

TO: Charles Heinlein, Deputy State Superintendent of Schools  
 FROM: Serena L. Starcher, Fayette County Schools Interim Superintendent  
 DATE: March 11, 2015  
 RE: Personnel Agenda

Your consideration and approval of the following personnel requests is appreciated.

**Professional Personnel Agenda  
 March 16, 2015**

**EMPLOYMENT OF PROFESSIONAL PERSONNEL** (first time WVDE applicants *ONLY*)  
 (Please indicate with \*\* those individuals with pending certification)

Social Security Number	Name (last, first)	Valid Credential	Endorsement, Grade Range	Credential Expiration Date	Assigned Location, Position, Grade Range	Fingerprint Clearance Date	Employment Effective Date	County Use	Funding Source

\*\*Individual hired pending issuance of required certification

**EMPLOYMENT OF PROFESSIONAL PERSONNEL** (persons who hold or previously held WVDE credentials)  
 (Please indicate with \*\* those individuals with pending certification)

Name (last, first)	Valid Credential	Endorsement, Grade Range	Credential Expiration Date	Assigned Location, Position, Grade Range	Employment Effective Date	County Use	Funding Source
Haynes , Brandon	Professional Teaching Certificate  **	Soc St 5-AD  **	06.30.18  **	Ansted Middle, Itin Autism 6-8	03.02.15	P047-15 <hr/> AB/0	State Aid
Martin, Jr, Ralph	Professional Teaching Certificate	Health PK-AD	06.30.17	Collins Middle (@ Fayetteville High/Oak Hill High), Health 5-8 (half-time)	03.16.15	P135-15 <hr/> MA/34	State Aid

\*\*Individual hired pending issuance or renewal of required certification

**EMPLOYMENT OF PROFESSIONAL PERSONNEL** (persons not requiring WVDE credential)

Social Security Number	Name (last, first)	Valid Credential	Endorsement, Grade Range	Credential Expiration Date	Assigned Location, Position, Grade Range	Employment Effective Date	County Use	Funding Source

**RE-EMPLOYMENT OF PROFESSIONAL PERSONNEL FROM PREFERRED RECALL FOR 2014-15**  
(Posted Position Applied For)

Social Security Number	Name	Valid Credential	Endorsement, Grade Range	Credential Expiration Date	Assigned Location, Position, Grade Range	Employment Effective Date	County Use	Previously Approved Agenda Date & Title

**RE-EMPLOYMENT OF PROFESSIONAL PERSONNEL FROM PREFERRED RECALL FOR 2014-15**  
(Persons not requiring WVDE credential) (Posted Position Applied For)

Social Security Number	Name	Valid Credential	Endorsement, Grade Range	Credential Expiration Date	Assigned Location, Position, Grade Range	Employment Effective Date	County Use	Previously Approved Agenda Date & Title

**TRANSFER OF PROFESSIONAL PERSONNEL**  
(Please indicate with \*\* those individuals with pending certification)

Social Security Number	Name (last, first)	Valid Credential Endorsement Area/s, Grade Range/s	Credential Expiration Date	From Current Location/Position/Grade Range	To New Location/Position/Grade Range	Transfer Effective Date	County Use	Funding Source

\*\*Individual transferred pending issuance or renewal of required certification

**RESCISSION OF PROFESSIONAL REDUCTION IN FORCE FOR 2014-15**

Social Security Number	Name	Valid Credential	Endorsement, Grade Range	Credential Expiration Date	Assigned Location, Position, Grade Range	Employment Effective Date	County Use

**RESCISSION OF PROFESSIONAL TRANSFER FOR 2014-15**

Social Security Number	Name	Valid Credential	Endorsement, Grade Range	Credential Expiration Date	Assigned Location, Position, Grade Range	Employment Effective Date	Previously Approved Agenda Date & Title

**LEAVE REQUEST FOR PROFESSIONAL PERSONNEL**

Name (last, first)	Position/Location	Type of Leave	Effective Date
Li, Andrew	Counselor 6-12, Valley High	Family Medical Leave for Paternity with Pay	05.26.15-06.03.15

**RESIGNATION/RETIREMENT OF PROFESSIONAL PERSONNEL**

Name (last, first)	Position/Location	Reason	Effective Date
Wells, Shea	Art 7-12, Fayetteville High	Resignation	03.09.15

**SUSPENSION OF PROFESSIONAL/SERVICE PERSONNEL**

Social Security Number	Name	Position	Location	Reason

**Termination of Professional Personnel**

Social Security Number	Name (last, first)	Position/Location	Reason	Effective Date

**EMPLOYMENT OF GENERAL SHORT AND/OR LONG-TERM SUBSTITUTE PROFESSIONAL PERSONNEL**  
(first time WVDE applicants *ONLY*)

Social Security Number	Name (last, first)	Valid Professional Certificate (Check if appropriate)	Valid Short-Term Permit (Check if appropriate)	Valid Long-Term Permit (Check if appropriate)	Valid Credential Endorsement Area(s)/Grade/Range(s)	Valid Credential Expiration Date	Fingerprint Clearance Date	Funding Source

**EMPLOYMENT OF GENERAL SHORT AND/OR LONG-TERM SUBSTITUTE PROFESSIONAL PERSONNEL**  
(persons who hold or previously held WVDE credentials)

Social Security Number	Name (last, first)	Valid Professional Certificate (Check if appropriate)	Valid Short-Term Permit (Check if appropriate)	Valid Long-Term Permit (Check if appropriate)	Valid Student Teacher Permit (Check if appropriate)	Valid Credential Endorsement Area(s)/Grade/Range(s)	Valid Credential Expiration Date	Funding Source

**EMPLOYMENT OF PROFESSIONAL PERSONNEL FOR MENTOR PROGRAM**

Social Security Number	Name (last, first)	Position	Employment Effective Date	Valid Teaching Credential	Valid Authorization	Valid Credential Expiration Date	Funding Source

**EMPLOYMENT OF EXTRA-CURRICULAR/EXTRA-DUTY PERSONNEL**

Social Security Number	Name (last, first)	Position/Location	Employment Effective Date	Valid Teaching/ Admin. Credential (Check if appropriate)	Valid Authorization (Check if appropriate)	Valid Credential Expiration Date	Funding Source

**RESIGNATION OF EXTRA-CURRICULAR/EXTRA-DUTY PERSONNEL**

Social Security Number	Name (last, first)	Position/Location	Effective Date

**SERVICE PERSONNEL AGENDA**

**March 16, 2015**

**Rescission of Service Transfer/Contract Termination for 2014-15**

Social Security Number	Name (last, first)	Position/Location	Previously Approved Agenda Date & Title

**Re-Employment of Service Personnel from 2014-2015 Preferred Recall List (posted position applied for)**

Social Security Number	Name (last, first)	Position/Location	Work Hours (approx.)	Effective Date	Certification	Previously Approved Agenda Date & Title	Funding Source

**Employment of Service Personnel**

Social Security Number	Name (last, first)	Position/Location	Work Hours (approx.)	Effective Date	Certification	Funding Source

**Transfer of Service Personnel**

Name (last, first)	From	To	Work Hours (approx.)	Effective Date	Certification	Funding Source
Frazier, Terry	Bus Operator – Bus #1543 Valley High Pay Grade D, 200 Days 5:30a-8:30a/1:30p-4:30p (approx.)	Mechanic Transportation Dept. Pay Grade F, 261 Days S087-15	8:00a – 4:00p	03.16.15		State Aid

### Termination of Service Personnel

Social Security Number	Name (last, first)	Position/Location	Date

### Retirement/Resignation of Service Personnel

Name (last, first)	Position/Location	Reason	Effective Date
Hendrick, Deidre	Clerk II, New River Elem Pay Grade C, 200 Days	Retirement (Disability)	02.27.15 (end of day)

### Recommended Employment of Substitute Service Personnel Effective 2014-2015

Social Security Number	Name (last, first)	Classification(s)

### Recommended Employment of Substitute Service Personnel Effective 2015-2016

Social Security Number	Name (last, first)	Classification(s)

### Recommended Removal of Substitute Service Personnel

Social Security Number	Name (last, first)	Classification(s)	Effective Date

### Leave Request for Service Personnel

Name (last, first)	Position/Location	Type of Leave	Effective Date
Blevins, Katherine	Supervisory Kindergarten Aide IV/Early Childhood Classroom Assistant Teacher, Fayetteville Elementary	Medical Leave without pay	03.03.15 – 03.06.15

### Reclassification of Service Personnel

Social Security Number	Name (last, first)	From	From base pay grade	Reclassified To	New base pay grade	Effective Date	Certification Expiration Date	Funding Source

### Request for Higher Pay Grade for Specialized Health Care and Medication Administration for 2014-2015 ONLY (State Code 18-5-22: Provides specialized health care to students)

Social Security Number	Name (last, first)	Position	Location	Effective Date

### Employment of Extra-Duty Service Personnel

Social Security Number	Name (last, first)	Position/Location	Employment Effective Date	Valid Authorization (Check if appropriate)	Valid Credential Expiration Date	Funding Source

### Resignation of Extra-Duty Service Personnel

Social Security Number	Name (last, first)	Position/Location	Effective Date

### \*Corrections to Minutes/Agenda/Personnel Action

Board Agenda	Personnel Action:				
03.02.15 (Mitchem)	<b>LEAVE REQUEST FOR PROFESSIONAL PERSONNEL</b>				
	NAME	TYPE OF LEAVE	EFFECTIVE DATE		TYPE OF LEAVE
<b>Page 2</b>	Li, Elizabeth	Family Medical Leave for Maternity <b>with pay until sick leave exhausted, then absent without pay if necessary</b>	Approx 05.18.15 through the end of current 2014-15 school term	<b>Should have been</b>	Family Medical Leave for Maternity <b>without pay</b>

### Initial Request for Approval to add a New Professional and/or Service Position within the County School System

Position Code	Title of Position	Assignment Location	Grade Level Served	Number of Days Employed	Anticipated Start Date	Estimated Annual Salary	Funding Source Code- 1 State aid 2 State Grant 3 Federal Grant 4 County Funds 6 RESA 7 Donations 8 Other Sources	Specific Funding Source if indicate Source Codes 2, 3, 7, or 8	Account Code-including, *Fund *Project *Program/Function Codes

### Employment of Professional and/or Service Personnel into Newly Funded Positions

SS Number	Name (last, first)	Valid Credential	Endorsement/ Grade Range	Credential Expiration Date	Assigned Location, Position, Grade Range	Employment Effective Date	Annual Salary