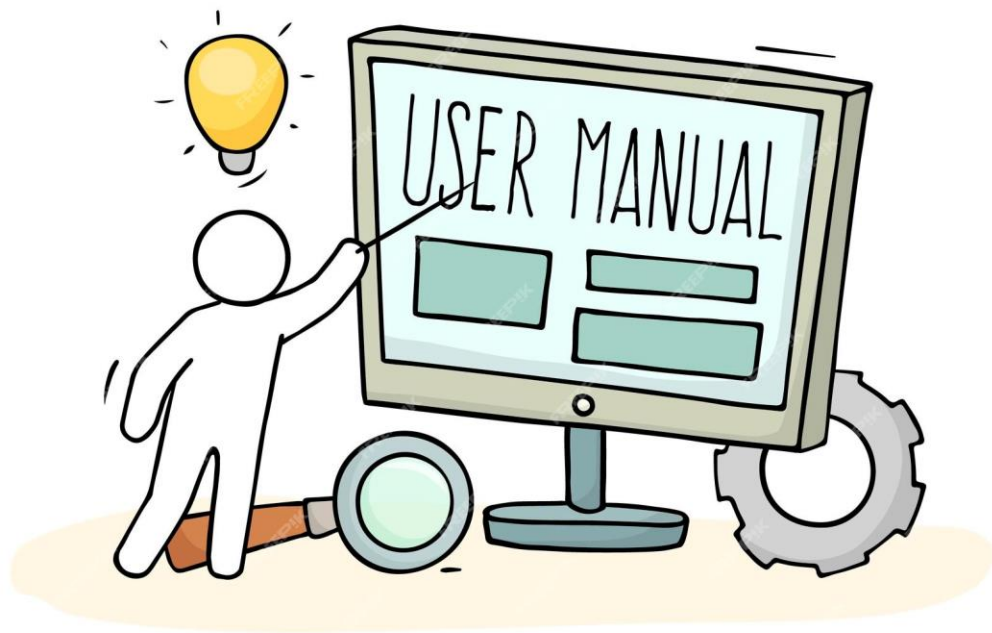


# HPS Common Forms, Guides + Links

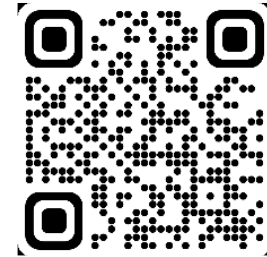


# How to use Power Schools

## *Applicant Tracking- All Job Postings:*

<https://hudson.tedk12.com/hire/index.aspx>

- This is where all current external and internal job postings are listed.
- You must first mark yourself as internal before creating your account and having access to internal job postings/advisorships:



TOP RIGHT CORNER OF SCREEN:

[Hire Home](#) | [Internal](#) | [Admin](#) | [Help](#)

### New Internal Applicants

In order to view jobs available to internal applicants, you must first create an online account to identify yourself as an internal applicant.

If you have already created an internal account, you may login with your existing username and password to see all internal jobs.

Yes, I am an employee.


## *Employee Records- Personnel Folders and All available forms:*

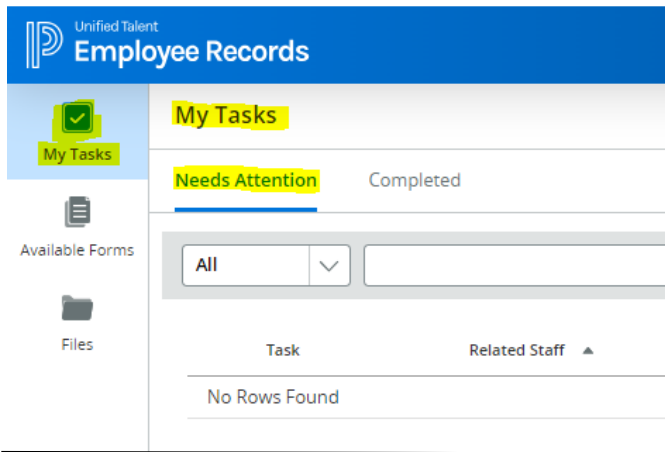
<https://hudson.tedk12.com/records>

- Your entire Personnel Folder will live here
- You will have access to a number of useful forms Electronically (ex: W-4, M-4, Union Forms, leave of absence forms, etc.)
- You can send completed forms, requests, and updates through this system
- All contracts and salary letters will be issued through this System



Login: Your username should be your **full** school email address  
ex: [kkardashian@hudson.k12.ma.us](mailto:kkardashian@hudson.k12.ma.us)

Password: Click  [Logging in for the first time? / Forgot password?](#)



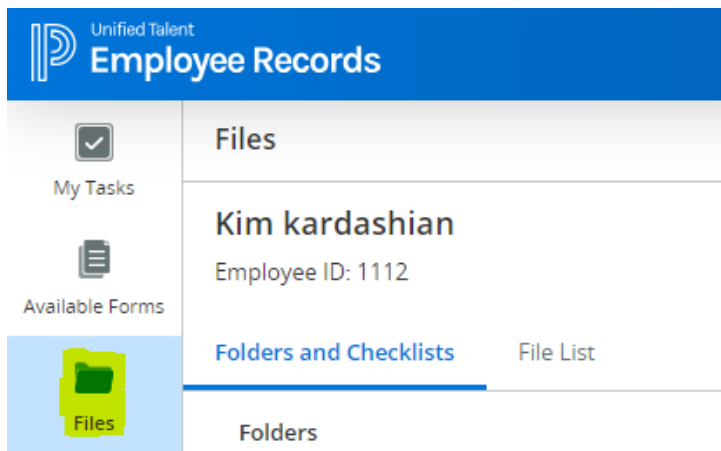
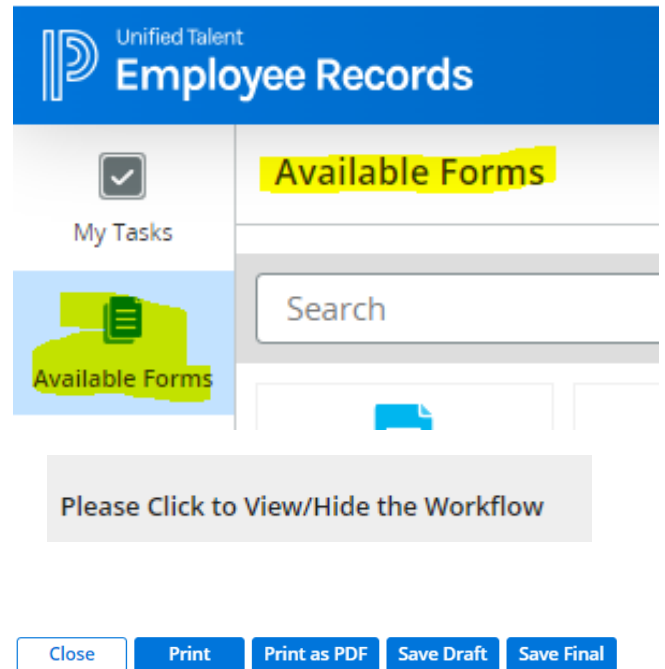
## My Tasks:

- All district issued forms requested or contracts/letters will be issued here. You will need to click the task and submit it to be completed.
- “Completed” will show all forms that you signed and filled out here

## Available Forms:

*All available district and union forms can be found here to be used or downloaded*

1. Click on the form you wish to fill out
2. Complete the form
3. Scroll to the bottom and “Please click to View/Hide the Workflow”. This will show you where the form is going. If there is no Workflow attached to a form, you will need to print out/download the form
4. If you are not yet done with the form- click “Save Draft” this will put the form in your “My Tasks” section until you are done
5. Once you are done, click “Save Final” to submit the form




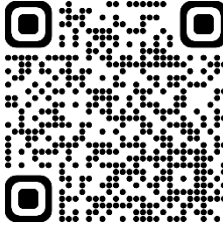
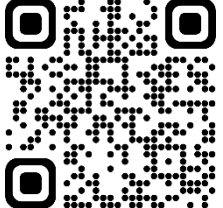
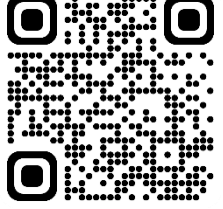



## Files:

- Your personnel file will live here
- Folders will fill up with documents the more the system gets used.
- Paper files prior to current will be scanned into these folders in batches.

*If you click on any form, even if you did not save it, it will get assigned to your “My Task” section – make sure to delete the form if you have no intention of completing it*

# Staff - Useful Links

<p>Applicant Tracking- All job postings <a href="https://hudson.tedk12.com/hire/index.aspx">https://hudson.tedk12.com/hire/index.aspx</a></p>	
<p>Records- Employee Personnel Portal- All available Forms <a href="https://hudson.tedk12.com/sso/Account/Login?ReturnUrl=%2Fsso%2F%3Fpid%3D9%26logout%3DTrue%26allowLogin%3DFalse">https://hudson.tedk12.com/sso/Account/Login?ReturnUrl=%2Fsso%2F%3Fpid%3D9%26logout%3DTrue%26allowLogin%3DFalse</a></p>	
<p>Frontline- Absence Management- Paid Time Off Balances <a href="https://login.frontlineeducation.com/login?signin=a6be6d095ab67b706c36769cbdf61050&amp;clientId=superSuit#/login">https://login.frontlineeducation.com/login?signin=a6be6d095ab67b706c36769cbdf61050&amp;clientId=superSuit#/login</a></p>	
<p>Hudson School Committee Policies <a href="https://www.hudson.k12.ma.us/school_committee/policies">https://www.hudson.k12.ma.us/school_committee/policies</a></p>	
<p>Safe Schools Trainings <a href="https://hudson-ma.safeschools.com/login">https://hudson-ma.safeschools.com/login</a></p>	
<p>Town of Hudson- Benefits &amp; Insurance <a href="https://www.townofhudson.org/employee-information">https://www.townofhudson.org/employee-information</a></p>	
<p>All Collective Bargaining Agreements <a href="https://www.hudson.k12.ma.us/departments/human_resources/human_resources_documents">https://www.hudson.k12.ma.us/departments/human_resources/human_resources_documents</a></p>	

**HPS PARENTAL LEAVE OF ABSENCE REQUEST FORM**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Home address: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Expected due/adoption date: \_\_\_\_\_

Expected start date of leave: \_\_\_\_\_

Expected return to work date: \_\_\_\_\_

**Please check appropriate option based on eligibility:**

*Please see information below to find out what you may be eligible for. Human Resources will confirm your eligibility once requested.*

\_\_\_ up to 8 weeks of Parental leave under MA State Parental Law

\_\_\_ up to 12 weeks of FMLA leave (if eligible)

\_\_\_ Remainder of school year in which child is born/adopted – PTS + HPA staff eligible

\_\_\_ Remainder of school year in which child is born/adopted and the school year following – PTS staff eligible

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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



## Information & Eligibility for Parental Leave

First off, Congratulations!

*Please find below some general information for you to be aware of in regards to your parental leave. Please also refer to your collective bargaining agreement or HSC Policies for additional language on leave eligibility:*

- A staff member (non-gender specific) who is expecting a child shall be entitled to 8 weeks of unpaid leave for the birth or adoption of their child according to the Massachusetts Parental Leave: <https://www.mass.gov/service-details/parental-leave-in-massachusetts>
  - If additional time is needed past eligibility, a written request would need to be made to the Superintendent. A reasonable accommodation meeting may need to be held.
- The Family Medical Leave Act allows eligible employees up to 12 weeks of approved unpaid job protected leave of absence in a 12-month period due to personal medical reasons or a family member medical reason: <https://www.dol.gov/agencies/whd/fmla>
  - If additional time is needed past eligibility, a written request would need to be made to the Superintendent. A reasonable accommodation meeting may need to be held.
- If you are enrolled in the Sick Bank, you may make a written request to Human Resources to access sick days to cover your leave up to the extent of temporary disability deemed by your physician. You must drain your own sick time before being able to access the sick bank.
- If you are enrolled in health, dental, or life insurance benefits through the Town of Hudson, you must contact the Treasurer's Office at 978-568-9605 to discuss options for continuation of benefits during your leave.
- The Hudson Public School district is exempt from the Paid Family Medical Leave Act.
- The MA Parental Leave and FMLA run concurrently and cannot be taken separately.

**Eligibility:** All permanent full time staff are eligible for 8 weeks of MA Parental Leave once they have completed their 3-month probationary period. In order to be eligible for 12 weeks of FMLA, you must have been employed with Hudson Public Schools for at least 12 months prior to your leave and a minimum of 1250 hours in the past 12 months. Human Resources will confirm your eligibility.

### ***What happens next:***

1. Complete the "HPS Parental Leave of Absence Request" form
2. Have your doctor complete the "Physician's Certificate" (&FMLA forms if eligible)
3. Return BOTH forms to HR as soon as possible.
4. Upon receipt of both forms, HR will send you a letter outlining the details of your maternity leave.
5. Notify your principal and HR when the baby is born.
6. HR will send you a follow up letter outlining the details and any changes to your maternity leave based on the baby's actual delivery date. Please provide a copy of the birth certificate!
7. Payroll will contact you regarding your adjusted pay for the year. Please note that your adjusted pay cannot be calculated until the baby is born.

Contact Emily Osborne, HR Generalist at [enosborne@hudson.k12.ma.us](mailto:enosborne@hudson.k12.ma.us) with any questions about your leave.

Contact Karissa Cook, Payroll specialist at [klcook@hudson.k12.ma.us](mailto:klcook@hudson.k12.ma.us) with any questions about your adjusted pay.

Contact Bill Weagle at [wweagle@townofhudson.org](mailto:wweagle@townofhudson.org); or, Audria Cedrone at [acedrone@townofhudson.org](mailto:acedrone@townofhudson.org), or by calling 978-568-9605 with any questions about benefits

# Workplace Accommodation Request

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

This is a confidential form and will be submitted by the requesting applicant/employee directly to Human Resources. Only employees are expected to complete workplace information.

**POSITION INFORMATION**

<b>Name:</b> _____	<b>Title:</b> _____
<b>Address:</b> _____	<b>Telephone:</b> _____
<b>Home Phone:</b> _____	<b>School/Department:</b> _____
<b>Supervisor:</b> _____	<b>FLSA/Hours:</b> _____

**Nature of Request:**

I am applying for employment. The accommodation requested will allow me to participate in the application process for the following position:  
\_\_\_\_\_

I am currently employed by the Town of Hudson/Hudson Public Schools and request a reasonable accommodation.

My specific limitation is: \_\_\_\_\_. The accommodation I am requesting is described below. (Describe the type of accommodation; if it is a purchasable item, list the model, number, cost and where it can be purchased, etc. suggestions for worksite modifications or specific job duties which may be restructured or shared to facilitate employment). Please attach additional notes, and documentation as needed.  
\_\_\_\_\_  
\_\_\_\_\_

**Describe How This Accommodation Will Assist You:**

Attach additional notes as needed.  
\_\_\_\_\_  
\_\_\_\_\_

**Requested/Suggested Accommodation:**

Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job. Please note if this accommodation is time sensitive.  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Certification:**

I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services or work adjustments described above.

Employee Signature

Date

**Medical Questionnaire for Accommodation Request**



This form is intended to assist the employer in making a determination regarding whether an employee has a disability that qualifies for an accommodation consistent with the Americans with Disabilities Act (ADA). This form must be completed by the treating healthcare provider.

**Employee / Patient Information Requesting Accommodation Authorization for Release of Medical Information:**

Employee Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

**TO: My Medical Care Provider(s)**

You are hereby authorized to give to the **Hudson Public Schools Human Resources Department** all information, facts and particulars which may be requested regarding my medical condition, diagnosis, prognosis, and estimates of disability.

This information is to be used for purposes of evaluating and handling my request for workplace accommodation and for no other purpose, now or in the future.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Medical Professional Only:**

Have you examined the employee?  Yes  No If yes, list date of last examination: \_\_\_\_\_

For reasonable accommodation requests under the ADA, an employee may have a qualifying disability if he or she has a physical or mental impairment that substantially limits one or more major life activities and interferes with the employee's ability to perform essential job functions. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment?  Yes  No

If yes, what is the impairment or the nature of the impairment? \_\_\_\_\_

Does the impairment or condition in its active state substantially limit a major life activity as compared to most people in the general population?  Yes  No

**Impairment Specifics:**

If yes, what major life activity or activities (includes major bodily functions) is/are affected?

**Major Life Activities:**

Bending	Sleeping	Sitting	Concentrating	Walking	Breathing	Reading
Standing	Speaking	Eating	Lifting	Working	Thinking	Hearing
Reaching	Caring for Self	Interacting with Others	Other: _____			

**Major Bodily Functions:**

Bladder	Endocrine	Immune	Digestive	Respiratory	Circulatory	Lymphatic
Bowel	Musculoskeletal	Reproductive	Brain	Neurological	Cardiovascular	Organ Operation
Other: _____						

**Impairment Duration:**

Is the substantial limitation in any of the identified major life activities or bodily functions  Temporary  Permanent

If temporary, what is the anticipated duration of the impairment? \_\_\_\_\_

## Workplace Accommodation Questions:

An employee with a qualifying disability may be entitled to a reasonable work accommodation. The following questions may help to determine whether an accommodation is needed to assist the employee in performing his or her essential job duties:

Is the employee having trouble performing his or her essential job duties because of the disability?  Yes  No  
(Please see the attached description of essential job functions.)

If yes, which essential job duties are affected by the employee's limitation(s) and how is the employee limited in performing such job duties?

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If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation unless the accommodation poses an undue hardship. The following questions may help to determine effective accommodation options:

Can the employee perform the essential functions of the job with a reasonable accommodation?  Yes  No

If yes, what accommodation(s) do you recommend to assist the employee in performing his/her job?

---

How long does the employee require the recommended accommodation?

---

## Medical Provider Information

**Provider's  
Name:**

---

**Address:**

---

**State, Zip:**

---

**Phone:**

---

**email:**

---

**Signature:**

---

**Date:**

---

# WORKPLACE INJURIES

## STEP 1 >

**Report your Workplace Injury to your School Nurse and Principal.**

*If you sustain an injury, notify the person in charge immediately. This means, ANY injury, however slight it may appear.*

## STEP 2 >

**Seek Medical Attention *if needed***

*For minor injuries, please visit your school nurse. For serious injuries, please visit a physician. UMass Memorial Health-Marlborough Hospital is the closest Hospital to HPS buildings.*

## STEP 3 >

**Fill out the “Supervisor’s Report of Accident-Intake Form” with your school nurse**

*All injuries will be reported on this form and reported to Human Resources*

**Workers Compensation Injury Report Forms can be found on the Hudson Public School website or a copy can be found with your school nurse!**

<https://www.hudson.k12.ma.us/common/pages/DownloadFileByUrl.aspx?key=am15fiEQ5E1IQ5P%2fw4gMr8vuSjJlslb99kfrYOVqVDqdFyNGnVRzIVqpZghRsaQ2XEeQyeynNO3qiXITCP4veaWm5QD06IQCa%2b%2b4s027sHuwCltNiwCW08%2b0bjJDn0qLOVITLwel35eM5NUvaFJqrMzpSkHb5Plq7e9dQTgMbkCG8EtfC6agwJwTmqz%2byl36bSjqEw%3d%3d>



**MIIA Property and Casualty Group Inc.**

**Adam Roderiques**

**Phone: 617- 210- 4955**

**[Adam.roderiques@aon.com](mailto:Adam.roderiques@aon.com)**

**3 Center Plaza, Suite 610**

**Boston, MA 02108**



**SUPERVISOR'S REPORT OF ACCIDENT- INTAKE FORM**

DATE OF INJURY: \_\_\_\_\_ **TIME OF INJURY** \_\_\_\_\_ ACKNOWLEDGE/DATE REPORTED \_\_\_\_\_

DESCRIPTION OF ACCIDENT; WHAT WAS EMPLOYEE DOING? WHAT HAPPENED?WHY? \_\_\_\_\_  
\_\_\_\_\_

**\*CAUSE:** \_\_\_\_\_ **\*NATURE:** \_\_\_\_\_ **\*BODY PART:** \_\_\_\_\_ **\*OCCUPATION** \_\_\_\_\_

**EMPLOYEE NAME** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_  
**SEX**(M or F) \_\_\_\_\_ **MARITAL STATUS** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
**DATE OF HIRE** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_  
**SUPERVISOR NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**EMPLOYEE ADDRESS** \_\_\_\_\_  
**TELEPHONE NUMBER:** HOME \_\_\_\_\_ WORK \_\_\_\_\_  
CELL \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**LOCATION ACCIDENT OCCURRED** \_\_\_\_\_ (**Include Building or School Name**)  
**INJURED ON PREMISE** YES  NO

**AVERAGE WEEKLY WAGE** \_\_\_\_\_  
**DID EMPLOYEE LOSE TIME FROM WORK?** YES  NO

**NUMBER OF DEPENDENTS** \_\_\_\_\_  
**DID EMPLOYEE RETURN TO WORK** YES  NO   
**IF YES, DATE RETURN TO WORK:** \_\_\_\_\_ **Full Duty** YES  NO  **Modified Duty** YES  NO

**TIME BEGAN WORK** \_\_\_\_\_  
**IF NO, LAST DAY WORK** \_\_\_\_\_ **1<sup>ST</sup> DAY OF DISABILITY** \_\_\_\_\_ **5<sup>TH</sup> DAY OF DISABILITY** \_\_\_\_\_ (calendar days)

**WAS MEDICAL TREATMENT SOUGHT?** YES  NO   
**MEDICAL FACILITY** \_\_\_\_\_

**DATE REPORTED AS WORK RELATED:** \_\_\_\_\_  
**WITNESS** \_\_\_\_\_  
**TO WHOM WAS INJURY REPORTED TO** \_\_\_\_\_

**\*\*\*\*\*Supervisor's Complete Below\*\*\*\*\***

**CAUSE-UNSAFE ACT OR CONDITION; OBJECT/SUBSTANCE CAUSING INJURY**  
\_\_\_\_\_  
\_\_\_\_\_

**WAS EMPLOYEE WEARING SAFETY GEAR?** YES  NO  **IF NO, EXPLAIN)** \_\_\_\_\_

**ACTION TAKEN TO PREVENT SIMILAR ACCIDENTS** \_\_\_\_\_  
\_\_\_\_\_

**REMARKS** \_\_\_\_\_  
\_\_\_\_\_

**Investigated By** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Reviewed By** \_\_\_\_\_ **Date** \_\_\_\_\_

School Nurse  Supervisor

**\*See page 2 for selection listing**  
**Red Font: New OSHA Require data**

Cause	Body Part	Nature	Occupation/Job Code
STRUCK AGAINST	ABDOMEN	INSECT BITE	ADMIN ASSISTANT
STRUCK BY	ANKLE	AMPUTATION	ADMINISTRATION
FALL DIFF LEVEL	ARM	ASPHYXIATION	ANIMAL CONTROL
FALL SAME LEV.	BACK	ANIMAL BITE	CARPENTER
CAUGHT BETWEEN	BOD PTS, NEC	BURN/SCALD	CLERICAL
HOLDING PNT UP	BODY SYSTEM	CARPAL TUNNEL	CONSERV. AGENT
LIFTING	BRAIN	BURN(CHEMICAL)	COOK
LIFT OBJ LOWER	BUTTOCKS	CONCUSSION	DRIVERS NOC
CARRYING	CHEST/RIBS	INFECT. DISEASE	ELECTRICIAN
BENDING/REACH	DIGEST SYS	CONTUSION	EMT
WHEELCHAIR	EAR	CUT/PUNCTURE	EQUIP/OPERATORS
FALL ON STAIRS	ELBOW	SPLINTER	FOREMAN
FALL OUTSIDE PR	EXCRET SYS	DERMATITIS	GENERAL ADMIN
STRUCK BY DOOR	EYES	POISON IVY	GROUNDKEEPER
HANDTOOLS	FINGER	DISLOCATION	HARBORMASTER
POWER HAND TOOL	FOOT	ELECTRIC SHOCK	HEALTH PROF
RUB/ABRADE	GROIN	FRACTURE	INSPECTOR
SPLASHING LIQ	HAND	FROSTBITE	LABORERS
FOREIGN BDY EYE	HEAD	HEARING LOSS	LIBRARIAN
STEP ON OBJ.	HEART	VISION LOSS	LIFEGUARD
CUTS/NOT NEEDLE	HEEL	HEAT EXHAUSTION	LINEHAUL (ROAD)
PUNCH NDLE DISC	HIP	HERNIA	LINEMAN
PUNCH NDLE USE	JAW	HUMAN BITES	LPN
COLL /PERSON	KNEE	HUMAN SCRATCHES	MAINTENANCE WKR
STRUCK BY PNT	LEG	INFLAM MUSCLES	MARINE WORKER
OCCUP DISEASE	LO EXTR	POISONING	MASON/PLASTERER
EXPL & FIRE	LO EXTR MULT	PNEUMOCONIOS	MECHANIC
COMM.DISEASE	LO EXTR,NEC	SUNBURN	METER READER
BODY REACTION	LOWER LEG	SPRAIN	MISC NOC
ANIMAL BITE	MOUTH	STRAINS	PAINTER
OVEREXER/STRESS	MULTIPLE PTS	ULCERATIONS	PLANT OPERATOR
ELECTRIC SHOCK	MUS/SKEL SYS	VARICOSITIES	PLUMBER
TEMP. EXTREME	NECK	HEMORRHOIDS	REFUSE COLLECT
CONTACT TOXIC	NERV SYS/STRESS	MULT.INJURIES	REFUSE DRIVER
ASSAULT	NOSE	FOREIGN BODY	SCH/BUS/DRIVER
INSECT BITE	OTH BOD SYS	MENTAL DISORDER	SCH/CAFETERIA
MOTOR VEH ACC.	PELVIS	NERV SYS/STRESS	SCH/CUSTODIAN
TRIPPED/TURNED	RESP SYS	RESP. SYSTEM	SCH/NURSE
CLIMBING	SCALP	EYE IRRITATION	SCHOOL TEACHER
PULLING HOSE	SHOULDER	PROTH DEVICE	SCHOOL/AIDE
CONTAGIOU PLANT	SKIN	OCC. DISEASE	SCHOOL/CLERICAL
SHOT	TEETH	HEART ATTACK	SCHOOL/CROSSING
HLD-UP RIOT	THIGH	HYPERTEN/STROKE	SECRETARY
ROBBERY	TOES	FAINTING	SUPERINTENDENT
HORSEPLAY/FIGHT	TRUNK	SCARRING	TEMP/OTHER
WINDBLOWN OBJ.	TRUNK MULTI	cardio/vascular	TEMP/SUMMER
REPETITIVE MOT.	UP EXTR	NOT CLASSIFIED	TREE WORKER

## **HPS Name or Address Change**

### **Name Change:**

- Please contact [HR@Hudson.k12.ma.us](mailto:HR@Hudson.k12.ma.us) with your notice for a name change.
- Please email a copy of your Marriage Certificate or divorce decree confirming your new last name.
- Once you have received your new IDS with your new last name, please send a copy to HR (SSN card, Driver's license, passport)
- HR will notify the Town of Hudson regarding the name change for your future W2 and any insurance of benefits you may have.
- HR will work with the tech department to update your email address.
- *If you are enrolled in MTRS or an HEA member,*
  - You will need to contact DESE to update your last name directly with them:  
<https://www.doe.mass.edu/search.html#q=name%20change&sort=relevancy>
- *If you are enrolled in the Middlesex Retirement System (building subs, para's, aba's, non-contractual),*
  - You will need to contact Middlesex to update your last name:  
<https://middlesexretirement.org/resources/forms-and-retirement-guides/>

### **Address Change:**

- Please email [HR@Hudson.k12.ma.us](mailto:HR@Hudson.k12.ma.us) with your new address. HR will notify the corresponding people to make sure this gets updated.

## Direct Deposit Change

*You can make this change 2 different ways:*

In order to change your direct deposit, you must login into our new Power Schools Record system:

<https://hudson.tedk12.com/sso/Account/Login?ReturnUrl=%2Fsso%2F%3Fpid%3D9%26logout%3DTrue%26allowLogin%3DFalse>



*If you have never logged in before, click “Logging in for the first time/ Forgot Password”*

Once you have logged in...

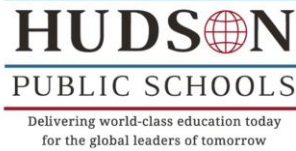
- Click “Available Forms” on the left hand side
- Click “\_Direct Deposit Form”
- Fill out your new direct deposit information
- Please be sure to **upload a copy of your new voided check or a direct deposit letter from your bank. We cannot set up your new account without a voided check/direct deposit letter.**

You can also change your direct deposit by coming to 155 Apsley St, Hudson MA between 8:00am – 4:00pm with a valid picture ID (M-F).

- No appointment is necessary. HR, Payroll, or the Front Office Admin Assistant can assist you.
- Please bring a valid Photo ID with you for security reasons. We cannot change this in person without a photo ID.
- Please bring your new voided check/direct deposit letter from your bank confirming your new account information.
- You can fill out a new direct deposit form in person

Your new account **will not** be changed until we have received a voided check/direct deposit letter.

*Please let us know if you need to shut off your old direct deposit before this change takes place.*



## **HPS Course Reimbursement Instructions**

*All Full time employees are eligible.*

1. Read your collective bargaining agreement or school committee for corresponding language and eligibility.
2. Fill out Step 1 and send to the curriculum admin assistant, Delia Tallent - [dmtallent@hudson.k12.ma.us](mailto:dmtallent@hudson.k12.ma.us) BEFORE your course starts. The Curriculum Admin assistant will work with the HR director for the course to be approved.
3. Pay and take your class
4. Once the class is over, fill out Step 2 and send to Filipe DaCosta- [fmdacosta@hudson.k12.ma.us](mailto:fmdacosta@hudson.k12.ma.us)
  - a. You will also need to send your proof of payment and a *copy* of your transcript.

*Steps 1 & 2 can be downloaded via the link, under "Available Forms"*  
<https://hudson.tedk12.com/sso/Account/Login?ReturnUrl=%2Fsso%2F%3Fpid%3D9%26logout%3DTrue%26allowLogin%3DFalse>

*Or mail/interoffice to 155 Apsley St, Hudson MA 01749*



**HUDSON PUBLIC SCHOOLS**

*Request for Course Approval*

**STEP 1**

***Please  the appropriate box - This request is in compliance with:***

- Article 25A of the HEA contract - Teacher/Nurse
- Article XI of the HSSA contract - Secretary
- Article VIII of the HTA contract – Paraprofessional
- Educational Incentives for Non Contractual/Administrators

***Please fill out completely - Incomplete forms will be returned:***

**NAME** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**POSITION** \_\_\_\_\_

**NAME OF COURSE** \_\_\_\_\_

**COURSE TAKEN AT:** \_\_\_\_\_

**GRADUATE LEVEL** \_\_\_\_\_ **or** **UNDERGRADUATE LEVEL** \_\_\_\_\_

**ONLINE COURSE:**

**# OF CREDITS:** \_\_\_\_\_ **BEGINS:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **and ENDS:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**COST OF COURSE:** \$ \_\_\_\_\_ **50% REIMBURSEMENT AMOUNT:** \$ \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

***For Office Use Only:***

**FY#** \_\_\_\_\_ **COURSE #** \_\_\_\_\_

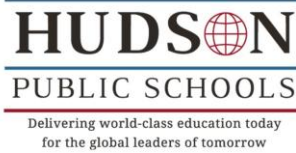
***For Office Use Only:***

**SPED**       **REGULAR ED**       **OTHER**

\_\_\_\_\_  
**APPROVED** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Human Resources Director*

\_\_\_\_\_  
**APPROVED** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Assistant Superintendent of Schools*

***\*Forward this form to the Curriculum secretary at the Administrative Building\****



## HPS Course Reimbursement Instructions

*All Full time employees are eligible.*

1. Read your collective bargaining agreement or school committee policy for corresponding language and eligibility:  
[https://www.hudson.k12.ma.us/departments/human\\_resources/human\\_resources\\_documents](https://www.hudson.k12.ma.us/departments/human_resources/human_resources_documents)
2. Fill out Step 1 and send to the curriculum admin assistant, Delia Tallent - [dmtallent@hudson.k12.ma.us](mailto:dmtallent@hudson.k12.ma.us) **BEFORE** your course starts. The Curriculum Admin assistant will work with the HR director for the course to be approved.
3. Pay and take your class
4. Once the class is over, fill out Step 2 and send to Filipe DaCosta- [fmdacosta@hudson.k12.ma.us](mailto:fmdacosta@hudson.k12.ma.us)
  - a. You will also need to send your proof of payment and a *copy* of your transcript.

*Steps 1 & 2 can be downloaded via the link, under "Available Forms"*

<https://hudson.tedk12.com/sso/Account/Login?ReturnUrl=%2Fsso%2F%3Fpid%3D9%26logout%3DTrue%26allowLogin%3DFalse>

*Or mail/interoffice to 155 Apsley St, Hudson MA 01749*

# HUDSON PUBLIC SCHOOLS

## Request for Tuition Reimbursement

### STEP 2

#### INSTRUCTIONS TO ENSURE YOUR PROMPT REIMBURSEMENT:

1. **Completed** Step 2 form (be sure to fill in **all spaces** and **check off** appropriate boxes).
2. **Must have** paper copy of transcript or grade report (copy is acceptable)
3. **Must have** proof of payment (i.e. front & backside of a canceled check, bank or credit statement or school receipt).
4. Please be sure you are submitting a complete package. **Do not** send it piece mail.
5. Forward this form, with attachments to Filipe DaCosta in the Accounts Payable Department.

#### INCOMPLETE SUBMISSIONS WILL BE RETURNED

Make check payable to:

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOES THIS ADDRESS MATCH YOUR ADDRESS ON THE P.O.      YES      NO

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TITLE OF COURSE: \_\_\_\_\_ CREDITS: \_\_\_\_\_

DATE COURSE COMPLETED \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

COST OF TUITION: \_\_\_\_\_

REIMBURSEMENT AMOUNT: \_\_\_\_\_ PO#: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

For Office Use Only:

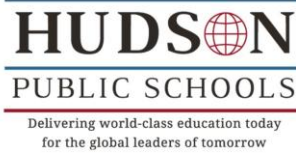
COMPLETE     INCOMPLETE - DATE RETURNED TO EMPLOYEE \_\_\_\_/\_\_\_\_/\_\_\_\_

**REASON FOR RETURN:**

Step 2 Form Incomplete

Proof of Payment Not Included

Copy of Transcript or Grade Report Not Included



## HPS Course Reimbursement Instructions

*All Full time employees are eligible.*

1. Read your collective bargaining agreement or school committee policy for corresponding language and eligibility:  
[https://www.hudson.k12.ma.us/departments/human\\_resources/human\\_resources\\_documents](https://www.hudson.k12.ma.us/departments/human_resources/human_resources_documents)
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  - a. You will also need to send your proof of payment and a *copy* of your transcript.

*Steps 1 & 2 can be downloaded via the link, under "Available Forms"*

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*Or mail/interoffice to 155 Apsley St, Hudson MA 01749*

Hudson Public Schools Copy Center  
Hudson High School • Room E213  
69 Brigham Street • Hudson, MA 01749  
978-567-6250 x15213 • copy.center@hudson.k12.ma.us

**Hudson Public Schools  
Copy Center Request Form**

Date of Order:	Date Needed:	Block Needed (HHS): <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> ARC <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>
Customer Name:		Contact Person (if different):
School/Department:		
Telephone:		Email:
<input type="checkbox"/> Please Deliver to Above Address <input type="checkbox"/> Will Pick Up in Copy Center <input type="checkbox"/> Deliver to HHS Room #:		

Job 1 Description:						Ink <input type="checkbox"/> Black <input type="checkbox"/> Color
Quantity:	1 Sided <input type="checkbox"/> 1 → 1 <input type="checkbox"/> 2 → 1	<input type="checkbox"/> Collated (as a set) <input type="checkbox"/> Uncollated (separate sheets) <input type="checkbox"/> 3 Hole Punched	<input type="checkbox"/> No Staple <input type="checkbox"/> Staple Top Left <input type="checkbox"/> Staple Top Right <input type="checkbox"/> Staple Left Double	Booklet (Folded) <input type="checkbox"/> 8.5x11 in half <input type="checkbox"/> 11x17 in half	Bound <input type="checkbox"/> GBC Bind <input type="checkbox"/> Tape Bind	<input type="checkbox"/> Glue Pads Pages per Pad:
	2 Sided <input type="checkbox"/> 1 → 2 <input type="checkbox"/> 2 → 2			Pamphlet <input type="checkbox"/> Tri-Fold		
Paper Color: <input type="checkbox"/> White <input type="checkbox"/> Other:			<input type="checkbox"/> Cut Size:	Cover? <input type="checkbox"/> No <input type="checkbox"/> Paper <input type="checkbox"/> Cardstock Color:		
Additional Instructions:						

Job 2 Description:						Ink <input type="checkbox"/> Black <input type="checkbox"/> Color
Quantity:	1 Sided <input type="checkbox"/> 1 → 1 <input type="checkbox"/> 2 → 1	<input type="checkbox"/> Collated (as a set) <input type="checkbox"/> Uncollated (separate sheets) <input type="checkbox"/> 3 Hole Punched	<input type="checkbox"/> No Staple <input type="checkbox"/> Staple Top Left <input type="checkbox"/> Staple Top Right <input type="checkbox"/> Staple Left Double	Booklet (Folded) <input type="checkbox"/> 8.5x11 in half <input type="checkbox"/> 11x17 in half	Bound <input type="checkbox"/> GBC Bind <input type="checkbox"/> Tape Bind	<input type="checkbox"/> Glue Pads Pages per Pad:
	2 Sided <input type="checkbox"/> 1 → 2 <input type="checkbox"/> 2 → 2			Pamphlet <input type="checkbox"/> Tri-Fold		
Paper Color: <input type="checkbox"/> White <input type="checkbox"/> Other:			<input type="checkbox"/> Cut Size:	Cover? <input type="checkbox"/> No <input type="checkbox"/> Paper <input type="checkbox"/> Cardstock Color:		
Additional Instructions:						

Reviewed By \_\_\_\_\_  
Date \_\_\_\_\_  
(For Business Office Use Only)

**HUDSON PUBLIC SCHOOLS  
EMPLOYEE REIMBURSEMENT  
FOR EXPENSES**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PURCHASE ORDER NO.**  **AMOUNT**

EXPLANATION OF EXPENSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Director \_\_\_\_\_ Date \_\_\_\_\_

Supt/Dir Finance \_\_\_\_\_ Date \_\_\_\_\_

*List Expenditures\* Attach Original Receipts to 8 1/2 x 11 sheet of paper\* Obtain Approvals  
Submit this form to Principal/Director with all attachments*

**HUDSON PUBLIC SCHOOLS**  
**EMPLOYEE REIMBURSEMENT FOR EXPENSES INSTRUCTIONS**

**This is the form to use when submitting your expenses to Accounts Payable for reimbursements. Please do not use this form for course reimbursements or mileage reimbursements.**

1. Fill in your name, home address and school
2. Fill in your purchase order number and dollar amount of reimbursement requested
3. Explanation of Expense – Indicate the program or purpose of expense. For example: “Supplies for Intensive Preschool Program”
4. Attach receipts with **tape** to an **8 ½ x 11** sheet of paper. If your receipt is double sided, please copy 1 side and tape the other side of receipt to that page so that both sides are now visible. Highlight or circle amount to be reimbursed. Note: We do not reimburse for sales tax
5. Sign and date the form
6. Submit to principal/director for approval
7. Sales tax is not reimbursable, as we are a non-profit organization. Please see your supervisor or secretary for a copy of our tax exemption certificate before you make your purchase
8. Forward Original paperwork to accounts payable department for payment





## HUDSON PUBLIC SCHOOLS

### EMPLOYEE REIMBURSEMENT FOR TRAVEL/CONFERENCES INSTRUCTIONS

**This is the form to use when submitting your travel and conference expenses to Accounts Payable for reimbursements.**

1. Fill in your purchase order number
2. Fill in the date of conference/travel
3. Destination/Purpose – Indicate the name and location of conference attended. If mileage reimbursement only, indicate purpose of trip and beginning and ending locations.
4. Indicate reimbursement amounts and totals in appropriate columns and attach receipts with **tape** to an **8 ½ x 11** sheet of paper. If your receipt is double sided, please copy 1 side and tape the other side of receipt to that page so that both sides are now visible. Highlight or circle amount to be reimbursed.
5. Fill in your name and address.
6. Sign and date the form
7. Submit to principal/director for approval
8. Forward original paperwork to accounts payable department for payment

#### ➤ **Travel and Meal Reimbursement**

**Employees whose duties require them to travel are allowed their actual reasonable out of pocket expenses incurred in the performance of such duties**

- **MapQuest directions showing beginning and ending locations must accompany all request for reimbursement. Mileage rate is set by the town currently set at .40 per mile.**
- **Meal reimbursements with itemized receipts is allowed with following restrictions**
  - ✓ **Breakfast per person = \$10 plus tip**
  - ✓ **Lunch per person = \$15 plus tip**
  - ✓ **Dinner per person = \$20 plus tip**

**(General guideline not to exceed \$45 per day per person for meals)**

- **Requires approval/signature of the person responsible for that department's budget.**

**HUDSON PUBLIC SCHOOLS  
REQUEST FOR SPECIAL PAYMENT FORM**

Make check payable to:

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_  
(Regular workplace)

Position/Title (regular position) \_\_\_\_\_

HOME STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GRANT NAME \_\_\_\_\_

**FOR SPECIAL PAYMENT REQUEST**

EVENT/ACTIVITY \_\_\_\_\_ LOCATION OF ACTIVITY\* \_\_\_\_\_

TOTAL HOURS WORKED \_\_\_\_\_ HOURLY RATE \_\_\_\_\_ AMOUNT REQUESTED \_\_\_\_\_

DATE WORKED	HOURS WORKED

DATE WORKED	HOURS WORKED

DATE WORKED	HOURS WORKED

\_\_\_\_\_ I certify that I have been working solely in activities supported by the \_\_\_\_\_ grant for the above stipend.

\_\_\_\_\_  
**Employee Signature** **Date**

- Step 1: The employee must sign this form
- Step 2: The Principal or supervisor must sign this form
- Step 3: The Principal or supervisor must send this form to the applicable director for additional approval
- Step 4: The completed form must be sent to the Payroll Specialist, Karissa Edmands for payment **within 30 days**.

**FOR ADMINISTRATIVE USE ONLY:**

Fund      Supt Budget      Resp Ctr      Loc      Dept      Grant or Town      DOE Function      DOE Obj      DOE Area      SUB Object

ACCOUNT #   -     -   -   -     -     -     -

**YOU MUST FILL IN THE FULL BUDGET SENSE ACCOUNT NUMBER FOR ALL REQUESTS**

\_\_\_\_\_  
**Supervisor/Principal Signature** **Date** **Activity Program Director Signature** **Date**

**FOR OFFICE USE ONLY**

ID# \_\_\_\_\_  Pensionable  Non-pensionable

M  K  B

Notes: \_\_\_\_\_

**RECEIVED BY PAYROLL**

## Obtaining a DESE (Department of Elementary and Secondary Education) Teaching License

- *In order to find out what you need to obtain a certain license, use this tool:*

<https://gateway.edu.state.ma.us/elar/licensurehelp/LicenseRequirementsCriteriaPageControl.ser>



- *Advancing or Extending a License:*

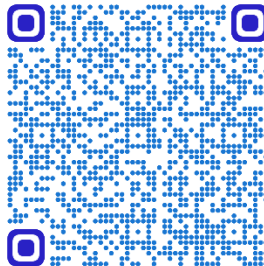
<https://www.doe.mass.edu/licensure/advance-extend-renew-license.html#renewing>



- *Applying for a Waiver:*

<https://www.doe.mass.edu/licensure/resources/#:~:text=Licensure%20Hardship%20Waiver%3A&text=The%20hardship%20waiver%20is%20an,to%20employ%20an%20unlicensed%20individual.>

A Licensure Hardship Waiver is an exemption from the requirements for one (1) school year to employ an unlicensed individual. This 1-year grace period should be used to obtain proper licensure. Individuals will only be granted a waiver if good-faith effort is put toward finding a qualified- licensed candidate prior to hiring an un-licensed candidate.



### Contact:

Massachusetts Department of Elementary and Secondary Education  
75 Pleasant Street, Malden, MA 02148-4906

Phone: (781) 338-3000

# Hudson Public Schools Request to Attend Conference

**Date:**

**Staff Name:**

**Role:**

**Location:**

**Conference Name:**

**Conference Sponsor:**

**Conference Location:**

<b>Conference Dates:</b>		<b><u>Funding Source:</u></b>			
<b>Days Attending:</b>		Self	School	District	Grant
<b>Sub needed:</b>	Yes      No	<b>Purchase Order Required?</b>		Yes	No
<b>Registration Fee:</b>	<b>Early Bird Discount:</b>	<b>Early Bird Date:</b>			
<b>Purpose</b> (anticipated impact on your professional practice or instruction):					
<p><b>As part of the approval process, you will be asked to share what you learned with colleagues. Describe your plan (including timeline) to do so after attending the conference. (ie. Meet with team to share, short presentation at a Dept. Mtg or Principal's Mtg, During teacher directed time, etc.)</b></p>					
<b>Approved</b>	<b>Not Approved</b>	<i>For Office Use Only</i>			

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Curriculum Director/Subject Matter Leader

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent Signature

\_\_\_\_\_  
Date

# Hudson Public Schools

## Request to Attend Conference

This form is used to request approval for professional development activities outside the district. The completed form should be submitted 30 days prior to the event. The employee is responsible for registering for the event, unless otherwise noted.

### Instructions:

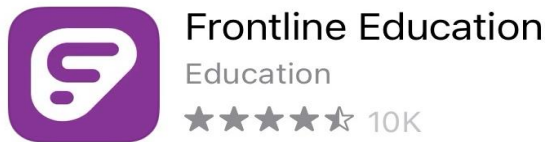
- 1.) Complete Request to Attend Conference form.
  - 2.) Submit form to the building principal first to ensure that a substitute can be provided. The Subject Matter Leader\Curriculum Director will then sign the form.
  - 3.) Forward the completed form to the Assistant Superintendent for review.
  - 4.) You will be notified if approved. Upon notification, you may register for the PD.
- 
- Per HEA contract, the district will pay up to \$200 per person per year to attend a conference requested by the staff member.
  - If paying using a purchase order then the curriculum secretary will create the requisition and send the staff member the purchase order so that they may register for the PD.
  - If the staff member is paying by check\credit then the employee reimbursement form, is to be filled out and submitted with proof of payment to the Curriculum Secretary.  
Link to form: <https://hudsonps.ss10.sharpschool.com/common/pages/DisplayFile.aspx?itemId=24257670>
  - Reimbursement for travel\lodging expenses for district mandated conferences require pre-approval by the Assistant Superintendent.
  - Please notify the Curriculum secretary if you end up not attending the professional development activity.

# USING FRONTLINE

## Interacting with Frontline via the Website:

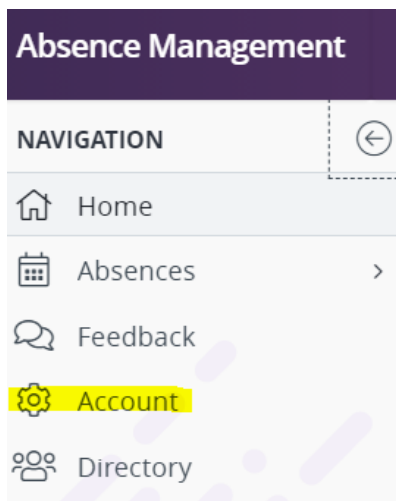
You will receive a personal invitation email with the subject line: Hudson Public Schools invites you to Absence Management. If you have an existing Frontline ID Account, then click "Sign in with your Frontline ID." Otherwise, click "Create a Frontline ID." Enter a Username, Password, email address, and click the "I accept the terms and conditions" box. Click "Create Frontline ID" and you are in

To access the Frontline website, you will go to <https://app.frontlineeducation.com>. Here, you will be able to enter absences, check your absence schedule, update personal information, and exercise other features such as uploading your lesson plans for substitutes to view online.

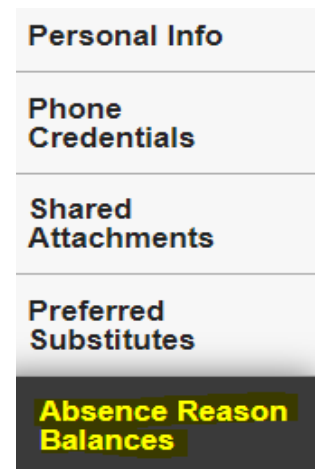


*Download the Frontline App on your phone to view your PTO and to log any absences*

## To view your PTO on the website on a computer:



1. Click "Account" on the left hand side
2. Click "Absence Reason Balances"



If you have any questions or are having problems logging in, please contact HR at [Hr@hudson.k12.ma.us](mailto:Hr@hudson.k12.ma.us)