

TO: Charles Heinlein, State Superintendent of Schools  
 FROM: Serena L. Starcher, Fayette County Schools Interim Superintendent  
 DATE: August 4, 2014  
 RE: Personnel Agenda

Your consideration and approval of the following personnel requests is appreciated for the Fayette County Board of Education meeting of August 4, 2014.

**Professional Personnel Agenda  
 August 4, 2014**

**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
Shrewsbury, Angela	First-Class/Full-Time Permit	Elem Ed K-6; Multi-Cat K-6	06.30.15	Mount Hope Elem, Itin LD/BD/MI K-5	2014-15	P004-15 MA/1	State Aid
Wilson, Alexander	Professional Teaching Certificate	Health 5-AD; PE PK-AD	06.30.16	Fayetteville High, PE/Health 7-12	2014-15	P065-15 AB/0	State Aid
Kidder, Sarah	Professional Teaching Certificate	Music PK-AD	06.30.15	New River Elem, Music K-4	2014-15	P085-15 MA/2	State Aid
Anderson, Ashley	Professional Teaching Certificate	Elem Ed K-6; Early Ed PK-K	06.30.15	Rosedale Elem, Grade 4	2014-15	P087-15 AB/2	State Aid
Spinks, Andrea	Professional Teaching Certificate	Gen Science 5-AD	06.30.16	Oak Hill High, Gen Science 9-12	2014-15	P091-15 AB/1	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)

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
Keffer, David	Professional Administrative Certification PK-AD	Permanent	Assistant Principal, Fayette Institute of Technology 9-AD 215 Days	Director of Operations, Fayette County Schools 261 Days	<b>08.04.14</b>	P090-15	County

\*\*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
Floyd, Jessica	Itin Gifted 1-12, Fayette Co Schools	Intermittent Family Medical Leave with pay, Monday-Thursday only	08.13.14-09.11.14

**RESIGNATION/RETIREMENT OF PROFESSIONAL PERSONNEL**

Name (last, first)	Position/Location	Reason	Effective Date
Crist, Gregory	Soc St 9-12, Midland Trail High	Resignation (other employment)	08.04.14
Lokant, Raymond	Itin Sp Ed 9-12, Oak Hill High	Retirement	11.30.14 (end of day)
Lopez, Sharon	Itin Sp Ed 6-12, Valley High	Retirement	06.30.14

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

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	County Use
Cortines, Jr, Richard			<i>Pending approval of LT Sub Permit</i>			08.01.14	County General Fund

**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	County Use

**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	County Use

**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**

Name (last, first)	Position/Location	Effective Date
Ellison, Dawn	School Technology Contact, Ansted Middle	07.24.14

**SERVICE PERSONNEL AGENDA**  
**August 4, 2014**

**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)**

Name (last, first)	Position/Location	Work Hours (approx.)	Effective Date	Certification	Previously Approved Agenda Date & Title	Funding Source
Estep, Jr., James	Custodian I New River Elem Pay Grade A, 220 Days S035-15	3:00p – 11:00p	08.05.14		02.26.14 PROPOSED SERVICE REDUCTION in FORCE (RIF)/CONTRACT TERMINATION	State Aid

### 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
	Kelly, Wanda	Cook II Fayetteville Elem Pay Grade B, 200 Days 6a – 2p (approx.)	Cook II Collins Middle Pay Grade B, 200 Days S033-15	5:30a – 1:30p	08.08.14		State Aid

### Termination of Service Personnel

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

### Retirement/Resignation of Service Personnel

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

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

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

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

### Reclassification of Service Personnel

Social Security Number	Name (last, first)	Reclassified To	Effective Date	Certification	Funding Source

\*\*Individual hired pending issuance of required certification

### 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:				
	<b>RESIGNATION/RETIREMENT OF PROFESSIONAL PERSONNEL</b>				
	<b>NAME</b>	<b>POSITION/LOCATION</b>	<b>EFFECTIVE DATE</b>	<i>Should have been</i>	<b>EFFECTIVE DATE</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