prior to the date of the termination. Upon termination without default of PROVIDER, LEA shall pay, without duplication, for all services satisfactorily performed to date of termination.
- c. In consideration of this payment, PROVIDER waives all rights to any further payment or damage. Upon termination, PROVIDER shall turn over to LEA all student records in its possession generated as a result of services rendered under this Contract, possessed by PROVIDER or under its control at the time of termination.
- d. An Individual Supplementary Services Agreement may be terminated by PROVIDER only upon consent of the LEA. An ISSA shall terminate if the student ceases to be enrolled in the District. Upon termination under this paragraph, final payment from LEA will be calculated based upon a pro-rata calculation of total services agreed-upon in the ISSA for which the LEA is responsible for payment, divided by that portion of services actually rendered.
- e. The PROVIDER must provide the LEA with written documentation of termination of services for any student within 7 days. LEA will be provided with the specifics as to why a student who has chosen said PROVIDER is not receiving services from the PROVIDER. The district and the provider will

**(THIS FORM MAY NOT BE ALTERED IN ANY WAY)**

each contact the parent of a student who does not attend prior to terminating the student's participation in the SES program.

**24. Compliance with Laws**

During the term of this agreement, PROVIDER shall comply with all applicable federal, State Board of Education, and local statutes, laws ordinances, rules and regulations relating to the provision of supplementary services, including securing and maintaining in force such permits and licenses as are required by law in connection with the furnishing of services pursuant to this Agreement.

**25. Entire Agreement**

This Agreement constitutes the entire agreement between LEA and PROVIDER and supersedes any prior or contemporaneous understanding or agreement with respect to the services contemplated.

**26. Governing Law**

The terms and conditions of this agreement shall be governed by the laws of the state of California with venue in Sacramento County, California.

**27. Severability Clause**

If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement shall be severable and remain in effect, to the extent that the intent of the parties can be fulfilled.

**28. Notices**

Notices required under this Contract shall be valid when mailed first class postage or personally delivered to the following representatives, as indicated below:

For the LEA:                   Tami JBeily, Coordinator  
                                      Categorical Programs and Grants  
                                      Center Joint Unified School District  
                                      8408 Watt Avenue  
                                      Antelope, CA 95843

For PROVIDER:               Wendy Gorog, Manager  
                                      Learn with iPads LLC  
                                      7095 Hollywood Blvd., #772  
                                      Hollywood, CA 90028

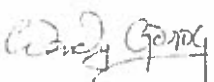
**29. Authorized Representative**

The persons signing this Contract certify they are the authorized representatives of the respective parties, and are authorized to sign this document. Services are limited to the per student allocation determined by the district.

The parties hereto have executed this agreement by and through their duly authorized agents or representatives. This contract is effective November 18, 2015, and terminates at 5:00 p.m. on May 25, 2016, unless sooner terminated as provided herein.

FED ID: 65-1191021

**PROVIDER: Learn with iPads LLC**  
**Wendy Gorog, Manager**

BY:  \_\_\_\_\_

**CENTER JOINT UNIFIED SCHOOL DISTRICT:**

BY:  \_\_\_\_\_  
Tami J Beily,  
Coordinator State and Federal Programs

**APPROVED AS TO FORM:** \_\_\_\_\_  
General Counsel  
Legal Services  
Center Joint Unified School District



Established 1858

# Center Joint Unified School District

## Instructional Services

8408 Watt Avenue • Antelope, CA 98843-9116  
(916) 338-6320 • Fax (916) 338-6329

## BOARD OF TRUSTEES

Nancy Anderson  
Jeremy Hunt  
Kelly Kelley  
Delrae M. Pope  
Donald E. Wilson

## SUPERINTENDENT

Scott A. Loehr.

Date: October 23, 2015

From: Tami JBeily  
Coordinator of Federal & State Programs

To: SES Providers

I am sending the below information as an addendum to the CJUSD Master Contract for your review and understanding.

Signed SES Provider contracts and addendum must be signed and returned via email, Attn: Debbie Cribbs at [dcribbs@centerusd.org](mailto:dcribbs@centerusd.org) no later than Wednesday, November 4, 2015.

Contracts will be approved by the CJUSD Board of Trustees at the November 18, 2015 Board Meeting. SES providers will be notified by email that the CJUSD Board has approved the contract. Student lists will be provided as an attachment to the notification email. Services must start within 14 calendar days from the date the SES provider is notified of board approval. If services do not begin within 14 calendar days, CJUSD will cancel the contract and will reassign students to another SES provider.


Only the parents or guardian of student may complete Application for SES services. Application must be an original parent signature, not a copy. For verification purposes, parent signatures on SES applications will be compared to parent signatures on school registration packets. Should signatures not match, the CJUSD contract with SES provider will be cancelled, all students under the contract will be reassigned and SES provider will be reported to CDE.

SES Providers will not be paid for services if an ISSA is submitted incomplete or not at all. ISSA must include parent and student signatures.

I hereby acknowledge receipt of said contract and the above revisions and send this letter of acknowledgment.

Wendy Gorog  
Printed Name/Title

November 6, 2015  
Date

  
Signature

Learn with iPads LLC  
SES Provider

# *Center Joint Unified School District*

**AGENDA REQUEST FOR:**

**Dept./Site:** Center High School

**Date:** 11/3/15

**Action Item** XX

**To:** CJUSD Board of Trustees

**Information Item**

**From:** Mike Jordan

**# Attached Pages** 1

**Principal's Initials**

**SUBJECT:**

Center High School is requesting a change of graduation requirements as part of the transition back to a block schedule. The proposal is based on the premise that students will have room in their schedule for interventions for those that need them and elective classes for those who don't need the interventions.

The new requirements can be summarized as follows:

- The math requirement is raised from 2 to 3 years to be in alignment with a-g requirements. This move will help satisfy an area on the LCAP as well as a concern area from WASC.
- Government and community service are combined to a one year course for all seniors.
- The eight credit hours for Advocacy have been transferred over to electives and the Advocacy class has been eliminated.
- Increase electives requirement from 60 to 85

**RECOMMENDATION:**

Approve the new Center High School graduation requirements

CONSENT AGENDA

**Center High School**  
**Graduation Requirements Proposal**  
11/3/15

<b>SUBJECT</b>	<b>CREDITS</b>	<b>YEAR REQUIREMENT</b>
English	40	Four Years
Algebra Requirement	10	One Year
Math	20	Two Years
World History	10	Sophomore Year
United States History	10	Junior Year
Government / Community Service	10	Senior Year
Economics	5	Senior Year: Semester
Physical Education	20	Two Years (Freshman/Sophomore Mandatory)
Physical Science	10	One Year
Biological Science	10	One Year
Computer Applications	5	Freshman Year: Semester
Health	5	Freshman Year: Semester
Consumer Finance	5	Senior Year: Semester
CTE/Technology	5	Semester
Visual & Performing Arts or Foreign Language	10	One Year
Electives	85	Four Years
<b>Total</b>	<b>260</b>	<b>Graduation</b>

## *Center Joint Unified School District*

<b>Dept./Site:</b> Superintendent's Office	<b>AGENDA REQUEST FOR:</b>
<b>To:</b> Board of Trustees	Action Item <u>X</u>
<b>Date:</b> September 16, 2015	Information Item <u>      </u>
<b>From:</b> Scott A. Loehr, Superintendent	# Attached Pages <u>4</u>
<b>Principal/Administrator Initials:</b> <u>                    </u>	

**SUBJECT:** Clinical Fieldwork Agreement Granting Permission for ARC Speech and Language Pathology Assistant Program student to Use CJUSD Facilities for Technical Training

**RECOMMENDATION:** CJUSD Board of Trustees Approve the Clinical Fieldwork Agreement Granting Permission for ARC Speech and Language Pathology Assistant Program student to Use CJUSD Facilities for Technical Training.



THIS AGREEMENT is made and entered into this 19th of October 2015 between Center Joint Unified School District, hereinafter called the Agency, and the **LOS RIOS COMMUNITY COLLEGE DISTRICT**, hereinafter called the District.

### WITNESSETH

WHEREAS, the above Agency is willing under certain conditions to allow the District to utilize the facilities of such Agency for clinical experience of students enrolled in the HEALTH RELATED OCCUPATIONAL PROGRAMS of the District, the parties hereby agree.

#### 1. PERIOD OF AGREEMENT

This agreement shall be effective as of the date of execution, and shall continue in effect for an indefinite period, subject to termination by either party at the end of a school year or a one-semester advanced written notice to the other party.

#### 2. GENERAL DUTIES OF DISTRICT

The District shall (a) provide students properly enrolled in the Health Related Occupational Programs of the District for instruction at the facilities of the Agency; (b) test and select all such students; (c) provide instructors in accordance with the rules established by all National, State and Regional regulatory bodies; (d) provide all supervision and instruction required in the program unless in specific instances other provisions are made and are mutually satisfactory to the District and the Agency; (e) maintain liability insurance coverage to protect the District and faculty for negligent acts of faculty and malpractice insurance for students participating in the program at the facility, and (f) provide worker's compensation coverage for students while receiving clinical experience at the facilities in connection with this agreement; (g) continue communication between the District and the Agency through the program director/coordinator and the designated Agency representative.

#### 3. GENERAL DUTIES OF AGENCY

The Agency shall (a) provide such experience and observation opportunities as are of educational value and related to the program's written objectives; (b) provide adequate classroom and conference room space; (c) provide office and/or desk space for instructors; (d) provide orientation for faculty and students; (e) continue communication between the Agency and the District through the Agency's designated representative and the program director/coordinator.

#### 4. USE OF PARKING AND CAFETERIA FACILITIES

The Agency shall permit instructors and students to use parking and cafeteria facilities.

5. MEDICAL AID

The Agency shall provide first-aid treatment to students assigned to the Agency needing such care, but shall not be obligated to furnish any other medical or surgical service to any student.

6. AGENCY STAFF

The Agency shall not decrease the normal number of its staff as a result of the assignment of the student.

7. CURRICULUM

The District shall plan the days and hours of the clinical experience for students. The selection of patients for such student experience shall be made by the instructor of the District in concurrence with the appropriate Agency representative. All plans for observations and/or clinical experience shall be subject to the approval of the Agency.

8. HEALTH REQUIREMENTS

The District shall require each student to meet the health requirements of the Agency to which the student has been assigned.

9. UNIFORMS

Each student and instructor shall wear a uniform designated by the District except when assigned to services for which the Agency requires and furnishes a special uniform.

10. SUPERVISION OF STUDENTS

Each student shall be subject to the rules and regulations of the Agency and the District.

11. DISCONTINUANCE OF STUDENT ASSIGNMENTS

The District or Agency may discontinue the assignment of any student at any time during the period of this agreement. The Agency at any time may recommend the discontinuance of the assignment of a student.

12. STATUS OF STUDENTS AND INSTRUCTORS

Students and instructors shall not be deemed employees of the Agency during the hours in which they are assigned to any of the Health Related Occupational Programs of the District. Neither party of this agreement shall be obligated to pay any monetary compensation to the other or to any student, unless in specific instances where other provisions are made and are mutually satisfactory to the District and the Agency.

13. CERTIFICATION AND LICENSES

- A. The clinical coordinator or clinical instructor(s) to whom the student is required to report for training, counseling, or other prescribed activities shall possess a valid certificate or license to practice a healing art in California.
- B. Upon request and not later than five (5) business days after the request, the Agency shall provide the District with copies of documentation that demonstrates that the clinical coordinator or clinical instructor has a valid certificate or license to practice a healing art in California
- C. The Agency will limit student placement to facilities licensed in the State of California.

14. HIPPA

The parties agree that:

(a) the Agency is a covered entity for purposes of the Health Insurance Portability and Accountability Act (HIPAA) and subject to 45 CFR Parts 160 and 164 ("the HIPAA Privacy Regulation");

(b) to the extent that District students are participating in the Program [and District faculty members are providing supervision at the Agency as part of the Program], such students [and faculty members] shall:

1. be considered part of the Agency's workforce for HIPAA compliance purposes in accordance with 45 CFR §164.103, but shall not be construed to be employees of the Agency;

2. receive training by the Agency on, and subject to compliance with, all of Agency's privacy policies adopted pursuant to the Regulations; and

3. not disclose any Protected Health Information, as that term is defined by 45 CFR §160.103, to District which a student accessed through Program participation [or a faculty member accessed through the provision of supervision at the Agency] that has not first been de-identified as provided in 45 CFR §164.514(a);

(c) District will never access or request to access any Protected Health Information held or collected by or on behalf of the Agency, from a student [or faculty member] who is acting as a part of the Agency's workforce as set forth in Section 15(b) of this Agreement or any other source, that has not first been de-identified as provided in 45 CFR §164.514(a); and

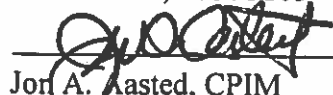
(d) no services are being provided to the Agency by the District pursuant to this agreement and therefore this agreement does not create a "business associate" relationship as that term is defined in 45 CFR §160.103.

15. NON DISCRIMINATION

Both the Agency and Los Rios Community College agree not to discriminate in the selection or acceptance of any Student pursuant to this Agreement because of race, color, national origin, religion, sex, sexual orientation, handicap, age, veterans status, medical condition (cancer-related) as defined in Section 12926 of the California Government Code, ancestry, or marital status; or citizenship, within the limits imposed by law.

IN WITNESS WHEREON the parties hereto have caused this agreement to be duly executed by their duly authorized representatives on the day and year first above written.

Los Rios Community College District  
1919 Spanos Court  
Sacramento, CA 95815

  
Jon A. Aasted, CPIM  
Director of General Services

Date: 10/19/15

Center Joint Unified School District  
8408 Watt Avenue  
Antelope, CA 95843

  
Name: SCOTT A. LOREN  
Title: SUPERINTENDENT

Date: 10/21/15

**Health Related Occupational Programs at Los Rios Community College District include:**

Physical Therapist Assistant  
Occupational Therapy Assistant  
Medical Assisting (MA)  
Vocational Nursing (LVN)  
Registered Nurse (RN)  
Certified Nursing Assistant (CNA)  
Respiratory Care  
Paramedics  
Veterinary Technology (VT)  
Phlebotomy  
Speech and Language Pathology  
Assistant  
Medical Lab Technician (MLT)

Emergency Medical Technician (EMT)  
Emergency Medical Technology (EMT)  
Health Information Technology (HIT) \*  
Dietary Manager  
Diagnostic Medical Sonographer  
Dental Hygiene  
Dental Assisting  
Funeral Service Education  
Pharmacy Technician  
Healthcare Interpreter  
Early Childhood Education (ECE)

# *Center Joint Unified School District*

**AGENDA REQUEST FOR:**

**Dept./Site:** Wilson C. Riles Middle School

**Date:** October 21, 2015

**Action Item**   X  

**To:** Board of Trustees

**Information Item**       

**From:** Joyce Frisch, Principal

**# Attached Pages**   3  

**Administrator's Initials:** 

**SUBJECT: Ratification for MOU with SCOE for AVID College Tutors**

Wilson C. Riles Middle School is requesting Board approval for our Memorandum of Understanding (MOU) with the California Student Opportunity Access Program (Cal-SOAP), a program of the Sacramento County Office of Education. The purpose of this MOU is to provide tutoring services by college students for the AVID Program from October 13, 2015- May 19, 2016. Funding from Site Title One funds.

**Recommendation:** Please ratify the MOU with SCOE for AVID college tutors.

CONSENT AGENDA



**Sacramento Cal-SOAP Consortium  
Memorandum of Understanding- 2015-2016-4**

This Memorandum of Understanding (MOU) is between the Sacramento Cal-SOAP Consortium, referred to as "Cal-SOAP," a program of the Sacramento County Office of Education, referred to as "SCOE" and the Center Unified School District, referred to as "District."

The purpose of this MOU is to detail the roles and responsibilities of Cal-SOAP, SCOE and the District in regards to delivering tutoring services at the following schools:

Wilson C. Riles Middle School and Center Unified School District

This MOU is in effect from the date of approval through June 30, 2016.

**The Sacramento Cal-SOAP Consortium agrees to:**

1. Recruit, hire, and train tutors as available for Wilson C. Riles Middle School
2. Assign tutors to AVID classrooms identified by Wilson C. Riles Middle School
3. representatives at an agreed upon schedule.
4. Review and approve tutor time sheets and pay tutor hours.
5. Invoice the District for reimbursement at the end of this contract as determined as June 30, 2016 for the amount indicated based on submitted timesheets.
6. Provide a representative to meet with school staff periodically to discuss Program effectiveness.
7. **Indemnity.** SCOE shall defend, indemnify, and hold harmless District, Wilson C. Riles Middle School, its officers, agents, subcontractors, and employees from and against any and all liability, loss, expense, attorneys' fees, claims, suit, demand or liability of any kind or character to any persons property arising from or relating to any negligence or SCOE, its officers, agents, or employees.

**Center Unified School District in conjunction with Wilson C. Riles Middle School agrees to:**

1. Provide a primary contact person for all services provided under this agreement.
2. Provide classroom supervision of Cal-SOAP tutors and students.
3. Ensure that all teachers receiving Cal-SOAP tutors are trained in Tutorology.
4. Review tutor timesheets for accuracy and initial as appropriate.

5. Pay SCOE, the fiscal agent for Sacramento Cal-SOAP the invoiced amount up to \$6,104 including SCOE indirect service and salary and benefits for tutor services within 90 days of invoicing.
6. **Indemnity.** Center Unified School District shall defend, indemnify, and hold harmless SCOE, its officers, agents, subcontractors, and employees from and against any and all liability, loss, expense, attorney's fees, claims, suit, demand or liability of any kind or character to any persons property arising from or relating to any negligence of Center Unified School District, its officers, agents, or employees
7. Provide facility insurance and indemnification.

**Parties to the Memorandum of Understanding**

In consideration of the spirit and intent of this Memorandum of Understanding, the following signatories confirm their understanding of, and commitment to, the principles and objectives embodied herein.

Signatures:

**Sacramento Cal-SOAP Consortium**

  
Signature

Mark Vigarie, SCOE Asst. Superintendent  
Printed Name and Title

  
Signature

Monica Roberts, Project Director  
Printed Name and Title

**Center Unified School District**

  
Signature

Joyce Frisch, Principal, Wilson C. Riles Middle School

10-14-15  
Date

**Tutor Cost Estimate for  
Wilson C. Riles MS**

Cost per Tutor: 3 Tutors  
sections : 2 sections  
days: 54 days of service  
Services Dates: Oct. 13, 2015- May 19, 2016

	<b>Tutor Cost</b>
<b>Total Hours</b>	<b>324</b>
<b>Salary (\$14/hr)</b>	<b>\$ 4,536</b>
<b>Benefits (.1344)</b>	<b>\$ 609</b>
<b>Subtotal</b>	<b>\$ 5,145</b>
<b>9% CalSOAP Admin fee</b>	<b>\$ 463</b>
<b>9.65% SCOE indirect</b>	<b>\$ 496</b>
<b>TOTAL</b>	<b>\$ 6,104</b>

<b>Payroll Calculator</b>								
		<b>330x</b>	<b>331x</b>	<b>350x</b>	<b>360x</b>	<b>370x</b>		
		<b>SS</b>	<b>MED</b>	<b>UI</b>	<b>WC</b>	<b>Retiree</b>		
		<b>0.0620</b>	<b>0.0145</b>	<b>0.0005</b>	<b>0.02080</b>	<b>0.0366</b>	<b>total</b>	<b>Sal+Ben</b>
							<b>benefits</b>	
<b>2206 Tutors - 1 section = 1 hr</b>	<b>\$ 4,536</b>	<b>\$ 281</b>	<b>\$ 66</b>	<b>\$ 2</b>	<b>\$ 94</b>	<b>\$ 166</b>	<b>\$ 609</b>	<b>\$ 5,145</b>



## *Center Unified School District*

**AGENDA REQUEST FOR:**

**Dept./Site:** North Country Elementary

**Date:** October 15, 2015

**Action Item**   X  

**To:** Board of Trustees

**Information Item**

**From:** Kathleen Lord, Principal

**# Attached Pages:** 6

**Principal's Initials:** KL

**SUBJECT: 5<sup>th</sup> Grade Alliance Redwoods Trip**

The 5<sup>th</sup> Grade classes at North Country are requesting permission to attend an Outdoor Environmental Living Program at Alliance Redwoods from May 17<sup>th</sup> – 20<sup>th</sup>.

Cost of the field trip is \$280.00 and will be paid for by parents and students earning money through fundraisers.

Contracted charter buses and private vehicles for some of the parents will provide transportation for 2 teachers, 6 chaperones and approximately 50 students.

Activities will include combining classroom curriculum into directed field study by having active participation based in the outdoors. Meals, lodging and transportation are included in the \$280.00.

# Alliance Redwoods Conference Grounds, Inc.

6250 Bohemian Highway - Occidental CA 95465

[www.allianceredwoods.com](http://www.allianceredwoods.com)

Office (707) 874-3507 Fax (707) 874-2509

## Outdoor Education Contract # 10420

Thank you for scheduling your event at Alliance Redwoods Conference Grounds (ARCG). ARCG is a non-profit organization owned and operated by the Central Pacific District of The Christian and Missionary Alliance. In its Outdoor Education activities ARCG seeks to provide a "camping" and educational experience whereby each participant can enjoy their time while learning within the unique environment of the Redwoods.

### CONTACT INFORMATION

This contract is made between Alliance Redwoods Conference Grounds, and:

Group Name: North Country Elementary School

Address: 3901 Little Rock Dr.  
Antelope CA 95843

Group Type: PODE

Group Leader: Kim Tricomo

Work Phone: (916) 338-6480

Home Phone: (916) 524-0573

Cell Phone:

FAX #: (916) 338-6488

Email: [ktricomo@centerusd.org](mailto:ktricomo@centerusd.org)

### EVENT ARRANGEMENTS

Event Dates:

Arrive: 5/17/2016 11:00 am

Depart: 5/20/2016 2:00 pm

Event Duration:

Nights: 3

Total Meals: 9

First Meal: Tue, 5/17/2016, Dinner

Last Meal: Fri, 5/20/2016, Lunch

Breakfast\*: 8:00am

Lunch\*: 12:30pm

Dinner\*: 6:00pm

*\*These are typical meal times. On occasion, Guest Services may find it necessary to vary the meal times slightly.*

Room Check-Out Time: 10:00 am on 5/20/2016

Room Check-Out Time is defined as when ALL lodging accommodations must be cleared of all group members' belongings.

### FINANCIAL OBLIGATIONS

1) **Guaranteed Minimum Number of Students is 48**

ARCG has based this contract on this number of students. All student, chaperone, and teacher rooms/beds are based on this number. Please calculate your plans carefully. This figure may not be reduced once this contract has been signed by both organizations. The expected number of guests may be increased ONLY after verifying space availability with Alliance Redwoods' Sales and Marketing Department.

2) **Maximum Number of Reserved Beds (Students plus all adults) 0**

ARCG has assigned rooms/beds based on the number of students, plus one (1) chaperone for every seven (7) students and one (1) teacher for every thirty (30) students. Please be aware that ARCG will turn away conference requests for use of these meeting rooms and beds, based on your contract. Modifying the Guaranteed Minimum Number of Guests must be negotiated through the Sales and Marketing Department.

3) **The Guest Group agrees to pay to Guaranteed Minimum Number Amount: \$10,320.00**

This figure is based on the type of lodging selected for the Guaranteed Minimum Number of Full-Time Students and will be charged even if the actual number of participants attending is less than the Guaranteed Minimum Number of Full-Time Students. If the actual number exceeds the Guaranteed Minimum Number of Students, the school will pay the additional per student fee equivalent to the contracted rates. One adult teacher is free for every thirty (30) paying students, one adult chaperone is free for every seven (7) paying students according to space available as indicated on attached Invoice Summary. Additional adults must be approved by ARCG prior to arrival and will be charged the normal student rate as indicated on the attached Invoice Summary.

A non-refundable, non-transferable HOLDING FEE CHECK of \$2,600.00 is required on or before 10/15/2015 along with this signed contract before dates and class selections can be guaranteed. The TOTAL HOLDING FEE will be applied toward the final bill.

**PAYMENT IN FULL is due upon arrival.** Any unpaid balance will incur a 1 1/2% service charge per month until balance is paid, if not paid in full by the departure date.

Alliance Redwoods accepts the following form of payment for Holding Fees and final payment:

- Cash
- Checks or Money Orders made payable to: **Alliance Redwoods Conference Grounds**
- Debit/Credit Cards (Master Card/Visa/Discover) with a 3% Debit/Credit Card Processing Fee added to the invoice.

## **TERMS AND CONDITIONS**

- 1) This contract must be signed by the Superintendent, Principal, or other legal agent of the Outdoor Education group organization and so designated under Acceptance of Provisions, Terms, and Conditions.
- 2) Guest Group agrees to provide Alliance Redwoods **no later than THREE (3) WEEKS prior to arrival date:**
  - a) "Certificate of Liability Insurance" with Endorsement that states the group will:  
*"Indemnify, defend, and hold harmless Alliance Redwoods Conference Grounds for their stay and all activities during their stay except those activities that are staffed, run by and supervised by Alliance Redwoods Conference Grounds (e.g. Ropes Courses)" and list Alliance Redwoods Conference Grounds as "additionally insured."*
  - b) Class Assignment Sheet
  - c) Class selection, field trip options, and challenge course activity requests
  - d) Background checks, ARCG Disclosure Statement, and Compliance Agreement.
- 3) Guest Group agrees to indemnify and hold ARCG harmless from the payment of any and all judgments, settlements, costs, disbursements and attorney fees that are associated with ARCG's having to defend or investigate any claim, action or proceeding of any type whatsoever arising out of the breach of the Terms and Conditions of this Agreement and/or the Guest Group's participation in activities at Alliance Redwoods including, but not limited to, claims for negligence, strict liability, or otherwise. This indemnification obligation does not; however, absolve Alliance Redwoods Conference Grounds from any liability, damages, costs, disbursements and attorney fees incurred due to its intentional or reckless conduct.
- 4) It is understood that ARCG's Executive Director has final authority over all matters affecting the facility.
- 5) Alliance Redwoods is NOT responsible for damage or loss to vehicles parked in parking lots or valuables left on the premises.
- 6) Food and utility charges may fluctuate between the date of establishing this contract and the actual date of the event. Your contract may be subject to a food and/or utility surcharge up to three months prior to your arrival.

# CONTRACT SIGNATURE PAGE

## Please Sign & Return

### Outdoor Education Contract # 10420

#### CONTACT INFORMATION

This contract is made between Alliance Redwoods Conference Grounds, and:

Group Name: North Country Elementary  
School  
Address: 3901 Little Rock Dr.  
Antelope CA 95843  
Group Type: PODE

Group Leader: Kim Tricomo  
Work Phone: (916) 338-6480  
Home Phone: (916) 524-0573  
Cell Phone:  
FAX #: (916) 338-6488  
Email: ktricomo@centerusd.org

#### CONFERENCE ARRANGEMENTS

Arrive: 5/17/2016 11:00 am  
Depart: 5/20/2016 2:00 pm

Nights: 3  
Meals: 9

#### ACCEPTANCE OF PROVISIONS, TERMS, AND CONDITIONS

This is to certify that we consent to the above **Outdoor Education Contract** and **Outdoor Education Supplement** and that we shall abide by the responsibilities and obligations required by each party.

Guaranteed Minimum Number of Full-Time Guests of 48 people at a Guaranteed Minimum Dollar Amount of \$10,320.00.

I understand and am in agreement with the terms of this contract. \_\_\_\_\_ Initial Here

Alliance Redwoods Conference Grounds

*Bruce Wohlert*

Bruce Wohlert  
Title: Business Manager

Date: May 19, 2015

North Country Elementary School / 10420

\_\_\_\_\_  
Superintendent, Principal or Legal Agent  
Title:

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

Contract Due Date: 10/15/2015

Please Return to: Jason Sanders: jasons@allianceredwoods.com 707-874-3507 x 188  
6250 Bohemian Hwy. Occidental, CA 95465

**Alliance Redwoods Conference Grounds**  
**Outdoor Education Contract Supplement to Contract # 10420**

1. **VISITOR POLICY** - Any walk-on/part-time guests (drivers, principals, parents, etc) must have prior approval from the group leader. Upon arrival these guests must report to the office to receive a Visitor's Pass, and pay for any meals eaten during their stay.
2. **MEDICATIONS** - All students' medications must be turned into the ARCG Camp Medical Personnel upon arrival with a completed "Medication Check-In Form." A complete description of any allergies and other current health conditions requiring medical treatment, medications, or special restrictions while on site must be reported on the "Outdoor Education Medical Form." Forms may be obtained on the ARCG website.
3. **EMERGENCIES** - ARCG requires that you submit the following to ARCG:
  - a. Emergency contact names and phone numbers for all participants (teachers, chaperones, students)
  - b. Completed "Outdoor Education Medical Form" for all students.
4. **SUPERVISION** - Teachers/Chaperones are responsible for adequate supervision of students while on ARCG grounds. These Teachers/Chaperones must ensure compliance of all rules to ensure the safety and enjoyment of all guests and to preserve the ARCG property and facilities. All recreation activities will be conducted only under the supervision of trained ARCG staff members. Outdoor Education groups will provide responsible adult supervisors at a ratio of one adult (age 18 or above) per seven students while on ARCG property. Under no circumstances will adult supervisors be of a different gender than the gender of their assigned cabin group. Behavior or actions considered to be unsafe, disruptive, or unacceptable, will be a basis for ARCG to request dismissal of a student by the school and that individual(s) to leave camp.
5. **LOSS AND/OR DAMAGE FEES** - Schools must leave the facilities clean. Loss and/or damage fees, if applicable, will be determined by the ARCG Operations Director and will be in addition to usage fees outlined in the Outdoor Education Contract. These fees, if applicable, will be due and payable at the close of the school's stay and will be included in the final bill. Schools will be held liable for losses/damages reported during or discovered within 72 hours after departure time and will be billed for all applicable replacement and/or repair costs. Terms of payment for such charges will be 30 days from date of invoice.
6. **LINENS** - All students and chaperones are required to provide their own sleeping bags, pillows, and towels. ARCG does not provide linens to students or chaperones. Full linens (sheets, towels, pillows, and blankets) are provided only to teachers at no additional cost.
7. **TEACHER LODGING** - ARCG provides teacher housing for 1 teacher per 30 students and any additional teachers will be provided/charged housing subject to availability.
8. **LOST & FOUND** - All lost & found items will be held in the ARCG office for two weeks. Unclaimed items will be donated to charity.
9. **SWIM SUITS** - ARCG requires modest swimming attire in the pool area.
10. **CURFEW** - Students must remain in their cabins after 10:00 pm.
11. **PARKING** - Guest vehicles must park in the main parking or across the street in the overflow parking lot. No one may drive across the main bridge unless given permission by ARCG staff. Unloading/handicap parking passes may be obtain at the ARCG Front Desk. Parking adjacent to Big Rock Lodge is reserved for guests assigned to Big Rock Lodge only.
12. **NOT PERMITTED** - Alcoholic beverages, weapons, firearms, illegal drugs, gambling, fireworks, other items of contraband and recreation equipment such as scooters, bicycles, and skateboard are not permitted. Pets, except helping/service animals, are not permitted on the ARCG grounds. In addition, the Fish and Game Department does not allow fishing in the creek that runs through Alliance Redwoods property.
13. **SMOKING** - Smoking is permitted only in designated smoking areas.
14. **BOUNDARY LIMITS** - Due to the importance of maintaining good relationships with our neighbors, it is very important that ALL GUESTS remain on camp property or leave by way of public roads. Do not proceed beyond the "No Trespassing" signs posted on ARCG's property lines. Trespassing onto our neighbors' adjoining property is forbidden.
15. **TWO-WAY RADIOS** - Must not be tuned to 154.600 MHz. or 154.570 MHz. These frequencies are reserved for the exclusive use of the Alliance Redwoods staff in order to ensure prompt and effective response to emergencies and efficient handling of the guests' needs.

16. **PROMOTIONAL MATERIALS** - It is understood that video taping, still photography and sound recording may be in progress on the Alliance Redwoods grounds from time to time and that members of the group may appear in promotional materials produced thereby. Such materials will be used for promotional purposes only, and not for sale or any other commercial purpose.

# Invoice Summary

## Alliance Redwoods Conference Grounds

6250 Bohemian Highway - Occidental CA 95465

(707) 874-3507 - FAX (707) 874-2509 - EMail: [Info@allianceredwoods.com](mailto:Info@allianceredwoods.com) - Web Site: [www.allianceredwoods.com](http://www.allianceredwoods.com)

North Country Elementary School  
North Country Elementary School  
Contract #10420 - 16/05/17 [10420]

May 19, 2015

PODE Contract

Kim Tricomio  
3901 Little Rock Dr.  
Antelope, CA 95843

Home - (916) 524-0573  
Work - (916) 338-6480  
Cell -  
Fax - (916) 338-6488

**Guaranteed Minimum (GM) Obligation (48 guests X \$215.00 blended rate): \$10,320.00**

### Charges towards GM Obligation

Units	Description	Item Price	Discount	Adj Price	Item Total
0	Chaperones	\$215.00	\$215.00	0.00	0.00
0	Students	\$215.00	\$0.00	215.00	0.00
0	Teachers	\$215.00	\$215.00	0.00	0.00
Charges towards GM Obligation Subtotal					\$0.00

### Arrive/Vacate Lodging/ Vacate Meeting Rooms/Depart

Tue, 5/17/2016 11:00 am

Fri, 5/20/2016 10:00 am

Fri, 5/20/2016 12:30 pm

Fri, 5/20/2016 2:00 pm

### First Meal/Last Meal

Tue, 5/17/2016, Dinner

Fri, 5/20/2016, Lunch

### Additional Charges

### Total Charges

GM Charges	\$10,320.00
Additional Charges	\$0.00
Tax (0.00%)	\$0.00
Total Charges	\$10,320.00

### Payments

Payment Total	\$0.00
Adjustment	\$0.00
Balance Due	\$10,320.00

### Holding Fee Schedule

Due Date	Amount Due	Date Rec'd
10/15/15	\$2,600.00	

*Just a reminder that the Balance Due is payable to ARCG before your group leaves the grounds.*

## *Center Unified School District*

**AGENDA REQUEST FOR:**

**Dept./Site:** North Country Elementary

**Date:** October 15, 2015

**Action Item**   X  

**To:** Board of Trustees

**Information Item**

**From:** Kathleen Lord, Principal

**# Attached Pages:** 3

**Principal's Initials:** KL

**SUBJECT: 4<sup>th</sup> Grade Sierra Outdoor School**

The 4<sup>th</sup> Grade classes at North Country are requesting permission to attend an Outdoor Environmental Living Program at Sierra Outdoor School from February 1<sup>st</sup> – 3<sup>rd</sup>.

Cost of the field trip is \$235.00 and will be paid for by parents and students earning money through fundraisers.

Private vehicles will provide transportation for 2 teachers, 10 chaperones and approximately 40 students.

Activities will include combining classroom curriculum into directed field study by having active participation based in the outdoors. Meals, lodging and transportation are included in the \$235.00.

CONSENT AGENDA



**CLOVIS UNIFIED SCHOOL DISTRICT**  
**SIERRA OUTDOOR SCHOOL**  
Janet Young, Ed.D., Superintendent  
15700 Old Oak Ranch Road, Sonora, California 95370  
**AGREEMENT**

THIS AGREEMENT, is made and entered into between CLOVIS UNIFIED SCHOOL DISTRICT (hereinafter "CUSD") and (hereinafter "Group/School/District").

North Country Elementary

---

**WITNESSETH**

WHEREAS, CUSD operates an outdoor education facility known as the Sierra Outdoor School ("SOS"), which is located at 15700 Old Oak Ranch Road, Sonora, California 95370. The SOS has available lodging and teaching facilities for students to learn about nature and the environment.

WHEREAS, CUSD desires to make available and Group/School/District desires to have its students or members ("participants") use the SOS' lodging and teaching facilities for the purpose of teaching them about nature and the environment and other educational purposes.

WHEREAS, it is mutually beneficial for CUSD and Group/School/District to have the arrangement as set forth in this Agreement.

NOW, THEREFORE, BE IT AGREED AS FOLLOWS:

**I. GROUP/SCHOOL/DISTRICT SHALL:**

- A. Provide transportation for its participants and personnel to and from the SOS, and to and from classes and activities while at the SOS in accordance with a schedule to be formulated by the Director of the SOS or his or her designee, and the Group/School/District. Provide one vehicle (i.e., automobile or van) that could be used if someone has to leave unexpectedly or be transported for medical care.
- B. Provide one teacher/supervisor per class during the period that its participants attend the SOS.
- C. Provide adult chaperones during the period that its students are in attendance at the SOS at a minimum ratio of one adult to ten students (1:10) in addition to the classroom teacher, group leader or supervisor.
- D. Pay a \$1.00 lab fee per participant for owl pellets and a \$1.00 lab fee per participant for arrow heads class if these classes are selected during the schools visit.
- E. Cooperate with the SOS's staff in availing the teachers, supervisors and adult chaperones of the necessary pre-attendance planning or post-attendance follow-up to ensure that the objectives of the program are carried out.
- F. Ensure that participants are equipped with suitable clothing and bedding while attending said program.
- G. Ensure that each person attending the SOS has received all immunizations required by the California Health and Safety Code, including but not limited to those set forth in Sections 3380 et seq. and 120325 et seq., and that each person has no disease or health condition which is contagious or communicable to other persons.
- H. Provide, at its own expense throughout the term of this Agreement, general liability insurance that provides coverage for bodily injury, property damage, and personal injury arising out of the actual or alleged acts, omissions or negligence of Group/School/District and/or its officers, employees, agents, students, or volunteers relating to this Agreement. Such insurance coverage shall be in an amount equal to the greater of (1) the insurance currently maintained by Group/School/District or (2) \$1,000,000 per occurrence for bodily injury, property damage and personal injury. CUSD and its Board of Trustees and members thereof, officers, employees, agents and volunteers shall be named as additional insureds on the general liability insurance. Group/School/District shall also ensure that insurance coverage is provided for all vehicles and automobiles that will be used for transportation at the SOS in an amount of not less than One Million Dollars (\$1,000,000) per occurrence.
- I. Provide SOS with the projected number of participants as indicated on the signature page of this Agreement and agree that the Group/School/District will be responsible for payment for no less than 95 percent of the projected number of participants, in the event that the actual numbers of participants are less than 100% of the projected numbers.
- J. Request, in writing, at least 30 days prior to arrival, space for additional participants. These requests will be granted as space is available.
- K. Make payment for the actual number of participants or 95% of projections for the Group/School/District who will attend the SOS within (30) days of receipt of billing by CUSD.
- L. NOTIFY THE SOS (30) DAYS BEFORE THE SCHEDULED ATTENDANCE DATE OF THE ACTUAL NUMBER OF PARTICIPANTS, INCLUDING A COMPUTER GENERATED LIST FROM THE GROUP/SCHOOL/DISTRICT'S CLERK IDENTIFYING ANY FREE OR REDUCED STUDENTS. IF PARTICIPANT NUMBERS FALL TO OR BELOW 95% OF PROJECTIONS LISTED ON THIS AGREEMENT, THE BILLING WILL REFLECT A RATE ASSESSED BASED ON NO MORE THAN 95% OF ORIGINAL PROJECTED NUMBERS.
- M. Indemnify, defend and hold harmless CUSD and its Board of Trustees and members thereof, officers, employees, agents and volunteers from and against actions, causes of action, damage, liability, loss, claims, costs and expenses, including attorney's fees and costs, for damages to property or injuries to person arising out of the acts or omissions of the Group/School/District and/or its officers, employees, agents, volunteers or students related to this Agreement.
- N. Ensure that all Group/School/District employees, agents and volunteers who will be at SOS have complied with finger printing and background checks as required by applicable laws, including but not limited to Education Code sections 45125 et seq.
- O. Provide the special education, related services, supplementary aids and services, accommodations, and/or modifications required by the Individuals with Disabilities Education Act ("IDEA"), its implementing regulations, and related California law and regulations, and/or Section 504 of the Rehabilitation Act of 1973 ("Section 504"), as specified in the individualized education program ("IEP") or Section 504

- Plan or Medical Care Plans of its participants. Also any transportation as required by a participant's IEP or Section 504 Plan or Medical Care Plan shall be provided to and from the SOS, and to and from scheduled SOS classes and activities by the Group/School/District.
- P. Due to CUSD's waiting list, return a signed copy of this Agreement before 4-24-15 to maintain an existing time slot. Failure to do so before this date may result in a forfeiture of the time slot. In the event that the Group/School/District is waiting for school board approval and is unable to return the Agreement by the specified date, a \$1000.00 non-refundable deposit must be received by SOS by 4-24-15 to reserve the time slot for 30 days. This deposit will be applied to the invoice at the completion of your stay.

## II. CUSD SHALL:

- A. Where requested, provide a program in outdoor science, conservation, and environmental education in accordance with standards as set forth by the California State Department of Education.
- B. Provide, at its own expense throughout the term of this Agreement, general liability insurance that provides coverage for bodily injury, property damage, and personal injury arising out of the actual or alleged acts, omissions or negligence of CUSD and/or its officers, employees, agents, students, or volunteers relating to this Agreement. Such insurance coverage shall be in an amount equal to the greater of (1) the insurance currently maintained by CUSD or (2) \$1,000,000 per occurrence for bodily injury, property damage and personal injury.
- C. Provide basic first aid supplies for participants and other personnel of the Group/School/District during the period they are attending the SOS.
- D. Have the sole discretion to prohibit or exclude any person from the SOS for health or safety reasons, including but not limited to communicable or contagious diseases, disciplinary problems, or other acts or conditions which in CUSD's determination threatens the health or safety of other persons attending the SOS.
- E. Where requested, provide food and food services for participants during their stay at the SOS (Monday through Sunday).
- F. Provide an instructional packet for the Group/School/District prior to arrival at the SOS. This packet will include instructions, a map, clothing and equipment lists. This information is available online at [www.clovisusd.k12.ca.us/SOS](http://www.clovisusd.k12.ca.us/SOS).
- G. Indemnify, defend and hold harmless Group/School/District and its officers, employees, agents and volunteers from and against actions, causes of action, damage, liability, loss, claims, costs and expenses, including attorney's fees and costs, for damages to property or injuries to person arising out of the acts or omissions of CUSD and/or its officers, employees, agents, volunteers or students related to this Agreement.

## III. PAYMENT AND ADMINISTRATIVE FEE.

- A. In consideration for the services performed, the Group/School/District agrees to pay CUSD a per participant fee of  

**\$ 175.00**

for the actual cost of providing an instructional program, use of facilities, and for continuing capital outlay expenditures, maintenance, and other costs of the program pursuant to sections 8763 and 8764 of the California Education Code.
- B. RESERVATIONS ARE MADE A YEAR IN ADVANCE TO LOCK IN SPECIFIC DATES. IF THE GROUP/SCHOOL/DISTRICT'S PROJECTED PARTICIPANT NUMBERS FALL TO OR BELOW 95%, IT WILL BE BILLED BASED ON 95% OF THE NUMBERS LISTED ON THIS AGREEMENT AT SIGNING.
- C. AN ADMINISTRATIVE FEE, AS SET FORTH BELOW, SHALL BE CHARGED TO AND PAID BY THE GROUP/SCHOOL/DISTRICT FOR TERMINATING THIS AGREEMENT AND/OR CANCELING ITS PARTICIPATION AT THE SOS UNDER THIS AGREEMENT. TERMINATION RATES ARE BASED ON THE NUMBER OF CALENDAR DAYS BETWEEN THE DATE SOS RECEIVES NOTICE OF THE TERMINATION OR CANCELLATION AND THE DATE OF THE GROUP/SCHOOL/DISTRICT'S SCHEDULED ARRIVAL AT THE SOS.

### TERMINATION

### RATE (COST BASED ON PROJECTED NUMBER OF PARTICIPANTS)

360-121 DAYS	\$1000.00
120-91 DAYS	50% OF PROJECTED COST BASED ON PROJECTED NUMBER OF PARTICIPANTS
90-61 DAYS	65% OF PROJECTED COST BASED ON PROJECTED NUMBER OF PARTICIPANTS
60-31 DAYS	80% OF PROJECTED COST BASED ON PROJECTED NUMBER OF PARTICIPANTS
30 DAYS OR LESS	100% OF PROJECTED COST BASED ON PROJECTED NUMBER OF PARTICIPANTS

D. IF THE GROUP/SCHOOL/DISTRICT'S TRANSPORTATION CARRIER ELECTS NOT TO TRANSPORT ITS PARTICIPANTS TO THE SOS, AN ADDITIONAL BUS FEE WILL BE ASSESSED. BUS FEES ARE SUBJECT TO CHANGE BASED ON DURATION AND MILEAGE.

## IV. TERMS AND TERMINATION OF AGREEMENT.

This Agreement is effective 4-24-15 and shall continue until the Group/School/District's departure from the SOS, or until termination of this Agreement by either party, whichever is earlier. Either party may terminate this Agreement upon written notice to the other party. An administrative fee shall be assessed against the Group/School/District as set forth in Article III.

## V. ADDITIONAL PROVISIONS.

- A. Assignment. This Agreement shall not be assignable by the Group/School/District without the written consent of CUSD, except to a successor in interest.
- B. Entire Agreement. This Agreement represents the total and complete understanding of the parties regarding the subjects set forth herein. Any other oral understandings or prior understandings shall have no force or effect.
- C. Amendment of Agreement. This Agreement cannot be changed or supplemented orally and may be modified or suspended only by written instrument executed by the parties.
- D. Authorized Signatories. The signatories of this Agreement warrant that they represent the respective parties herein and are authorized to commit to all provisions in this Agreement on behalf of the respective parties.

- E. Modification of Program. CUSD RESERVES THE RIGHT TO MODIFY A GROUP/SCHOOL/DISTRICT'S PROGRAM IN THE EVENT THAT THE GROUP/SCHOOL/DISTRICT ARRIVES LATE AT THE SOS.
- F. Limit on Participants. Due to space availability, CUSD reserves the right to limit the number of adult participants, in excess of the 1:10 ratio set forth in Section I.C., wishing to attend from a Group/School/District if the number of students or minor participants attending during the reservation period is significantly higher than the projected participant numbers listed in this Agreement at the time of signing. Paragraph J of Section I outlines the procedure for bringing additional students over the number indicated on the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement of the day and year set forth herein below.

CLOVIS UNIFIED SCHOOL DISTRICT

Dated: 8-4-2015

By: Michael Olenchalk  
Michael Olenchalk, Director  
Sierra Outdoor School

SCHOOL YEAR: 2015-2016

DATES OF ATTENDANCE AT THE SIERRA OUTDOOR SCHOOL: Feb. 1-3

Please complete the information below

FORMS NOT COMPLETEDLY FILLED OUT WILL BE RETURNED

Governing Board Approval Date 8/5/15

Projected Number of Student Participants 38

Number of Chaperones (1:10 Ratio) 10

Number of Teachers/Admin 2

Teacher/Contact Erica Olmstead

Teacher/Contact E-mail EOlmstead@centerusd.org (Print)

Contact Phone Number (916) 338-6480

Authorization:

Participant Fee

\$175.00

Governing Board/Business Manager/Principal

Of North Country/Center Joint Unified  
Sch. Dist.  
Group/School/District

Title Principal

By Kathleen Lord

Print Signatory's Name

Kathleen Lord  
Authorized Signature

Date Signed 9/1/15

PLEASE SIGN AND RETURN A COPY OF THIS AGREEMENT BY MAIL OR FAX TO:

SIERRA OUTDOOR SCHOOL  
15700 OLD OAK RANCH ROAD  
SONORA, CALIFORNIA 95370  
FAX (209) 532-4196  
QUESTIONS? (209) 532-3691

Billing Address:

Name/School North Country Elem.

School District Center Unified

Address 3901 Little Rock Drive

City/State/Zip Antelope, CA 95843

Phone (916) 338-6480

Fax (916) 338-6488

J:\wdocs\00021\154\agt\00146084.DOC

Notes

Receipt Stamp

# Center Joint Unified School District

**AGENDA REQUEST FOR:**

**Dept./Site:** Facilities & Operations Department

**To:** Board of Trustees

**Action Item** \_\_\_\_\_

**Date:** November 18, 2015

**Information Item**   X  

**From:** Craig Deason, Assist. Supt.

**# Attached Pages**   1  

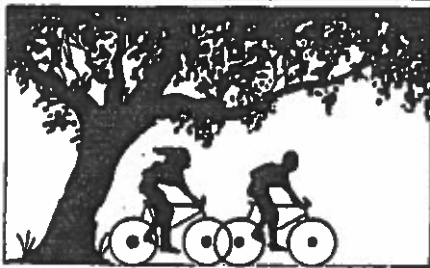
**Assist. Supt. Initials:**   CD  

**SUBJECT:** Ground Lease Agreement: North Highlands  
Recreation & Park District

The Ground Lease Agreement between the North Highlands Recreation and Park District and Center Joint Unified School District extends the original agreement signed in August, 1992, to September 30, 2016.

The yearly payment will again be \$2,500, due and payable at the beginning of August and has been paid.

CONSENT AGENDA



September 10, 2015

**CENTER JOINT UNIFIED SCHOOL DISTRICT**

**GROUND LEASE AGREEMENT EXTENSION**

The Ground Lease Agreement between the North Highlands Recreation and Park District and the Center Joint Unified School District has been extended for one year, through September, 2016. All terms and conditions remain the same as set forth in the initial agreement, dated August 24, 1992 and amended August 18, 2010.

This agreement may be terminated by either party before expiration of its term in any one of the following ways:

1. By mutual agreement of the parties, expressed in writing.
2. By School or Park District upon giving the other party at least six (6) months written notice of termination.

The yearly payment will be \$2,500, due and payable upon execution of this agreement.

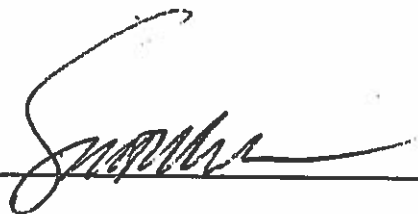
In consideration of extending the Ground Use Agreement for a term of one year at the agreed upon payment, both parties agree to explore and discuss the creation and execution of a Joint Use Agreement between the Districts. The agreement will address, but will not be limited to, shared use of both District's facilities, development of new facilities, promotion of each District's programs, classes and special events and other types of collaboration that could prove beneficial to North Highlands Recreation and Park District and Center Joint Unified School District.

  
9/10/15

Alan Matré, Chairperson

Date

North Highlands Recreation and Park District



Scott Loehr, Superintendent

Date

Center Joint Unified School District

# Center Joint Unified School District

<b>AGENDA REQUEST FOR:</b>	
Dept./Site: Facilities & Operations Dept.	Action Item <u>  X  </u>
To: Board of Trustees	Information Item <u>      </u>
Date: November 18, 2015	# Attached Pages <u>  4  </u>
From: Craig Deason, Assist. Supt.	
Principal/Administrator Initials: <u>  CD  </u>	

<b>SUBJECT:</b>	Approval for PSA for Renee M. Plummer
<b>CONSULTANT'S NAME:</b>	Renee M. Plummer
<b>COMPANY NAME (if applicable):</b>	
<b>SERVICES TO BE RENDERED:</b>	School Bus Driver Instructor Duties – Driver file maintenance, classroom instruction, perform driver in-services as needed
<b>DATES OF SERVICE:</b>	Beginning 10/30/2015 – 6/30/2016
<b>PAYMENT PER HOUR:</b>	\$50
<b>TOTAL AMOUNT OF CONTRACT:</b>	As needed
<b>FUNDING SOURCE:</b>	01-0000-0-5800-112-0000-3600-007-000
<b>RECOMMENDATION:</b> CJUSD Board of Trustees Approves Professional Services Agreement as presented.	

CONSENT AGENDA

# PROFESSIONAL SERVICES AGREEMENT

This agreement for professional services is entered into this 30 day of October, 2015, by and between the Center Unified School District and the person(s) or firm described below, hereinafter described as CONTRACTOR. Persons performing services under this contract hold themselves out to be independent contractors, not employees of the DISTRICT, and hold(s) the DISTRICT harmless from claims under workers' compensation laws. CONTRACTOR further declares that he/she/it is/are in the business of providing the described service for any and all persons/organizations desiring such services, that such services are not provided exclusively for Center Unified School District. CONTRACTOR also holds the DISTRICT harmless from claims arising from loss, damage, or injury while performing the stipulated services.

Contractor Name: Renee M. Plummer  
 Address: [REDACTED]  
 Phone: 559 940-5576 Taxpayer ID # [REDACTED]

Full description of services to be provided:  
School Bus Driver Instructor Duties - Driver file Maintenance, classroom instruction  
perform Driver Inseervices as needed

Payment \$ 50.00 per Hour. CONTRACTOR will submit a signed invoice not more frequently than monthly, detailing services provided and charges. Payment will be made within forty-five days after receipt of invoice or service, whichever is later.

Beginning Date of Service: 10/30/15 Frequency of Service: Monthly  
 Ending Date of Service: 6/30/16

Method of Payment and Tax Reporting: (check one)

- ☒ Variable Payroll - W-2 Generated (Requires completion of W-4 & I-9 in Personnel Dept.)  
☐ Accounts Payable - 1099 Generated (Requires completion of W-9 on back of this form).

Total amount of this contract \$ as needed. Budget # 01-0000-0-5800-102-000-3600-007-000

Reason service cannot be provided by a District employee:

We currently do not have a state certified trainer.

Signature of CONTRACTOR: Renee M. Plummer Date: 10/30/15  
 Signature of District employee requesting service: C. Deason Date: 11/2/15  
 Signature of Accounting Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Board of Trustees Approved (If over \$500.00): \_\_\_\_\_  
 Signature of Authorized Contracting Official: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* CONTRACT NOT VALID WITHOUT AUTHORIZED DISTRICT SIGNATURE \*\*\*

## Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name	Renee M. Plummer	
Business name, if different from above	[Redacted]	
Check appropriate box:	<input checked="" type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt	
Address (number, street, and apt. or suite no.)	[Redacted]	
City, state, and ZIP code	[Redacted]	
List account number(s) here (optional)	[Redacted]	
Requester's name and address (optional)	Same as above	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number
[Redacted]
OR
Employer identification number
[Redacted]

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here Signature of U.S. person *Renee Plummer*

Date *10/30/15***Purpose of Form**

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate instructions for the Requester of Form W-9.

**Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Abuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.



# INDEPENDENT CONTRACTOR OR EMPLOYEE? DISTRICT GUIDELINES

## PART I

	YES	NO
1. Has this category of worker already been classified an "employee" by the IRS? Refer to page 1 for individuals listed in IRS Publication SWR 40 and others identified during the IRS compliance studies in San Diego County.		✓
2. Is the individual working as an employee prescribed by the Education Code? Education Code sections 45100-45451/88000-88263 define what constitutes classified service and 44800-45060/87000-87333 define certificated service. The IRS predisposes an employer/employee relationship when state law mandates such a relationship.		✓
3. Is the individual already an employee of the district in another capacity?		✓
4. Has the individual performed substantially the same services for the district as an employee in the past? <i>Is the individual retired, returning to substitute, or train, etc.?</i>		✓
5. Are there currently employees of the district doing substantially the same services as will be required of this individual?		✓
6. Does the district have the legal right to control the method of performance by this individual? <i>Consider whether the district has to train this individual or give instruction as to when, where, how, and in what order to work. Does the district require the individual to submit reports or perform the services at a district site? These factors would indicate the district maintains control sufficient for an employer/employee relationship. However, it is <u>not necessary</u> that the district <u>exercise</u> this right or have the expertise required to do so. In many cases this would not be practical nor advisable.</i>		✓
7. Are the services, as being provided, an integral part of school operations? Are the services being provided necessary to the operation of the school, program, project, etc.? This indicates the district has an interest in the method of performance and implies the maintenance of legal control.		✓

If the answer to any of the above questions is "YES",

### STOP HERE

Do not complete the rest of the questions. The individual is the district employee and must be paid and reported accordingly.

If all of the above are "NO", continue...

## PART II

	YES	NO
8. Must the required service be performed by this individual? Consider whether or not the individual may designate someone else to do the work without the district's knowledge or approval		✓
9. Does the district have a continuing relationship with this individual? Is this a "one shot deal" or will the district continue to use this individual in the future? This could be on an infrequent or irregular basis but a continuous relationship exists.		✓
10. Can this relationship be terminated without the consent of <u>both</u> parties?		✓

If the answer to questions 8, 9, or 10 is "YES", there is a good possibility that an employment relationship exists. Questions 8 & 9 are indicators of district control that, in conjunction with other factors, imply an employment relationship. Go back to PART I and re-evaluate each question. If questions 1-7 are still all "NO", continue...

PART II - continued

	YES	NO
<p>11. Does the individual operate an <u>independent</u> trade or business that is available to the general public?</p> <p><i>A determining factor in judging independence is the performance of services to the general public. In evaluating this criteria, school districts are considered to be separate entities. Keep in mind: if the district is utilizing this individual's services on a full-time basis, the individual is <u>not</u> available to the general public. NOTE: Possession of a business license or incorporation does <u>not</u> automatically satisfy this requirement. The determination <u>must</u> be made on the actual <u>relationship</u> between the district and the individual performing services.</i></p>	✓	
<p>12. Does the individual have a substantial investment in his/her business, i.e. maintains a facility, equipment, etc.?</p> <p><i>This is indicative of economic risk inherent in business enterprises. An independent contractor must be able to make a profit or sustain a loss.</i></p>	✓	

If either 11 or 12 are "NO", the individual is a district employee

**STOP HERE**

and process the individual through payroll.

If 11 and 12 are both "YES", continue

	YES	NO
<p>13. Does the individual provide all materials and support services necessary for the performance of this service?</p> <p><i>The district should not be providing office space, clerical, secretarial, or any other support for this individual such as materials, xeroxing, printing, office supplies, etc. Any necessary assistants would be hired by the individual.</i></p>	✓	
<p>14. Is this paid by the job or on a commission?</p>	✓	
<p>15. Does the individual bear the cost of any travel and business expenses incurred to perform this service?</p> <p><i>Generally, these types of expenses are paid by an employer, however, some contracts provide for payment of airfare, mileage, etc. for consultants.</i></p>	✓	

If 11 and 12 are "YES", 13 through 15 should also be "YES" and are items that should be written into the consultant contract. This individual is an independent contractor. A "YES" on questions 13 through 15 supports the district's conclusion and substantiates a "reasonable basis" for treatment as an independent contractor. While there are circumstances where the district might pay contractually provided expenses, these should be kept at a minimum to avoid giving the impression of an employment relationship.

# Center Joint Unified School District

**AGENDA REQUEST FOR:**

**Dept. /Site:** Business Department

**Date:** 11/06/2015

**Action Item**

**To:** Board of Trustees

**Information Item**

**From:** Jeanne Bess

**# Attached Page**1

**SUBJECT:**

**APPROVAL OF CENTER JOINT UNIFIED SCHOOL DISTRICT  
PAYROLL ORDERS**

The Governing board is asked to approve the attached payroll  
Orders for July 2015 through October 2015.

**RECOMMENDATION:** That the CJUSD Board of Trustees approve the  
District Payroll Orders for July 2015 through October 2015.

**CONSENT AGENDA**

<b>DISTRICT PAYROLL-SUMMARIZED FOR FISCAL YEAR ENDING JUNE 30,2016</b>
------------------------------------------------------------------------

	REGULAR	VARIABLE	SPECIAL	TOTAL PAYROLL	#OF TRANSACTIONS
JULY	\$ 924,175.09	\$ 75,977.94		\$ 1,000,153.03	280
AUG	\$ 2,350,682.48	\$ 94,701.75		\$ 2,445,384.23	715
SEPT	\$ 2,356,894.49	\$ 123,106.60		\$ 2,480,001.09	771
OCT	\$ 2,382,976.30	\$ 94,057.11		\$ 2,477,033.41	774
NOV					
DEC					
2-Jan					
JAN					
FEB					
MARCH					
APRIL					
MAY					
JUNE					
SPECIAL				\$ -	

\$ 8,014,728.36	\$ 387,843.40	\$ -	\$ 8,402,571.76	2540
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# Center Joint Unified School District

**AGENDA REQUEST FOR:**

**Dept./Site:** Business Department

**Date:** October, 2015

**To:** Board of Trustees

**From:** Jeanne Bess

**Action Item**

**Information Item**

**# Attached Pages** 78

**SUBJECT: Supplemental Agenda – Commercial Warrant Registers**

October 1 ,2015 \$227,746.93 , October 9, 2015 \$ 257,280.41

October 20 , 2015 \$371,788.61, October 22, 2015 \$394,743.27

October 29, 2015 \$170330.17

**The commercial warrant payments to vendors totals**  
**\$ 1,421,889.39**

**RECOMMENDATION:** That the CJUSD Board of Trustees approve the  
Supplemental Agenda – Vendor Warrants as  
presented

CONSENT AGENDA

Batch status: A All

From batch: 0024

To batch: 0024

Include Revolving Cash: Y

Include Address: N

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 01 GENERAL FUND

J11257 APY500 H.02.05 10/01/15 PAGE 1  
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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
016075/00	ANWAR, SHAHNAZ							
990 PO-160875	10/01/2015	REIMB		1 01-6500-0-4300-102-5770-1110-002-000 NN F			184.90	184.90
TOTAL PAYMENT AMOUNT							184.90 *	184.90
019679/00	ATHLETIC STUFF							
850 PO-160750	10/01/2015	22650		1 01-0000-0-4300-236-1110-1000-009-000 NN F			204.30	204.30
TOTAL PAYMENT AMOUNT							204.30 *	204.30
021604/00	ATLAS DISPOSAL INDUSTRIES							
152 PO-160139	10/01/2015	103290		1 01-0000-0-5550-106-0000-8110-007-000 NN P			65.00	65.00
TOTAL PAYMENT AMOUNT							65.00 *	65.00
019397/00	ATTAINMENT CO. INC.							
875 PO-160772	10/01/2015	256022A		1 01-6500-0-4200-102-5770-1110-002-000 NN F			48.44	47.13
TOTAL PAYMENT AMOUNT							47.13 *	47.13
019504/00	B & H PHOTO-VIDEO							
687 PO-160612	10/01/2015	100402941		1 01-0000-0-5600-112-0000-3600-007-000 YN F			471.57	436.64
731 PO-160645	10/01/2015	100578104		1 01-6382-0-4300-472-1110-1000-014-000 YN F			51.93	48.76
799 PO-160697	10/01/2015	100822320		1 01-0000-0-4300-115-0000-7700-007-000 YN F			269.95	249.95
810 PO-160724	10/01/2015	101229046		2 01-6300-0-4300-234-1110-1000-008-000 NN F			1,691.84	999.05
810 PO-160724	10/01/2015	100968667		1 01-6300-0-4400-234-1110-1000-008-000 NN F			7,591.99	7,591.99
849 PO-160748	10/01/2015	101103853		1 01-6500-0-4400-102-5001-2700-002-000 YN F			776.52	749.00
851 PO-160749	10/01/2015	101103981		1 01-6500-0-4400-102-5001-2700-002-000 YN F			776.52	749.00
909 PO-160797	10/01/2015	101165097		1 01-6500-0-4400-102-5001-2700-002-000 YN F			367.19	339.99
TOTAL PAYMENT AMOUNT							11,164.38 *	11,164.38
TOTAL USE TAX AMOUNT							205.87	
010442/00	BAR HEIN							
87 PO-160081	10/01/2015	479339		1 01-0000-0-4300-106-0000-8110-007-000 NN P			961.98	961.98
TOTAL PAYMENT AMOUNT							961.98 *	961.98

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 01 GENERAL FUND

J11257 APY500 H.02.05 10/01/15 PAGE 2  
 << Open >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
016805/00	BATES, CHERYL						
885 PO-160779	10/01/2015	SEPT	1 01-6500-0-5210-102-5750-1130-003-000 NY P		58.48	58.48	
TOTAL PAYMENT AMOUNT			58.48 *			58.48	
019313/00	BOYCE, JIMMY						
1001 PO-160896	10/01/2015	REIMB	1 01-0000-0-4300-240-1110-1000-011-000 NN F		53.42	53.42	
TOTAL PAYMENT AMOUNT			53.42 *			53.42	
013988/00	BUTTES/CENTER STATE PIPE &						
46 PO-160048	10/01/2015	S008628743	1 01-8150-0-4300-106-0000-8110-007-000 NN P		88.49	88.49	
TOTAL PAYMENT AMOUNT			88.49 *			88.49	
020540/00	CALIFORNIA AMERICAN WATER CO						
161 PO-160147	10/01/2015	1015-210021268822	1 01-0000-0-5540-106-0000-8110-007-000 NN P		1,468.48	1,468.48	
161 PO-160147	10/01/2015	210020037810	1 01-0000-0-5540-106-0000-8110-007-000 NN P		673.56	673.56	
161 PO-160147	10/01/2015	210020957327	1 01-0000-0-5540-106-0000-8110-007-000 NN P		1,346.87	1,346.87	
161 PO-160147	10/01/2015	210021395847	1 01-0000-0-5540-106-0000-8110-007-000 NN P		6,546.62	6,546.62	
TOTAL PAYMENT AMOUNT			10,035.53 *			10,035.53	
019617/00	CAMBIUM LEARNING INC						
826 PO-160702	10/01/2015	RI 1522167	1 01-6500-0-4200-102-5770-1110-002-000 NN F		852.98	847.26	
TOTAL PAYMENT AMOUNT			847.26 *			847.26	
021678/00	CAPITOL ACADEMY						
1018 PO-160901	10/01/2015	708	1 01-6500-0-5800-102-5750-1180-002-000 NN P		400.00	400.00	
1018 PO-160901	10/01/2015	698	1 01-6500-0-5800-102-5750-1180-002-000 NN P		3,923.80	3,923.80	
1018 PO-160901	10/01/2015	681	1 01-6500-0-5800-102-5750-1180-002-000 NN P		600.00	600.00	
1018 PO-160901	10/01/2015	671	1 01-6500-0-5800-102-5750-1180-002-000 NN P		5,629.80	5,629.80	
TOTAL PAYMENT AMOUNT			10,553.60 *			10,553.60	
010575/00	CAPITOL CLUTCH & BRAKE INC.						
106 PO-160101	10/01/2015	1376503	1 01-0000-0-4300-112-0000-3600-007-000 NN P		122.96	122.96	
TOTAL PAYMENT AMOUNT			122.96 *			122.96	



81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 01 GENERAL FUND

J11257 APY500 H.02.05 10/01/15 PAGE 3  
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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num			
Req Reference	Date	Description	FD RESO P	OBJE SIT	GOAL FUNC	RES DEP	T9MP	Liq Amt Net Amount
011374/00	CAPITOL MECHANICAL INC							
969 PO-160855	10/01/2015	6608	1	01-8150-0-4300-106-0000-8110-007-000	NN	P		50.00 50.00
TOTAL PAYMENT AMOUNT				50.00 *				50.00
020305/00	CDW GOVERNMENT INC.							
675 PO-160593	10/01/2015	ZC37452	1	01-0000-0-4300-472-0000-2700-014-000	NN	P		10.30 10.30
675 PO-160593	10/01/2015	ZG37305	1	01-0000-0-4300-472-0000-2700-014-000	NN	P		9.01 9.01
675 PO-160593	10/01/2015	ZF19174	1	01-0000-0-4300-472-0000-2700-014-000	NN	F		98.44 107.45
764 PO-160676	10/01/2015	XW11732	1	01-0000-0-4300-103-0000-3160-003-000	YN	F		81.86 75.80
856 PO-160752	10/01/2015	ZB46664	1	01-0000-0-4300-475-3200-2700-015-000	NN	F		59.73 59.73
956 PO-160844	10/01/2015	ZF95078	1	01-3010-0-4300-371-1110-1000-012-000	NN	F		117.77 117.23
962 PO-160847	10/01/2015	ZG00056	1	01-0000-0-4300-472-0000-2700-014-000	NN	F		73.07 73.07
TOTAL PAYMENT AMOUNT				452.59 *				452.59
TOTAL USE TAX AMOUNT				6.06				
014524/00	CONTINENTAL ATHLETIC							
1037 PO-160915	10/01/2015	0083031	1	01-0472-0-5600-472-1263-4200-014-000	NN	F		5,740.69 5,740.69
TOTAL PAYMENT AMOUNT				5,740.69 *				5,740.69
010236/00	CREATIVE BUS SALES							
108 PO-160103	10/01/2015	8012967	1	01-0000-0-4300-112-0000-3600-007-000	NN	P		44.54 44.54
TOTAL PAYMENT AMOUNT				44.54 *				44.54
021477/00	CUMMINGS, CATHY							
966 PO-160859	10/01/2015	reimb	1	01-3550-0-4300-472-1110-1000-014-000	NN	F		10.14 10.14
TOTAL PAYMENT AMOUNT				10.14 *				10.14
021797/00	D3 SPORTS INC							
539 PO-160483	10/01/2015	21479	1	01-7220-0-5800-472-1110-1000-014-000	NN	F		456.30 456.30
TOTAL PAYMENT AMOUNT				456.30 *				456.30

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 01 GENERAL FUND

J11257 APY500 H.02.05 10/01/15 PAGE 4  
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Vendor/Addr Req Reference	Remit name Date	Description	Tax ID num	Deposit type FD RESO P OBJE SIT	ABA num GOAL FUNC RES DEP T9MP	Account num	Liq Amt	Net Amount
018277/00	EASTER SEAL SOCIETY OF CA. INC							
952 PO-160840	10/01/2015	AUG		1 01-6500-0-5800-102-5750-1180-002-000 NN P			1,575.00	1,575.00
TOTAL PAYMENT AMOUNT							1,575.00 *	1,575.00
019262/00	ENTERPRISE RENT A CAR							
900 PO-160851	10/01/2015	24K439		1 01-6382-0-5600-472-1110-1000-014-000 NN P			151.19	151.19
900 PO-160851	10/01/2015	24K23Q		1 01-6382-0-5600-472-1110-1000-014-000 NN F			151.19	151.19
971 PO-160860	10/01/2015	6933567		1 01-0472-0-5600-472-1110-4000-014-915 NN F			151.19	151.19
TOTAL PAYMENT AMOUNT							453.57 *	453.57
010592/00	EWING IRRIGATION PRODUCTS							
59 PO-160059	10/01/2015	355208		1 01-0000-0-4300-106-0000-8110-007-000 NN P			6.90	6.90
TOTAL PAYMENT AMOUNT							6.90 *	6.90
018236/00	EXPLORE LEARNING							
777 PO-160687	10/01/2015	1514046		1 01-6300-0-5800-371-1110-1000-012-000 NN F			2,995.00	2,995.00
TOTAL PAYMENT AMOUNT							2,995.00 *	2,995.00
022347/00	GIVE SOMETHING BACK							
748 PO-160665	10/01/2015	0412933-CM021262		1 01-6500-0-4300-102-5750-1110-002-000 NN P			164.24	164.24
748 PO-160665	10/01/2015	0114099		1 01-6500-0-4300-102-5750-1110-002-000 NN F			20.98	3.31
TOTAL PAYMENT AMOUNT							167.55 *	167.55
014075/00	GOLDEN WEST INDUSTRIAL							
973 PO-160862	10/01/2015	2071510		1 01-8150-0-4300-106-0000-8110-007-000 NN F			219.17	219.17
TOTAL PAYMENT AMOUNT							219.17 *	219.17
017002/00	HOME DEPOT CREDIT SERVICES							
1019 PO-160902	10/01/2015	2161022		1 01-6382-0-4300-472-1110-1000-014-000 NN P			768.24	768.24
1019 PO-160902	10/01/2015	2563826		1 01-6382-0-4300-472-1110-1000-014-000 NN P			2,403.22	2,403.22
1019 PO-160902	10/01/2015	1085409		1 01-6382-0-4300-472-1110-1000-014-000 NN P			159.61	159.61
1019 PO-160902	10/01/2015	4012718		1 01-6382-0-4300-472-1110-1000-014-000 NN P			130.26	130.26
TOTAL PAYMENT AMOUNT							3,461.33 *	3,461.33

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 01 GENERAL FUND

J11257 APY500 H.02.05 10/01/15 PAGE 5  
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Vendor/Addr Req Reference	Remit name Date	Description	Tax ID num	Deposit type FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP	ABA num	Account num	Liq Amt	Net Amount
021458/00	HUGHES HARDWOOD INC							
208 PO-160196	10/01/2015	254714		1 01-8150-0-4300-106-0000-8110-007-000 NN P			49.73	49.73
TOTAL PAYMENT AMOUNT							49.73 *	49.73
018990/00	INTERSTATE BATTERY SYSTEM							
449 PO-160406	10/01/2015	10088729		1 01-0000-0-4300-112-0000-3600-007-000 NN P			280.93	280.93
TOTAL PAYMENT AMOUNT							280.93 *	280.93
022114/00	IZA DESIGN							
841 PO-160740	10/01/2015	INV24868		1 01-3010-0-5800-371-1110-1000-012-916 NN F			815.00	815.00
TOTAL PAYMENT AMOUNT							815.00 *	815.00
010728/00	JOHNSTONE SUPPLY OF SACRAMENTO							
62 PO-160062	10/01/2015	27-S2050863.001		1 01-8150-0-4300-106-0000-8110-007-000 NN P			886.05	886.05
TOTAL PAYMENT AMOUNT							886.05 *	886.05
016750/00	JUST SEND IT POSTAL CENTER							
485 PO-160457	10/01/2015	8/1-8/31		1 01-5630-0-5800-601-1220-1000-017-000 NN P			150.00	150.00
TOTAL PAYMENT AMOUNT							150.00 *	150.00
010212/00	LAKESHORE LEARNING MATERIALS							
893 PO-160788	10/01/2015	5045450915		1 01-6500-0-4300-102-5770-1110-002-000 NN F			302.87	295.10
TOTAL PAYMENT AMOUNT							295.10 *	295.10
016620/00	LAZEL							
827 PO-160719	10/01/2015	1510104		1 01-6500-0-4300-102-5770-1110-002-000 NN F			264.49	244.90
TOTAL PAYMENT AMOUNT							244.90 *	244.90
011127/00	LIFE INSURANCE COMPANY OF THE							
1021 PO-160892	10/01/2015	#434857X		1 01-0000-0-9210-000-0000-0000-000-000 NN P			0.00	0.00
1021 PO-160892	10/01/2015	JEFFREY A. WISE		1 01-0000-0-9210-000-0000-0000-000-000 NN F			158.66	158.66
TOTAL PAYMENT AMOUNT							158.66 *	158.66

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 01 GENERAL FUND

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
017727/00	MASON L. DONALDSON							
363 PO-160334	10/01/2015	#6		1 01-9472-0-5800-106-9620-8110-007-928 NY P			320.00	320.00
TOTAL PAYMENT AMOUNT							320.00 *	320.00
022406/00	MAXIM HEALTHCARE SERVICES INC							
972 PO-160861	10/01/2015	3492570262		1 01-0000-0-5800-102-0000-3140-003-000 NN P			760.00	760.00
972 PO-160861	10/01/2015	3503690262		1 01-0000-0-5800-102-0000-3140-003-000 NN P			953.20	953.20
972 PO-160861	10/01/2015	3519040262		1 01-0000-0-5800-102-0000-3140-003-000 NN P			1,303.20	1,303.20
972 PO-160861	10/01/2015	3533890262		1 01-0000-0-5800-102-0000-3140-003-000 NN P			1,303.20	1,303.20
972 PO-160861	10/01/2015	3544430262		1 01-0000-0-5800-102-0000-3140-003-000 NN P			1,356.40	1,356.40
972 PO-160861	10/01/2015	3560430262		1 01-0000-0-5800-102-0000-3140-003-000 NN P			1,420.00	1,420.00
TOTAL PAYMENT AMOUNT							7,096.00 *	7,096.00
015787/00	O'REILLY AUTO PARTS							
111 PO-160106	10/01/2015	1333147		1 01-0000-0-4300-112-0000-3600-007-000 NN P			823.83	823.83
TOTAL PAYMENT AMOUNT							823.83 *	823.83
017576/00	OFFICE DEPOT/BUS.SERVICES DIV							
780 PO-160690	10/01/2015	792422871001		1 01-0000-0-4300-472-1284-1000-014-000 NN F			378.21	378.21
830 PO-160731	10/01/2015	792800029001		1 01-0000-0-4300-238-1110-1000-010-000 NN P			19.44	19.44
830 PO-160731	10/01/2015	792800028001		1 01-0000-0-4300-238-1110-1000-010-000 NN F			44.92	44.92
928 PO-160821	10/01/2015	795966084001		1 01-6500-0-4400-102-5001-2700-002-000 NN F			624.24	570.89
TOTAL PAYMENT AMOUNT							1,013.46 *	1,013.46
010426/00	PAULS SAFE & LOCK							
67 PO-160066	10/01/2015	22260		1 01-8150-0-4300-106-0000-8110-007-000 NY P			30.00	30.00
67 PO-160066	10/01/2015	22311		1 01-8150-0-4300-106-0000-8110-007-000 NY P			16.13	16.13
TOTAL PAYMENT AMOUNT							46.13 *	46.13
011345/00	PLACER LEARNING CENTER							
559 PO-160703	10/01/2015	JULY		1 01-6500-0-5800-102-5750-1180-002-000 NN P			4,094.40	4,094.40
559 PO-160703	10/01/2015	AUGUST		1 01-6500-0-5800-102-5750-1180-002-000 NN P			4,776.80	4,776.80
TOTAL PAYMENT AMOUNT							8,871.20 *	8,871.20

81 CENTER UNIFIED SCHOOL DIST.

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 BATCH: 0024 10-1-15  
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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
014069/00	PLATT ELECTRIC SUPPLY INC							
45 PO-160047	10/01/2015	H647939		1 01-8150-0-4300-106-0000-8110-007-000 NN P			100.85	100.85
45 PO-160047	10/01/2015	H726170		1 01-8150-0-4300-106-0000-8110-007-000 NN P			1,477.09	1,477.09
45 PO-160047	10/01/2015	H727693		1 01-8150-0-4300-106-0000-8110-007-000 NN P			445.06	445.06
1004 PO-160906	10/01/2015	H727669		1 01-0000-0-4300-111-0000-8200-007-000 NN F			1,342.01	1,342.01
				TOTAL PAYMENT AMOUNT			3,365.01 *	3,365.01
018605/00	PRIORITY DISPATCH							
996 PO-160878	10/01/2015	118042		1 01-3550-0-5612-472-1110-1000-014-000 NN F			5,000.00	5,000.00
				TOTAL PAYMENT AMOUNT			5,000.00 *	5,000.00
015527/00	PROJECT LEAD THE WAY - SCHOOL							
1002 PO-160883	10/01/2015	50736		1 01-6382-0-5800-472-1110-1000-014-000 NN F			2,000.00	2,000.00
				TOTAL PAYMENT AMOUNT			2,000.00 *	2,000.00
021194/00	PRUDENTIAL OVERALL SUPPLY INC							
119 PO-160114	10/01/2015	180226853		1 01-0000-0-5600-112-0000-3600-007-000 NN P			60.99	60.99
119 PO-160114	10/01/2015	180226244		1 01-0000-0-5600-112-0000-3600-007-000 NN P			60.99	60.99
				TOTAL PAYMENT AMOUNT			121.98 *	121.98
011238/00	RELIABLE TIRE							
112 PO-160107	10/01/2015	129663		1 01-0000-0-4300-112-0000-3600-007-000 NN P			1,152.17	1,152.17
112 PO-160107	10/01/2015	129600		1 01-0000-0-4300-112-0000-3600-007-000 NN P			36.50	36.50
				TOTAL PAYMENT AMOUNT			1,188.67 *	1,188.67
014024/00	REMEDIA PUBLICATIONS							
433 PO-160391	10/01/2015	457513		1 01-6500-0-4300-102-5770-1110-002-000 NN F			93.07	41.23
				TOTAL PAYMENT AMOUNT			41.23 *	41.23
010627/00	RIVERVIEW INTERNATIONAL TRUCKS							
113 PO-160108	10/01/2015	874844-CM874844		1 01-0000-0-4300-112-0000-3600-007-000 NN P			1,099.38	1,099.38
113 PO-160108	10/01/2015	874638		1 01-0000-0-4300-112-0000-3600-007-000 NN P			487.34	487.34
				TOTAL PAYMENT AMOUNT			1,586.72 *	1,586.72

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
010552/00		SAC VAL JANITORIAL						
69 PO-160068	10/01/2015	10154627		1 01-0000-0-9320-000-0000-0000-000-000 NN P			264.37	264.37
69 PO-160068	10/01/2015	10155115		1 01-0000-0-9320-000-0000-0000-000-000 NN P			4,098.61	4,098.61
69 PO-160068	10/01/2015	10155942		1 01-0000-0-9320-000-0000-0000-000-000 NN P			973.92	973.92
69 PO-160068	10/01/2015	10155939		1 01-0000-0-9320-000-0000-0000-000-000 NN P			504.92	504.92
69 PO-160068	10/01/2015	10156218		1 01-0000-0-9320-000-0000-0000-000-000 NN P			233.54	233.54
TOTAL PAYMENT AMOUNT				6,075.36 *				6,075.36
010266/00		SACRAMENTO COUNTY UTILITIES						
153 PO-160140	10/01/2015	50000915556		1 01-0000-0-5540-106-0000-8110-007-000 NN P			365.54	365.54
153 PO-160140	10/01/2015	850000918618		1 01-0000-0-5540-106-0000-8110-007-000 NN P			608.72	608.72
153 PO-160140	10/01/2015	918485		1 01-0000-0-5540-106-0000-8110-007-000 NN P			3,134.33	3,134.33
TOTAL PAYMENT AMOUNT				4,108.59 *				4,108.59
017305/00		SACRAMENTO STATE COLLEGE OF						
CL-158118	10/01/2015	1064447		01-0000-0-5200-472-0000-2700-014-000 NN			750.00	750.00
TOTAL PAYMENT AMOUNT				750.00 *				750.00
020981/00		SAVE MART SUPERMARKETS						
557 PO-160494	10/01/2015	2296010		1 01-6500-0-4300-102-5750-1110-002-000 NN P			66.13	66.13
TOTAL PAYMENT AMOUNT				66.13 *				66.13
018788/00		SCHOOL FIX						
774 PO-160742	10/01/2015	119865A&B		1 01-0000-0-4300-240-1110-1000-011-000 YN F			842.02	724.36
TOTAL PAYMENT AMOUNT				724.36 *				724.36
TOTAL USE TAX AMOUNT				57.95				
020695/00		SCHOOL OUTFITTERS						
848 PO-160747	10/01/2015	INV11814130		1 01-9115-0-4300-115-0000-7700-007-000 NN F			5,910.39	5,906.39
TOTAL PAYMENT AMOUNT				5,906.39 *				5,906.39

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT	GOAL FUNC RES DEP T9MP			
015240/00	SF CABLE						
945 PO-160833	10/01/2015	295819	1 01-9115-0-4300-115-0000-7700-007-000	NN F	251.21	251.36	
TOTAL PAYMENT AMOUNT			251.36 *			251.36	
020811/00	SHRED-IT USA						
499 PO-160430	10/01/2015	9407511620	1 01-0000-0-5800-472-0000-2700-014-000	NN P	34.35	34.35	
TOTAL PAYMENT AMOUNT			34.35 *			34.35	
011527/00	SIERRA OFFICE SUPPLY						
935 PO-160858	10/01/2015	2932829	3 01-0000-0-4300-103-0000-7200-003-000	NN F	387.01	387.01	
935 PO-160858	10/01/2015	2932829-0	2 01-0000-0-4300-120-0000-7110-001-000	NN F	387.00	387.00	
935 PO-160858	10/01/2015	2932829-0	1 01-6500-0-4300-102-5001-2700-002-000	NN F	386.99	386.99	
TOTAL PAYMENT AMOUNT			1,161.00 *			1,161.00	
020252/00	STAPLES ADVANTAGE						
926 PO-160809	10/01/2015	3278543499	1 01-3010-0-4300-240-1110-1000-011-000	NN F	291.41	291.41	
TOTAL PAYMENT AMOUNT			291.41 *			291.41	
018066/00	SUPER DUPER INC.						
919 PO-160802	10/01/2015	2102063A	1 01-6500-0-4300-102-5770-1191-002-000	YN F	371.52	299.00	
TOTAL PAYMENT AMOUNT			299.00 *			299.00	
TOTAL USE TAX AMOUNT			23.92				
020800/00	SWIFT, WINDIGO						
548 PO-160857	10/01/2015	REIMB	1 01-3010-0-5200-371-0000-2140-012-822	NN F	215.91	215.91	
TOTAL PAYMENT AMOUNT			215.91 *			215.91	
011805/00	TRIAD SPORTS GROUP LLC						
678 PO-160596	10/01/2015	0089018	1 01-0472-0-4300-472-1263-4200-014-000	NN F	166.17	165.47	
TOTAL PAYMENT AMOUNT			165.47 *			165.47	

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 01 GENERAL FUND

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Vendor/Addr Req Reference	Remit name Date	Description	Tax ID num	Deposit type FD RESO P OBJE SIT	ABA num GOAL FUNC RES DEP T9MP	Account num	Liq Amt	Net Amount
014432/00	TROPHY CASE							
997 PO-160879	10/01/2015	21416		1 01-7220-0-5800-472-1110-1000-014-000 NN F			1,005.02	1,005.02
TOTAL PAYMENT AMOUNT							1,005.02 *	1,005.02
010139/00	TROXELL COMMUNICATIONS INC							
744 PO-160662	10/01/2015	854715		1 01-9115-0-4400-115-0000-7700-007-000 NN P			8,586.00	8,586.00
744 PO-160662	10/01/2015	855297		1 01-9115-0-4400-115-0000-7700-007-000 NN P			874.80	874.80
TOTAL PAYMENT AMOUNT							9,460.80 *	9,460.80
018567/00	TRULITE GLASS & ALUMINUM SOL.							
70 PO-160069	10/01/2015	134402		1 01-8150-0-4300-106-0000-8110-007-000 NN P			351.86	351.86
70 PO-160069	10/01/2015	137163		1 01-8150-0-4300-106-0000-8110-007-000 NN P			124.87	124.87
70 PO-160069	10/01/2015	100135 BAL		1 01-8150-0-4300-106-0000-8110-007-000 NN P			8.49	8.49
TOTAL PAYMENT AMOUNT							485.22 *	485.22
021111/00	ULINE							
1024 PO-160905	10/01/2015	70803662		1 01-0000-0-4300-114-0000-8200-007-000 NN F			402.03	402.03
TOTAL PAYMENT AMOUNT							402.03 *	402.03
018730/00	UNITED TEXTILE INC							
115 PO-160110	10/01/2015	0467705-IN		1 01-0000-0-4300-112-0000-3600-007-000 NN P			68.61	68.61
TOTAL PAYMENT AMOUNT							68.61 *	68.61
015081/00	UNIVERSITY OF THE PACIFIC							
1036 PO-160914	10/01/2015	COACH V'S		1 01-0472-0-5800-472-1263-4200-014-000 NN F			99.00	99.00
TOTAL PAYMENT AMOUNT							99.00 *	99.00
018981/00	VERNIER SOFTWARE & TECHNOLOGY							
839 PO-160738	10/01/2015	5188718		1 01-6382-0-4400-472-1110-1000-014-000 NN F			1,106.89	1,106.53
TOTAL PAYMENT AMOUNT							1,106.53 *	1,106.53



81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 01 GENERAL FUND

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
014900/00	VU, KIM							
1038 PO-160916	10/01/2015	CONF. MILEAGE		1 01-0000-0-5200-472-0000-2700-014-000 NN F			210.86	210.86
				TOTAL PAYMENT AMOUNT	210.86 *			210.86
016252/00	WALTON ENGINEERING INC							
970 PO-160856	10/01/2015	99007		1 01-0000-0-5800-112-0000-3600-007-000 NN P			132.00	132.00
				TOTAL PAYMENT AMOUNT	132.00 *			132.00
017313/00	XEROX							
1 PO-160001	10/01/2015	81167752		1 01-3010-0-5612-240-1110-1000-011-000 NN P			21.95	21.95
				TOTAL PAYMENT AMOUNT	21.95 *			21.95
				TOTAL FUND PAYMENT	117,416.16 **			117,416.16
				TOTAL USE TAX AMOUNT	293.80			

81 CENTER UNIFIED SCHOOL DIST.

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 BATCH: 0024 10-1-15  
 FUND : 11 ADULT EDUCATION FUND

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
019624/00	B & H VIDEO							
859 PO-160760	10/01/2015	101143999		1 11-0030-0-4300-601-4130-1000-017-000 YN F			97.18	89.98
				TOTAL PAYMENT AMOUNT				89.98
				TOTAL USE TAX AMOUNT				7.20
015024/00	BENALI, HASSAN							
1026 PO-160893	10/01/2015	REFUND TUITION		1 11-0030-0-8699-000-0000-0000-000-000 NN F			300.00	300.00
				TOTAL PAYMENT AMOUNT				300.00
				TOTAL FUND PAYMENT				389.98
				TOTAL USE TAX AMOUNT				7.20

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 12 CHILD DEVELOPMEN FUND

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num			
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				Liq Amt	Net Amount
018143/00		CHILD DEVELOPMENT CENTERS INC						
1010 PO-160888	10/01/2015	5030-JUL15	1 12-5025-0-5800-100-8500-1000-005-000 NN P				31,254.43	31,254.43
1010 PO-160888	10/01/2015	5030-JUL15	2 12-6105-0-5800-100-8500-1000-005-000 NN P				37,046.33	37,046.33
			TOTAL PAYMENT AMOUNT			68,300.76 *		68,300.76
			TOTAL FUND PAYMENT			68,300.76 **		68,300.76

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 13 CAFETERIA FUND

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num			
Req Reference	Date	Description	FD RESO P	OBJE SIT	GOAL FUNC	RES DEP	T9MP	
019834/00	BERKELEY FARMS INC							
132 PO-160126	10/01/2015	1098018	1	13-5310-0-4700-108-0000-3700-007-000	NN	P		
							5,850.79	5,850.79
								5,850.79
011256/00	BERNARD FOOD INDUSTRIES INC							
1028 PO-160908	10/01/2015	00725937	1	13-5310-0-4700-108-0000-3700-007-000	NN	F		
							1,469.16	1,469.16
								1,469.16
014156/00	COUNTY OF SACRAMENTO							
781 PO-160691	10/01/2015	AR0005361	1	13-5310-0-5800-108-0000-3700-007-000	NN	P		
							686.00	686.00
781 PO-160691	10/01/2015	AR00058738	1	13-5310-0-5800-108-0000-3700-007-000	NN	P		
							239.00	239.00
								925.00
011205/00	CULTURE SHOCK YOGURT							
141 PO-160134	10/01/2015	3045	1	13-5310-0-4700-108-0000-3700-007-000	NN	P		
							214.00	214.00
								214.00
011602/00	DANIELSEN CO., THE							
128 PO-160122	10/01/2015	83995	2	13-5310-0-4300-108-0000-3700-007-000	NN	P		
							8.00	8.00
128 PO-160122	10/01/2015	83303	2	13-5310-0-4300-108-0000-3700-007-000	NN	P		
							40.65	40.65
128 PO-160122	10/01/2015	83995	1	13-5310-0-4700-108-0000-3700-007-000	NN	P		
							1,887.73	1,887.73
128 PO-160122	10/01/2015	83303	1	13-5310-0-4700-108-0000-3700-007-000	NN	P		
							2,681.08	2,681.08
								4,617.46
017342/00	EKON-O-PAC LLC							
472 PO-160444	10/01/2015	51777	1	13-5310-0-4300-108-0000-3700-007-000	NN	P		
							390.00	390.00
								390.00
021080/00	GOLD STAR FOODS INC							
130 PO-160124	10/01/2015	1444190	1	13-5310-0-4700-108-0000-3700-007-000	NN	P		
							11,025.35	11,025.35
130 PO-160124	10/01/2015	1449612	1	13-5310-0-4700-108-0000-3700-007-000	NN	P		
							288.81	288.81
130 PO-160124	10/01/2015	1444455	1	13-5310-0-4700-108-0000-3700-007-000	NN	P		
							2,629.07	2,629.07
								13,943.23

81 CENTER UNIFIED SCHOOL DIST.

ACCOUNTS PAYABLE PRELIST  
 BATCH: 0024 10-1-15  
 FUND : 13 CAFETERIA FUND

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
017430/00	KELLEY, ERIC							
1030 PO-160909	10/01/2015	REFUND		1 13-5310-0-8634-000-0000-0000-000 NN F			47.75	47.75
TOTAL PAYMENT AMOUNT							47.75 *	47.75
014199/00	MAOKHAMPHIOU, JIMMY							
980 PO-160868	10/01/2015	REFUND		1 13-5310-0-8634-000-0000-0000-000 NN F			16.75	16.75
TOTAL PAYMENT AMOUNT							16.75 *	16.75
016279/00	P&R PAPER SUPPLY							
133 PO-160127	10/01/2015	30051058-00		1 13-5310-0-4300-108-0000-3700-007-000 NN P			1,230.77	1,230.77
133 PO-160127	10/01/2015	30050210-00		1 13-5310-0-4300-108-0000-3700-007-000 NN P			368.01	368.01
TOTAL PAYMENT AMOUNT							1,598.78 *	1,598.78
021194/00	PRUDENTIAL OVERALL SUPPLY INC							
136 PO-160129	10/01/2015	180226852		1 13-5310-0-5800-108-0000-3700-007-000 NN P			73.39	73.39
TOTAL PAYMENT AMOUNT							73.39 *	73.39
010946/00	SAMRA, HARNEET							
1014 PO-160899	10/01/2015	REFUND		1 13-5310-0-8634-000-0000-0000-000 NN F			54.40	54.40
TOTAL PAYMENT AMOUNT							54.40 *	54.40
016043/00	SHELTONS UNLIMITED MECHANICAL							
138 PO-160131	10/01/2015	15-10NUTRI		1 13-5310-0-5612-108-0000-3700-007-000 NN P			1,785.00	1,785.00
TOTAL PAYMENT AMOUNT							1,785.00 *	1,785.00
011422/00	SYSCO OF SAN FRANCISCO							
129 PO-160123	10/01/2015	509152246		2 13-5310-0-4300-108-0000-3700-007-000 NN P			762.81	762.81
129 PO-160123	10/01/2015	509222506-1677303PU		2 13-5310-0-4300-108-0000-3700-007-000 NN P			96.02	96.02
129 PO-160123	10/01/2015	509292607		2 13-5310-0-4300-108-0000-3700-007-000 NN P			675.21	675.21
129 PO-160123	10/01/2015	509152246-1680532PU		1 13-5310-0-4700-108-0000-3700-007-000 NN P			1,110.18	1,110.18
129 PO-160123	10/01/2015	509222506-1677302PU		1 13-5310-0-4700-108-0000-3700-007-000 NN P			1,710.36	1,710.36
129 PO-160123	10/01/2015	509292607		1 13-5310-0-4700-108-0000-3700-007-000 NN P			622.74	622.74
TOTAL PAYMENT AMOUNT							4,977.32 *	4,977.32

ACCOUNTS PAYABLE PRELIST  
BATCH: 0024 10-1-15  
FUND : 13 CAFETERIA FUND

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num								
Req Reference	Date	Description	FD RESO	P OBJE	SIT GOAL	FUNC RES	DEP T9MP	Liq Amt	Net Amount				
TOTAL FUND			PAYMENT		35,963.03		**						35,963.03

81 CENTER UNIFIED SCHOOL DIST.

## ACCOUNTS PAYABLE PRELIST

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FUND : 14 DEFERRED MAINTENANCE FUND

Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP TSMP				
011374/00		CAPITOL MECHANICAL INC						
876 PO-160773	10/01/2015	12667		1 14-0024-0-5600-106-9607-8110-007-000 NN F			2,810.00	2,810.00
				TOTAL PAYMENT AMOUNT			2,810.00 *	2,810.00
021939/00		ENTEK CONSULTING GROUP INC						
979 PO-160867	10/01/2015	15/0355		1 14-0024-0-5800-106-9608-8110-007-000 NN F			2,867.00	2,867.00
				TOTAL PAYMENT AMOUNT			2,867.00 *	2,867.00
				TOTAL FUND PAYMENT			5,677.00 **	5,677.00
				TOTAL BATCH PAYMENT			227,746.93 ***	227,746.93
				TOTAL USE TAX AMOUNT			301.00	
				TOTAL DISTRICT PAYMENT			227,746.93 ****	227,746.93
				TOTAL USE TAX AMOUNT			301.00	
				TOTAL FOR ALL DISTRICTS:			227,746.93 ****	227,746.93
				TOTAL USE TAX AMOUNT			301.00	

Number of warrants to be printed: 89, not counting voids due to stub overflows.

Batch status: A All

From batch: 0026

To batch: 0026

Include Revolving Cash: Y

Include Address: N



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ACCOUNTS PAYABLE PRELIST  
BATCH: 0026 10-12-15  
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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
015151/00	ALCATRAZ CRUISES LLC							
1080 PO-160946	10/12/2015	CHS TICKETS		1 01-7220-0-5800-472-1110-1000-014-000 NN F			1,894.00	1,894.00
				TOTAL PAYMENT AMOUNT	1,894.00 *			1,894.00
010669/00	ALHAMBRA & SIERRA SPRINGS							
155 PO-160142	10/12/2015	4782453092415		1 01-8150-0-4300-106-0000-8110-007-000 NN F			77.76	138.62
167 PO-160152	10/12/2015	4781257092415		1 01-0000-0-4300-112-0000-3600-007-000 NN P			102.64	102.64
626 PO-160555	10/12/2015	4780794092415		1 01-0000-0-4300-110-0000-7200-004-000 NN P			88.86	88.86
685 PO-160610	10/12/2015	4781839		1 01-0000-0-4300-475-3200-2700-015-000 NN P			57.29	57.29
				TOTAL PAYMENT AMOUNT	387.41 *			387.41
011617/00	AMADOR STAGE LINES							
1049 PO-160955	10/12/2015	59890		1 01-7220-0-5810-472-1110-1000-014-000 NN F			1,209.87	1,209.87
				TOTAL PAYMENT AMOUNT	1,209.87 *			1,209.87
016224/00	AMY ROENSPIE BCBA							
648 PO-160576	10/12/2015	#4		1 01-6500-0-5800-102-5750-1180-002-000 NN F			8,859.00	2,264.67
				TOTAL PAYMENT AMOUNT	2,264.67 *			2,264.67
021097/00	ASSOCIATED VALUATION SERVICES							
39 PO-160036	10/12/2015	4978		1 01-0000-0-5800-105-0000-7200-005-000 NN P			1,772.78	1,772.78
				TOTAL PAYMENT AMOUNT	1,772.78 *			1,772.78
010400/00	AT&T							
160 PO-160146	10/12/2016	81008413		1 01-0000-0-5902-106-0000-8110-007-000 NN P			9.26	9.26
				TOTAL PAYMENT AMOUNT	9.26 *			9.26
011481/00	AT&T							
158 PO-160144	10/12/2015	C607393340777		1 01-0000-0-5902-106-0000-8110-007-000 NN P			0.02	0.02
				TOTAL PAYMENT AMOUNT	0.02 *			0.02

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
018984/00	BURNETT, NELLIE						
1097 PO-160965	10/12/2015	TRIP 724	1 01-0000-0-5800-112-0000-3600-007-000 NN P			7.94	7.94
TOTAL PAYMENT AMOUNT			7.94 *				7.94
010575/00	CAPITOL CLUTCH & BRAKE INC.						
106 PO-160101	10/12/2015	1376503	1 01-0000-0-4300-112-0000-3600-007-000 NN P			122.96	122.96
TOTAL PAYMENT AMOUNT			122.96 *				122.96
016036/00	CENTER FOR HEARING HEALTH INC						
1017 PO-160900	10/12/2015	13780	1 01-0000-0-5800-102-0000-3140-003-000 NN P			5,500.65	5,500.65
TOTAL PAYMENT AMOUNT			5,500.65 *				5,500.65
013928/00	CINTAS LOCATION 622						
189 PO-160177	10/12/2015	622563766	1 01-0000-0-5800-111-0000-8200-007-000 NN P			171.45	171.45
TOTAL PAYMENT AMOUNT			171.45 *				171.45
021464/00	CMI EDUCATION INSTITUTE INC						
991 PO-160884	10/12/2015	1084076	1 01-6512-0-5200-102-5001-3110-003-000 NN P			110.00	110.00
991 PO-160884	10/12/2015	1084073	1 01-6512-0-5200-102-5001-3110-003-000 NN F			469.97	220.00
TOTAL PAYMENT AMOUNT			330.00 *				330.00
019542/00	DAVIS, NICOLE						
1074 PO-160940	10/12/2015	MILEAGE-SEPT	1 01-5630-0-5800-601-1220-1000-017-000 NN F			185.96	185.96
TOTAL PAYMENT AMOUNT			185.96 *				185.96
017462/00	DAVIS, SHANNON						
1064 PO-160935	10/12/2015	MILEAGE SEPT	1 01-5630-0-5800-601-1220-1000-017-000 NN F			200.79	200.79
TOTAL PAYMENT AMOUNT			200.79 *				200.79

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
014858/00	DEASON, CRAIG							
1103 PO-160970	10/12/2015	REIMB		1 01-0000-0-4300-111-0000-8200-007-000 NN F			135.68	135.68
TOTAL PAYMENT AMOUNT							135.68 *	135.68
011613/00	DITTO PRINT & COPY							
788 PO-160693	10/12/2015	5210		1 01-0000-0-5800-103-0000-3160-003-000 NN F			656.64	656.64
TOTAL PAYMENT AMOUNT							656.64 *	656.64
010336/00	ECOTECH PEST MANAGEMENT INC							
171 PO-160155	10/12/2015	8837		1 01-0000-0-5500-106-0000-8110-007-000 NN P			1,500.00	1,500.00
TOTAL PAYMENT AMOUNT							1,500.00 *	1,500.00
022347/00	GIVE SOMETHING BACK							
976 PO-160864	10/12/2015	IN-0421293		1 01-6500-0-4300-102-5770-1110-002-000 NN P			3.17	3.17
976 PO-160864	10/12/2015	IN-0421745		1 01-6500-0-4300-102-5770-1110-002-000 NN F			34.54	34.54
1007 PO-160886	10/12/2015	IN-0422234		1 01-6512-0-4300-102-5001-3110-003-000 NN P			60.01	60.01
1007 PO-160886	10/12/2015	IN-0422770		1 01-6512-0-4300-102-5001-3110-003-000 NN F			19.70	12.89
1016 PO-160891	10/12/2015	IN-0422236		1 01-6500-0-4300-102-5001-2700-002-000 NN F			72.53	72.15
TOTAL PAYMENT AMOUNT							182.76 *	182.76
015574/00	GOINS, REGINA							
1069 PO-160939	10/12/2015	MILEAGE-SEPT.		1 01-5630-0-5800-601-1220-1000-017-000 NN F			26.22	26.22
TOTAL PAYMENT AMOUNT							26.22 *	26.22
010191/00	GRAINGER							
96 PO-160090	10/12/2015	9844666371		1 01-0000-0-4300-106-0000-8110-007-000 NN P			269.83	269.83
96 PO-160090	10/12/2015	9845154534		1 01-0000-0-4300-106-0000-8110-007-000 NN P			479.41	479.41
96 PO-160090	10/12/2015	9845154526		1 01-0000-0-4300-106-0000-8110-007-000 NN P			0.64	0.64
96 PO-160090	10/12/2015	9845034314		1 01-0000-0-4300-106-0000-8110-007-000 NN P			7.57	7.57
96 PO-160090	10/12/2015	9851708629		1 01-0000-0-4300-106-0000-8110-007-000 NN F			6.04	13.61
TOTAL PAYMENT AMOUNT							771.06 *	771.06

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Vendor/Addr Req Reference	Remit name Date	Description	Tax ID num	Deposit type FD RESO P OBJE SIT	ABA num GOAL FUNC RES DEP T9MP	Account num	Liq Amt	Net Amount
017747/00	HAMMER, SAMUEL							
1065 PO-160936	10/12/2015	MILEAGE		1 01-5630-0-5800-601-1220-1000-017-000 NN F			73.14	73.14
TOTAL PAYMENT AMOUNT							73.14 *	73.14
011341/00	HUNT & SONS INC							
187 PO-160171	10/12/2015	159311		1 01-0000-0-4308-112-0000-3600-007-000 NN P			15,298.80	15,298.80
TOTAL PAYMENT AMOUNT							15,298.80 *	15,298.80
010728/00	JOHNSTONE SUPPLY OF SACRAMENTO							
62 PO-160062	10/12/2015	27-S2052849		1 01-8150-0-4300-106-0000-8110-007-000 NN P			120.57	120.57
TOTAL PAYMENT AMOUNT							120.57 *	120.57
017899/00	LAWSON, BECKY							
1079 PO-160945	10/12/2015	TRAVEL EXPENSE		1 01-0000-0-5200-103-0000-2110-003-000 NN F			34.10	34.10
TOTAL PAYMENT AMOUNT							34.10 *	34.10
017726/00	LOS ANGELES FREIGHTLINER							
105 PO-160100	10/12/2015	BP125185		1 01-0000-0-4300-112-0000-3600-007-000 NN P			31.53	31.53
105 PO-160100	10/12/2015	BN70377		1 01-0000-0-4300-112-0000-3600-007-000 NN P			92.45	92.45
105 PO-160100	10/12/2015	BN70260		1 01-0000-0-4300-112-0000-3600-007-000 NN P			92.45	92.45
105 PO-160100	10/12/2015	BN19010		1 01-0000-0-4300-112-0000-3600-007-000 NN P			125.00	125.00
105 PO-160100	10/12/2015	BN70633		1 01-0000-0-4300-112-0000-3600-007-000 NN P			82.50	82.50
105 PO-160100	10/12/2015	BN70490		1 01-0000-0-4300-112-0000-3600-007-000 NN P			19.57	19.57
TOTAL PAYMENT AMOUNT							443.50 *	443.50
022128/00	LOVE AND LOGIC INSTITUTE INC							
994 PO-160877	10/12/2015	SMR00000149944		1 01-0000-0-5200-236-1110-1000-009-000 NN F			99.00	99.00
TOTAL PAYMENT AMOUNT							99.00 *	99.00
021914/00	LOY MATTISON ENTERPRISES							
61 PO-160061	10/12/2015	080115093015		1 01-0000-0-5800-106-0000-8110-007-000 NY P			825.00	825.00
TOTAL PAYMENT AMOUNT							825.00 *	825.00

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
018678/00	MCGRW HILL SCHOOL EDUCATION						
829 PO-160730	10/12/2015	88497272001	1 01-0037-0-4100-103-1110-1000-003-000 NN F			755.86	827.00
TOTAL PAYMENT AMOUNT				827.00 *			827.00
019059/00	MILLENNIUM TERMITE & PEST						
165 PO-160150	10/12/2015	TR-71099	1 01-0000-0-5500-106-0000-8110-007-000 NN P			91.00	91.00
165 PO-160150	10/12/2015	TR-72628	1 01-0000-0-5500-106-0000-8110-007-000 NN P			57.00	57.00
165 PO-160150	10/12/2015	TR72628	1 01-0000-0-5500-106-0000-8110-007-000 NN P			59.00	59.00
TOTAL PAYMENT AMOUNT				207.00 *			207.00
021692/00	MONOPRICE INC						
860 PO-160761	10/12/2015	12977974	1 01-3010-0-4300-240-1110-1000-011-000 NN F			86.49	84.81
TOTAL PAYMENT AMOUNT				84.81 *			84.81
019967/00	NAEHCY						
1006 PO-160897	10/12/2015	86226478	1 01-5630-0-5200-601-1220-1000-017-000 NN F			495.00	495.00
TOTAL PAYMENT AMOUNT				495.00 *			495.00
010253/00	NCS PEARSON INC						
917 PO-160801	10/12/2015	10393046	1 01-6500-0-4300-102-5770-1191-002-000 NN F			410.70	408.98
TOTAL PAYMENT AMOUNT				408.98 *			408.98
015787/00	O'REILLY AUTO PARTS						
111 PO-160106	10/12/2015	3558354760	1 01-0000-0-4300-112-0000-3600-007-000 NN P			10.98	10.98
111 PO-160106	10/12/2015	3538356715	1 01-0000-0-4300-112-0000-3600-007-000 NN P			77.72	77.72
111 PO-160106	10/12/2015	3558357039	1 01-0000-0-4300-112-0000-3600-007-000 NN P			131.41	131.41
111 PO-160106	10/12/2015	3558357935	1 01-0000-0-4300-112-0000-3600-007-000 NN P			24.83	24.83
111 PO-160106	10/12/2015	3558358052	1 01-0000-0-4300-112-0000-3600-007-000 NN P			32.39	32.39
111 PO-160106	10/12/2015	3558358883	1 01-0000-0-4300-112-0000-3600-007-000 NN P			69.01	69.01
111 PO-160106	10/12/2015	LATE CHG	1 01-0000-0-4300-112-0000-3600-007-000 NN P			12.06	12.06
TOTAL PAYMENT AMOUNT				358.40 *			358.40

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit	type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date				FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
010552/00		SAC VAL JANITORIAL							
69	PO-160068	10/12/2015	10156746		1 01-0000-0-9320-000-0000-0000-000-000 NN P			206.94	206.94
69	PO-160068	10/12/2015	10156731		1 01-0000-0-9320-000-0000-0000-000-000 NN P			756.43	756.43
69	PO-160068	10/12/2015	10157328		1 01-0000-0-9320-000-0000-0000-000-000 NN P			108.00	108.00
69	PO-160068	10/12/2015	10157301		1 01-0000-0-9320-000-0000-0000-000-000 NN P			18.92	18.92
TOTAL PAYMENT AMOUNT					1,090.29 *				1,090.29
022449/00		SCHLOEGL-KAM, CHERYL A.							
1075	PO-160941	10/12/2015	REIMBURSEMENT		1 01-6500-0-4300-102-5770-1110-002-000 NN F			309.23	309.23
TOTAL PAYMENT AMOUNT					309.23 *				309.23
018788/00		SCHOOL FIX							
	PV-161022	10/12/2015	119865A		01-0000-0-4300-240-1110-1000-011-000 NN				56.40
TOTAL PAYMENT AMOUNT					56.40 *				56.40
011500/00		SCHOOLS INSURANCE AUTHORITY							
	PV-161025	10/12/2015	OCTOBER		01-0000-0-9552-000-0000-0000-000-000 NN				47,036.23
TOTAL PAYMENT AMOUNT					47,036.23 *				47,036.23
017106/00		SCHOOLS INSURANCE AUTHORITY							
	PV-161023	10/07/2015	OCTOBER		01-0000-0-9552-000-0000-0000-000-000 NN				7,405.73
TOTAL PAYMENT AMOUNT					7,405.73 *				7,405.73
022248/00		SHOUP, TERI							
1041	PO-160922	10/12/2015	REIMB		1 01-0000-0-4300-475-3200-2700-015-000 NN F			9.80	9.80
TOTAL PAYMENT AMOUNT					9.80 *				9.80
020811/00		SHRED-IT USA							
1085	PO-160951	10/12/2015	9407511621		1 01-0000-0-5800-371-0000-2700-012-000 NN P			34.35	34.35
TOTAL PAYMENT AMOUNT					34.35 *				34.35

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Vendor/Addr	Remit name		Tax ID num	Deposit type	ABA num	Account num		
Req Reference	Date	Description		FD RESO P OBJE	SIT GOAL FUNC	RES DEP T9MP	Liq Amt	Net Amount
010263/00	SMUD							
154	PO-160141	10/12/2015	70000000347	1	01-0000-0-5530-106-0000-8110-007-000	NN P	84,230.19	84,230.19
				TOTAL PAYMENT AMOUNT			84,230.19 *	84,230.19
018242/00	SPORT DECALS INC.							
864	PO-160763	10/12/2015	ARINV-434359	1	01-0000-0-5800-371-1110-1000-012-000	NN F	526.88	594.88
				TOTAL PAYMENT AMOUNT			594.88 *	594.88
020252/00	STAPLES ADVANTAGE							
954	PO-160842	10/12/2015	3278543506	1	01-0000-0-4300-101-0000-7150-002-000	NN F	53.27	53.27
954	PO-160842	10/12/2015	3278543506	2	01-0000-0-4300-120-0000-7110-001-000	NN F	15.13	15.13
				TOTAL PAYMENT AMOUNT			68.40 *	68.40
014079/00	THYSSENKROPP ELEVATOR CORP							
554	PO-160493	10/12/2015	3002063370	1	01-8150-0-5800-106-0000-8110-007-000	NN P	261.84	261.84
554	PO-160493	10/12/2015	3002061484	1	01-8150-0-5800-106-0000-8110-007-000	NN P	962.56	962.56
				TOTAL PAYMENT AMOUNT			1,224.40 *	1,224.40
011554/00	TRACTOR SUPPLY CO							
75	PO-160073	10/12/2015	100029525	1	01-8150-0-4300-106-0000-8110-007-000	NN P	74.98	74.98
269	PO-160247	10/12/2015	200056442	1	01-0000-0-4300-111-0000-8200-007-000	NN P	12.99	12.99
269	PO-160247	10/12/2015	200059099	1	01-0000-0-4300-111-0000-8200-007-000	NN P	46.36	46.36
				TOTAL PAYMENT AMOUNT			134.33 *	134.33
010139/00	TROKELL COMMUNICATIONS INC							
744	PO-160662	10/12/2015	857239	1	01-9115-0-4400-115-0000-7700-007-000	NN F	449.28	514.08
942	PO-160830	10/12/2015	857028	1	01-9115-0-4400-115-0000-7700-007-000	NN P	1,523.36	1,523.36
942	PO-160830	10/12/2015	857756	1	01-9115-0-4400-115-0000-7700-007-000	NN P	3,061.01	3,061.01
942	PO-160830	10/12/2015	857890	1	01-9115-0-4400-115-0000-7700-007-000	NN F	233.15	191.17
				TOTAL PAYMENT AMOUNT			5,289.62 *	5,289.62



81 CENTER UNIFIED SCHOOL DIST.  
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ACCOUNTS PAYABLE PRELIST  
BATCH: 0026 10-12-15  
FUND : 01 GENERAL FUND

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
018567/00	TRULITE GLASS & ALUMINUM SOL.							
70 PO-160069	10/12/2015	138556		1 01-8150-0-4300-106-0000-8110-007-000 NN P		249.75	249.75	
70 PO-160069	10/12/2015	serv.chg		1 01-8150-0-4300-106-0000-8110-007-000 NN P		0.13	0.13	
				TOTAL PAYMENT AMOUNT		249.88 *	249.88	
016370/00	TWIN RIVERS UNIFIED SCH DIST							
929 PO-160811	10/12/2015	160498		1 01-0000-0-5801-105-0000-8300-005-000 NN P		11,833.33	11,833.33	
				TOTAL PAYMENT AMOUNT		11,833.33 *	11,833.33	
010950/00	VARIDISK LLC							
586 PO-160516	10/12/2015	I-N-9590		1 01-8150-0-4400-106-0000-8110-007-000 NN F		432.00	432.00	
				TOTAL PAYMENT AMOUNT		432.00 *	432.00	
015018/00	VERHOVETCHI, VEACESLAV							
419 PO-160380	10/12/2015	trip 701		2 01-0000-0-5800-112-0000-3600-007-000 NN P		24.10	24.10	
419 PO-160380	10/12/2015	trip690		2 01-0000-0-5800-112-0000-3600-007-000 NN P		20.63	20.63	
				TOTAL PAYMENT AMOUNT		44.73 *	44.73	
010495/00	VIRCO INC.							
464 PO-160413	10/12/2015	91644827		1 01-0000-0-4300-106-9645-8110-007-000 NN F		2,069.28	2,069.28	
				TOTAL PAYMENT AMOUNT		2,069.28 *	2,069.28	
018500/00	WARREN CONSULTING ENGINEERS							
761 PO-160674	10/12/2015	35063		1 01-0000-0-5800-106-0000-7200-007-000 NN P		1,500.00	1,500.00	
				TOTAL PAYMENT AMOUNT		1,500.00 *	1,500.00	
010843/00	WILCO SUPPLY							
55 PO-160055	10/12/2015	1512904301		1 01-8150-0-4300-106-0000-8110-007-000 NN P		196.65	196.65	
				TOTAL PAYMENT AMOUNT		196.65 *	196.65	

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ACCOUNTS PAYABLE PRELIST  
BATCH: 0026 10-12-15  
FUND : 11 ADULT EDUCATION FUND

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num						Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP									
015190/00		TROXELL COMMUNICATIONS, INC.										
953 PO-160841	10/12/2015	857453	1 11-0030-0-4300-601-4130-1000-017-000 NN F								199.91	199.91
			TOTAL PAYMENT AMOUNT	199.91 *								199.91
			TOTAL FUND	PAYMENT	199.91 **							199.91

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Number of warrants to be printed: 69, not counting voids due to stub overflows.

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ACCOUNTS PAYABLE PRELIST

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Batch status: A All

From batch: 0027

To batch: 0027

Include Revolving Cash: Y

Include Address: N

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ACCOUNTS PAYABLE PRELIST  
BATCH: 0027 10-15-15  
FUND : 01 GENERAL FUND

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
019433/00	ADI							
1107 PO-160973	10/15/2015	R81ND801		1 01-9472-0-4300-106-9620-2420-007-928 NN P			131.27	131.27
1107 PO-160973	10/15/2015	T05FR901		1 01-9472-0-4300-106-9620-2420-007-928 NN P			62.92	62.92
TOTAL PAYMENT AMOUNT							194.19 *	194.19
010002/00	ALDAR ACADEMY							
948 PO-160836	10/15/2015	SEPTEMBER		1 01-6500-0-5800-102-5750-1180-002-000 NN P			5,364.26	5,364.26
TOTAL PAYMENT AMOUNT							5,364.26 *	5,364.26
010669/00	ALHAMBRA & SIERRA SPRINGS							
558 PO-160495	10/15/2015	4780818		1 01-0000-0-4300-105-0000-7200-005-000 NN P			36.41	36.41
TOTAL PAYMENT AMOUNT							36.41 *	36.41
017075/00	AMERICAN RIVER SPEECH INC.							
950 PO-160838	10/15/2015	SEPT		1 01-6500-0-5800-102-5750-1180-002-000 NN P			5,140.80	5,140.80
TOTAL PAYMENT AMOUNT							5,140.80 *	5,140.80
017103/00	APPLE INC							
380 PO-160353	10/15/2015	4349592638		3 01-0000-0-4400-472-1110-1000-005-000 NN F			44,504.66	44,504.66
380 PO-160353	10/15/2015	4349592638		1 01-7220-0-4400-472-1110-1000-014-000 NN P			9,102.18	9,102.18
380 PO-160353	10/15/2015	4345504459		2 01-7220-0-5612-472-1110-1000-014-000 NN P			3,848.46	3,848.46
TOTAL PAYMENT AMOUNT							57,455.30 *	57,455.30
021604/00	ATLAS DISPOSAL INDUSTRIES							
152 PO-160139	10/15/2015	01-10310		1 01-0000-0-5550-106-0000-8110-007-000 NN P			168.05	168.05
152 PO-160139	10/15/2015	01-1494020		1 01-0000-0-5550-106-0000-8110-007-000 NN P			378.85	378.85
152 PO-160139	10/15/2015	01-149398-0		1 01-0000-0-5550-106-0000-8110-007-000 NN P			1,142.22	1,142.22
152 PO-160139	10/15/2015	01-1494000		1 01-0000-0-5550-106-0000-8110-007-000 NN P			241.07	241.07
152 PO-160139	10/15/2015	01-1494030		1 01-0000-0-5550-106-0000-8110-007-000 NN P			500.77	500.77
152 PO-160139	10/15/2015	01-149397-0		1 01-0000-0-5550-106-0000-8110-007-000 NN P			568.65	568.65
152 PO-160139	10/15/2015	1493990		1 01-0000-0-5550-106-0000-8110-007-000 NN P			595.45	595.45
TOTAL PAYMENT AMOUNT							3,595.06 *	3,595.06



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ACCOUNTS PAYABLE PRELIST  
BATCH: 0027 10-15-15  
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Vendor/Addr Req Reference	Remit name Date	Description	Tax ID num	Deposit type FD RESO P OBJE SIT	ABA num GOAL FUNC RES DEP T9MP	Account num	Liq Amt	Net Amount
015121/00	B.J. FLOORING INC							
58 PO-160058	10/15/2015	2009407		1 01-0000-0-5600-472-0000-8110-007-990 NN F			4,145.00	4,445.00
TOTAL PAYMENT AMOUNT							4,445.00 *	4,445.00
021235/00	BECKER, LEE ANN							
354 PO-160327	10/15/2015	SEPT MILEAGE		1 01-0000-0-5210-102-0000-3140-003-000 NN P			65.04	65.04
TOTAL PAYMENT AMOUNT							65.04 *	65.04
019075/00	BRIGHT FUTURES THERAPY							
932 PO-160812	10/15/2015	3261		1 01-6500-0-5800-102-5750-1180-002-000 NN P			20,480.00	20,480.00
TOTAL PAYMENT AMOUNT							20,480.00 *	20,480.00
021896/00	BUTLER, KIM							
1072 PO-160977	10/15/2015	REIMB		1 01-6500-0-4300-102-5750-1110-002-000 NN F			174.21	174.21
TOTAL PAYMENT AMOUNT							174.21 *	174.21
019750/00	CAPITAL PROGRAM MGMT INC							
556 PO-160501	10/15/2015	#9		1 01-6230-0-5800-106-9623-8500-007-000 NN P			1,864.75	1,864.75
TOTAL PAYMENT AMOUNT							1,864.75 *	1,864.75
021678/00	CAPITOL ACADEMY							
1018 PO-160901	10/15/2015	743		1 01-6500-0-5800-102-5750-1180-002-000 NN P			850.00	850.00
1018 PO-160901	10/15/2015	734		1 01-6500-0-5800-102-5750-1180-002-000 NN P			10,406.60	10,406.60
TOTAL PAYMENT AMOUNT							11,256.60 *	11,256.60
021036/00	CCHAT CENTER							
951 PO-160839	10/15/2015	center9-15		1 01-6500-0-5800-102-5750-1180-002-000 NN P			2,671.62	2,671.62
951 PO-160839	10/15/2015	M/SA.S		1 01-6500-0-5800-102-5750-1180-002-000 NN P			102.15	102.15
TOTAL PAYMENT AMOUNT							2,773.77 *	2,773.77

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81 CENTER UNIFIED SCHOOL DIST.  
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ACCOUNTS PAYABLE PRELIST  
BATCH: 0027 10-15-15  
FUND : 01 GENERAL FUND

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Vendor/Addr	Remit name		Tax ID num	Deposit type	ABA num	Account num			
Req Reference	Date	Description		FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP			Liq Amt	Net Amount	
-----									
017002	(CONTINUED)								
43	PO-160046	10/15/2015	1014200	1 01-8150-0-4300-106-0000-8110-007-000 NN P			37.47	37.47	
43	PO-160046	10/15/2015	6271330	1 01-8150-0-4300-106-0000-8110-007-000 NN P			35.20	35.20	
43	PO-160046	10/15/2015	7281640	1 01-8150-0-4300-106-0000-8110-007-000 NN P			95.75	95.75	
43	PO-160046	10/15/2015	9013271	1 01-8150-0-4300-106-0000-8110-007-000 NN P			42.22	42.22	
896	PO-160790	10/15/2015	1044524	1 01-0000-0-4300-112-0000-3600-007-000 NN P			93.92	93.92	
1104	PO-160971	10/15/2015	9592933	1 01-0000-0-4300-114-0000-8200-007-000 NN F			32.37	32.37	
				TOTAL PAYMENT AMOUNT		1,663.21 *			1,663.21
016651/00 HOOKANDLOOP.COM									
878	PO-160774	10/15/2015	62958	1 01-6500-0-4300-102-5770-1110-002-000 YN F			92.47	85.62	
				TOTAL PAYMENT AMOUNT		85.62 *			85.62
				TOTAL USE TAX AMOUNT		6.85			
014338/00 ILLUMINATE EDUCATION INC									
974	PO-160894	10/15/2015	2010-4700	1 01-3010-0-5800-103-1110-1000-003-832 NN F			29,431.50	24,931.50	
				TOTAL PAYMENT AMOUNT		24,931.50 *			24,931.50
022406/00 MAXIM HEALTHCARE SERVICES INC									
972	PO-160861	10/15/2015	3578180262	1 01-0000-0-5800-102-0000-3140-003-000 NN P			473.20	473.20	
972	PO-160861	10/15/2015	3592930262	1 01-0000-0-5800-102-0000-3140-003-000 NN P			923.20	923.20	
				TOTAL PAYMENT AMOUNT		1,396.40 *			1,396.40
022438/00 MERISTEM									
983	PO-160895	10/15/2015	86228296	1 01-9601-0-5200-601-1110-1000-017-000 NN F			297.00	297.00	
				TOTAL PAYMENT AMOUNT		297.00 *			297.00
018086/00 MORE PRICES INC									
791	PO-160694	10/15/2015	1382	1 01-0037-0-4200-103-1110-1000-003-000 NN F			66.96	66.96	
790	PO-160756	10/15/2015	1412	1 01-0037-0-4100-103-1110-1000-003-000 NN F			1,146.31	1,736.52	
792	PO-160757	10/15/2015	1413	1 01-0037-0-4200-103-1110-1000-003-000 NN F			128.36	176.47	
				TOTAL PAYMENT AMOUNT		1,979.95 *			1,979.95

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
017315/00	NAPA AUTO PARTS - GENUINE AUTO							
109 PO-160104	10/15/2015	025319		1 01-0000-0-4300-112-0000-3600-007-000 NN P			80.09	80.09
109 PO-160104	10/15/2015	026912		1 01-0000-0-4300-112-0000-3600-007-000 NN P			54.81	54.81
TOTAL PAYMENT AMOUNT							134.90 *	134.90
010253/00	NCS PEARSON INC							
967 PO-160854	10/15/2015	10402138		1 01-6500-0-4300-102-5770-1191-002-000 NN F			456.49	452.59
TOTAL PAYMENT AMOUNT							452.59 *	452.59
020192/00	PITNEY BOWES INC							
1136 PO-160996	10/15/2015	535432		1 01-0000-0-4300-105-0000-7200-005-000 NN F			270.79	270.79
TOTAL PAYMENT AMOUNT							270.79 *	270.79
011345/00	PLACER LEARNING CENTER							
559 PO-160703	10/15/2015	SEPTEMBER		1 01-6500-0-5800-102-5750-1180-002-000 NN P			12,624.40	12,624.40
TOTAL PAYMENT AMOUNT							12,624.40 *	12,624.40
014069/00	PLATT ELECTRIC SUPPLY INC							
45 PO-160047	10/15/2015	F103249		1 01-8150-0-4300-106-0000-8110-007-000 NN P			29.18	29.18
45 PO-160047	10/15/2015	H546840		1 01-8150-0-4300-106-0000-8110-007-000 NN P			57.55	57.55
45 PO-160047	10/15/2015	H554310		1 01-8150-0-4300-106-0000-8110-007-000 NN P			127.87	127.87
45 PO-160047	10/15/2015	H820977		1 01-8150-0-4300-106-0000-8110-007-000 NN P			112.81	112.81
45 PO-160047	10/15/2015	6H798979		1 01-8150-0-4300-106-0000-8110-007-000 NN P			189.80	189.80
45 PO-160047	10/15/2015	H828991		1 01-8150-0-4300-106-0000-8110-007-000 NN P			41.12	41.12
45 PO-160047	10/15/2015	H777387		1 01-8150-0-4300-106-0000-8110-007-000 NN P			222.73	222.73
45 PO-160047	10/15/2015	H288100,H808853		1 01-8150-0-4300-106-0000-8110-007-000 NN F			22.43	626.57
1101 PO-160968	10/15/2015	H792854		1 01-0000-0-4300-472-0000-8110-007-990 NN P			369.37	369.37
1101 PO-160968	10/15/2015	H802158		1 01-0000-0-4300-472-0000-8110-007-990 NN P			488.56	488.56
1101 PO-160968	10/15/2015	H808858		1 01-0000-0-4300-472-0000-8110-007-990 NN P			378.59	378.59
1101 PO-160968	10/15/2015	H834840		1 01-0000-0-4300-472-0000-8110-007-990 NN P			51.77	51.77
1101 PO-160968	10/15/2015	H878854		1 01-0000-0-4300-472-0000-8110-007-990 NN P			364.83	364.83
TOTAL PAYMENT AMOUNT							3,060.75 *	3,060.75

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ACCOUNTS PAYABLE PRELIST  
BATCH: 0027 10-15-15  
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Vendor/Addr Req Reference	Remit name Date	Description	Tax ID num	Deposit type FD RESO P OBJE SIT	ABA num GOAL FUNC RES DEP T9MP	Account num	Liq Amt	Net Amount
017736/00	PRICE, KAREN							
1073 PO-160992	10/15/2015	REIMB		1 01-6500-0-4300-102-5770-1110-002-000 NN F			61.50	61.50
TOTAL PAYMENT AMOUNT							61.50 *	61.50
021194/00	PRUDENTIAL OVERALL SUPPLY INC							
119 PO-160114	10/15/2015	180226853		1 01-0000-0-5600-112-0000-3600-007-000 NN P			60.99	60.99
119 PO-160114	10/15/2015	180226244		1 01-0000-0-5600-112-0000-3600-007-000 NN P			60.99	60.99
TOTAL PAYMENT AMOUNT							121.98 *	121.98
016138/00	RAYTESE REEVES LEE							
1118 PO-160983	10/15/2015	REIMB		1 01-6500-0-4400-102-5001-7200-002-000 NN F			347.65	347.65
TOTAL PAYMENT AMOUNT							347.65 *	347.65
010627/00	RIVERVIEW INTERNATIONAL TRUCKS							
113 PO-160108	10/15/2015	876694		1 01-0000-0-4300-112-0000-3600-007-000 NN P			382.56	382.56
TOTAL PAYMENT AMOUNT							382.56 *	382.56
010552/00	SAC VAL JANITORIAL							
69 PO-160068	10/15/2015	10158368		1 01-0000-0-9320-000-0000-0000-000-000 NN P			451.01	451.01
1020 PO-160903	10/15/2015	10158342		1 01-0000-0-6400-111-0000-8200-007-000 NN F			3,942.00	3,942.00
TOTAL PAYMENT AMOUNT							4,393.01 *	4,393.01
021289/00	SACRAMENTO COUNTY OFF. OF ED.							
1046 PO-160918	10/15/2015	160364		1 01-3010-0-5200-371-1110-1000-012-000 NN F			465.00	465.00
TOTAL PAYMENT AMOUNT							465.00 *	465.00
010266/00	SACRAMENTO COUNTY UTILITIES							
153 PO-160140	10/15/2015	50008418859		1 01-0000-0-5540-106-0000-8110-007-000 NN P			215.18	215.18
153 PO-160140	10/15/2015	50000185866		1 01-0000-0-5540-106-0000-8110-007-000 NN P			766.34	766.34
TOTAL PAYMENT AMOUNT							981.52 *	981.52

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
013973/00	SAMBA SAFETY						
114	PO-160109	10/15/2015	6137-201509	1 01-0000-0-5800-112-0000-3600-007-000	NN P	63.94	63.94
TOTAL PAYMENT AMOUNT				63.94 *			63.94
010279/00	SARGENT-WELCH LLC						
632	PO-160559	10/15/2015	8042328505	1 01-6382-0-4300-472-1110-1000-014-000	NN P	404.55	404.55
632	PO-160559	10/15/2015	8042319747	1 01-6382-0-4300-472-1110-1000-014-000	NN P	180.91	180.91
632	PO-160559	10/15/2015	8042366763	1 01-6382-0-4300-472-1110-1000-014-000	NN P	77.58	77.58
632	PO-160559	10/15/2015	8042328506	1 01-6382-0-4300-472-1110-1000-014-000	NN P	3.64	3.64
632	PO-160559	10/15/2015	8042501988	1 01-6382-0-4300-472-1110-1000-014-000	NN P	115.32	115.32
TOTAL PAYMENT AMOUNT				782.00 *			782.00
018788/00	SCHOOL FIX						
890	PO-160784	10/15/2015	121711A	1 01-8150-0-4300-106-0000-8110-007-000	NN F	195.96	109.23
TOTAL PAYMENT AMOUNT				109.23 *			109.23
010373/00	SCHOOLS INSURANCE AUTHORITY						
1092	PO-160959	10/15/2015	PL2016-005	1 01-0000-0-5400-100-0000-7200-005-000	NN F	140,302.50	140,302.50
TOTAL PAYMENT AMOUNT				140,302.50 *			140,302.50
020983/00	SIERRA PACIFIC TURF SUPPLY						
93	PO-160087	10/15/2015	0461979	1 01-0000-0-4300-106-0000-8110-007-000	NN P	487.58	487.58
TOTAL PAYMENT AMOUNT				487.58 *			487.58
018370/00	STANLEY CONVERGENT SECURITY						
157	PO-160143	10/15/2015	12847233	1 01-8150-0-5800-106-0000-8110-007-000	NN F	3,473.74	3,520.05
TOTAL PAYMENT AMOUNT				3,520.05 *			3,520.05
020252/00	STAPLES ADVANTAGE						
526	PO-160472	10/15/2015	3274564809	1 01-0000-0-4300-472-9769-1000-014-000	NN F	595.55	595.55
526	PO-160472	10/15/2015	3278109415	2 01-0000-0-4400-472-9769-1000-014-000	NN P	1,000.00	1,000.00
526	PO-160472	10/15/2015	3278031341	2 01-0000-0-4400-472-9769-1000-014-000	NN F	754.44	754.45
1011	PO-160889	10/15/2015	3279123330	1 01-6512-0-4300-102-5001-3110-003-000	NN F	73.58	71.62
1027	PO-160907	10/15/2015	3279533988	1 01-0000-0-4300-103-0000-7200-003-000	NN F	253.41	253.41

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Vendor/Addr	Remit name		Tax ID num	Deposit type	ABA num	Account num			
Req Reference	Date	Description		FD RESO P OBJE	SIT GOAL FUNC RES DEP T9MP		Liq Amt	Net Amount	
			TOTAL PAYMENT AMOUNT		2,675.03 *			2,675.03	
011190/00 UNIVERSAL SPECIALTIES INC									
1099 PO-160966	10/15/2015	70606		1	01-8150-0-4300-106-0000-8110-007-000	NN P	249.19	249.19	
			TOTAL PAYMENT AMOUNT		249.19 *			249.19	
015191/00 WACHOB, CYNTHIA									
352 PO-160325	10/15/2015	SEPT MILEAGE		1	01-6500-0-5210-102-5060-2110-002-000	NN P	115.58	115.58	
			TOTAL PAYMENT AMOUNT		115.58 *			115.58	
			TOTAL FUND PAYMENT		342,010.61 **			342,010.61	
			TOTAL USE TAX AMOUNT		6.85				



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ACCOUNTS PAYABLE PRELIST  
BATCH: 0027 10-15-15  
FUND : 13 CAFETERIA FUND

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num						
Req Reference	Date	Description	FD RESO	P OBJE	SIT GOAL	FUNC RES	DEP T9MP	Liq Amt	Net Amount		
011602/00	DANIELSEN CO., THE										
128 PO-160122	10/15/2015	84532	2	13-5310-0-4300-108-0000-3700-007-000	NN P			8.00	8.00		
128 PO-160122	10/15/2015	84532	1	13-5310-0-4700-108-0000-3700-007-000	NN P			3,016.96	3,016.96		
TOTAL PAYMENT AMOUNT								3,024.96 *	3,024.96		
021080/00	GOLD STAR FOODS INC										
130 PO-160124	10/15/2015	1453036-1054981	1	13-5310-0-4700-108-0000-3700-007-000	NN P			4,787.17	4,787.17		
TOTAL PAYMENT AMOUNT								4,787.17 *	4,787.17		
014559/00	MCCLANEY, LATITIA										
1111 PO-160978	10/15/2015	REFUND	1	13-5310-0-8634-000-0000-0000-000-000	NN F			42.25	42.25		
TOTAL PAYMENT AMOUNT								42.25 *	42.25		
021194/00	PRUDENTIAL OVERALL SUPPLY INC										
136 PO-160129	10/15/2015	180226243	1	13-5310-0-5800-108-0000-3700-007-000	NN P			73.39	73.39		
136 PO-160129	10/15/2015	180227456	1	13-5310-0-5800-108-0000-3700-007-000	NN P			73.39	73.39		
TOTAL PAYMENT AMOUNT								146.78 *	146.78		
TOTAL FUND PAYMENT								8,001.16 **	8,001.16		

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FUND : 14

DEFERRED MAINTENANCE FUND

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num				
Req Reference	Date	Description	FD RESO P	OBJE SIT	GOAL FUNC	RES DEP	T9MP	Liq Amt	Net Amount
015121/00	B.J. FLOORING INC								
836 PO-160735	10/15/2015	2009409	1	14-0024-0-5600-106-9611-8110-007-000	NN F			3,172.00	3,172.00
TOTAL PAYMENT AMOUNT								3,172.00 *	3,172.00
017002/00	HOME DEPOT CREDIT SERVICES								
1057 PO-160931	10/15/2015	1014213	1	14-0024-0-4300-106-9605-8110-007-000	NN P			443.93	443.93
1057 PO-160931	10/15/2015	2271369	1	14-0024-0-4300-106-9605-8110-007-000	NN P			1,595.63	1,595.63
1057 PO-160931	10/15/2015	2974279	1	14-0024-0-4300-106-9605-8110-007-000	NN F			960.44	1,627.28
TOTAL PAYMENT AMOUNT								3,666.84 *	3,666.84
015530/00	MADSEN ROOFING &								
938 PO-160826	10/15/2015	152421	1	14-0024-0-5600-106-9605-8110-007-000	NN F			14,888.00	14,888.00
TOTAL PAYMENT AMOUNT								14,888.00 *	14,888.00
TOTAL FUND PAYMENT								21,726.84 **	21,726.84
TOTAL BATCH PAYMENT								371,788.61 ***	371,788.61
TOTAL USE TAX AMOUNT								6.85	
TOTAL DISTRICT PAYMENT								371,788.61 ****	371,788.61
TOTAL USE TAX AMOUNT								6.85	
TOTAL FOR ALL DISTRICTS:								371,788.61 ****	371,788.61
TOTAL USE TAX AMOUNT								6.85	

Number of warrants to be printed: 60, not counting voids due to stub overflows.

Batch status: A All

From batch: 0029

To batch: 0029

Include Revolving Cash: Y

Include Address: N

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
010669/00	ALHAMBRA & SIERRA SPRINGS							
420 PO-160427	10/22/2015	14871405100915		1 01-6500-0-4300-102-5001-2700-002-000 NN P			44.41	44.41
				TOTAL PAYMENT AMOUNT	44.41 *			44.41
020082/00	ALLRED, MARIE							
1144 PO-161015	10/22/2015	REIMB		1 01-0000-0-5800-371-1110-1000-012-000 NN F			432.80	432.80
				TOTAL PAYMENT AMOUNT	432.80 *			432.80
011617/00	AMADOR STAGE LINES							
1157 PO-161020	10/22/2015	59929		1 01-0000-0-5810-371-1110-1000-012-000 NN F			1,344.34	1,344.34
				TOTAL PAYMENT AMOUNT	1,344.34 *			1,344.34
019769/00	AMERICAN EXPRESS							
977 PO-160865	10/22/2015	0-03000		1 01-6500-0-4300-102-5770-1110-002-000 NN F			39.66	39.66
1058 PO-160932	10/22/2015	0-03000		1 01-6264-0-5200-101-0000-2700-002-000 NN F			1,800.00	1,800.00
1175 PO-161035	10/22/2015	0-03000		1 01-0000-0-4200-101-0000-7150-002-000 NN F			61.71	61.70
				TOTAL PAYMENT AMOUNT	1,901.36 *			1,901.36
018367/00	ASBURY ENVIRONMENTAL SERVICES							
1193 PO-161050	10/22/2015	130537325		1 01-0000-0-5600-112-0000-3600-007-000 NN P			65.00	65.00
				TOTAL PAYMENT AMOUNT	65.00 *			65.00
018533/00	ATKINSON ANDELSON LOYA RUDD							
655 PO-160582	10/22/2015	484135		1 01-0000-0-5804-105-0000-7200-005-000 NE P			8,803.08	8,803.08
				TOTAL PAYMENT AMOUNT	8,803.08 *			8,803.08
019504/00	B & H PHOTO-VIDEO							
964 PO-160853	10/22/2015	101393929		1 01-6300-0-4400-240-1110-1000-011-000 NN F			12,959.78	11,840.00
993 PO-160876	10/22/2015	101646921		1 01-0000-0-4400-115-0000-7700-007-000 YN P			149.00	149.00
993 PO-160876	10/22/2015	101658132		1 01-0000-0-4400-115-0000-7700-007-000 YN P			1,320.33	1,320.33
993 PO-160876	10/22/2015	101678036		1 01-0000-0-4400-115-0000-7700-007-000 YN F			288.07	144.89
				TOTAL PAYMENT AMOUNT	13,454.22 *			13,454.22
				TOTAL USE TAX AMOUNT	129.14			

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT	GOAL FUNC RES DEP T9MP			
019624/00	B & H VIDEO							
1063 PO-160934	10/22/2015	101816965		1 01-6500-0-4400-102-5001-2700-002-000	YN F	367.19	349.99	
				TOTAL PAYMENT AMOUNT	349.99 *		349.99	
				TOTAL USE TAX AMOUNT	28.00			
017760/00	BACKFLOW TECHNOLOGIES LLC							
156 PO-160174	10/22/2015	15-9996		1 01-0000-0-5600-106-0000-8110-007-000	NN P	148.00	148.00	
				TOTAL PAYMENT AMOUNT	148.00 *		148.00	
021669/00	BAIONI, RON							
1171 PO-161032	10/22/2015	REIMB		1 01-0000-0-4300-475-3200-2700-015-000	NN F	69.99	69.99	
				TOTAL PAYMENT AMOUNT	69.99 *		69.99	
016216/00	BORASI, CHRIS							
1197 PO-161053	10/22/2015	REIMB		1 01-0000-0-4300-371-0000-2700-012-000	NN F	60.12	60.12	
				TOTAL PAYMENT AMOUNT	60.12 *		60.12	
018309/00	BRAIN POP LLC							
1117 PO-160999	10/22/2015	US131587		1 01-3010-0-5800-371-1110-1000-012-000	NN F	1,695.00	1,695.00	
				TOTAL PAYMENT AMOUNT	1,695.00 *		1,695.00	
010340/00	CA DEPT OF JUSTICE							
211 PO-160199	10/22/2015	123962		1 01-0000-0-5800-110-0000-7200-004-000	NN P	352.00	352.00	
				TOTAL PAYMENT AMOUNT	352.00 *		352.00	
020540/00	CALIFORNIA AMERICAN WATER CO							
161 PO-160147	10/22/2015	1015210021268303		1 01-0000-0-5540-106-0000-8110-007-000	NN P	384.65	384.65	
161 PO-160147	10/22/2015	210020037919		1 01-0000-0-5540-106-0000-8110-007-000	NN P	1,389.31	1,389.31	
161 PO-160147	10/22/2015	210020957327		1 01-0000-0-5540-106-0000-8110-007-000	NN P	1,151.67	1,151.67	
161 PO-160147	10/22/2015	210020956980		1 01-0000-0-5540-106-0000-8110-007-000	NN P	3,349.82	3,349.82	
161 PO-160147	10/22/2015	210018891530		1 01-0000-0-5540-106-0000-8110-007-000	NN P	200.07	200.07	
161 PO-160147	10/22/2015	210019904293		1 01-0000-0-5540-106-0000-8110-007-000	NN P	2,948.11	2,948.11	
161 PO-160147	10/22/2015	210020445299		1 01-0000-0-5540-106-0000-8110-007-000	NN P	1,856.10	1,856.10	
161 PO-160147	10/22/2015	210020062960		1 01-0000-0-5540-106-0000-8110-007-000	NN P	2,617.42	2,617.42	

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Vendor/Addr	Remit name		Tax ID num	Deposit type	ABA num	Account num			
Req Reference	Date	Description		FD RESO P	OBJE SIT	GOAL FUNC	RES DEP T9MP	Liq Amt	Net Amount
-----									
020540	(CONTINUED)								
161	PO-160147	10/22/2015	210019695896	1	01-0000-0-5540-106-0000-8110-007-000	NN P		67.73	67.73
161	PO-160147	10/22/2015	210019694541	1	01-0000-0-5540-106-0000-8110-007-000	NN P		160.38	160.38
161	PO-160147	10/22/2015	210019904460	1	01-0000-0-5540-106-0000-8110-007-000	NN P		1,742.94	1,742.94
TOTAL PAYMENT AMOUNT						15,868.20 *			15,868.20
011374/00	CAPITOL MECHANICAL INC								
969	PO-160855	10/22/2015	6646	1	01-8150-0-4300-106-0000-8110-007-000	NN P		55.50	55.50
TOTAL PAYMENT AMOUNT						55.50 *			55.50
016081/00	CARS+ -THE ORGANIZATION FOR								
1169	PO-161031	10/22/2015	K.PRICE REGIST	1	01-6500-0-5200-102-5001-2700-002-000	NN F		255.00	255.00
TOTAL PAYMENT AMOUNT						255.00 *			255.00
017639/00	CDT INC.								
210	PO-160198	10/22/2015	41476	1	01-0000-0-5800-110-0000-7200-004-000	NN P		54.00	54.00
210	PO-160198	10/22/2015	41348	1	01-0000-0-5800-110-0000-7200-004-000	NN P		162.00	162.00
TOTAL PAYMENT AMOUNT						216.00 *			216.00
020305/00	CDW GOVERNMENT INC.								
1035	PO-160913	10/22/2015	ZQ47794	1	01-0000-0-4300-472-1224-1000-014-000	NN F		172.15	172.15
1088	PO-160954	10/22/2015	ZM69652	1	01-0000-0-4300-105-0000-7200-005-000	NN F		328.92	306.06
TOTAL PAYMENT AMOUNT						478.21 *			478.21
016237/00	CLARITY AVL INC								
694	PO-160619	10/22/2015	739	1	01-0000-0-4300-115-9780-8200-007-000	NN F		3,695.82	3,695.82
694	PO-160619	10/22/2015	739	2	01-0000-0-4400-115-9780-8200-007-000	NN F		1,260.05	1,260.05
694	PO-160619	10/22/2015	739	3	01-0000-0-5800-115-9780-8200-007-000	NN F		436.00	436.00
838	PO-160737	10/22/2015	740	1	01-6300-0-4300-472-1110-1000-014-000	NN F		1,656.47	1,656.47
838	PO-160737	10/22/2015	740	2	01-6300-0-4400-472-1110-1000-014-000	NN F		1,259.55	1,259.55
838	PO-160737	10/22/2015	740	3	01-6300-0-5800-472-1110-1000-014-000	NN F		166.25	166.25
862	PO-160762	10/22/2015	741	1	01-6300-0-4300-472-1110-1000-014-000	NN F		245.70	245.70
862	PO-160762	10/22/2015	741	2	01-6300-0-5800-472-1110-1000-014-000	NN F		285.00	285.00
TOTAL PAYMENT AMOUNT						9,004.84 *			9,004.84

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
014357/00	COOK, KAREN							
1143 PO-161039	10/22/2015	REIMB-PARTY		1 01-0000-0-4300-371-0000-2700-012-000 NN F			148.78	148.78
				TOTAL PAYMENT AMOUNT		148.78 *		148.78
015718/00	CUSTOM BENEFIT ADMINISTRATORS							
PV-161028	10/22/2015	OCTOBER		01-0000-0-9552-000-0000-0000-000-000 NN				4,167.80
				TOTAL PAYMENT AMOUNT		4,167.80 *		4,167.80
010177/00	DAY, CHRIS							
1202 PO-161058	10/22/2015	PAYROLL FEES		1 01-6500-0-5800-102-5750-1180-002-000 NN F			1,437.49	1,437.49
				TOTAL PAYMENT AMOUNT		1,437.49 *		1,437.49
016855/00	DEPARTMENT OF TOXIC SUBSTANCES							
1168 PO-161030	10/22/2015	VQ#201532600		1 01-8150-0-5800-106-0000-8110-007-000 NN F			240.00	240.00
				TOTAL PAYMENT AMOUNT		240.00 *		240.00
018893/00	DIAMOND DIESEL SERVICES INC							
1160 PO-161023	10/22/2015	25612-2		1 01-0000-0-4300-112-0000-3600-007-000 NN F			378.00	378.00
				TOTAL PAYMENT AMOUNT		378.00 *		378.00
020595/00	DOMALAKES, CAROL							
1201 PO-161057	10/22/2015	MILEAGE/PARKING		1 01-0000-0-5200-105-0000-7200-005-000 NN F			77.02	77.02
				TOTAL PAYMENT AMOUNT		77.02 *		77.02
018448/00	DRIVE LINE SERVICE INC.							
1122 PO-161000	10/22/2015	325787		1 01-0000-0-4300-112-0000-3600-007-000 NN F			60.00	40.00
				TOTAL PAYMENT AMOUNT		40.00 *		40.00
016123/00	DRULINER, BARBETTE							
1204 PO-161063	10/22/2015	REIMB		1 01-5640-0-4300-601-9728-3150-017-000 NN F			306.66	306.66
				TOTAL PAYMENT AMOUNT		306.66 *		306.66



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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num		Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP					
019262/00		ENTERPRISE RENT A CAR						
1124 PO-161001	10/22/2015	2CNWC6	1 01-0000-0-5810-472-1110-1000-014-000 NN F			97.19	97.19	
1158 PO-161021	10/22/2015	2F2GVT	1 01-0472-0-5600-472-1110-4000-014-915 NN F			140.39	140.39	
1161 PO-161024	10/22/2015	2H4K3F	1 01-0472-0-5600-472-1110-4000-014-915 NN F			151.19	151.19	
		TOTAL PAYMENT AMOUNT	388.77 *				388.77	
014292/00		FLINN SCIENTIFIC INC						
1077 PO-160943	10/22/2015	1913350	1 01-0000-0-4300-472-1275-1000-014-000 NN F			200.17	222.48	
		TOTAL PAYMENT AMOUNT	222.48 *				222.48	
019704/00		FRISCH, JOYCE						
1208 PO-161064	10/22/2015	REIMB	1 01-0000-0-4300-371-0000-2700-012-000 NN F			25.96	25.96	
		TOTAL PAYMENT AMOUNT	25.96 *				25.96	
016159/00		GARLAND, LESLI						
732 PO-160652	10/22/2015	SEPT	1 01-6500-0-5210-102-5001-2700-002-000 NN P			10.07	10.07	
		TOTAL PAYMENT AMOUNT	10.07 *				10.07	
011768/00		GIRARD EDWARDS ATTORNEYS AT						
1174 PO-161034	10/22/2015	6321	1 01-6264-0-5200-101-0000-2700-002-000 NN F			3,090.00	3,090.00	
		TOTAL PAYMENT AMOUNT	3,090.00 *				3,090.00	
022347/00		GIVE SOMETHING BACK						
998 PO-160980	10/22/2015	IN-0421746	1 01-0000-0-4300-472-1262-1000-014-000 NN F			150.74	150.74	
1110 PO-160976	10/22/2015	in-0427037	1 01-0000-0-4300-101-0000-7150-002-000 NN F			106.34	106.31	
1127 PO-160988	10/22/2015	IN-0428083	1 01-0000-0-4300-105-0000-7200-005-000 NN F			153.32	153.30	
1132 PO-160989	10/22/2015	IN-0428084	1 01-6300-0-4300-475-3200-1000-015-000 NN F			33.35	33.35	
		TOTAL PAYMENT AMOUNT	443.70 *				443.70	
019946/00		GRIFFIN ELECTRIC						
1180 PO-161036	10/22/2015	9371100715	1 01-9472-0-5600-106-9620-8110-007-928 NN F			249.00	249.00	
		TOTAL PAYMENT AMOUNT	249.00 *				249.00	

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
-----							
021775/00	HD SUPPLY FACILITIES MAINT.						
47 PO-160049	10/22/2015	9141080112	1 01-8150-0-4300-106-0000-8110-007-000 NN P			236.12	236.12
TOTAL PAYMENT AMOUNT						236.12 *	236.12
017002/00	HOME DEPOT CREDIT SERVICES						
43 PO-160046	10/22/2015	6035322503880209	1 01-8150-0-4300-106-0000-8110-007-000 NN F			251.05	585.17
TOTAL PAYMENT AMOUNT						585.17 *	585.17
021789/00	JABBERGYM INC						
1170 PO-161040	10/22/2015	6364	1 01-6500-0-5800-102-5750-1180-002-000 NN P			475.00	475.00
1170 PO-161040	10/22/2015	6265	1 01-6500-0-5800-102-5750-1180-002-000 NN P			350.00	350.00
TOTAL PAYMENT AMOUNT						825.00 *	825.00
019317/00	JENSEN, CARIN						
1191 PO-161049	10/22/2015	MILEAGE-SEPT	1 01-0000-0-5210-103-0000-2110-003-000 NN F			36.92	36.92
TOTAL PAYMENT AMOUNT						36.92 *	36.92
016750/00	JUST SEND IT POSTAL CENTER						
485 PO-160457	10/22/2015	9/1-9/30	1 01-5630-0-5800-601-1220-1000-017-000 NN P			100.00	100.00
TOTAL PAYMENT AMOUNT						100.00 *	100.00
010355/00	KAISER FOUNDATION HEALTH PLAN						
PV-161027	10/22/2015	October	01-0000-0-9552-000-0000-0000-000-000 NN				168,949.84
TOTAL PAYMENT AMOUNT						168,949.84 *	168,949.84
019801/00	KIRKLAND, ROSINA						
1185 PO-161044	10/22/2015	SEPT MILEAGE	1 01-0000-0-5210-103-0000-2110-003-000 NN P			35.19	35.19
TOTAL PAYMENT AMOUNT						35.19 *	35.19

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
017899/00	LAWSON, BECKY						
1125 PO-161038	10/22/2015	MILEAGE- SEPT	1 01-3010-0-5210-103-1110-1000-003-822 NN F			18.40	19.55
1176 PO-161041	10/22/2015	REIMB-WEBSITE	1 01-0000-0-4300-103-0000-7200-003-000 NN F			12.96	12.96
TOTAL PAYMENT AMOUNT			32.51 *				32.51
017726/00	LOS ANGELES FREIGHTLINER						
105 PO-160100	10/22/2015	BN70954	1 01-0000-0-4300-112-0000-3600-007-000 NN P			131.03	131.03
105 PO-160100	10/22/2015	BN70837	1 01-0000-0-4300-112-0000-3600-007-000 NN P			317.52	317.52
105 PO-160100	10/22/2015	BN70887	1 01-0000-0-4300-112-0000-3600-007-000 NN P			909.87	909.87
105 PO-160100	10/22/2015	BN70950	1 01-0000-0-4300-112-0000-3600-007-000 NN P			333.30	333.30
105 PO-160100	10/22/2015	BP125185-126260	1 01-0000-0-4300-112-0000-3600-007-000 NN P			14.16	14.16
TOTAL PAYMENT AMOUNT			1,705.88 *				1,705.88
015134/00	LUNDSFORD, THERESA						
1146 PO-161016	10/22/2015	REIMB COPIES	1 01-3010-0-5800-371-1110-1000-012-000 NN F			29.50	29.50
TOTAL PAYMENT AMOUNT			29.50 *				29.50
022230/00	MANAGED HEALTH NETWORK						
38 PO-160035	10/22/2015	3200073261	1 01-0000-0-3401-100-1110-1000-000-000 NN P			1,195.48	1,195.48
TOTAL PAYMENT AMOUNT			1,195.48 *				1,195.48
022406/00	MAXIM HEALTHCARE SERVICES INC						
972 PO-160861	10/22/2015	3609640262	1 01-0000-0-5800-102-0000-3140-003-000 NN P			1,276.40	1,276.40
972 PO-160861	10/22/2015	3609790262	1 01-0000-0-5800-102-0000-3140-003-000 NN P			212.00	212.00
TOTAL PAYMENT AMOUNT			1,488.40 *				1,488.40
016993/00	MCGRAW HILL SCHOOL EDUCATION						
1047 PO-160925	10/22/2015	89014436001	1 01-0037-0-4100-103-1110-1000-003-000 NN F			183.62	190.45
TOTAL PAYMENT AMOUNT			190.45 *				190.45
020428/00	MCLEOD, HARVEY						
1190 PO-161048	10/22/2015	MILEAGE	1 01-0000-0-5210-103-0000-2110-003-000 NN F			79.01	79.01
TOTAL PAYMENT AMOUNT			79.01 *				79.01

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Vendor/Addr Req Reference	Remit name Date	Description	Tax ID num	Deposit type FD RESO P	ABA num OBJE SIT	Account num GOAL FUNC RES DEP T9MP	Liq Amt	Net Amount
015663/00	MCNICHOLS, SHIRLEY							
1142 PO-161006	10/22/2015	REIMB-WASC ITEMS		1 01-0000-0-4300-472-0000-2700-014-951 NN F			232.13	232.13
		TOTAL PAYMENT AMOUNT			232.13 *			232.13
020461/00	MITCHELL, CYNDY							
1181 PO-161037	10/22/2015	TRIP 686		1 01-0000-0-5800-112-0000-3600-007-000 NN P			9.87	9.87
		TOTAL PAYMENT AMOUNT			9.87 *			9.87
021359/00	MPS							
778 PO-160688	10/22/2015	75048019		1 01-0037-0-4100-103-1110-1000-003-000 NN F			115.67	123.05
		TOTAL PAYMENT AMOUNT			123.05 *			123.05
015957/00	MYERS, HOLLAND							
1159 PO-161022	10/22/2015	REIMB HEADPHONES		1 01-3550-0-4300-472-1110-1000-014-000 NN F			72.10	72.10
		TOTAL PAYMENT AMOUNT			72.10 *			72.10
017576/00	OFFICE DEPOT/BUS.SERVICES DIV							
260 PO-160528	10/22/2015	788502532001		1 01-3010-0-4300-371-1110-1000-012-000 NN P			67.69	67.69
260 PO-160528	10/22/2015	788502532002		1 01-3010-0-4300-371-1110-1000-012-000 NN P			33.91	33.91
260 PO-160528	10/22/2015	788502532003		1 01-3010-0-4300-371-1110-1000-012-000 NN F			13.91	13.35
643 PO-160572	10/22/2015	792421517001		1 01-0000-0-4300-238-1110-1000-010-000 NN P			73.66	73.66
643 PO-160572	10/22/2015	792421517002		1 01-0000-0-4300-238-1110-1000-010-000 NN P			15.58	15.58
643 PO-160572	10/22/2015	79331335800001		1 01-0000-0-4300-238-1110-1000-010-000 NN P			3.57	3.57
643 PO-160572	10/22/2015	7933133580002		1 01-0000-0-4300-238-1110-1000-010-000 NN F			5.83	5.82
852 PO-160751	10/22/2015	793173140001		1 01-6500-0-4400-102-5001-2700-002-000 NN F			161.99	161.99
1032 PO-160910	10/22/2015	799238104001		1 01-0000-0-4300-238-1110-1000-010-000 NN F			164.93	164.93
1039 PO-160917	10/22/2015	799237329001		2 01-0000-0-4300-240-0000-2700-011-000 NN F			33.77	66.05
1039 PO-160917	10/22/2015	799237329001		1 01-0000-0-4300-240-1110-1000-011-000 NN F			32.28	32.28
1055 PO-160929	10/22/2015	799229189001		1 01-6500-0-4300-102-5770-1110-002-000 NN F			341.52	341.52
1083 PO-160949	10/22/2015	799236597001		1 01-5640-0-4300-601-9728-1000-017-000 NN F			243.58	243.58
		TOTAL PAYMENT AMOUNT			1,223.93 *			1,223.93
014069/00	PLATT ELECTRIC SUPPLY INC							
1120 PO-160985	10/22/2015	H865664		1 01-8150-0-4300-106-0000-8110-007-000 NN P			135.64	135.64
1120 PO-160985	10/22/2015	H783919		1 01-8150-0-4300-106-0000-8110-007-000 NN P			101.76	101.76
1120 PO-160985	10/22/2015	H835562		1 01-8150-0-4300-106-0000-8110-007-000 NN P			80.38	80.38

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-----														
TOTAL PAYMENT AMOUNT										317.78 *		317.78		
022525/00	POST-IT LLC													
801 PO-160699	10/22/2015	AUGUST		1	01-0000-0-5200-110-0000-7200-004-000	NN	P						500.00	500.00
TOTAL PAYMENT AMOUNT										500.00 *		500.00		
021401/00	PRACTI-CAL INC													
623 PO-160553	10/22/2015	33265		1	01-5640-0-5800-103-0000-3140-003-000	NN	P						225.02	225.02
623 PO-160553	10/22/2015	33055		1	01-5640-0-5800-103-0000-3140-003-000	NN	P						235.19	235.19
623 PO-160553	10/22/2015	33021		1	01-5640-0-5800-103-0000-3140-003-000	NN	P						5.95	5.95
623 PO-160553	10/22/2015	333171		1	01-5640-0-5800-103-0000-3140-003-000	NN	P						39.41	39.41
TOTAL PAYMENT AMOUNT										505.57 *		505.57		
011238/00	RELIABLE TIRE													
112 PO-160107	10/22/2015	130507		1	01-0000-0-4300-112-0000-3600-007-000	NN	P						168.90	168.90
112 PO-160107	10/22/2015	129876		1	01-0000-0-4300-112-0000-3600-007-000	NN	P						36.50	36.50
TOTAL PAYMENT AMOUNT										205.40 *		205.40		
011242/00	RELIANCE COMMUNICATIONS LLC													
1212 PO-161067	10/22/2015	76021		1	01-0000-0-5902-103-0000-7200-003-000	NN	F						6,811.00	6,811.00
TOTAL PAYMENT AMOUNT										6,811.00 *		6,811.00		
010315/00	SAC CO OFFICE OF ED FIN SVCS													
709 PO-160634	10/22/2015	160429		1	01-0000-0-5200-475-3200-1000-015-000	NN	F						55.00	55.00
TOTAL PAYMENT AMOUNT										55.00 *		55.00		
010552/00	SAC VAL JANITORIAL													
69 PO-160068	10/22/2015	10158970		1	01-0000-0-9320-000-0000-0000-000-000	NN	P						284.69	284.69
TOTAL PAYMENT AMOUNT										284.69 *		284.69		

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Req Reference	Date	Description	FD RESO	P OBJE	SIT GOAL	FUNC RES	DEP T9MP	Liq Amt
								Net Amount
020981/00	SAVE MART SUPERMARKETS							
557 PO-160494	10/22/2015	2295963	1	01-6500-0-4300-102-5750-1110-002-000	NN	P		12.04
557 PO-160494	10/22/2015	2295964	1	01-6500-0-4300-102-5750-1110-002-000	NN	P		9.26
TOTAL PAYMENT AMOUNT								21.30 *
017234/00	SCHIRO, BONNIE							
1165 PO-161028	10/22/2015	REIMB	1	01-0000-0-5200-472-0000-2700-014-000	NN	F		21.15
TOTAL PAYMENT AMOUNT								21.15 *
015962/00	SCHMIEDER, KRIS							
1196 PO-161052	10/22/2015	REIMB-BAGS	1	01-0000-0-4300-240-1110-1000-011-000	NN	F		519.80
TOTAL PAYMENT AMOUNT								519.80 *
018788/00	SCHOOL FIX							
PV-161026	10/21/2015	121711B		01-8150-0-4300-106-0000-8110-007-000	NN			101.80
TOTAL PAYMENT AMOUNT								101.80 *
010373/00	SCHOOLS INSURANCE AUTHORITY							
686 PO-160611	10/22/2015	2016UST-KAM.06	1	01-0000-0-5800-112-0000-3600-007-000	NN	P		150.00
686 PO-160611	10/22/2015	2016UST-KAM.08	1	01-0000-0-5800-112-0000-3600-007-000	NN	P		150.00
TOTAL PAYMENT AMOUNT								300.00 *
020983/00	SIERRA PACIFIC TURF SUPPLY							
93 PO-160087	10/22/2015	0462484-IN	1	01-0000-0-4300-106-0000-8110-007-000	NN	P		564.73
TOTAL PAYMENT AMOUNT								564.73 *
014988/00	SPORE, PATRICIA							
1186 PO-161045	10/22/2015	REIMB	1	01-0000-0-4300-103-0000-7200-003-000	NN	F		177.10
TOTAL PAYMENT AMOUNT								177.10 *

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
020252/00		STAPLES ADVANTAGE					
936 PO-160824	10/22/2015	3278543504	1 01-0000-0-4300-472-1275-1000-014-000 NN P			49.38	49.38
936 PO-160824	10/22/2015	3280378249	1 01-0000-0-4300-472-1275-1000-014-000 NN F			106.91	106.91
1003 PO-160885	10/22/2015	3279123329	1 01-0000-0-4300-472-1230-1000-014-000 NN F			47.36	47.36
1003 PO-160885	10/22/2015	3280378254	2 01-0000-0-4400-472-1230-1000-014-000 NN F			382.63	382.63
1034 PO-160912	10/22/2015	3280689045	1 01-0000-0-4300-472-1224-1000-014-000 NN F			80.74	86.36
1056 PO-160930	10/22/2015	3280689046	1 01-6500-0-4300-102-5770-1110-002-000 NN F			177.24	174.43
		TOTAL PAYMENT AMOUNT			847.07 *		847.07
010137/00		STATE BOARD OF EQUALIZATION					
1043 PO-160923	10/22/2015	57-415168	1 01-0000-0-5800-112-0000-3600-007-000 NN P			70.33	70.33
		TOTAL PAYMENT AMOUNT			70.33 *		70.33
019198/00		STEELER INC					
1140 PO-161004	10/22/2015	959135	1 01-0000-0-4300-472-0000-8110-007-990 NN F			71.28	71.28
		TOTAL PAYMENT AMOUNT			71.28 *		71.28
020465/00		SUPPORTED LIFE INSTITUTE					
1166 PO-161029	10/22/2015	AUGUST	1 01-6500-0-5800-102-5750-1180-002-000 NN P			258.00	258.00
1166 PO-161029	10/22/2015	SEPTEMBER	1 01-6500-0-5800-102-5750-1180-002-000 NN P			322.50	322.50
		TOTAL PAYMENT AMOUNT			580.50 *		580.50
018567/00		TRULITE GLASS & ALUMINUM SOL.					
70 PO-160069	10/22/2015	146812	1 01-8150-0-4300-106-0000-8110-007-000 NN P			124.87	124.87
70 PO-160069	10/22/2015	146810	1 01-8150-0-4300-106-0000-8110-007-000 NN P			59.85	59.85
70 PO-160069	10/22/2015	146811	1 01-8150-0-4300-106-0000-8110-007-000 NN P			124.87	124.87
		TOTAL PAYMENT AMOUNT			309.59 *		309.59
016626/00		VERHOVETCHI, RUVIM					
551 PO-160490	10/22/2015	TRIP 687	1 01-0000-0-5800-112-0000-3600-007-000 NN P			11.95	11.95
551 PO-160490	10/22/2015	TRIP692	1 01-0000-0-5800-112-0000-3600-007-000 NN P			10.80	10.80
		TOTAL PAYMENT AMOUNT			22.75 *		22.75

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Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
020702/00		WALL-BUTLER, THELMA					
1187 PO-161046	10/22/2015	TRAVEL EXPENSE	1 01-6500-0-5200-102-5001-2700-002-000 NN F			649.53	649.53
TOTAL PAYMENT AMOUNT						649.53 *	649.53
022221/00		WESTERN HEALTH ADVANTAGE					
PV-161029	10/22/2015	OCTOBER	01-0000-0-9552-000-0000-0000-000-000 NN				112,402.57
TOTAL PAYMENT AMOUNT						112,402.57 *	112,402.57
010843/00		WILCO SUPPLY					
55 PO-160055	10/22/2015	15J1409201	1 01-8150-0-4300-106-0000-8110-007-000 NN P			79.29	79.29
55 PO-160055	10/22/2015	15J1502701	1 01-8150-0-4300-106-0000-8110-007-000 NN P			184.51	184.51
TOTAL PAYMENT AMOUNT						263.80 *	263.80
TOTAL FUND PAYMENT						368,577.08 **	368,577.08
TOTAL USE TAX AMOUNT						157.14	



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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
016090/00	HEYER, LYNN						
1148 PO-161008	10/22/2015	MILEAGE	1 09-0700-0-5210-503-0000-2700-000-000 NN F			128.80	128.80
			TOTAL PAYMENT AMOUNT	128.80 *			128.80
016856/00	SMITH, MATT						
1149 PO-161009	10/22/2015	MILEAGE	1 09-0700-0-5210-503-0000-2700-000-000 NN F			98.90	98.90
			TOTAL PAYMENT AMOUNT	98.90 *			98.90
015826/00	SWENK, JEAN						
1147 PO-161007	10/22/2015	MILEAGE	1 09-0700-0-5210-503-0000-2700-000-000 NN F			175.95	175.95
1060 PO-161012	10/22/2015	REIMB	1 09-0700-0-4300-503-0000-2700-018-000 NN F			25.58	25.58
			TOTAL PAYMENT AMOUNT	201.53 *			201.53
			TOTAL FUND	PAYMENT	429.23 **		429.23

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num				
Req Reference	Date	Description	FD RESO	P OBJE	SIT GOAL	FUNC RES	DEP T9MP	Liq Amt	Net Amount
016320/00	COLLIER, ALYSON								
1134 PO-161014	10/22/2015	REIMB NEWS	1	11-0030-0-5800-601-4130-1000-017-000	NN F			175.00	175.00
		TOTAL PAYMENT AMOUNT				175.00 *			175.00
016825/00	NEWS FOR YOU								
607 PO-160541	10/22/2015	7782576	1	11-3905-0-4300-601-4130-1000-017-000	NN F			99.18	92.40
		TOTAL PAYMENT AMOUNT				92.40 *			92.40
		TOTAL FUND	PAYMENT			267.40 **			267.40

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP	Liq Amt	Net Amount
019834/00	BERKELEY FARMS INC				
132 PO-160126	10/22/2015	1098018	1 13-5310-0-4700-108-0000-3700-007-000 NN P	2,728.15	2,728.15
			TOTAL PAYMENT AMOUNT	2,728.15 *	2,728.15
020098/00	BIG TRAY				
137 PO-160130	10/22/2015	774544	1 13-5310-0-4400-108-0000-3700-007-000 NN P	2,716.20	2,716.20
137 PO-160130	10/22/2015	774533	1 13-5310-0-4400-108-0000-3700-007-000 NN P	42.83	42.83
137 PO-160130	10/22/2015	775154	1 13-5310-0-4400-108-0000-3700-007-000 NN P	763.42	763.42
			TOTAL PAYMENT AMOUNT	3,522.45 *	3,522.45
011205/00	CULTURE SHOCK YOGURT				
141 PO-160134	10/22/2015	3144	1 13-5310-0-4700-108-0000-3700-007-000 NN P	214.00	214.00
141 PO-160134	10/22/2015	3165	1 13-5310-0-4700-108-0000-3700-007-000 NN P	240.75	240.75
			TOTAL PAYMENT AMOUNT	454.75 *	454.75
021080/00	GOLD STAR FOODS INC				
130 PO-160124	10/22/2015	1459051	1 13-5310-0-4700-108-0000-3700-007-000 NN P	5,817.16	5,817.16
			TOTAL PAYMENT AMOUNT	5,817.16 *	5,817.16
022364/00	HEARTLAND SCHOOL SOLUTIONS				
140 PO-160133	10/22/2015	HSS00000029510	1 13-5310-0-5300-108-0000-3700-007-000 NN P	526.50	526.50
			TOTAL PAYMENT AMOUNT	526.50 *	526.50
018935/00	NELSON, CYNTHIA				
1194 PO-161051	10/22/2015	REFUND	1 13-5310-0-8634-000-0000-0000-000 NN F	33.90	33.90
			TOTAL PAYMENT AMOUNT	33.90 *	33.90
016279/00	P&R PAPER SUPPLY				
133 PO-160127	10/22/2015	30053638-00	1 13-5310-0-4300-108-0000-3700-007-000 NN P	932.53	932.53
			TOTAL PAYMENT AMOUNT	932.53 *	932.53

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ACCOUNTS PAYABLE PRELIST  
BATCH: 0029 10-22-15  
FUND : 13 CAFETERIA FUND

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
021163/00	SHAIDELL, ANTOINETTE						
1178 PO-161043	10/22/2015	REFUND	1 13-5310-0-8634-000-0000-0000-000-000 NN F			83.28	83.28
TOTAL PAYMENT AMOUNT				83.28 *			83.28
011422/00	SYSO OF SAN FRANCISCO						
129 PO-160123	10/22/2015	510132546	2 13-5310-0-4300-108-0000-3700-007-000 NN P			1,243.59	1,243.59
129 PO-160123	10/22/2015	510149008	2 13-5310-0-4300-108-0000-3700-007-000 NN P			227.12	227.12
129 PO-160123	10/22/2015	510202501	2 13-5310-0-4300-108-0000-3700-007-000 NN P			591.23	591.23
129 PO-160123	10/22/2015	510132546	1 13-5310-0-4700-108-0000-3700-007-000 NN P			1,608.30	1,608.30
129 PO-160123	10/22/2015	510202501-1683509PU	1 13-5310-0-4700-108-0000-3700-007-000 NN P			1,442.48	1,442.48
TOTAL PAYMENT AMOUNT				5,112.72 *			5,112.72
016275/00	TRINITY FRESH						
181 PO-160168	10/22/2015	CHS-8879	1 13-5310-0-4700-108-0000-3700-007-000 NN P			2,982.25	2,982.25
181 PO-160168	10/22/2015	WCR-8880	1 13-5310-0-4700-108-0000-3700-007-000 NN P			1,039.44	1,039.44
181 PO-160168	10/29/2015	DUD-8881	1 13-5310-0-4700-108-0000-3700-007-000 NN P			759.70	759.70
181 PO-160168	10/22/2015	N.C.-8882	1 13-5310-0-4700-108-0000-3700-007-000 NN P			453.06	453.06
181 PO-160168	10/22/2015	OAKHILL-8883	1 13-5310-0-4700-108-0000-3700-007-000 NN P			618.83	618.83
181 PO-160168	10/22/2015	SPIN-8884	1 13-5310-0-4700-108-0000-3700-007-000 NN P			404.84	404.84
TOTAL PAYMENT AMOUNT				6,258.12 *			6,258.12
TOTAL FUND PAYMENT				25,469.56 **			25,469.56
TOTAL BATCH PAYMENT				394,743.27 ***	0.00		394,743.27
TOTAL USE TAX AMOUNT				157.14			
TOTAL DISTRICT PAYMENT				394,743.27 ****	0.00		394,743.27
TOTAL USE TAX AMOUNT				157.14			
TOTAL FOR ALL DISTRICTS:				394,743.27 ****	0.00		394,743.27
TOTAL USE TAX AMOUNT				157.14			

Number of warrants to be printed: 91, not counting voids due to stub overflows.

81 CENTER UNIFIED SCHOOL DIST.  
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Batch status: A All

From batch: 0031

To batch: 0031

Include Revolving Cash: Y

Include Address: N

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ACCOUNTS PAYABLE PRELIST  
BATCH: 0031 10-29-15  
FUND : 01 GENERAL FUND

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
021528/00		BENCHMARK OFFICE SERVICES						
1219 PO-161075	10/29/2015	14140		1 01-0000-0-5800-472-0000-8110-007-990 NN F			2,610.00	2,610.00
				TOTAL PAYMENT AMOUNT	2,610.00 *			2,610.00
020065/00		BOLTON, LOIS						
1218 PO-161077	10/29/2015	REIMB-RAIN COAT		1 01-0000-0-4300-111-0000-8200-007-000 NN F			32.39	32.39
				TOTAL PAYMENT AMOUNT	32.39 *			32.39
011697/00		C.A.S.H.						
1272 PO-161118	10/29/2015	2015-12-8		1 01-0000-0-5300-106-0000-8200-007-000 NN F			356.00	356.00
				TOTAL PAYMENT AMOUNT	356.00 *			356.00
020540/00		CALIFORNIA AMERICAN WATER CO						
161 PO-160147	10/29/2015	210019694008		1 01-0000-0-5540-106-0000-8110-007-000 NN P			160.38	160.38
161 PO-160147	10/29/2015	210019695353		1 01-0000-0-5540-106-0000-8110-007-000 NN P			160.38	160.38
161 PO-160147	10/29/2015	210020037810		1 01-0000-0-5540-106-0000-8110-007-000 NN P			622.64	622.64
161 PO-160147	10/29/2015	210021268389		1 01-0000-0-5540-106-0000-8110-007-000 NN P			160.38	160.38
				TOTAL PAYMENT AMOUNT	1,103.78 *			1,103.78
019750/00		CAPITAL PROGRAM MGMT INC						
1214 PO-161073	10/29/2015	\$		2 01-0000-0-5800-106-9623-7200-007-000 NN P			1,783.00	1,783.00
1214 PO-161073	10/29/2015	#4		1 01-0000-0-5800-472-0000-8110-007-990 NN P			3,512.00	3,512.00
				TOTAL PAYMENT AMOUNT	5,295.00 *			5,295.00
020305/00		CDW GOVERNMENT INC.						
24 PO-160024	10/29/2015	xs51461		1 01-3550-0-4300-472-1110-1000-014-000 YN F			2,844.10	2,837.10
24 PO-160024	10/29/2015	CLOSE		2 01-7220-0-4300-472-1110-1000-014-000 NN C			227.53	0.00
				TOTAL PAYMENT AMOUNT	2,837.10 *			2,837.10
				TOTAL USE TAX AMOUNT	226.97			
021813/00		CONSOLIDATED COMMUNICATIONS						
150 PO-160137	10/29/2015	916-773-4131/0		1 01-0000-0-5902-106-0000-8110-007-000 NN P			816.83	816.83
				TOTAL PAYMENT AMOUNT	816.83 *			816.83

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BATCH: 0031 10-29-15  
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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num		
Req Reference	Date				FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP		Liq Amt	Net Amount
016761/00	CPM EDUCATIONAL PROGRAM							
	PV-161030	10/28/2015	1502735-IN		01-0037-0-4100-103-1110-1000-003-000	NN		40.48
				TOTAL PAYMENT AMOUNT	40.48 *			40.48
016925/00	CREATIVE SPIRIT LLC							
	1128 PO-161002	10/29/2015	BOOKS		1 01-9601-0-4200-601-1110-1000-017-000	NN F	348.00	348.00
				TOTAL PAYMENT AMOUNT	348.00 *			348.00
017368/00	DEL ORD WRESTLING							
	1259 PO-161107	10/29/2015	CHS TOURN FEE		1 01-0472-0-5800-472-1817-4200-014-000	NN F	275.00	275.00
				TOTAL PAYMENT AMOUNT	275.00 *			275.00
018951/00	DELL							
	1068 PO-160919	10/29/2015	XJT3JWK88		1 01-5630-0-4400-601-1220-1000-017-000	NN F	482.87	448.26
	1068 PO-160919	10/29/2015	XJT3JWK88		2 01-5640-0-4400-601-9728-1000-017-000	NN F	482.87	448.27
				TOTAL PAYMENT AMOUNT	896.53 *			896.53
011613/00	DITTO PRINT & COPY							
	1093 PO-160960	10/29/2015	5227		1 01-0000-0-5800-105-0000-7200-005-000	NN F	1,134.00	1,134.00
				TOTAL PAYMENT AMOUNT	1,134.00 *			1,134.00
018277/00	EASTER SEAL SOCIETY OF CA. INC							
	952 PO-160840	10/29/2015	SEPTEMBER		1 01-6500-0-5800-102-5750-1180-002-000	NN P	3,150.00	3,150.00
				TOTAL PAYMENT AMOUNT	3,150.00 *			3,150.00
019262/00	ENTERPRISE RENT A CAR							
	1270 PO-161116	10/29/2015	2KG8PJ		1 01-0472-0-5600-472-1110-4000-014-915	NN F	151.19	151.19
	1271 PO-161117	10/29/2015	2LM11H		1 01-0472-0-5600-472-1110-4000-014-915	NN F	151.19	151.19
				TOTAL PAYMENT AMOUNT	302.38 *			302.38



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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num			
Req Reference	Date	Description	FD RESO	P OBJE	SIT GOAL	FUNC RES	DEP T9MP	Net Amount
010916/00		FEDERAL EXPRESS FREIGHT						
1227 PO-161080	10/29/2015	3626849004	1	01-0000-0-5800-240-0000-2700-011-000	NN F			112.00
TOTAL PAYMENT AMOUNT							112.00 *	112.00
017423/00		FRANKLIN COVEY CO						
1084 PO-160950	10/29/2015	32207064	1	01-0000-0-4300-236-1110-1000-009-000	NN F			156.49
TOTAL PAYMENT AMOUNT							156.49 *	156.49
018404/00		GRANITE BAY WRESTLING						
1256 PO-161104	10/29/2015	CHS TOURN FEE	1	01-0472-0-5800-472-1817-4200-014-000	NN F			400.00
TOTAL PAYMENT AMOUNT							400.00 *	400.00
015040/00		GRIMES, DAVID						
1274 PO-161119	10/29/2015	REIMB-PRINTER	1	01-0000-0-4300-110-0000-7200-004-000	NN F			268.63
TOTAL PAYMENT AMOUNT							268.63 *	268.63
022345/00		HAGMAN, AARON						
1232 PO-161088	10/29/2015	REIMB-EQUIP	1	01-6300-0-4300-475-3200-1000-015-000	NN F			530.00
TOTAL PAYMENT AMOUNT							530.00 *	530.00
018990/00		INTERSTATE BATTERY SYSTEM						
449 PO-160406	10/29/2015	10089165	1	01-0000-0-4300-112-0000-3600-007-000	NN P			211.57
449 PO-160406	10/29/2015	100029988	1	01-0000-0-4300-112-0000-3600-007-000	NN F			507.50
TOTAL PAYMENT AMOUNT							972.65 *	972.65
018343/00		JBEILY, TAMI						
1247 PO-161096	10/29/2015	REIMB-SUPPLIES	1	01-0000-0-4300-103-0000-7200-003-000	NN F			62.73
TOTAL PAYMENT AMOUNT							62.73 *	62.73

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ACCOUNTS PAYABLE PRELIST  
BATCH: 0031 10-29-15  
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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num				
Req Reference	Date	Description	FD RESO	P OBJE	SIT GOAL	FUNC RES	DEP T9MP	Liq Amt	Net Amount
016042/00	L&H AIRCO								
1182 PO-161071	10/29/2015	8360	1	01-8150-0-5600-106-0000-8110-007-000	NN	F		1,145.00	1,145.00
TOTAL PAYMENT AMOUNT								1,145.00 *	1,145.00
014651/00	MARANON, ISABELLA								
1269 PO-161115	10/29/2015	TRAINING	1	01-0000-0-5800-112-0000-3600-007-000	NY	F		2,425.00	2,425.00
TOTAL PAYMENT AMOUNT								2,425.00 *	2,425.00
020528/00	MARRIOTT HOTEL-SAN JOSE								
1234 PO-161089	10/29/2015	10949	1	01-7220-0-5800-472-1110-1000-014-000	NN	F		1,149.44	1,149.44
TOTAL PAYMENT AMOUNT								1,149.44 *	1,149.44
017727/00	MASON L. DONALDSON								
363 PO-160334	10/29/2015	#7	1	01-9472-0-5800-106-9620-8110-007-928	NY	P		480.00	480.00
TOTAL PAYMENT AMOUNT								480.00 *	480.00
016993/00	MCGRAW HILL SCHOOL EDUCATION								
1051 PO-160926	10/29/2015	89047274001	1	01-0037-0-4100-103-1110-1000-003-000	NN	F		887.94	908.74
TOTAL PAYMENT AMOUNT								908.74 *	908.74
015747/00	MILES, PRESTINNA								
1241 PO-161093	10/29/2015	MILEAGE	1	01-0000-0-5210-110-0000-7200-004-000	NN	F		36.22	36.22
TOTAL PAYMENT AMOUNT								36.22 *	36.22
017576/00	OFFICE DEPOT/BUS.SERVICES DIV								
1139 PO-161003	10/29/2015	800282673001	2	01-0000-0-4300-240-0000-2700-011-000	NN	F		43.42	43.42
1139 PO-161003	10/29/2015	800282673001	1	01-0000-0-4300-240-1110-1000-011-000	NN	F		12.93	12.93
1153 PO-161017	10/29/2015	801136906001	1	01-0000-0-4300-234-1110-1000-008-000	NN	F		164.87	160.12
TOTAL PAYMENT AMOUNT								216.47 *	216.47

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date				FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP			
011822/00	OLARIU, STEFAN							
886	PO-160780	10/29/2015 trip 732			1 01-0000-0-5800-112-0000-3600-007-000 NN P		12.37	12.37
					TOTAL PAYMENT AMOUNT	12.37 *		12.37
014069/00	PLATT ELECTRIC SUPPLY INC							
1120	PO-160985	10/29/2015 H899985			1 01-8150-0-4300-106-0000-8110-007-000 NN P		63.32	63.32
1120	PO-160985	10/29/2015 H965586			1 01-8150-0-4300-106-0000-8110-007-000 NN P		54.00	54.00
1120	PO-160985	10/29/2015 H986187			1 01-8150-0-4300-106-0000-8110-007-000 NN P		22.55	22.55
1120	PO-160985	10/29/2015 H965528			1 01-8150-0-4300-106-0000-8110-007-000 NN P		32.51	32.51
1120	PO-160985	10/29/2015 H964244			1 01-8150-0-4300-106-0000-8110-007-000 NN P		796.92	796.92
1220	PO-161076	10/29/2015 H972822			1 01-0000-0-4300-111-0000-8200-007-939 NN F		1,522.80	1,521.56
					TOTAL PAYMENT AMOUNT	2,490.86 *		2,490.86
014023/00	PRO-ED							
1066	PO-160937	10/29/2015 2349585			1 01-6500-0-4300-102-5770-1110-002-000 YN F		2,007.72	1,859.00
					TOTAL PAYMENT AMOUNT	1,859.00 *		1,859.00
					TOTAL USE TAX AMOUNT	148.72		
021194/00	PRUDENTIAL OVERALL SUPPLY INC							
119	PO-160114	10/29/2015 180229384			1 01-0000-0-5600-112-0000-3600-007-000 NN P		60.99	60.99
					TOTAL PAYMENT AMOUNT	60.99 *		60.99
016900/00	REALLY GOOD STUFF							
1013	PO-160898	10/29/2015 5381057			1 01-0000-0-4300-240-1110-1000-011-000 NN P		28.68	28.68
1013	PO-160898	10/29/2015 5370227			1 01-0000-0-4300-240-1110-1000-011-000 NN F		45.62	40.93
					TOTAL PAYMENT AMOUNT	69.61 *		69.61
014480/00	ROSICRUCIAN EGYPTIAN MUSEUM							
1235	PO-161090	10/29/2015 CHS 12-4			1 01-7220-0-5800-472-1110-1000-014-000 NN F		371.00	371.00
					TOTAL PAYMENT AMOUNT	371.00 *		371.00

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
-----								
010552/00	SAC VAL JANITORIAL							
1141 PO-161005	10/29/2015	10160060		1 01-0000-0-4300-472-1208-1000-014-000 NN F			308.44	308.44
				TOTAL PAYMENT AMOUNT	308.44 *			308.44
016909/00	SACRAMENTO CO OFFICE OF ED							
1243 PO-161095	10/29/2015	CONFERENCE-LAWSON		1 01-0000-0-5200-103-0000-2110-003-000 NN F			95.00	95.00
				TOTAL PAYMENT AMOUNT	95.00 *			95.00
016821/00	SACRAMENTO COUNTY							
1155 PO-161018	10/29/2015	15215658		1 01-0000-0-5800-106-0000-8200-007-000 NN P			184.72	184.72
1155 PO-161018	10/29/2015	15215659		1 01-0000-0-5800-106-0000-8200-007-000 NN P			121.24	121.24
1155 PO-161018	10/29/2015	15215660		1 01-0000-0-5800-106-0000-8200-007-000 NN P			71.36	71.36
1155 PO-161018	10/29/2015	15215661		1 01-0000-0-5800-106-0000-8200-007-000 NN P			56.26	56.26
1155 PO-161018	10/29/2015	15215662		1 01-0000-0-5800-106-0000-8200-007-000 NN P			56.26	56.26
1155 PO-161018	10/29/2015	15215663		1 01-0000-0-5800-106-0000-8200-007-000 NN P			281.70	281.70
1155 PO-161018	10/29/2015	15215664		1 01-0000-0-5800-106-0000-8200-007-000 NN P			321.26	321.26
1155 PO-161018	10/29/2015	15215665		1 01-0000-0-5800-106-0000-8200-007-000 NN P			285.70	285.70
1155 PO-161018	10/29/2015	15215666		1 01-0000-0-5800-106-0000-8200-007-000 NN P			195.76	195.76
1155 PO-161018	10/29/2015	15215667		1 01-0000-0-5800-106-0000-8200-007-000 NN P			174.36	174.36
1155 PO-161018	10/29/2015	15215668		1 01-0000-0-5800-106-0000-8200-007-000 NN P			209.42	209.42
1155 PO-161018	10/29/2015	15215669		1 01-0000-0-5800-106-0000-8200-007-000 NN P			294.30	294.30
1155 PO-161018	10/29/2015	15215670		1 01-0000-0-5800-106-0000-8200-007-000 NN P			56.26	56.26
1155 PO-161018	10/29/2015	15215671		1 01-0000-0-5800-106-0000-8200-007-000 NN F			63.82	63.82
				TOTAL PAYMENT AMOUNT	2,372.42 *			2,372.42
010266/00	SACRAMENTO COUNTY UTILITIES							
153 PO-160140	10/29/2015	50000878546		1 01-0000-0-5540-106-0000-8110-007-000 NN P			718.64	718.64
153 PO-160140	10/29/2015	50006974207		1 01-0000-0-5540-106-0000-8110-007-000 NN P			1,654.02	1,654.02
153 PO-160140	10/29/2015	50000878608		1 01-0000-0-5540-106-0000-8110-007-000 NN P			321.47	321.47
				TOTAL PAYMENT AMOUNT	2,694.13 *			2,694.13
015946/00	SACRAMENTO HIGH WRESTLING							
1257 PO-161105	10/29/2015	CHS TOURN FEE -		1 01-0472-0-5800-472-1817-4200-014-000 NN F			300.00	300.00
				TOTAL PAYMENT AMOUNT	300.00 *			300.00

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Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP				
018912/00	SAFETY-KLEEN CORPORATION							
1216 PO-161085	10/29/2015	68149365		1 01-0000-0-5800-112-0000-3600-007-000 NN F		680.36	680.36	
				TOTAL PAYMENT AMOUNT	680.36 *		680.36	
010279/00	SARGENT-WELCH LLC							
632 PO-160559	10/29/2015	8042892747		1 01-6382-0-4300-472-1110-1000-014-000 NN P		33.23	33.23	
				TOTAL PAYMENT AMOUNT	33.23 *		33.23	
020981/00	SAVE MART SUPERMARKETS							
557 PO-160494	10/29/2015	2295966		1 01-6500-0-4300-102-5750-1110-002-000 NN P		10.13	10.13	
				TOTAL PAYMENT AMOUNT	10.13 *		10.13	
017106/00	SCHOOLS INSURANCE AUTHORITY							
FV-161031	10/29/2015	NOVEMBER		01-0000-0-9552-000-0000-0000-000-000 NN			7,361.05	
				TOTAL PAYMENT AMOUNT	7,361.05 *		7,361.05	
021199/00	SEIPP, ALEXX							
1248 PO-161097	10/29/2015	REIMB		1 01-6500-0-4300-102-5770-1110-002-000 NN F		73.98	73.98	
				TOTAL PAYMENT AMOUNT	73.98 *		73.98	
013910/00	SHIELDS HARPER & CO.							
1123 PO-160987	10/29/2015	674970		1 01-0000-0-4300-112-0000-3600-007-000 NN P		276.76	276.76	
				TOTAL PAYMENT AMOUNT	276.76 *		276.76	
020811/00	SHRED-IT USA LLC							
499 PO-160430	10/29/2015	9407879158		1 01-0000-0-5800-472-0000-2700-014-000 NN P		34.35	34.35	
				TOTAL PAYMENT AMOUNT	34.35 *		34.35	
020087/00	SOCCER PRO							
824 PO-160728	10/29/2015	21484, 21485		1 01-0472-0-4300-472-1263-4200-014-000 NN F		1,221.48	1,221.48	
824 PO-160728	10/29/2015	21484,21485		2 01-0472-0-5800-472-1263-4200-014-000 NN F		32.40	31.32	
				TOTAL PAYMENT AMOUNT	1,252.80 *		1,252.80	

81 CENTER UNIFIED SCHOOL DIST.  
10-29-15

ACCOUNTS PAYABLE PRELIST  
BATCH: 0031 10-29-15  
FUND : 01 GENERAL FUND

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num			
Req Reference	Date	Description	FD RESO	P OBJE	SIT GOAL	FUNC RES	DEF T9MP	
018039/00	SOCCERPRO.COM							
771 PO-160683	10/29/2015	274188						
			1	01-6300-0-4300-472-1110-1000-014-000	NN F		1,864.99	1,745.00
			TOTAL PAYMENT AMOUNT				1,745.00 *	1,745.00
020252/00	STAPLES ADVANTAGE							
999 PO-160881	10/29/2015	3280866535						
1012 PO-160890	10/29/2018	53279123331						
1012 PO-160890	10/29/2015	3280689041						
1012 PO-160890	10/29/2015	3280866537						
			1	01-0000-0-4300-472-0000-2700-014-000	NN F		470.57	470.57
			1	01-6512-0-4300-102-5001-3110-003-000	NN P		58.51	58.51
			1	01-6512-0-4300-102-5001-3110-003-000	NN P		14.99	14.99
			1	01-6512-0-4300-102-5001-3110-003-000	NN F		30.33	32.24
			TOTAL PAYMENT AMOUNT				576.31 *	576.31
021888/00	SUPERIOR PRINTING INC.							
1172 PO-161033	10/29/2015	3210073						
			1	01-0000-0-5800-105-0000-7200-005-000	NN F		442.64	283.45
			TOTAL PAYMENT AMOUNT				283.45 *	283.45
017285/00	TEACHER INNOVATIONS INC							
1114 PO-160980	10/29/2015	334037						
			1	01-0000-0-5800-236-1110-1000-009-000	NN F		280.80	280.80
			TOTAL PAYMENT AMOUNT				280.80 *	280.80
019803/00	TECHLINE STUDIO							
587 PO-160517	10/29/2015	30649,30656-2						
			1	01-0000-0-4300-472-0000-8110-007-990	NN F		27,973.58	27,792.72
			TOTAL PAYMENT AMOUNT				27,792.72 *	27,792.72
021307/00	THE LAMPO GROUP INC.							
1225 PO-161079	10/29/2018	5160457						
			1	01-0037-0-4100-103-1110-1000-003-000	NN F		1,246.81	518.00
			TOTAL PAYMENT AMOUNT				518.00 *	518.00
020001/00	TOWNER, JENNIFER							
1252 PO-161103	10/29/2015	REIMB						
			1	01-0000-0-4300-472-1230-1000-014-000	NN F		26.55	26.55
			TOTAL PAYMENT AMOUNT				26.55 *	26.55

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81 CENTER UNIFIED SCHOOL DIST.  
10-29-15

ACCOUNTS PAYABLE PRELIST  
BATCH: 0031 10-29-15  
FUND : 01 GENERAL FUND

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Vendor/Addr	Remit name		Tax ID num	Deposit type	ABA num	Account num			
Req Reference	Date	Description			FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP		Liq Amt	Net Amount	
018924/00	YEE, MELVIN								
1240 PO-161092	10/29/2015	REIMB			1 01-6500-0-4300-102-5770-1110-002-000 NN F		80.37	80.37	
					TOTAL PAYMENT AMOUNT	80.37 *		80.37	
					TOTAL FUND PAYMENT	87,261.92 **		87,261.92	
					TOTAL USE TAX AMOUNT	375.69			



81 CENTER UNIFIED SCHOOL DIST.  
10-29-15

ACCOUNTS PAYABLE PRELIST  
BATCH: 0031 10-29-15  
FUND : 12 CHILD DEVELOPMEN FUND

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<< Open >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num				
Req Reference	Date	Description	FD RESO	P OBJE	SIT GOAL	FUNC RES	DEP T9MP	Liq Amt	Net Amount
018143/00		CHILD DEVELOPMENT CENTERS INC							
1010 PO-160888	10/29/2015	5030-AUG15	1	12-5025-0-5800-100-8500-1000-005-000	NN	P		26,408.02	26,408.02
1010 PO-160888	10/29/2015	5030-AUG15	2	12-6105-0-5800-100-8500-1000-005-000	NN	P		31,301.81	31,301.81
TOTAL PAYMENT AMOUNT				57,709.83 *					57,709.83
TOTAL FUND			PAYMENT	57,709.83 **					57,709.83

81 CENTER UNIFIED SCHOOL DIST.  
10-29-15

ACCOUNTS PAYABLE PRELIST  
BATCH: 0031 10-29-15  
FUND : 13 CAFETERIA FUND

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<< Open >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num			
Req Reference	Date	Description	FD RESO P	OBJE SIT	GOAL FUNC	RES DEP	T9MP	
								Liq Amt Net Amount
011602/00	DANIELSEN CO., THE							
128 PO-160122	10/29/2015	85825	2	13-5310-0-4300-108-0000-3700-007-000	NN P			8.00 8.00
128 PO-160122	10/29/2015	86671	2	13-5310-0-4300-108-0000-3700-007-000	NN P			319.21 319.21
128 PO-160122	10/29/2015	85825	1	13-5310-0-4700-108-0000-3700-007-000	NN P			5,936.10 5,936.10
128 PO-160122	10/29/2015	86671	1	13-5310-0-4700-108-0000-3700-007-000	NN P			5,617.57 5,617.57
								11,880.88 11,880.88
021080/00	GOLD STAR FOODS INC							
130 PO-160124	10/29/2015	1464510	2	13-5310-0-4300-108-0000-3700-007-000	NN P			18.00 18.00
130 PO-160124	10/29/2015	1464510	1	13-5310-0-4700-108-0000-3700-007-000	NN P			8,340.29 8,340.29
								8,358.29 8,358.29
011462/00	HOBART SERVICE							
1250 PO-161102	10/29/2018	532282990	1	13-5310-0-5600-108-0000-3700-007-000	NN P			469.64 469.64
1250 PO-161102	10/29/2015	32278970	1	13-5310-0-5600-108-0000-3700-007-000	NN F			117.00 117.00
								586.64 586.64
020020/00	JENKINS, KRISTIN							
1236 PO-161091	10/29/2015	REFUND	1	13-5310-0-8634-000-0000-0000-000-000	NN F			15.20 15.20
								15.20 15.20
022464/00	KASEY, LAURA							
1229 PO-161087	10/29/2015	REIMB	1	13-5310-0-4300-108-0000-3700-007-000	NN F			84.22 84.22
								84.22 84.22
021194/00	PRUDENTIAL OVERALL SUPPLY INC							
136 PO-160129	10/29/2015	180228173	1	13-5310-0-5800-108-0000-3700-007-000	NN P			97.39 97.39
136 PO-160129	10/29/2015	180229383	1	13-5310-0-5800-108-0000-3700-007-000	NN P			75.80 75.80
								173.19 173.19
016043/00	SHELTONS UNLIMITED MECHANICAL							
138 PO-160131	10/29/2015	15-16080	1	13-5310-0-5612-108-0000-3700-007-000	NN P			4,200.00 4,200.00
								4,200.00 4,200.00

81 CENTER UNIFIED SCHOOL DIST.  
10-29-15

ACCOUNTS PAYABLE .PRELIST  
BATCH: 0031 10-29-15  
FUND : 13 CAFETERIA FUND

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<< Open >>

Vendor/Addr	Remit name		Tax ID num	Deposit type	ABA num	Account num		
Req Reference	Date	Description		FD RESO P OBJE SIT GOAL FUNC RES DEP T9MP			Liq Amt	Net Amount
011232/00		SHISHKIN, TATYANA						
1223 PO-161078	10/29/2015	REFUND						
				1 13-5310-0-8634-000-0000-0000-000-000 NN F			60.00	60.00
				TOTAL PAYMENT AMOUNT		60.00 *		60.00
				TOTAL FUND PAYMENT		25,358.42 **		25,358.42
				TOTAL BATCH PAYMENT		170,330.17 ***		
				TOTAL USE TAX AMOUNT		375.69	0.00	170,330.17
				TOTAL DISTRICT PAYMENT		170,330.17 ****		
				TOTAL USE TAX AMOUNT		375.69	0.00	170,330.17
				TOTAL FOR ALL DISTRICTS:		170,330.17 ****		
				TOTAL USE TAX AMOUNT		375.69	0.00	170,330.17

Number of warrants to be printed: 78, not counting voids due to stub overflows.

# Center Joint Unified School District

<b>AGENDA REQUEST FOR:</b>	
<b>Dept./Site:</b> Superintendent's Office	<b>Action Item</b> <u>  X  </u>
<b>To:</b> Board of Trustees	<b>Information Item</b> <u>      </u>
<b>Date:</b> November 19, 2014	<b># Attached Pages</b> <u>  4  </u>
<b>From:</b> Scott A. Loehr, Superintendent	
<b>Principal/Administrator Initials:</b> <u>                    </u>	

**SUBJECT: Schedule Annual Organizational Meeting of the Board**

Education Code §35143 requires governing boards to set an annual organizational meeting "within a 15-day period that commences with

the date upon which a governing board member elected at that election takes office. Organizational meetings in years in which no such regular election for governing board members is conducted shall be held during the same 15-day period on the calendar." (Board members are seated the *first Friday* of December following the November election [Education Code §5017]) That 15-day period for 2015 is December 4-18.

It is recommended that this be scheduled during our Regular Board Meeting on Wednesday, December 16, 2015 at 6:00 p.m. in Room 503 - District Board Room, located at Wilson C. Riles Middle School.

**RECOMMENDATION:** The Center Joint Unified School District Board of Trustees approve the scheduling of the Annual Organizational Meeting of the Board to occur on Wednesday, December 16, 2015 at 6:00 p.m. in the District Board Room (Room 503), located at Wilson C. Riles Middle School.


# Sacramento Office of Education County

10474 Mather Boulevard  
P.O. Box 269003  
Sacramento, CA 95826-9003  
(916) 228-2500

www.scoe.net

## Memorandum

TO: District Superintendents

FROM: David W. Gordon, County Superintendent 

DATE: October 5, 2015

SUBJECT: ANNUAL ORGANIZATIONAL MEETING FOR GOVERNING BOARDS

Under the provisions of Education Code section 35143, your governing board is required to set an annual organizational meeting "within a 15-day period that commences with the date upon which a governing board member elected at that election takes office. Organizational meetings in years in which no such regular election for governing board members is conducted shall be held during the same 15-day period on the calendar." (Board members are seated the *first Friday* of December following the November election [Education Code § 5017])

<p><b>The 15-day period for 2015 is:</b></p> <p><b>December 4 – 18</b></p>
----------------------------------------------------------------------------

The day and time of the annual meeting are to be selected by your governing board at its regular meeting held (in November) *immediately prior to the first day of such 15-day period*, and the board shall notify the County Superintendent of Schools of the day and time selected.

Following your regular meeting held immediately prior to December 4, please complete and return the enclosed form, notifying us of the date and time of your organizational meeting.

**NOTE:** Education Code section 35143 requires the County Superintendent of Schools to designate the date and time for the annual organizational meeting if your Board fails to do so. Therefore, it is important that we receive this form no later than 5:00 p.m. on November 13, 2015. If necessary, please send the form to us via fax at 916.228.2403.

After your organizational meeting has been held, please have the enclosed "Certificate of Election of Board President, Clerk, and Board Representative" (**yellow form**) completed, signed, and forwarded to this office. If you have any questions, please call Carla Miller at 916.228.2410.

Enclosures

## SCHEDULING OF ANNUAL ORGANIZATIONAL MEETING

TO: David W. Gordon, County Superintendent  
Sacramento County Office of Education  
P.O. Box 269003  
Sacramento, CA 95826-9003

FROM: \_\_\_\_\_ District

The annual organizational meeting of this district has been set for:

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

Time: \_\_\_\_\_

Place: \_\_\_\_\_

This action was taken during the regular meeting *immediately preceding* December 4, 2015.

I hereby certify that 15 days prior to this date, all members and members-elect will be notified in writing of the time and place of the annual organizational meeting.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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

**PLEASE NOTE:** If this form is not received by the County Superintendent of Schools by 5:00 p.m. on November 13, 2015, the County Superintendent shall set the date and time of the annual organizational meeting as required by Education Code section 35143.

**CERTIFICATE OF ELECTION**  
**OF**  
**BOARD PRESIDENT, CLERK & BOARD REPRESENTATIVE**

**INSTRUCTIONS:** *Please complete and forward this certificate to the County Superintendent of Schools immediately following your annual organizational meeting, which must be held between December 4 and December 18, 2015.*

It is hereby certified that at the annual organizational meeting of the governing board of the \_\_\_\_\_ District, held \_\_\_\_\_, 2015, the following officers and representatives were elected:

**PRESIDENT:**

Address:

**CLERK:**

Address:

**BOARD  
REPRESENTATIVE:**

Address:

Submitted by:

Title:

**Return to:**

**Carla Miller  
Sacramento County Office of Education  
P.O. Box 269003  
Sacramento, CA 95826-9003**

## **Education Code Section 35143**

The governing board of each school district shall hold an annual **organizational meeting**. In a year in which a regular election for governing board members is conducted, the meeting shall be held on a day within a 15-day period that commences with the date upon which a governing board member elected at that election takes office.

**Organizational meetings** in years in which no such regular election for governing board members is conducted shall be held during the same 15-day period on the calendar. Unless otherwise provided by rule of the governing board, the day and time of the annual meeting shall be selected by the board at its regular meeting held immediately prior to the first day of such 15-day period, and the board shall notify the county superintendent of schools of the day and time selected. The clerk of the board shall, within 15 days prior to the date of the annual meeting, notify in writing all members and members-elect of the date and time selected for the meeting.

If the board fails to select a day and time for the meeting, the county superintendent of schools having jurisdiction over the district shall, prior to the first day of such 15-day period and after the regular meeting of the board held immediately prior to the first day of such 15-day period, designate the day and time of the annual meeting. The day designated shall be within the 15-day period. He shall notify in writing all members and members-elect of the date and time.

At the annual meeting the governing board of each high school district, union high school district, and joint union high school district shall organize by electing a president from its members and a clerk.

At the annual meeting each city board of education shall organize by electing a president from its members.

At the annual meeting the governing board of each other type of school district, except a community college district, shall elect one of its members clerk of the district.

As an alternative to the procedures set forth in this section, a city board of education whose members are elected in accordance with a city charter for terms of office commencing in December, may hold its annual organizational meeting required in this section between December 15 and January 14, inclusive, as provided in rules and regulations which shall be adopted by such board. At the annual meeting the city board of education shall organize by electing a president and vice president from its members who shall serve in such office during the period January 15 next to the following January 14, unless removed from such office by majority vote of all members of the city board of education.



*Center Joint Unified School District*

<b>AGENDA REQUEST FOR:</b>	
<b>Dept./Site:</b> Superintendent's Office	<b>Action Item</b> <u>    X    </u>
<b>To:</b> Board of Trustees	<b>Information Item</b> <u>          </u>
<b>Date:</b> November 19, 2014	<b># Attached Pages</b> <u>    6    </u>
<b>From:</b> Scott A. Loehr, Superintendent	
<b>Principal/Administrator Initials:</b> <u>                                </u>	

**SUBJECT: CSBA Delegate Assembly Nominations**

Nominations will be accepted until Thursday, January 7, 2016. Any CSBA member board is eligible to nominate board members within their geographical region or subregion. Each board may nominate as many individuals as it chooses. The subregion for CJUSD is 6-B.

**RECOMMENDATION:**



California School Boards Association

**DEADLINE: Thursday, January 7, 2016**

**BOARD ACTION REQUIRED**

**Please deliver to all governing board members.**

October 30, 2015

## MEMORANDUM

**To:** All Board Presidents, Superintendents of CSBA Member Boards of Education

**From:** Jesús Holguín, President

**Re:** Call for Nominations for CSBA Delegate Assembly

Each year, member boards elect representatives from 21 geographic regions to CSBA's Delegate Assembly. The Delegate Assembly is a vital link in the association's governance and sets the general policy direction for the association. Working with local districts, county offices, the Board of Directors, and Executive Committee, delegates ensure that the association promotes the interests of school districts and county offices of education throughout the state. There are two required Delegate Assembly meetings each year. In 2016, the first meeting will be May 14-15 in Sacramento and the second one will be November 30-December 1 in San Francisco preceding CSBA's Annual Education Conference and Trade show.

Nomination and candidate biographical sketch forms for CSBA's Delegate Assembly are now being accepted until **Thursday, January 7, 2016**. Nomination instructions are listed below:

- Any CSBA member board is eligible to nominate board members within their geographical region or subregion and may nominate as many individuals as it chooses by submitting a nomination form for each nominee.
- All nominees must serve on CSBA member boards and give their approval prior to being nominated.
- All nominees must submit a one-page, single-sided, candidate biographical sketch form. An optional one-page, one-sided résumé may also be submitted but cannot be substituted for the biographical sketch form.
- All nomination materials must be postmarked by the U.S.P.S., faxed or emailed no later than **Thursday, January 7**. It is the nominee's responsibility to confirm that all nomination materials have been received by the CSBA Leadership Services department by this due date. Late submissions will not be accepted.
- Ballots will be mailed by Monday, February 1, 2016 and are due Tuesday, March 15, 2016.
- Elected Delegates serve a two-year term beginning April 1, 2016 through March 31, 2018.

The following nomination materials and information related to the election process is available to download at [www.csba.org/About/Leadership](http://www.csba.org/About/Leadership). For more information about the Delegate Assembly, please contact the Leadership Services department or Charlyn Tuter at [ctuter@csba.org](mailto:ctuter@csba.org) or (800) 266-3382, ext. 3281. Thank you.

- Nomination Form
- Candidate Biographical Sketch Form
- Important Dates
- List of all Delegates with expiration terms
- FAQ



## Delegate Assembly Nomination Form

***DUE: Thursday, January 7, 2016***

Mail to: CSBA | Attn: Leadership Services | 3251 Beacon Blvd., West Sacramento, CA 95691 | fax: (916) 371-3407 |  
or email: [nominations@csba.org](mailto:nominations@csba.org).

CSBA Region/subregion # \_\_\_\_\_

The Board of Education of the \_\_\_\_\_ wishes to  
(Nominating District)

nominate \_\_\_\_\_. The nominee is a member of the  
(Nominee)

\_\_\_\_\_, which is a member of the California  
(Nominee's District)  
School Boards Association.

- ☐ The nominee has consented to this nomination.
- ☐ Attached is the nominee's required one-page, single-sided candidate biographical sketch form and optional one-page, single-sided résumé.
- ☐ The nominee's required one-page, single-sided candidate biographical sketch form and optional one-page, single-sided résumé will be sent by the deadline date.

\_\_\_\_\_  
Board Clerk or Board Secretary (signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Clerk or Board Secretary (printed)

**PLEASE NOTE:** The nomination and candidate biographical sketch forms may be emailed to [nominations@csba.org](mailto:nominations@csba.org), faxed to (916) 371-3407 or mailed to CSBA, Attn: Leadership Services, 3251 Beacon Blvd., West Sacramento, CA 95691 postmarked by the U.S.P.S. no later than Thursday, January 7, 2016. *It is the nominee's responsibility to confirm that all nomination materials have been received by the CSBA Leadership Services department by the due date. Late submissions cannot be accepted.* If you have any questions, please contact Leadership Services department at (800) 266-3382 or Charlyn Tuter at [ctuter@csba.org](mailto:ctuter@csba.org). Thank you.

## 2016 Delegate Assembly Candidate Biographical Sketch Form

***DUE: Thursday, January 7, 2016***

Mail to: CSBA | Attn: Leadership Services | 3251 Beacon Blvd., West Sacramento, CA 95691 | fax: (916) 371-3407 |  
or email: [nominations@csba.org](mailto:nominations@csba.org).

Please complete, sign and date this required one-page candidate biographical sketch form. An optional, one-page, single-sided, résumé may also be submitted; both will be copied exactly as received. Please do not state "see résumé" and please do not re-type this form. Any additional page(s) exceeding this one-page candidate form will not be accepted. It is the candidate's responsibility to confirm that all nomination materials have been received by the CSBA Leadership Services department. Late submissions will not be accepted. If you have any questions, please contact Leadership Services department at (800) 266-3382.

Name: _____	CSBA Region-subregion #: _____
District or COE Name: _____	Years on board: _____
Profession: _____	Contact Number: _____ E-mail: _____
Are you a continuing Delegate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you served as a Delegate? _____	

**Why are you interested in becoming a Delegate? Please describe the skills and experiences you would bring to the Delegate Assembly.**

**Please describe your activities and involvement on your local board, community, and/or CSBA.**

**What do you see as the biggest challenge facing governing boards and how can CSBA help address it?**

**Your signature indicates your consent to have your name placed on the ballot and to serve as a Delegate, if elected.**

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



## **IMPORTANT DELEGATE NOMINATION AND ELECTION DEADLINES**

### **Important 2016 Dates:**

- Thursday, January 7: U.S.P.S. postmarked, fax, or email deadline for ***required*** Nomination and Candidate Biographical Sketch Forms
- By Monday, February 1: Ballots mailed to Member Boards
- February 1 – March 15: Boards vote for Delegates
- Tuesday, March 15: Deadline for the ballots to be returned to CSBA (U.S.P.S. POSTMARK ONLY)
- By Thursday, March 31: Ballots to be tallied
- By Friday, April 1: Election results, except for run-offs, posted on CSBA's Web site
- Friday, April 29: Deadline for run-off ballots to be returned to CSBA (U.S.P.S. POSTMARK ONLY)

### **Delegate Assembly Meeting Dates in 2016**

- Saturday, May 14 – Sunday, May 15, Sacramento.
- Wednesday, November 30 – Thursday, December 1, San Francisco.



## **Frequently Asked Questions regarding Delegate Assembly Nominations and Elections**

**Who is eligible to serve on Delegate Assembly?** To be eligible to serve on CSBA's Delegate Assembly, a board member must:

- Be a trustee of a district or county office of education that is a current member of CSBA; and
- Be a trustee of a district or county office of education within the geographic region or subregion which the Delegate will represent.

**What is the term of office to serve on Delegate Assembly?** The term of office for each Delegate is two years beginning April 1, 2016 through March 31, 2018. Within each region, approximately half of the Delegates are elected in even-numbered years and half in odd-numbered years.

**How is a board member nominated to serve on the Delegate Assembly?** A board member must be formally nominated by a board in the region or subregion and may be nominated by his or her own district or county office. The nomination is an action that is taken in a public board meeting and requires a majority vote. A board may nominate as many individuals as it wishes, however, it is the responsibility of the nominating board to obtain permission from the nominee prior to submitting his or her name.

**What does a nomination consist of?** A nomination consists of a completed signed nomination and a one-page candidate biographical sketch form. In addition, an optional, one-page, single-sided, résumé may be submitted, (résumé cannot be substituted for the candidate biographical sketch form). The biographical sketch will be copied exactly as submitted and included with the ballots.

**When are the nomination and biographical sketch forms due?** The nomination and candidate biographical sketch forms must be delivered to the CSBA office either by fax (916) 371-3407, email [nominations@csba.org](mailto:nominations@csba.org), or mail, postmarked by the U.S.P.S., on or before **Thursday, January 7, 2016**. *It is the nominee's responsibility to confirm that all nomination materials have been received by the CSBA Leadership Services department.*

**How are nominees elected to serve on Delegate Assembly?** Ballots are mailed by Monday, February 1 to each district or county board within the region or subregion. Ballots must be delivered to CSBA via U.S.P.S. postmarked by Tuesday, March 15, in order to be accepted. Ballots may not be faxed or emailed.

Voting for Delegates is an action of the entire board rather than individual board members; therefore, it is done at a public meeting and requires a majority vote. Each board may vote for as many persons as there are positions to be filled within the region or subregion. All districts and candidates are notified of the results no later than March 31. If there is a tie vote, a run-off election will be held.

**What are the required Delegate Assembly meeting dates?** There are two required Delegate Assembly meetings each year. In 2016, the first meeting will be May 14-15 in Sacramento and the second one will be November 30 – December 1 in San Francisco preceding CSBA's Annual Education Conference and Trade show.

**Does CSBA cover expenses for Delegates to attend the Delegate Assembly meetings?** No, CSBA is not able to cover expenses.

For additional information, please contact the Leadership Services department at (800) 266-3382.



**EXECUTIVE COMMITTEE, BOARD OF DIRECTORS  
&  
DELEGATE ASSEMBLY  
2016 MEETING CALENDAR**

<u>DATE</u>	<u>DAY(S)</u>	<u>MEETING</u>	<u>LOCATION</u>
JAN 28	THUR	EXECUTIVE COMMITTEE	SACRAMENTO
JAN 29-31	FRI-SUN	BOARD OF DIRECTORS	SACRAMENTO
MAR 18	FRI	EXECUTIVE COMMITTEE	SACRAMENTO
MAR 19-20	SAT-SUN	BOARD OF DIRECTORS	SACRAMENTO
MAY 12	THUR	EXECUTIVE COMMITTEE	SACRAMENTO
MAY 13	FRI	BOARD OF DIRECTORS	SACRAMENTO
MAY 14-15	SAT-SUN	DELEGATE ASSEMBLY	SACRAMENTO
SEPT 16	FRI	EXECUTIVE COMMITTEE	SACRAMENTO
SEPT 17-18	SAT-SUN	BOARD OF DIRECTORS	SACRAMENTO
NOV 28	MON	EXECUTIVE COMMITTEE	SAN FRANCISCO
NOV 29	TUES	BOARD OF DIRECTORS	SAN FRANCISCO
NOV 30-DEC 1	WED-TH	DELEGATE ASSEMBLY	SAN FRANCISCO
DEC 1-3	THUR-SAT	ANNUAL CONFERENCE	SAN FRANCISCO

# *Center Unified School District*

**AGENDA REQUEST FOR:**

**Dept./Site:** Personnel and Student Services

**Date:** November 16, 2015

**Action Item**   X  

**To:** Board of Trustees

**Information Item**

**From:** David Grimes 

**# Attached Pages**   3  

**SUBJECT:                    DISTRICT CALENDARS**

Attached are proposed district calendars for the school years 2016-17, 2017-18, and 2018-19. The calendars were created in a manner that preserves the following priorities:

- a. maintaining a 10 month work year for 10 month employees (no June or July work days),
- b. maintaining the district's traditional October break,
- c. providing a relatively even split between the first and second semesters while also providing for first semester finals before Winter Break.

Recommend approval of District Calendars for the school years 2016-17, 2017-18, and 2018-19.





# 2016-2017 CENTER JOINT UNIFIED SCHOOL DISTRICT



## 2016

JULY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
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31						

AUGUST						
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28	29	30	31			

SEPTEMBER						
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25	26	27	28	29	30	

OCTOBER						
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23	24	25	26	27	28	29
30	31					

NOVEMBER						
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DECEMBER						
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25	26	27	28	29	30	31

## 2017

JANUARY						
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FEBRUARY						
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MARCH						
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APRIL						
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MAY						
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21	22	23	24	25	26	27
28	29	30	31			

JUNE						
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11	12	13	14	15	16	17
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25	26	27	28	29	30	

 Holiday

 Teacher Work Day

 School Day

## CJUSD K-12 CALENDAR

[www.centerusd.org](http://www.centerusd.org)

SY201617doc

180 attendance days:



# 2017-2018 CENTER JOINT UNIFIED SCHOOL DISTRICT



## 2017

JULY						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
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AUGUST						
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SEPTEMBER						
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OCTOBER						
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NOVEMBER						
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DECEMBER						
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## 2018

JANUARY						
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FEBRUARY						
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MARCH						
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APRIL						
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MAY						
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20	21	22	23	24	25	26
27	28	29	30	31		

JUNE						
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



Holiday



Teacher Work Day



School Day

## CJUSD K-12 CALENDAR

www.centerusd.org

SY201718doc

180 attendance days:





# 2018-2019 CENTER JOINT UNIFIED SCHOOL DISTRICT



## 2018

JULY						
S	M	T	W	T	F	S
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AUGUST						
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SEPTEMBER						
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OCTOBER						
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NOVEMBER						
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DECEMBER						
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## 2019

JANUARY						
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FEBRUARY						
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MARCH						
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APRIL						
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MAY						
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26	27	28	29	30	31	

JUNE						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						



Holiday



Teacher Work Day



School Day

## CJUSD K-12 CALENDAR

[www.centerusd.org](http://www.centerusd.org)

SY201819doc

180 attendance days: