



CANYON-OWYHEE SCHOOL SERVICE AGENCY #555

109 Penny Lane – Wilder, Idaho 83676-5207

www.cossaschools.org

Phone (208) 482-6074 – Fax (208) 482-7904

Welcome back! I hope that you had a good summer and are feeling refreshed and ready for the upcoming school year. The COSSA Human Resources Department is responsible for maintaining an employee record for every COSSA employee and as such there are a few papers that need filled out or updated for your file. Please use your legal name and not a nickname when filling in your information.

PLEASE READ THE FOLLOWING CAREFULLY

1. The second page of this document is a fillable form that will automatically fill in the repetitive information that is asked for throughout the documents. Please fill out completely.
2. You will need to scroll through each of the documents to check for information and boxes that need to be filled out separately to insure that all of the pertinent information has been filled in.
3. After all of the forms are completed to your satisfaction you can then print the forms to physically sign and turn in to the Human Resource Department.
4. Regarding Health Insurance, you will not need to turn in a Blue Cross Enrollment form unless you wish to make changes to your current health plan (which is only allowable during open enrollment and will become effective as of September 1, 2019). However, if you are waiving the insurance for the 2019-2020 school year you will need to fill out a Waiver form. These forms are available on our website at: <https://www.cossaschools.org/employee-forms>

Please let us know if you have any questions and feel free to visit our website where you can view and print other employee forms and information as needed.

Again, welcome back and have a great school year!

Sincerely,

Dawnita Tincher & Mandy Pascale
COSSA Human Resource Department

Full Legal Name	First Name	Middle Initial	Last Name
Social Security Number	Today's Date		Work Phone
Email Address	Physical Address		City
State Abbreviation	Zip		Home Phone
Mailing Address	City		State Abbreviation
Zip	Cell Phone		Gender



Cossa Human Resource Office
109 Penny Lane, Wilder, ID, 83676
(208) 482-6074 • Fax: (208) 482-7904
<http://www.cossaschools.org>

Personal Liability Insurance Acknowledgment

This is to acknowledge that I have been provided information regarding professional liability insurance in compliance with Title 33-524, Idaho Code, in which school districts shall provide information to their employees (all certificated and noncertified staff) regarding professional liability insurance for educators. A list of providers can be found on the COSSA website and can be accessed at https://docs.wixstatic.com/ugd/a04748_3c24ec0c68504b719177e7505d18bb0a.pdf

Personnel Handbook Acknowledgment

This is to acknowledge that I have been advised of the web-based Canyon-Owyhee School Service Agency Personnel Handbook which can be accessed at https://docs.wixstatic.com/ugd/a04748_5a8ee077b8294e0e90d04e27158e671d.pdf

I hereby acknowledge receipt of the COSSA Personnel Manual (a copy of the Personnel Handbook is posted on the COSSA website for all employee and stakeholder review). I realize that the manual contains agency policies and procedures, but is not intended to be a complete and exhaustive explanation of the same. I also understand that said policies and procedures are subject to change; that I am to familiarize myself with its contents; and that I am to abide by the policies and procedures stated herein and of the agency. Complete COSSA Policies are available for review at the COSSA Administrative Office and are additionally posted on the COSSA website.

I further understand and agree that this manual does not constitute a contract of employment.

The policies and procedures described in this manual may be revised from time to time through the discretion of the COSSA Board of Trustees. Copies of individual policies and procedures may be printed directly from the website, requested from an administrator, or requested from the COSSA Human Resources Office.

COSSA employees will take a Personnel Handbook lesson and quiz annually using the SafeSchools training platform.

COSSA would like all employees to be familiar with all policies and procedures but especially aware of:

Policy 111 - Parental Rights
Policy 113 - Student and Family Privacy
Policy 116 - Public Records Request
Policy 210 - Employee Purchase
Policy 309 - Sick Leave Bank
Policy 310 - Family and Medical Leave
Policy 311- Sexual Harassment
Policy 8200 - Wellness

Policy 313 - Drug Free Workplace
Policy 406 - Student First Aid
Policy 415 - Service Animals
Policy 420 - Safe Environment
Policy 421 - Students with Head Lice
Policy 507 - FLSA
Policy 5250 - Certified Personnel Grievance
Policy 5800 - Classified Personnel Grievance
Policy 7235 - Time and Effort

Employee's Signature

Date

Employee's Printed Name

CANYON-OWYHEE SCHOOL SERVICE AGENCY (COSSA)

INSURANCE BENEFIT

Acknowledgment

School Year: 2019-2020

In compliance with the Affordable Care Act (ACA) passed by Congress and signed into law in 2010, Canyon-Owyhee School Service Agency is required to provide a Summary of Benefits and Coverage (SBC) and Glossary of Health Coverage and Medical Terms to all employees. A copy of each of these is available to all employees online at www.cossaschools.org.

In compliance with the Affordable Care Act (ACA) and by my signature below, I verify that I have been informed and received information regarding health coverage options by Canyon-Owyhee School Service Agency, and I acknowledge that Canyon-Owyhee School Service Agency has disclosed to me the attached Summaries of Benefits and Coverage (SBC's) for each available option and the attached Glossary of Health Coverage and Medical Terms, as required by law.

Signature

Date

Print Name: _____

Complete Form ID W-4 so your employer can withhold the correct amount of state income tax from your paycheck. Sign the form and give it to your employer. **Use the information on the back** to calculate your Idaho allowances and any additional amount you need withheld from each paycheck. If you plan to itemize deductions, use the worksheet at **tax.idaho.gov/w4**.

Withholding Status

Check the **"A"** box (Single) if you're:

- Single with one job or single with multiple jobs
- Filing as head of household

Check the **"B"** box (Married) if you're:

- Married filing jointly with one job and your spouse doesn't work
- A qualifying widow(er)

Check the **"C"** box (Married, but withhold at Single rate) if you're:

- Married filing jointly and both people work (or you have multiple jobs)
- Married filing separately

CUT HERE

WITHHOLDING STATUS (see information above)

A ☐ (Single) **B** ☐ (Married) **C** ☐ (Married, but withhold at Single rate)

1. Total number of Idaho allowances you're claiming _____
2. Additional amount (if any) you need withheld from each paycheck (Enter whole dollars) _____

Your Social Security number (required)

Your first name and initial

Last name

Current mailing address

City

State

ZIP Code

Under penalties of perjury, I declare that to the best of my knowledge and belief I can claim the number of withholding allowances on line 1 above.

Your signature

Date

1. Total number of allowances you're claiming.

Enter the number of children in your household age 16 or under as of December 31, 2019. If you have no qualifying children, enter "0." If your filing status will be head of household on your tax return, add "2" to the number of qualifying children. **Don't claim allowances for you or your spouse.** You can claim fewer allowances but not more.

If you're married, claim your allowances on the W-4 for the highest-paying job for the most accurate withholding. If you're married filing jointly, only one of you should claim the allowances. The other should claim zero allowances.

If you work for more than one employer at the same time, you should claim zero allowances on your W-4 with any employer other than your principal employer.

Write **Exempt** on line 1 if you meet **both** of the following conditions:

- Last year I had no Idaho income tax liability **and**
- This year I expect to have no Idaho income tax liability

2. Additional amount, if any, you need withheld from each paycheck.

If you're single or married filing separately and have more than one job at a time, complete the worksheet below to calculate any additional amount you need withheld from each paycheck.

1. Other than your primary job, how many jobs do you expect to have at the same time during 2019? (Don't count your primary job.) _____
2. Multiply the number on line 1 by \$12,200 _____
3. Enter an estimate of your 2019 income from other jobs (not including your primary job) _____
4. Enter the smaller of lines 2 or 3 _____
5. If you completed the itemized deduction worksheet for Idaho (tax.idaho.gov/w4), enter the number from line 4. Otherwise, enter "0" _____
6. Multiply the number on line 5 by \$2,960..... _____
7. Subtract line 6 from line 4 _____
8. Multiply line 7 by 6.925% (.06925). This is the additional amount you need to withhold annually _____
9. Divide the amount on line 8 by the number of your remaining pay periods in 2019. Enter the number on line 2 of the W-4 as the additional amount you need withheld from each paycheck _____

Contact us:

In the Boise area: (208) 334-7660 | Toll free: (800) 972-7660
Hearing impaired (TDD) (800) 377-3529

tax.idaho.gov/contact

CEA Membership

Name: _____

Yes, I would like to join COSSA Education Association. I agree to have the \$10.00 dues deducted (one time) from my paycheck.

No, I am not interested at this time.

Signature

Date

COSSA EDUCATION ASSOCIATION
SICK LEAVE BANK

In order to continue membership with the COSSA Education Association (CEA) sick leave bank, a 1/2 day of sick leave must be donated.

I do want to remain a member and do hereby authorize a 1/2 day of my sick leave to be donated to the COSSA Education Association (CEA) Sick Leave Bank.

I do not wish to continue my membership with the COSSA Education Association (CEA) Sick Leave Bank and request that my membership be stopped.

NOTE: In order to continue membership with the Sick Leave Bank, this form must be returned no later than the 31st day of August after returning from summer break.

Printed Name _____

Signed _____

Date _____

COSSA EDUCATION ASSOCIATION
SICK LEAVE BANK

In order to be eligible for sick leave bank benefits, two days of sick leave must be donated and you must have been employed with Canyon-Owyhee School Service Agency for at least one year.

I do want to be a member and do hereby authorize two days of my sick leave to be donated to the COSSA Education Association Sick Leave Bank.

I do not want to be a member of the COSSA Education Association Sick Leave Bank.

NOTE: In order to be eligible for the Sick Leave Bank, this form must be returned within 30 days of employment.

Printed Name _____

Signed _____

Date _____

CEA SCHOLARSHIP PAYROLL DEDUCTION FORM

I (print name) _____ would like to support the COSSA Education Association (CEA) scholarship fund by donating through an automatic payroll deduction as follows:

Monthly (amount) _____ One-time donation (amount) _____

Signature

Date