

Baldwin County Public Schools

Building Excellence

Transportation Department

Sam Ellis, Coordinator



To: Band Directors and Prospective Band Parent Drivers

From: Sam Ellis

Re: Band Truck Training and Process

Date: April 10, 2025

As a former band director, let me begin by saying we appreciate the volunteers with your program and what they do each week to ensure all the logistical needs of the program are met. I recognize the challenges that each director encounters. The following information is provided as a guide in the process of becoming approved to drive the Baldwin County Schools band trucks. Supporting documentation is also provided. Please print all pages for everyone selected to go through training. Please communicate the policy to your parents and boosters as needed.

19200 Carolina Street
Robertsdale, AL 36567

Phone 251-970-4432
sellis@bcbe.org

Sam Ellis
Coordinator

All drivers of band trucks including band directors must complete the following:

1. Band Directors contact dconway@bcbe.org to provide the names of individuals who should be trained.
2. AIM account and Background clearance \$46.20 (Full Background check through the State department). The volunteer background clearance will not be accepted. (See instructions found on page titled Background Clearance). Please get this completed immediately. Any problems with an individual's background will hold up the process.
3. Apply, be approved, and maintain a substitute card with BCBE. (Application is attached). (Current school employees will not need to complete)
4. Positive References received
5. Substitute Application with a voided check or bank letter to attach to the direct deposit form
6. Driving Record (MVR) ordered from <https://alabamadi.alea.gov/#2> to be turned in to Dee Conway (dconway@bcbe.org).
7. Signed Board Vehicles Transportation Policies and Procedures
8. Driver's license and social security card are required on the day of orientation.
9. Study training material for the operation of the band truck.
10. Attend in person training for HR and Truck Operation.
11. Approval to be added to the district's insurance policy

I would like to once again remind everyone that only approved individuals are allowed to drive and operate the band trucks.

Please sign-up by calling or e-mailing Dee Conway (251-970-4432 or dconway@bcbe.org) and attend a training session. Dates will be established at communicated through the Supervisor of Fine Arts.

Thank you,


Sam Ellis



BACKGROUND CLEARANCE

This employer participates in E-Verify

BALDWIN COUNTY BOARD OF EDUCATION HUMAN RESOURCES DEPARTMENT 2800 North Hand Avenue Bay Minette Alabama 36507

All applicants must complete and pass a background check which includes fingerprinting. This is a 5-step process utilizing two websites followed by an in-person appointment for fingerprinting.

BEFORE YOU START

Applicants will need:

- A computer, tablet, and/or a smartphone with internet access
- A valid email account
- Ability to provide commonly known personal information (SSN, DOB, Place of Birth, DL#, Height, Weight, etc.)
- Fee of \$46.20 paid by debit card, credit card, or PayPal account (prepaid debit card or credit cards are acceptable)

Please follow the steps in the order listed below all in one sitting. If you do not complete each step in this order, you will not be able to complete the process successfully.

STEPS TO COMPLETE AN ALSDE BACKGROUND CLEARANCE

ALSDE Identity Management (AIM)

Step 1: Create an ALSDE AIM Account

<https://aim.alsde.edu>

Step 2: Complete Background Check Registration in AIM

TIP 1: Account Type: Select "Educator Certification and Criminal History Background Checks"

TIP 2: Background Details – Scenario: If you want to sub in multiple positions, select first choice only. If you are applying to sub as a Nurse, Social Worker or Therapist (OT/PT), select "Substitute Teacher Licensure" (3rd option).

TIP 3: Background Details – Site: Select "Baldwin County (Bay Minette, AL)"

TIP 4: RSA ID: RSA stands for Retirement Systems of AL; most will select no.

TIP 5: Make note of your ALSDE ID# as it is needed to complete step 3.

If you have any questions concerning this process, please contact the Alabama State Department of Education AIM Help Desk at 334.694.4777 or the main phone number at 334.694.4557 on Monday through Friday from 10:00 a.m. to 4:00 p.m.

FIELDPRINT

Step 3: Create Fieldprint Account

access from the AIM Services Portal by selecting Fieldprint Background Check – this will redirect you to the correct website.



Step 4: Complete all 4 sections: data collection, authorization, schedule appointment, payment and confirmation in Fieldprint

For questions regarding registering for fingerprints contact the Help Desk at 888.472.8919 ext 2440.

FINGERPRINTING

Step 5: Report for a fingerprint appointment as you scheduled in Fieldprint

TIP: Remember to bring two different forms of ID as listed in the appointment confirmation from Fieldprint.

To cancel or to reschedule an appointment call 877.614.4364.

For more detailed instructions go to: www.bcbe.org/backgroundclearance

Baldwin County Public Schools
 Human Resources Dept. - Subs
 2600 N Hand Avenue
 Bay Minette, AL 36507

SUBSTITUTE REFERENCE FORM

Directions: Applicants should submit this form to a minimum of one professional or character reference; professional is preferred if employed in the last five years. A professional reference (Prof. Ref.) is from an individual who is previous supervisor or co-worker of the applicant. A character reference (Char. Ref.) is from an individual who is not related to the applicant. Once completed, the form should be mailed to the Human Resources Department by the reference. Completed reference forms will not be accepted by the Human Resources Department from the applicant.

TO BE COMPLETED BY APPLICANT (Please Print)	
Name: _____	Social Security (LAST 4) #: _____
Street Address: _____	
City: _____ State: _____ Zip: _____ Phone#: _____	
In applying for employment with the Baldwin County Board of Education (Board), I hereby give permission for the Board or its representatives to obtain reference information related to my past performance and character. I hereby authorize parties who receive requests to give full and complete information as requested by the Board. I further agree that the information will not be disclosed to me. I hereby waive any right to review this reference form.	
Signature of Applicant: _____ Date: _____	

TO BE COMPLETED BY REFERENCE (Please Print)	
Name: _____	Number of Years Knowing Applicant: _____
Prof. Ref. Business /Position: _____	Char. Ref. Relationship: _____
Street Address: _____	
City: _____ State: _____ Zip: _____ Phone: _____	
The above-named person has submitted an application for a position with the Baldwin County Board of Education and has provided your name as a reference. Please complete the form and return it to the above school system address. Thank you for your conscientious assessment of the applicant and for taking the time to complete this form.	
Signature of Reference: _____ Date: _____	

PLEASE RATE THE FOLLOWING:	Excellent	Good	Average	Below Average	Unknown
Punctual					
Dependable					
Thorough & Efficient in work assignments					
Completes tasks					
Cooperates with others					
Professional & Positive Attitude					
Works Independently					
Trustworthy/Honest					
Accepts criticism/feedback					
I would _____ would not _____ employ this individual in my system					
Comments:					

Extra Work Agreements:

Coaches

After School Childcare

Other

Do you limit your annual earnings because of Social Security benefits or other reasons? Yes No
If yes, please explain and specify the maximum you may earn. _____

Additional Information

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?
 Yes No

If you answer "yes" please provide details of conviction including date and place of conviction. A "yes" answer will not automatically result in a non-issuance but may result in a request for additional information.

AGREEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of the facts shall be sufficient cause for the disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Baldwin County Public School System, which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the district.

I hereby authorize the district to conduct work history, personal references or police record inquiries to determine my acceptability for employment.

Signature of Applicant

Date

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option, or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below, or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____	
	Multiply the number of other dependents by \$500 \$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

 **Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____

- 4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$ _____

Step 4(b) – Deductions Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$ _____

- 2 Enter:

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse
	• \$21,900 if you're head of household
	• \$14,600 if you're single or married filing separately

2 \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-". 3 \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$ _____

- 5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$ _____

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information, your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,220	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,820	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,780	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	18,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,380	3,200	4,380	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	5,840	7,040	8,240	9,440	9,770	9,770	9,770	9,770	9,770	10,810
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,660	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,080
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,810	8,080	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,080	18,380	19,680	20,980	22,280	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,080	18,380	19,680	20,980	22,280	23,500
\$450,000 and over	3,140	6,450	9,110	11,810	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,980
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,380
\$20,000 - 29,999	850	2,020	2,560	2,780	2,780	2,860	3,860	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,180	4,180	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,870	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME _____ EMPLOYEE SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption. _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See dependent qualification below. _____
5. Additional amount, if any, you want deducted each pay period. _____ \$
6. This line to be completed by your employer: Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables). _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME _____ EMPLOYER IDENTIFICATION NUMBER (EIN) _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

THIS FORM MAY BE REPRODUCED

**BALDWIN COUNTY PUBLIC SCHOOL POLICY INFORMATION ON THE
DRUG-FREE WORKPLACE ACT OF 1988**

Federal Law, Board Policy Demand a Drug-Free Workplace

This form is provided to all employees in an effort to promote an awareness of drug-free workplace legislation and Baldwin County Board of Education regulations dealing with a drug/alcohol-free workplace.

The use, possession, distribution, or manufacturing of drugs or alcohol, and/or being under the influence of drugs or alcohol in the workplace is a violation of Board policy. These prohibited activities adversely affect health, safety and productivity, as well as public confidence and trust. Drug or alcohol use in the workplace interferes with the ability of workers to meet satisfactorily the requirements of their jobs. It reduces the employee's dependability, efficiency, and safe performance of job responsibilities and can affect negatively an entire organization.

Policy #4.2.6 and 4.2.7

In order to protect the health, welfare and safety of students, all employees are prohibited from possessing, using, consuming, manufacturing, or distributing illegal controlled substances and alcohol while on Board property or while attending any Board sponsored or sanctioned event, program, activity, or function. Employees who are intoxicated or impaired by the use, consumption or ingestion of any illegal controlled substance or alcohol are not permitted to be on school property, or to attend or participate in any Board sponsored or sanctioned event, program, activity, or function. Employees who violate this policy will be subject to all notification, referral, suspension, placement, re-admission, and other provisions set forth in Ala. Code § 16-1-24.1 and 24.3 (1975).

Policy # 5.20.2

In addition to activities identified in other policies, rules, and procedures, Board employees are prohibited from the following:

- a. Reporting for duty or remaining on duty to perform safety-sensitive functions while having an alcohol concentration in excess of the standard set by the Federal Highway Administration (FHWA);
- b. Being on duty or operating a vehicle while possessing alcohol
- c. Consuming alcohol while performing safety-sensitive functions;
- d. Consuming alcohol within eight (8) hours following an accident for which a post-accident alcohol test is required, or prior to undergoing a post-accident alcohol test, whichever comes first;
- e. Refusing to submit to an alcohol or controlled substance test required by post-accident, random, reasonable suspicion, or follow-up testing requirements;
- f. Consuming alcohol or being under the influence of alcohol within eight (8) hours of going on duty, operating, or having physical control of a vehicle;
- g. Reporting for duty or remaining on duty when using any controlled substance, except when instructed by a physician who has advised the driver and the Board that the substance does not adversely impact the performance of any safety-sensitive duty;
- h. Reporting for duty, remaining on duty, or performing safety sensitive functions with controlled substances in the employee's system.

In the event of a violation of this policy, the employee shall be removed immediately from safety-sensitive duties and shall be subject to such further actions, including disciplinary action up to and including termination, as deemed appropriate by the Superintendent and the Board.

The Drug-Free Workplace Act of 1988

The Drug-Free Workplace Act of 1988, 41 U.S.C. § 801 *et seq.* and formerly cited as 41 U.S.C.A. § 701 *et seq.*, is designed to deal comprehensively with the nation's problem of drug abuse. The Act requires that federal grantees and some recipients of federal contracts certify that they will provide a drug-free workplace. Each federal grantee is required to make such a certification before receiving a contract or grant from a federal agency, such as the Department of Education. The penalty to the Board of Education for noncompliance can be as severe as the loss of federal grants for a period of five years. The requirements of the Act affect the Board of Education in that the Board is a federal grantee receiving direct funds for programs such as Chapter I, Chapter II, Drug-Free Schools and Communities, Vocational Education, Individuals with Disabilities Education Act, Dropout Preventions, After School Care programs and others.

Employee Assistance

The Baldwin County Board of Education cares about the health and well-being of its employees and recognizes that a variety of personal problems can disrupt their personal and work lives. Should an employee want to seek treatment or rehabilitation services or speak with someone regarding ongoing drug or alcohol use, the Baldwin County Board of Education encourages its employees to seek counsel through the Baldwin County Board of Education Employee Assistance Program (EAP). Through the Baldwin County Board of Education EAP, the Baldwin County Board of Education provides, at no cost to you, an opportunity for employees to discuss substance abuse and other personal or emotional problems through confidential counseling services. To find out more information on how the Baldwin County Board of Education EAP may help you, visit www.americanbehavioral.com or call (800)- 925-5327.

ACKNOWLEDGMENT OF
RECEIPT
BALDWIN COUNTY BOARD OF EDUCATION POLICY INFORMATION
ON THE DRUG-FREE WORKPLACE ACT OF 1988 (P.L. 100-690)
Effective March 18,
1989

TO THE EMPLOYEE:

I, _____ (last 4 digits of SSN) _____ an employee of the Baldwin County Board of Education, hereby certify that I have received a copy of the Board's policy statement regarding the maintenance of a drug-free workplace. I realize that the manufacture, distribution, possession, or use of a controlled substance is prohibited on the Board's premises and violation of this policy can subject me to the disciplinary action, including termination of employment. I realize that as a condition of employment by the Board, a federal grantee, I must abide by the terms of this policy and will notify the Baldwin County Board of Education of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction. I understand that the use of drugs or alcohol and/or being under the influence of drugs or alcohol in the workplace is strictly prohibited by the rules of the Board of Education and that the penalty for violations may include termination of employment.

Signature

Date

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

(Any alterations to the form will make it null and void)

All newly hired or rehired employees on or after October 1, 2008 shall be required to enroll in the direct deposit feature within thirty (30) days of hire or rehire.

I, _____ hereby authorize the Baldwin County Board of Education ("the Board") to deposit my payroll payments directly into my checking or savings account indicated below in the Deposit Instructions and to make any such withdrawals directly from my account as are necessary to correct any incorrect deposits by the Board under this Authorization.

I further hereby authorize and instruct the financial institution named below ("the Institution") to accept such automatic deposit to or withdrawals from my account by the Board and to cause my account to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Board without any responsibility for the correctness of any such deposit or withdrawal.

Institution _____

ATTACH A VOIDED CHECK TO WHICH SUCH AUTOMATIC DEPOSITS ARE TO BE MADE OR A DIRECT DEPOSIT FORM FROM YOUR BANK. IF ONE OF THE REQUIRED FORMS IS NOT ATTACHED, THIS FORM WILL NOT BE PROCESSED.

DEPOSIT INSTRUCTIONS (Please check only one box)

Please deposit my payroll check to my checking account number _____

(OR)

Please deposit my payroll check to my savings account number _____

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to both the Board and the Institution. My cancellation will become effective as when the Board receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account by the Board up until that time will be authorized by this authorization. My cancellation of this authorization will become effective as to the Institution when the Institution receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic credits or debits made to my account by the institution up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Board and the Institution governing accounts and preauthorized transfers to and from accounts.

I hereby state that I received a complete copy of this authorization on the date I signed this authorization.

NAME: _____ SOCIAL SECURITY #: _____

SIGNATURE _____ SCHOOL/DEPT: _____

EMPLOYEE #: _____ DATE: _____ PHONE: _____

PERSONAL EMAIL ADDRESS: _____

(All fields above are necessary for completion or form will **NOT** be processed.)



TRANSPORTATION

BAND TRUCK SAFETY MANUAL



The contents of this manual are important for training for and maintaining a safe driving experience on the road. Please read through the pages thoroughly before driving the truck on the road.

CONTENTS

Pre-trip The Truck (pages 3-5)

Driving The Truck (page 5)

Parking The Truck (page 5)

Truck Rules (page 6)

Using The Lift (pages 6-10)

Lift Gate Charging Instructions (pages 11-12)

Cargo / Work Lights (page 13)

Troubleshooting horn constantly honking (page 13)

Accident Report (pages 14-16)

PRETRIP THE TRUCK

The purpose of conducting a pretrip of the truck is to make sure the vehicle is safe for on road use. Please make sure the following checklist is followed.

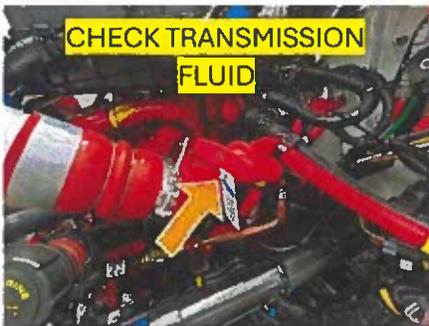
1. Check under the hood. Always check oil, coolant, and power steering fluid before starting up the engine.



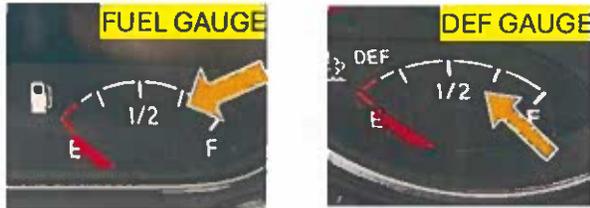
2. Wait to start engine. As long as the “WAIT TO START” lamp is lit, wait to crank the engine.



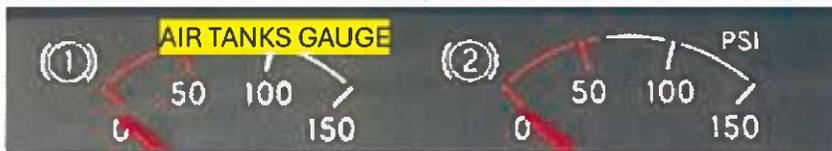
2. Check the transmission fluid. Let engine get warm and check for appropriate level.



3. Check the fuel and DEF. Does your truck have enough fuel to make your destination? It is best practice to fuel the truck to capacity before starting out on the road. If the DEF (diesel cleaner) reaches a quarter of a tank, make sure you report it, if it reaches empty, the truck will be impaired.



4. Conduct a test of your airbrake system. The airbrake test is essential to ensuring that your truck has the ability to stop. The airbrake test is MANDATORY!



How to conduct a proper airbrake check:

1. Make sure wheel is chocked.
 2. Make sure the air tanks are full (at 120 psi).
 3. Turn engine OFF. Turn key to the "ON" position (do not crank the engine).
 4. Push IN the parking brake.
 5. Without pressure, wait 1 minute to check for more than a 2 psi drop.
 6. With pressure (foot on service brake), wait 1 minute for more than a 3 psi drop.
 7. Bleed the brakes (pump down the brake pedal)
 8. Check for the low pressure warnings (visual/audible) at 60-65 psi.
 9. Check for emergency brake "popping out" at 20-45 psi.
 10. Crank engine and check to see if emergency brake "holds" by putting truck in "drive" and attempting to move truck by pressing fuel pedal. If a "tug" is felt, the emergency brake is successfully working.
 11. Let air tanks fill back up to 120 psi.
 12. Check the parking brake to see if it "holds" by following the same procedure listed for #10 for checking the emergency brake.
 13. Check service brake by putting the truck in "drive", releasing the parking brake and moving the bus forward twice. First time, conduct a soft stop to see if the brake "holds". Second time, stop firmer and see if there is any "pull" or "tug" in the wheel.
- This concludes the airbrakes check.**

5. Check lift for proper operation. Turn engine off, stow away the chock and walk to the rear of the bus and check to make sure the lift works properly. **Note: see “Using The Lift”, page 6.**

DRIVING THE TRUCK

Be aware that the box truck will not drive like your vehicles at home. Please keep that in mind when getting on the road.

- 1. Be careful when exiting the road.** Make sure the top of the cargo area will fit under obstacles that come in your path.
- 2. Beware of clearance at a drive-thru, fueling area or convenience store.** Make sure the area you are approaching can support the height of the box truck.
- 3. Watch your dashboard gauges.** Your air tanks should be at or near 120 psi for both tanks (primary and secondary).
- 4. Find a safe place to park if air tanks get low.** If your tanks get low, around 60-65 psi, you will see and hear an alarm warning that you are losing air. Check your air tank gauges and see what your air pressure is. Find a safe place to park off the road. Once parked, put the hazards on and turn your wheels away from the road. Call in your emergency stop to Transportation department personnel so that help can come your way. If you delay in getting off the road, at 20-45 psi, your emergency brake will pop out causing the truck to come to a stop. This is a safety feature but could be hazardous if you are in a lot of traffic. When air pressure warnings sound, always depart from the road as soon as you can find a safe place.

Parking On A Hill

When parking on an incline, make sure parking brake is set. Turn the wheel away from the road and use the truck's chock to decrease the probability of the truck rolling when not in use.

Stopping On An Incline

When the truck is stopped momentarily on an incline, pull the parking brake. When moving forward again, press on the fuel pedal enough to prevent the truck from rolling backwards when you disengage the parking brake to precede on your trip.

TRUCK RULES

1. Students/Children are not allowed to operate the lift. Students may be instructed by the director to help load/unload equipment, but may not ride on the lift. The lift should never be operated while students/children are in close proximity to avoid the possibility of injury.
2. Passengers are not allowed to ride in the band truck except when authorized by the band director.
3. Always use a “helper” to guide the driver when backing the truck. This person should be outside and at the rear of the truck when motioning the driver.
4. When loading and unloading in the lift area, a cone should be placed at both ends of the lift to signify caution.
5. Make sure the only thing on the lift when in motion is cargo.

USING THE LIFT

Caution: Make sure the area around the lift is clear and no one is on the lift when in motion. There is a training video available at the following YouTube link:

https://youtu.be/hDVz1AO7_C4?si=Jud1-XFrbza9EyDy

- Crank engine, turn lift power ON. Switch is on the silver box on driver’s rear side.



- Press the DOWN switch and line up the 2 red triangles on left side of cargo door.



- Press the OPEN switch to extend the lift until flat.



- Press the DOWN switch to lower lift to the ground, and unsecure the silver locks on left and right side of the mid-fold. You may need to stand on each side of the fold to release pressure on the locks in order to release them easily.



- PULL mid-fold OUTWARD to extend the length of the lift floor. Use the handle on the right side to PULL mid-fold OUTWARD.



- Now, release the end plate by kicking the hinges on each end OUTWARD. Now, stand over the plate with one foot on the mid-fold and the other on the ground. PULL straight up on the plate so it will fall FORWARD, creating even more length to the lift floor.



- **LOAD** the cargo onto the **CENTER** of the lift floor which is the strongest part of the lift.



- Press the **UP** switch until the lift floor is **EVEN** with the open cargo door floor.
- **PULL** cargo into the cargo area.



- When lift is empty, press the **DOWN** switch to **LOWER** the lift to the ground.



- When finished using the lift and with lift on the ground, and while standing on the ground, drop the endplate flat onto the mid-fold, then kick the hinges on both sides INWARD . Make sure end plate locks into place flat against the mid-fold floor.



- PULL the mid-fold UPWARD to collapse it onto the lift floor.



- Stand on each end of the mid-fold to SECURE the silver locks easier.



- Go to lift controller and use the UP switch to bring the lift UPWARD until the 2 red triangles on left side are aligned.



- Use the CLOSE switch to bring the lift INWARD and flush against the truck.



- Use the UP switch to bring lift back up to it's farthest position.



- Turn the lift power switch to OFF and the process is complete.



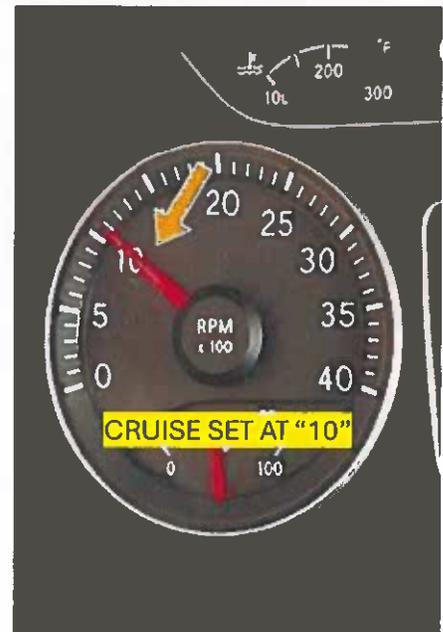
Lift Gate Charging Instructions

Located on the left side of the steering wheel is the cruise control. Press "on" to activate cruise control to idle the truck up while using rear lift gate.

Park Brake must be set when performing this procedure and you cannot have your foot on the brake pedal.

Run cruise up to approximately "10" by pressing the "set" button as shown in picture.

If this does not work, look at the bottom of the center dash panel where the odometer is located and make sure the cruise has been turned "on".



Lift Gate Charging Instructions (continued)

On the left dash panel, you can locate a switch that has “lift gate” written at the top. After the truck has run at the high idle for at least 1-2 minutes, you should be able to turn this switch “on” and the green light will stay illuminated.

If the light is blinking, push “down” on the switch and retry.

When the light stays illuminated it signifies that the lift battery is being charged by the alternator on the truck.

NOTE: If the charging system on the truck is not in operation, the battery for the lift will die quickly and the lift will be inoperable.



Cargo / Exterior Work Lights

Make sure the appropriate switch is ON in the truck's cab near the steering wheel. Go to the back of the truck and flip the appropriate switch just inside the door. Make sure the battery switch located at the back of the truck on the driver's side is powered on.



The switch for the cargo lights is on the left



The switch for the exterior work lights is on the right



Trouble Shoot Horn Honking Continuously:

If when driving, the horn honks constantly, it's most likely because one or more of the following is occurring: The lift is not secure (not high enough on truck), a seat belt is not secured, a door is not closed properly, the parking brake is not applied if truck is parked. If none of these errors have occurred, try turning the engine off and back on again to reboot the system. The horn honking is a safety feature meant to warn about the above mentioned safety hazards.

Band Truck Accident/Incident Procedure

Truck _____

Date _____

Band Truck Driver:

If your truck is involved in an accident, follow these procedures:

1. Check for injured persons on your truck, **VERBALLY AND VISUALLY**. Stay calm and reassure them.
2. **UNDER NO CIRCUMSTANCES ARE YOU TO LEAVE THE SCENE OF AN ACCIDENT WITHOUT IT BEING REPORTED TO THE TRANSPORTATION DEPARTMENT AND THE ACCIDENT BEING PROPERLY INVESTIGATED BY THE POLICE AGENCY.**
3. Call 911 and have the police notified. If injuries require an ambulance, report this to the 911 agency during your call.
4. If you are calling 911, it is mandatory to call a Transportation Supervisor. The supervisor will contact the Communications Department and provide further direction. The vehicle should not be used to transport again until it has been inspected by Baldwin County's transportation department.
5. It is mandatory that you notify one of the following and the appropriate transportation shop:

Transportation Supervisors

Sam Ellis 251-350-1749

Jacob Fields 251-370-6732

Glenn Brown 251-370-3121

Transportation Office 251-970-4432

Robertsdale Shop 251-970-4432 (SBCT/White Fleet)

Colt Bell 251-424-2134

Bay Minette Shop 239-4313 (North Shop)

Mo Holly 370-3120

Summerdale Shop 943-2231 (South Shop)

John Fitzgerald 370-3107

Transportation staff will notify the school that you serve.

6. Have insurance card and driver's license ready for police officers.
7. **At no time should you admit fault for any accident.** Do not discuss an accident with anyone except police officers, shop personnel, or your local administrator.
8. **IT IS ALL ABOUT SAFETY!!**

SCHOOL VEHICLE COLLISION REPORT

- Check box if law enforcement accident is included.
- Check box if collision involved *confirmed injury*.
- Check box if collision involved *confirmed fatality*.

Keep original and submit one copy to:
When available, submit copy of law enforcement accident report.

ALABAMA STATE DEPARTMENT
OF EDUCATION
PUPIL TRANSPORTATION SECTION
P.O. BOX 302101
MONTGOMERY, AL 36130-2101

REPORT DATE: _____

SCHOOL/SYSTEM/AGENCY _____ System Code: _____

SCHOOL VEHICLE Driver's Name: _____

Driver License Number: _____ Male () Female ()

Collision Date: _____ Hour: _____ A.M. _____ P.M. _____

Highway (Give No. or Name): U.S. _____ State _____ County _____ City _____

Weather Conditions: _____ Road Conditions: _____ Estimated Speed: _____

Type of Vehicle: _____ Bus No.: _____ Capacity: _____

Owned by System or Institution: Yes _____ No _____ Regular Trip: _____ Activity Trip: _____

Number on School Vehicle: Pupils _____ Other _____

School Vehicle Driver's Injury: _____

Estimated Damage to School Vehicle: \$ _____

OTHER VEHICLE Driver's Name: _____

Address: _____

Type of Vehicle: _____ Vehicle No.: _____ License No.: _____

Estimated Speed: _____ Other Driver's Injury: _____

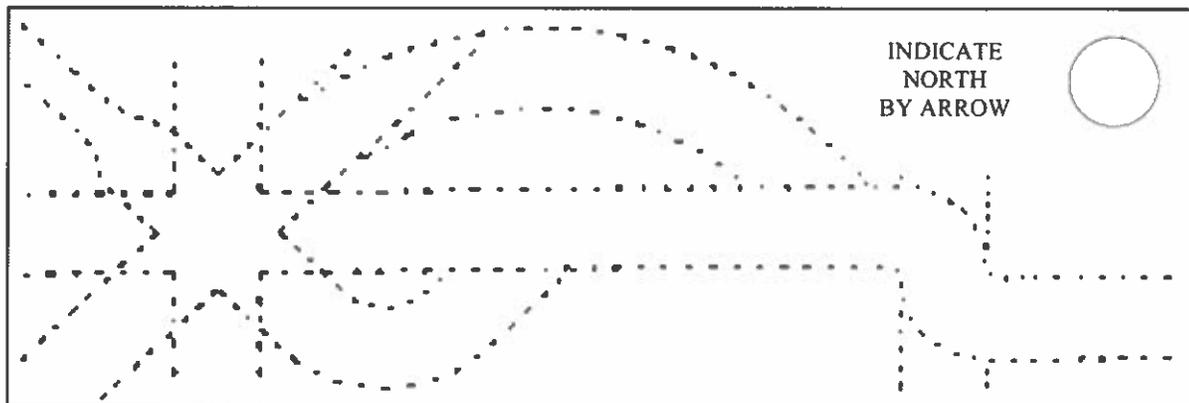
Estimated Damage to Other Vehicle: \$ _____

Damage to Property Other Than Vehicles: _____

Name of Injured Pupils	Age	Address	Nature of Injury
Others Injured	Age	Address	Nature of Injury
Names of Witnesses (Including School Pupils)	Age	Address	Nature of Injury

Use reverse side for making sketch and listing injured pupils. Attach extra sheets whenever necessary to complete information requested.

IMPORTANT: Sketch below an illustration of the road or street where the collision occurred. Indicate with lines or arrows the path and direction of vehicles or persons. Show side roads, hills, bridges, curves, and any other helpful information as to cause of accident.



Vehicle No. 1 – School Vehicle **Vehicle No. 2** – Other Vehicle **Vehicle No. 3** – Any Other Vehicle

INSTRUCTIONS:

1. Use dash lines as guides to draw heavy lines which will show outlines of roadway at place of collision.
2. Show where vehicles were in roadway when collision occurred and where they finally came to rest.
3. Use solid line to show path of vehicle before collision.  Use dotted line to show path of vehicle after collision. 
4. Number each vehicle and show direction of travel by arrow. 
5. Show pedestrians by: 
6. Show railroad by: 
7. Show distance and direction to landmarks. Identify by name or number.

POINT OF IMPACT: (Check one or more for each vehicle)

1	2	3		1	2	3	
()	()	()	1. Front	()	()	()	5. Left side
()	()	()	2. Right front	()	()	()	6. Rear
()	()	()	3. Left front	()	()	()	7. Right rear
()	()	()	4. Right side	()	()	()	8. Left rear

DESCRIBE WHAT HAPPENED:

I hereby certify this report to be correct: _____
School Vehicle Driver

TRANSPORTATION SUPERVISOR NARRATIVE:

School System
Transportation Supervisor Signature

Baldwin County Public Schools

Building Excellence

Transportation Department

Sam Ellis, Coordinator



19200 Carolina St.
Robertsdale, AL. 36567

Phone 251-970-4432
jkelly@bcbe.org

Sam Ellis
Coordinator

To: Band Directors
From: Sam Ellis
Re: Band Truck
Date: April 10, 2025

Baldwin County Public Schools purchased band trucks this year for your school band program. The vehicles have been purchased by the school district and fall under the district's requirements for Board Vehicles Transportation Policies and Procedures. I have attached the Board's policy to this memorandum. Section 2 of the policy states: "ALL BCBE vehicles should be driven by BCBE personnel as they are the only ones on the insurance." Therefore, we have outlined steps to ensure your program meets all requirements regarding the safe operation of the band trucks.

All drivers of band trucks must complete the following:

1. Apply and maintain a substitute card with Baldwin County Board of Education.
2. Attend training provided by Baldwin County Board of Education Transportation Department and safely demonstrate ability to operate/maneuver vehicle.
3. Provide Transportation Department with necessary documents for approval to be added to district's insurance policy.

It is our goal to ensure vehicles are not damaged, are safely operated, and to minimize any risk of accident/incident. It is imperative that only approved individuals are allowed to drive the vehicles. If an unapproved driver is involved in an accident, the district would not be responsible for any repairs or replacement. The band program would be responsible for all related cost.

If the policy is followed, district owned vehicles will be serviced, maintained, and repaired by the district transportation department employees at no cost to the local school or band program.

Please communicate the policy to your parents and boosters as needed. We will provide training opportunities throughout the year as needed for your program.

Thank you


Sam Ellis



BOARD VEHICLES TRANSPORTATION POLICIES AND PROCEDURES

In accordance with Board Policy, vehicles, and other movable or consumable property owned by or under lease to the Board may not be used by or made available to persons or entities for private or personal use, benefit, or consumption, or for any non-Board related use or purpose. Such property may not be removed from Board premises except as necessary to serve a school or Board-related function or purpose, and with the knowledge and approval of the appropriate supervisor, administrator, or the Superintendent.

In accordance with Board policy, the following procedures and guidelines apply to all BCBE vehicles that have been purchased by the Board:

1. With the exception of the individuals and guidelines specifically enumerated below in paragraphs 10 and 11, BCBE employees should only use BCBE vehicles for BCBE business only during normal business operating hours
2. All BCBE vehicles should be driven by BCBE personnel as they are the only ones on the insurance (contact the Transportation department to be placed on the insurance)
3. With the exception of the individuals and guidelines specifically enumerated below in paragraphs 10 and 11, all BCBE vehicles must be parked at a school campus or BCBE office location when not in use
4. Oil change service is due every 7,500 miles
 - a. Tracking units will let Transportation know on Service Needs
 - b. Contact Transportation Department for available locations for service or work
5. Cleanliness is the responsibility of the BCBE employee assigned to the BCBE vehicle
 - a. BCBE will not reimburse for detailing car at an outside vendor
 - b. Cars can be cleaned at BCBE Shop locations
 - c. No Magnet Decals allowed on Painted Surfaces
6. All BCBE vehicles are to be returned to appropriate shop during Summer Months if not being used
7. BCBE employees should start their assigned BCBE vehicles every week to keep batteries charged
8. BCBE issued gas cards are for fleet vehicle use only and should never be used for personal reasons or benefit.
9. Both BCBE vehicle keys will be given to the assigned department. Contact the Transportation Department if your department does not have possession of both vehicle keys.

(If both keys are lost the cost for replacement will be sent to the assigned Department)

10. BCBE employees are expected to adhere to all BCBE Board policies while driving a BCBE vehicle, including but not limited to following Board policies regarding the use of drugs and/or alcohol.
11. The following BCBE employees are typically on-call after normal business hours as part of their job responsibilities. In order to carry out their duties and responsibilities, these individuals are provided a BCBE vehicle that they can park off a school or BCBE office location at their residence when not in use:
 - a. Superintendent
 - b. Superintendent's Senior Staff
 - c. Maintenance Coordinators/Supervisors
 - d. Transportation Coordinators/Supervisors
 - e. Transportation Route Specialists
 - f. On call transportation technicians, with Superintendent permission and documentation
 - g. On call maintenance technicians, with Superintendent permission and documentation
 - h. Any other individual with written permission from the Superintendent (documentation of permission will need to be provided to Fleet Manager)
12. The BCBE employees identified in Paragraph 10 should not use BCBE vehicles for purely personal matters, such as vacation, leaves of absence, and/or similar such matters. The BCBE employees identified in Paragraph 10 should not use BCBE vehicles on weekends or after normal business hours unless the BCBE employee uses the BCBE vehicle to: (1) respond to a BCBE emergency or issue; (2) travel to and from an event related to BCBE business; and/or (3) travel to and from an activity or event on educational matters beneficial to BCBE. BCBE employees identified in this paragraph should not use a BCBE vehicle when traveling outside a 100 mile radius and/or out of State, unless such travel is related to BCBE business or approved conventions or educational matters beneficial to BCBE.

Employee Acknowledgement/Signature

Date