

**GARFIELD HEIGHTS BOARD OF EDUCATION,  
GARFIELD HEIGHTS, OHIO**

**RECORD OF PROCEEDINGS**  
**Minutes – Regular Board Meeting**  
**April 20, 2015**

The Board of Education of the Garfield Heights City School District met Regular session on Monday, April 20, 2015, at the Garfield Heights High School, 4900 Turney Road, Garfield Heights, Ohio 44125 at 6:00 p.m. with Mr. Joseph M. Juby, President of the Board, presiding.

**ROLL CALL**

Present: Mr. Juby, Mr. Wolske, Mr. Dobies, Mrs. Geraci, Mrs. Kitson, Absent:

**ADOPTION OF AGENDA**

Moved by Mr. Dobies, seconded by Mr. Wolske adopted the agenda.

Ayes: Dobies, Wolske, Kitson, Geraci, Juby

Nays: None

**READING & APPROVAL OF MINUTES**

Moved by Mr. Dobies, seconded by Mrs. Kitson to approve the minutes from the regular board meeting of March 16, 2015.

Ayes: Dobies, Kitson, Wolske, Geraci, Juby

Nays: None

**BOARD PRESIDENT'S REPORT**

Good evening and welcome to our April Board Meeting. The board would like to thank Ms. Hager and the High School staff for hosting tonight's meeting.

On behalf of the Board, we wish Jeff Winton well on his retirement at the end of this school year. Jeff has been with the District for the last 23 years. Good Luck.

The Board would also like to wish Joan Chamberlin good luck on her retirement. Joan has been with the District over 27 years. I have known Joan and her family for many years. Joan was the one person I could go to for any question that I needed an answer to. She knows this District inside and out. Congratulations to Joan and let's keep in touch. Good Luck Joan on your retirement.

We would to congratulate Darius Booner class of 2013 for completing his requirements to earn his diploma.

Congratulations to our Academic and Music Express teams on their accomplishments.

Congratulations to our top 10 students.

Please vote for Issue 3 which will be on the May 5<sup>th</sup> Ballot. It is a renewal and will not raise taxes.

The Board would like to wish every Mother's a very Happy Mother's Day.

## COMMITTEE REPORTS:

### Cuyahoga Valley Career Center – Christine A. Kitson

The RAMTEC addition ground-breaking took place on March 31, 2015. Construction should be completed by January 2016.

The 13<sup>th</sup> Annual Student job fair took place on March 19<sup>th</sup>. It was well attended by employers and over 500 students.

#### Upcoming events:

How to keep your bones healthy on April 21, 2015; 1:00 – 2:00 p.m.

College Survival Experience; The Reality on April 23, 2015; 6:30 – 9:30 p.m.

### Student Activities - June Geraci

Spring sports are all up and running. Those sports consist of Varsity, JV, and Freshmen baseball, Varsity and JV Softball, Boys and Girls Track, and Varsity Boys Tennis.

A special congratulation to Head Coach Sonny Johnson and the boys' basketball team for making it to the state final four and injecting the school and community with bulldog pride.

The Garfield Heights High School Cliff Foust Hall of Fame Induction Ceremony date is set for Friday, April 24 at Knights of Columbus in Garfield Hts., cocktails will be 6:30-7:30, dinner at 7:30, and the ceremony at 8:30.

Lastly, major recent purchases include boys and girls high school track warm-ups.

### Legislative Liaison – Gary Wolske

#### City Liaison – Robert A. Dobies Sr.

Our Futsal (Indoor Soccer) ended at the end of last month. I would like to congratulate all of our Futsal (Indoor Soccer) participants on completing another successful season. A BIG thanks goes out to our players, volunteer coaches, parents and staff who continue to make this a very popular program for the children of our city. I would also like to thank the School District and employees for remaining committed to being partners by using the Middle School for this program.

Our T -ball season is underway. They started practicing last week. The Rec. still has a waiting list if you forgot to sign up.

GH Little League has been taking signups. You may obtain applications at the Recreation Center or go on their web site at [www.ghbl.us](http://www.ghbl.us) You may also call Mr. Bob Marek for questions or further information @ 216-990-8386.

The Little League is conducted a board/membership meeting last Monday 4-13-15. In part, the discussion was to determine if there will be a LITTLE LEAGUE/ALL~ SPORTS PARADE this year.

(Please understand that this event is a Little League event. That the City helps the Little League in its endeavors but does not control the event.)

The discussion and concern comes because of the construction that is taking place on Turney Rd. that directly affects the parade route. This is a SAFETY ISSUE FOR ALL CONCERNED. The decision was made not to have the parade this year. I have been asked to convey to please do not get disappointed, that the decision was made first and foremost for safety reasons.

A reminder, as the recreation department did last few years, we will be closing the office during the first three weeks of May. (From May 1st to May 19th) and reopen the office on Monday May 20th, so we may prep for the pool season. Staff will be on hand to take care of any citizen needs.

The tentative pool opening date is Saturday June 13th• Girls Soft Ball signups continue this month and will run through Saturday April 25<sup>th</sup> • Please call the Rec. or check the web for extended evening hours for signups.

We hosted the 47th Annual Ice Show this past weekend to crowd of over 600 fans. This year's theme was the "BIG TOP EXTRA VEGANZA" which featured all of our figure skaters from our tots to our advanced soloists displaying their talent and gracefulness developed during all the hard work they put in during the season. We are very fortunate to have this facility and dedicated coaches who spend countless hours developing our children's talents.

On behalf of the Mayor and myself, I wanted to take time and thank Ms. Emily Garrett, our HS Art Teacher and her students for bringing our theme to life by providing the wonderful decorations through their hard work. Too many times today we here what's wrong with our youth today and dwell on the negative. Here are our youth who gave of their time and talents to help the City and our children (who they probably don't even know) to perform in a show venue that other programs cannot rival. They truly helped make it the best it can be. (We even had a lion jumping through a hoop of fire) If you'll allow me I would like to recognize these students for their generous efforts and be made part of the record;

Micheal Payton	Paul Newrones	Char-ciae Scott
Dominic Monaco	Zack Humphal	Sabrina Saad
DeShonae Robinson	Ellicia Haney	Violet Kounkel
Victor Smith	Tyler Long	Dominique Roberts
Briana Hasinski	Paige Peck	Shannon Letsky
Frankie Love	Savion King	Devin Jennings
Te'air Langford		
And of course Ms. Garrett		

Last, Our Top Ten and Roses for Teachers. This is a special time, because of the accomplishments of our students reaching the "TOP TEN". I can say on the behalf of our district, you have reached a milestone in you academic careers which I would believe is only one of many to come. There is a true appreciation of your efforts because this why we are in the business of education. Thank you and continued success. I would also like to thank our teachers for having such an impact on our students. To have their efforts recognized by the students they've influenced not only educationally but with a sensitivity and compassion which the students will hold in esteem from you, will only help them become outstanding young adults in their future endeavors. All of you are to be congratulated for your significance in our young people's lives and to our district. Thank you!  
This concludes my report

Policy Liaison – Christine A. Kitson & Gary Wolske

PRESENTATION

## RECOGNITIONS/COMMENDATIONS

Reno Contipelli, Northeast Regional Manager of the Ohio School Boards Association honored three Board Members for their years of Service. They were:

Robert Dobies 10 years  
Chris Kitson 10 years  
June Geraci 20 years

Superintendent Olszewski introduced the Music Express group who were named Grand Champions of the Wapakoneta Competition. Mr. Pernod, Director of Music Express, introduced and presented certificates to those member of music express who were at the meeting.

Superintendent Olszewski then introduced Academic Team and read highlights of the team's accomplishments the past year. Mr. Barker, Academic Team Advisor introduced and presented certificates to those Academic Team members who were in attendance.

### Top Ten/Roses for Teachers

This is a special time, because of the accomplishments of our students reaching the "TOP TEN". I can say on the behalf of our district, you have reached a milestone in you academic careers which I would believe is only one of many to come. There is a true appreciation of your efforts because this why we are in the business of education. Thank you and continued success. I would also like to thank our teachers for having such an impact on our students. To have their efforts recognized by the students they've influenced not only educationally but with a sensitivity and compassion which the students will hold in esteem from you, will only help them become outstanding young adults in their future endeavors. All of you are to be congratulated for your significance in our young people's lives and to our district. Thank you.

## SUPERINTENDENT'S REPORT

### **Joan Chamberlin: A True Bulldog**

Rarely does the true level of commitment and importance of a person emerge...and all that this person embodies...and is responsible for... and oversees... and the help, love, support and guidance that such a person provides to so many other people in one organization...until that person retires. And rarely does a person come along to which others might refer as "A True Bulldog." Yes, we are all proud Bulldogs, but there is a class of us that exists in this community, who truly live and breathe the essence of what it means to be a part of the Garfield Heights City Schools. Put these two noble characteristics together, and you have our Assistant Superintendent, Mrs. Joan Chamberlin, who we will spend a moment tonight honoring...because for those of you who do not know, after a long and devoted career to our district, has announced that this year will be her final.

It's fitting that we honor our top ten seniors here tonight... because Mrs. Chamberlin represents all that it means to be a Bulldog. She is a treasure to us all... and believe it or not, not only did she graduate from Garfield Heights High School (Class of '73)... but both of her parents graduated from Garfield Heights together... (Class of 1952) and... her three children graduated from Garfield Heights High School, and her son, Matt, is a teacher here in the building. The tremendous era and long career that I just shared with you...all began with a young girl who went to Maple Leaf Elementary School, and who always knew she would become a teacher.

Joan was a teacher in the Garfield Heights City Schools, beginning at William Foster School, where she enjoyed the kids and also the creative ways to help students learn. You might not know this, but Joan has an artistic side, and she always felt that applying such thought and imagination to lessons would help students learn. She also taught at the Middle School during her teaching tenure as well, helping to launch a successful technology curriculum with her friend and colleague, Shari Bailey.

Joan was an administrator in the Garfield Heights City Schools serving EMIS Coordinator, then as director of Pupil Services, then as Special Education Director, and other responsibilities as well, and has filled the role of

Assistant Superintendent for the last 13 years, overseeing the hiring and personnel matters of the entire Garfield Heights City Schools.

Joan was an innovator in the Garfield Heights City Schools, serving as the Director of Adult Education in our district... a program where some 1,800 adults from the community each year would take courses at the schools at night. In her role to direct it, she did so cheerfully and she did so responsibly, taking it from operating in the "red" and transforming it into a money generator for the schools. And, she was the founder of the GYFTS Program, helping to address the social and emotional needs of students and families, long before this was considered a routine duty of public schools.

Joan was an award winner in the Garfield Heights City Schools, earning the Super Hero award by the administrative team and the Gold Star award from her colleagues as well. She helped to secure nearly a dozen outside grants or other forms of funding that went directly to helping students.

Joan was a loyal and dedicated volunteer in Garfield Heights serving as a PTA member, CERT member, Boy Scout Troop Leader, Girl Scout Troop Leader, among many other organizations and affiliations. And, she was chairperson of the successful levy committee in 2004.

Joan was a professional in the Garfield Heights City Schools. Tasked with the challenging job of overseeing matters of human resources and personnel, she had the difficult task of being involved in some way or another with hiring and firing for many years... but in all that time, she is unable to recall a single instance, interview or encounter...that did not end with a hand shake. She is a consummate professional who knows how to help people excel and improve.

But most importantly, Joan Chamberlin was a friend and a mentor and a quiet leader in the Garfield Heights City Schools. She never turned down an opportunity to stretch and grow when presented to her over a 40 year career in public education, and still when asked about what her favorite memory is in the district, she cites 'commencement,' for the happy time it is in the lives of each and every student. When Joan is asked what she will miss most about her time in the Garfield Heights City Schools, she is quick to reply... "the people... the people who are caring about the community."

And she believes that this team in Garfield Heights have not only been innovators for various initiatives that were launched before other school districts, she sees this team as truly putting children at the center of all decision-making... the way, she says, decisions should be made. She cites the K-5 Transition as a major milestone from her tenure, believing that this move helped to solidify a strong relationship with students, families and teachers. And she cites the construction of the new high school as a moment in her time where she truly saw the community come together.

Did you know that Joan's mother retired from the schools as a Title I teacher? Or that she may be one of the few people I know... if anyone at all... to have worked in every single building in the district. And did you know that she worked as an administrator for five superintendents? It's truly amazing.

Joan, In many ways, it's an honorable and rare moment when one can characterize the career of a woman, by honestly saying that she came to work every day, gave 110% and tried to help other people. We, as her colleagues, will take comfort knowing that she will be able to spend a little bit more time with her three grandchildren and maybe visit her son and daughter-in-law who are stationed in Germany. But in that comfort, please know, Joan, that you have been a tremendous asset to the Garfield Heights City Schools, that you are loved by each and every one of us... and that you will be truly missed. And though your position may be replaced, you, as a human being never will be. A person like you, cannot be...

On behalf of the Board of Education, the administrators, the staff and the student body... THANK YOU JOAN CHAMBERLIN for your service to the Garfield Heights City Schools. You are a true Bulldog.

REPORTS & RECOMMENDATIONS OF THE TREASURER

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the financials for March 2015, as presented in Exhibit "A".

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve Resolution No. 2015-009, a resolution accepting the amounts and rates as determined by the Budget Commission and authorizing the necessary tax levies and certifying them to the County Auditor, as presented in Exhibit "B".

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

PERSONNEL:

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the Employee Leaves as presented in Exhibit "C".

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the 2015 Summer Intervention Program teachers paid \$25.06 per hour through Federal Funds as follows:

Sharon Regan	Sherry Pastor	Melissa Herman	Janet Kaliszewski
Robert Kusnerik	Kaitlyn Lovick	Stacey Mather	Lisa Mullins
Heather Sheber	Amanda Steward	Constance Watt	Margarita Kozanas
Jim Portik	Lauren Wright	Beverly Hastings	Cynthia Artrip
Janine El-Amin	Laura Bartlett	Ashlee Dietrich	Maryanne Ratka
Katherine Barnes			

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to accept the retirement resignation of Jeffrey Winton, Assistant Principal at the High School effective July 1, 2015 after 23 years with Garfield Heights City Schools.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to accept the resignation of Laura Conte, General Cafeteria at William Foster at the end of the day on April 1, 2015.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to accept resignation of Daniel Saks, Housekeeper at Maple Leaf, effective at the end of the day on April 2, 2015.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to accept resignation of Richard Westenkirchner, Housekeeper at Maple Leaf effective at the end of the day on June 4, 2015.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to accept resignation of Jim DiMarco, Attendance/Tuancy Officer effective at the end of the day on May 20, 2015.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to non-renew the qualified contract of Rhea Alleyne, Behavioral Specialist at Maple Leaf at the end of the 2014-15 school year due to funding changes.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the appointment of certificated and/or licensed teaching staff on limited contracts for the 2015-2016 school year, as presented in Exhibit "D"

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve 15 extended days for Stanley Lipinski, Curriculum Consultant for the 2014-2015 school year at a stipend of \$5,775.00.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the following employee transfer effective 4/13/15 due to resignation:

Name	Hours	Building
Michelle Starling	Change from 3 hours to 4 hours	Change from MS to WF

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the classified contract(s) for the 2014-2015 school year as follows:

Name	Position	Hrs.	Exp.
Sarah Stemberger (eff: 4/21/15)	Guidance Secretary – HS	7	0
Andrea Skitka (eff: 4/17/15)	Cafeteria – MS	3	0

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the Academic supplemental position(s) for the 2014-2015 school year as follows:

Name	Position
Lisa Granfors – WF (eff: 3/23/15)	Noon Elementary Intramural Supervisor – WF (4th Quarter only)
Chris Satola – HS	Technical Director – HS Musical Hairspray
Katharine Wells - HS	Costumer – HS Musical Hairspray

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the Athletic supplemental position(s) for the 2014-2015 school year as follows:

Name	Position
Kyle Kovach	Assistant Baseball Coach
Jeffrey Papesh	Assistant Baseball Coach (JV)

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve stipends for the following teachers that completed professional development related to Core Knowledge Language Arts for the third quarter to be paid from Title I grant funding not to exceed \$100:

Sarah Close	Kylene Davis	Maryanne Ratka	Amanda Walden
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Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve hours for the Pre-Kindergarten Registration Event for the following teachers attending March 18, 2015 at a rate of \$25.06 per hour to be paid from Title I funds:

Carolyn Angello – 2 hrs	Lisa Granfors – 2 hrs
Stacey Mather – 2 hrs	Amy Sumen – 2 hrs.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve hours for the following teachers that attended the William Foster Literacy Night, March 19, 2015 at a rate of \$25.06 per hour to be paid from Parent Involvement Title I funds:

Angelina Lobrado-2 hrs	Maggie Kozanas-2 hrs	Erin Hughes-2 hrs
Carolyn Angello-2 hrs	Cheryl Dettling-2 hrs	Amanda Walden-2 hrs
Erica Carpico-2 hrs	Melissa Flood-2 hrs	Emily Bowers-2 hrs
Lisa Granfors-2 hrs	Diane Horvath-2 hrs	Abby Banning-2 hrs
Shari Gallagher-2 hrs	Lori Frank-2 hrs	Kylene Davis-2 hrs
Rebecca Bauman-2 hrs	Kathleen Foster-2 hrs	Kristen Zocchi-2 hrs

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None



POLICY

Moved by Mrs. Kitson, seconded by Mrs. Geraci to approve the second reading and final recommendation for the updates to Board Policy, as presented in Exhibit "E".

Ayes: Kitson, Geraci, Wolske, Dobies, Juby  
Nays: None

CONTRACTS

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the service agreement for special education services provided by Handle With Care Behavior Management System, Inc. Handle With Care provides professional development and training for administrators, teachers, and support staff for verbal de-escalation and if needed physical intervention.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the Support and Maintenance Agreement with IDentipho as presented in Exhibit "F".

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the renewal of the contract with eSchoolView for website hosting for the period July 1, 2015 through June 30, 2018.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve Resolution No. 2015-08, a Resolution Authorizing The Execution Of A Master Lease Purchase Agreement Between FirstMerit Equipment Finance, Inc., As Lessor, And The Board, As Lessee, For The Purpose Of Obtaining Two School Buses And One Maintenance Truck For School Purposes Through Lease-Purchase, And Related Matters as presented in Exhibit "G".

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Mr. Sluka commented on the need of the equipment purchased through this lease-purchase agreement and that this was the only viable funding method available to accomplish this equipment purchase..

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the participation agreement with the Governing Board of the Jefferson County Educational Service Center to provide the Virtual Learning Academy for the period beginning July 1, 2015 and ending June 30, 2016.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the Frontline agreement for Applitrack's recruiting and HR file system as presented in Exhibit "H".

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the College Credit Plus Partnership Memorandum of Understanding between Cuyahoga Community College District and the Board of Education of Garfield Heights City Schools beginning with the 2015-16 school year.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

RENTALS & FACILITY USAGES:

MISCELLANEOUS:

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve Resolution Number: 2015-07 Career-Technical Education, as present in Exhibit "I".

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the graduation of Darius Bonner (2013) who has now completed all requirements to receive his diploma.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the Administrative Benefit Schedule as presented in Exhibit "J".

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the Exempt Benefit Schedule as presented in Exhibit "K".

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to approve the Qualified Benefit Schedule as presented in Exhibit "L".

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske to adopt the full year, high school Advanced Placement Government class.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

Moved by Mrs. Geraci, seconded by Mr. Wolske adopt the American Government and Politics Today, 2016, Cengage. This textbook was chosen by the high school selection committee under the direction of Mrs. Reisland and Dr. Continenza.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

REMARKS FROM THE PUBLIC REGARDING MISCELLANEOUS SCHOOL ITEMS

None

ANNOUNCEMENT OF NEXT BOARD MEETING

Board of Education Regular Meeting – 6:00 p.m.  
May 18, 2015  
Garfield Heights Board of Education Offices  
5640 Briarcliff Drive  
Garfield Heights, Ohio 44125

Moved by Mrs. Geraci, seconded by Mr. Wolske to adjourn meeting at 7:15 p.m.

Ayes: Geraci, Wolske, Dobies, Kitson, Juby  
Nays: None

  
\_\_\_\_\_  
President  
\_\_\_\_\_  
Treasurer

**Exhibit "A"**

**GARFIELD HEIGHTS CITY SCHOOLS**

**FINANCIALS**

**MARCH 2015**

## **RECONCILIATION**

**March-15**

<b>Key Bank (checking)</b>	\$809,420.28		
<b>PNC Bank (checking)</b>	444,141.44		
<b>PNC Bank (deposits)</b>	330,819.81	<u>6,435,964.71</u>	<b>Investments</b>
<b>JPMorgan Chase (payroll)</b>	4,136.89	113,192.30	<b>PNC</b>
<b>Investments</b>	9,137,498.08	9,702.29	<b>PNC ESCROW</b>
<b>Total Bank Depositories</b>	<u><b>\$10,726,016.50</b></u>	89,672.88	<b>Star</b>
		47,179.76	<b>First Merit</b>
<b>Outstanding Checks</b>	<u>(442,762.13)</u>	1,341,786.14	<b>Charter One</b>
		1,000,000.00	<b>RedTree Investment*</b>
		100,000.00	<b>Independence Bank</b>
<b>Start up Cash-School Store</b>	50.00	<u><b>9,137,498.08</b></u>	<b>Blaugrund Scholarship</b>
<b>Start up Cash-HS Library</b>	50.00		
<b>Start up Cash-Athletics</b>	1,050.00		<b>*Formerly Baird</b>
<b>Returned NSF checks</b>	\$0.00		
Deposit in Transit (Café)	0.00		
Transfer from Star to Key			
<b>Total Adjustments</b>	<u><b>1,150.00</b></u>		
<b>Total Bank Balance</b>	<u><u>\$10,284,404.37</u></u>		
<b>Total Fund Balance</b>	<u><u>\$10,284,404.37</u></u>		
Difference	<u><u>-</u></u>		

*Allen D. Sluka*

Treasurer's Signature

**STATEMENTS OF  
REVENUE  
EXPENDITURES  
FUND BALANCE AND UNENCUMBERED BALANCES  
BY FUND**

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 1  
 (FNDREVEX)

GENERAL (001)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 7,019,803.45		\$ 2,056,009.25		
Revenue:					
TAXES		\$ 14,930,000.00	\$ 14,184,406.58		
TUITION	\$ 103,187.41	\$ 350,000.00	\$ 266,679.92		
TRANSPORTATION FEES					
EARNINGS ON INVESTMENTS	\$ 1,736.32	\$ 15,000.00	\$ 7,112.09		
FOOD SERVICES					
EXTRA CURRIC (STUDENT) ACTIVIT	\$ 200.00	\$ 55,000.00	\$ 33,915.06		
MISC. RECEIPTS - LOCAL SOURCES	\$ 15,470.87	\$ 406,000.00	\$ 125,442.23		
OTHER RECEIPTS - LOCAL SOURCES					
UNRESTRICTED GRANTS-IN-AID					
RESTRICTED GRANTS-IN-AID					
UNRESTRICTED GRANTS-IN-AID	\$ 1,628,691.61	\$ 21,405,000.00	\$ 15,685,037.29		
RESTRICTED GRANTS-IN-AID	\$ 170,493.85	\$ 1,260,000.00	\$ 1,193,560.91		
RESTRICTED GRANTS-IN-AID					
TRANSFERS-IN					
ADVANCES-IN		\$ 238,300.00	\$ 226,800.00		
REFND OF PRIOR YEAR EXPENDITUR			\$ 284.10		
Total Revenues:	\$ 1,919,780.06	\$ 38,659,300.00	\$ 31,723,238.18		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 1,714,387.95	\$ 21,911,900.00	\$ 16,073,589.23		\$ 5,838,310.77
FRINGE BENEFITS	\$ 1,047,789.29	\$ 7,754,598.98	\$ 5,776,152.51		\$ 1,978,446.47
TOTAL PERSONNEL:	\$ 2,762,177.24	\$ 29,666,498.98	\$ 21,849,741.74	\$ 0.00	\$ 7,816,757.24
PURCHASED SERVICES	\$ 792,144.45	\$ 7,361,999.25	\$ 4,864,925.60	\$ 882,540.85	\$ 1,614,532.80
SUPPLIES AND MATERIALS	\$ 65,689.68	\$ 1,709,689.64	\$ 874,361.87	\$ 529,997.92	\$ 305,329.85
CAPITAL OUTLAY	\$ 110,000.00	\$ 342,333.29	\$ 489,477.78	\$ 19,770.80	\$ 166,915.29-
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS	\$ 155,565.85	\$ 936,349.75	\$ 646,734.15	\$ 37,620.75	\$ 251,994.85
OTHER USES OF FUNDS					
Total Expenditures:	\$ 3,885,577.22	\$ 40,016,870.91	\$ 28,725,241.14	\$ 1,469,930.32	\$ 9,821,699.45
Increase (Decrease) for Period	\$ 1,965,797.16-		\$ 2,997,997.04		
Fund Balance, End of Period	\$ 5,054,006.29		\$ 5,054,006.29		
Current Encumbrances	\$ 1,469,930.32		\$ 1,469,930.32		



Date: 04/09/15  
Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
Fiscal Year Budget  
Revenues & Expenditures  
March 1, 2015 through March 31, 2015

Page: 2  
(FNDREVEX)

GENERAL (001)( cont'd)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Unencumbered Cash Balance	\$ 3,584,075.97		\$ 3,584,075.97		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 2,386,256.01		\$ 1,566,346.98		
Revenue:					
TAXES		\$ 3,218,000.00	\$ 3,500,299.16		
OTHER RECEIPTS - LOCAL SOURCES					
UNRESTRICTED GRANTS-IN-AID		\$ 690,000.00	\$ 383,633.63		
TRANSFERS-IN					
Total Revenues:		\$ 3,908,000.00	\$ 3,883,932.79		
Expenditures:					
PERSONNEL:					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES					
MISCELLANEOUS OBJECTS		\$ 3,956,300.00	\$ 3,064,023.76		\$ 892,276.24
OTHER USES OF FUNDS					
Total Expenditures:		\$ 3,956,300.00	\$ 3,064,023.76		\$ 892,276.24
Increase (Decrease) for Period	\$ 0.00		\$ 819,909.03		
Fund Balance, End of Period	\$ 2,386,256.01		\$ 2,386,256.01		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 2,386,256.01		\$ 2,386,256.01		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

PERMANENT IMPROVEMENT (003)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 42,193.13		\$ 256.18		
Revenue:					
TAXES		\$ 137,000.00	\$ 121,779.19		
MISC. RECEIPTS - LOCAL SOURCES	\$ 1,000.00		\$ 1,000.00		
OTHER RECEIPTS - LOCAL SOURCES		\$ 59,000.00	\$ 21,814.39		
UNRESTRICTED GRANTS-IN-AID					
ADVANCES-IN					
Total Revenues:	\$ 1,000.00	\$ 196,000.00	\$ 144,593.58		
Expenditures:					
PURCHASED SERVICES		\$ 152,837.00	\$ 79,617.15		\$ 73,219.85
CAPITAL OUTLAY	\$ 1,450.00	\$ 26,997.00	\$ 22,452.96	\$ 9,076.25	\$ 4,532.21-
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS		\$ 2,600.00	\$ 1,036.52		\$ 1,563.48
OTHER USES OF FUNDS		\$ 11,500.00			\$ 11,500.00
Total Expenditures:	\$ 1,450.00	\$ 193,934.00	\$ 103,106.63	\$ 9,076.25	\$ 81,751.12
Increase (Decrease) for Period	\$ 450.00-		\$ 41,486.95		
Fund Balance, End of Period	\$ 41,743.13		\$ 41,743.13		
Current Encumbrances	\$ 9,076.25		\$ 9,076.25		
Unencumbered Cash Balance	\$ 32,666.88		\$ 32,666.88		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

BUILDING (004)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 182,595.14		\$ 238,934.83		
Revenue:					
EARNINGS ON INVESTMENTS					
MISC. RECEIPTS - LOCAL SOURCES	\$ 1,500.00	\$ 18,000.00	\$ 13,500.00		
OTHER RECEIPTS - LOCAL SOURCES					
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 1,500.00	\$ 18,000.00	\$ 13,500.00		
Expenditures:					
PURCHASED SERVICES		\$ 209,146.50	\$ 3,927.75	\$ 15,000.00	\$ 190,218.75
SUPPLIES AND MATERIALS					
CAPITAL OUTLAY			\$ 64,411.94	\$ 120,253.74	\$ 184,665.68-
OTHER USES OF FUNDS					
Total Expenditures:		\$ 209,146.50	\$ 68,339.69	\$ 135,253.74	\$ 5,553.07
Increase (Decrease) for Period	\$ 1,500.00		\$ 54,839.69-		
Fund Balance, End of Period	\$ 184,095.14		\$ 184,095.14		
	=====		=====		
Current Encumbrances	\$ 135,253.74		\$ 135,253.74		
Unencumbered Cash Balance	\$ 48,841.40		\$ 48,841.40		
	=====		=====		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 6  
 (FNDREVEX)

FOOD SERVICE (006)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 1,035,527.56		\$ 943,976.98		
Revenue:					
EARNINGS ON INVESTMENTS	\$ 7.97	\$ 1,000.00	\$ 244.77		
FOOD SERVICES	\$ 26,173.52	\$ 220,000.00	\$ 179,899.81		
MISC. RECEIPTS - LOCAL SOURCES		\$ 1,000.00	\$ 1,148.00		
RESTRICTED GRANTS-IN-AID	\$ 5,154.32	\$ 25,000.00	\$ 20,617.28		
RESTRICTED GRANTS-IN-AID TRANSFERS-IN ADVANCES-IN REFND OF PRIOR YEAR EXPENDITUR	\$ 128,463.99	\$ 1,230,000.00	\$ 920,049.42		
Total Revenues:	\$ 159,799.80	\$ 1,477,000.00	\$ 1,121,959.28		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 45,082.97	\$ 600,000.00	\$ 407,271.84		\$ 192,728.16
FRINGE BENEFITS	\$ 17,001.69	\$ 151,966.57	\$ 100,125.87		\$ 51,840.70
TOTAL PERSONNEL:	\$ 62,084.66	\$ 751,966.57	\$ 507,397.71	\$ 0.00	\$ 244,568.86
PURCHASED SERVICES	\$ 452.15	\$ 15,000.00	\$ 10,203.76	\$ 31,279.62	\$ 26,483.38-
SUPPLIES AND MATERIALS	\$ 62,180.16	\$ 650,137.00	\$ 456,744.36	\$ 403,209.07	\$ 209,816.43-
CAPITAL OUTLAY		\$ 25,000.00	\$ 14,495.04		\$ 10,504.96
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS		\$ 1,000.00	\$ 6,485.00		\$ 5,485.00-
OTHER USES OF FUNDS					
Total Expenditures:	\$ 124,716.97	\$ 1,443,103.57	\$ 995,325.87	\$ 434,488.69	\$ 13,289.01
Increase (Decrease) for Period	\$ 35,082.83		\$ 126,633.41		
Fund Balance, End of Period	\$ 1,070,610.39		\$ 1,070,610.39		
Current Encumbrances	\$ 434,488.69		\$ 434,488.69		
Unencumbered Cash Balance	\$ 636,121.70		\$ 636,121.70		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 7  
 (FNDREVEX)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 28,211.36		\$ 35,110.01		
Revenue:					
EARNINGS ON INVESTMENTS					
EXTRA CURRIC (STUDENT) ACTIVIT					
MISC. RECEIPTS - LOCAL SOURCES	\$	8,500.00	\$ 50.00		
REFND OF PRIOR YEAR EXPENDITUR	\$	500.00			
Total Revenues:	\$ 9,000.00	\$ 9,000.00	\$ 50.00		
Expenditures:					
MISCELLANEOUS OBJECTS	\$	24,150.00	\$ 6,948.65	\$ 5,800.00	\$ 11,401.35
Total Expenditures:	\$ 24,150.00	\$ 24,150.00	\$ 6,948.65	\$ 5,800.00	\$ 11,401.35
Increase (Decrease) for Period	\$ 0.00		\$ 6,898.65-		
Fund Balance, End of Period	\$ 28,211.36		\$ 28,211.36		
	=====		=====		
Current Encumbrances	\$ 5,800.00		\$ 5,800.00		
Unencumbered Cash Balance	\$ 22,411.36		\$ 22,411.36		
	=====		=====		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 8  
 (FNDREVEX)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 101,099.01		\$ 102,099.01		
Revenue:					
EARNINGS ON INVESTMENTS		\$ 600.00			
MISC. RECEIPTS - LOCAL SOURCES					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:		\$ 600.00			
Expenditures:					
MISCELLANEOUS OBJECTS		\$ 2,000.00	\$ 1,000.00		\$ 1,000.00
Total Expenditures:		\$ 2,000.00	\$ 1,000.00		\$ 1,000.00
Increase (Decrease) for Period	\$ 0.00		\$ 1,000.00-		
Fund Balance, End of Period	\$ 101,099.01		\$ 101,099.01		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 101,099.01		\$ 101,099.01		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

UNIFORM SCHOOL SUPPLIES (009)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 31,800.56-		\$ 14.37		
Revenue:					
CLASSROOM MATERIALS AND FEES	\$ 2,968.66	\$ 22,000.00	\$ 12,092.63		
MISC. RECEIPTS - LOCAL SOURCES					
TRANSFERS-IN		\$ 15,000.00			
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 2,968.66	\$ 37,000.00	\$ 12,092.63		
Expenditures:					
SUPPLIES AND MATERIALS	\$ 11,377.76	\$ 36,965.74	\$ 52,316.66	\$ 10,943.36	\$ 26,294.28-
OTHER USES OF FUNDS					
Total Expenditures:	\$ 11,377.76	\$ 36,965.74	\$ 52,316.66	\$ 10,943.36	\$ 26,294.28-
Increase (Decrease) for Period	\$ 8,409.10-		\$ 40,224.03-		
Fund Balance, End of Period	\$ 40,209.66-		\$ 40,209.66-		
Current Encumbrances	\$ 10,943.36		\$ 10,943.36		
Unencumbered Cash Balance	\$ 51,153.02-		\$ 51,153.02-		



Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 10  
 (FNDREVEX)

CLASSROOM FACILITIES (010)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 938,382.37		\$ 1,038,731.60		
Revenue:					
EARNINGS ON INVESTMENTS	\$ 24.19	\$ 2,000.00	\$ 754.56		
MISC. RECEIPTS - LOCAL SOURCES					
OTHER RECEIPTS - LOCAL SOURCES					
REVENUE FOR/ON BEHALF SCL DIST					
TRANSFERS-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 24.19	\$ 2,000.00	\$ 754.56		
Expenditures:					
PURCHASED SERVICES	\$ 743.60	\$ 809,887.77	\$ 12,735.60	\$ 12,115.15	\$ 785,037.02
CAPITAL OUTLAY		\$ 230,837.10	\$ 89,087.60	\$ 14,569.88	\$ 127,179.62
OTHER USES OF FUNDS					
Total Expenditures:	\$ 743.60	\$ 1,040,724.87	\$ 101,823.20	\$ 26,685.03	\$ 912,216.64
Increase (Decrease) for Period	\$ 719.41-		\$ 101,068.64-		
Fund Balance, End of Period	\$ 937,662.96		\$ 937,662.96		
	=====		=====		
Current Encumbrances	\$ 26,685.03		\$ 26,685.03		
Unencumbered Cash Balance	\$ 910,977.93		\$ 910,977.93		
	=====		=====		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

ROTARY-INTERNAL SERVICES (014)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 74,100.42		\$ 56,882.18		
Revenue:					
TRANSPORTATION FEES	\$ 10,675.25	\$ 23,000.00	\$ 47,674.35		
EXTRA CURRIC (STUDENT) ACTIVIT	\$ 720.00	\$ 7,000.00	\$ 3,560.00		
MISC. RECEIPTS - LOCAL SOURCES	\$ 283.00		\$ 2,232.00		
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 11,678.25	\$ 30,000.00	\$ 53,466.35		
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES	\$ 2,674.00	\$ 6,000.00	\$ 36,049.32	\$ 7,666.50	\$ 37,715.82-
SUPPLIES AND MATERIALS					
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS	\$ 1,827.00	\$ 22,917.19	\$ 6,978.46-		\$ 29,895.65
OTHER USES OF FUNDS					
Total Expenditures:	\$ 4,501.00	\$ 28,917.19	\$ 29,070.86	\$ 7,666.50	\$ 7,820.17-
Increase (Decrease) for Period	\$ 7,177.25		\$ 24,395.49		
Fund Balance, End of Period	\$ 81,277.67		\$ 81,277.67		
Current Encumbrances	\$ 7,666.50		\$ 7,666.50		
Unencumbered Cash Balance	\$ 73,611.17		\$ 73,611.17		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 13  
 (FNDREVEX)

PUBLIC SCHOOL SUPPORT (018)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 28,544.09		\$ 27,410.54		
Revenue:					
EARNINGS ON INVESTMENTS					
FOOD SERVICES					
EXTRA CURRIC (STUDENT) ACTIVIT	\$ 503.90	\$ 33,350.00	\$ 23,674.04		
MISC. RECEIPTS - LOCAL SOURCES	\$ 26.80	\$ 2,245.00	\$ 1,079.37		
TRANSFERS-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 530.70	\$ 35,595.00	\$ 24,753.41		
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SUPPLIES AND MATERIALS			\$ 75.60		\$ 75.60-
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS	\$ 3,010.76	\$ 61,145.12	\$ 26,024.32	\$ 5,640.22	\$ 29,480.58
Total Expenditures:	\$ 3,010.76	\$ 61,145.12	\$ 26,099.92	\$ 5,640.22	\$ 29,404.98
Increase (Decrease) for Period	\$ 2,480.06-		\$ 1,346.51-		
Fund Balance, End of Period	\$ 26,064.03		\$ 26,064.03		
Current Encumbrances	\$ 5,640.22		\$ 5,640.22		
Unencumbered Cash Balance	\$ 20,423.81		\$ 20,423.81		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 14  
 (FNDREVEX)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 11,075.16-		\$ 65,180.68		
Revenue:					
MISC. RECEIPTS - LOCAL SOURCES	\$ 30,320.00	\$ 55,000.00	\$ 33,620.00		
RESTRICTED GRANTS-IN-AID		\$ 5,000.00	\$ 1,004.07		
RESTRICTED GRANTS-IN-AID					
TRANSFERS-IN					
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 30,320.00	\$ 60,000.00	\$ 34,624.07		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 2,889.92	\$ 44,000.00	\$ 60,951.44		\$ 16,951.44-
FRINGE BENEFITS	\$ 451.74	\$ 20,000.00	\$ 11,326.92		\$ 8,673.08
TOTAL PERSONNEL:	\$ 3,341.66	\$ 64,000.00	\$ 72,278.36	\$ 0.00	\$ 8,278.36-
PURCHASED SERVICES	\$ 7,100.00	\$ 2,100.00	\$ 12,725.00		\$ 10,625.00-
SUPPLIES AND MATERIALS	\$ 900.00	\$ 21,351.67	\$ 4,858.21	\$ 23.71	\$ 16,469.75
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS			\$ 2,040.00		\$ 2,040.00-
OTHER USES OF FUNDS					
Total Expenditures:	\$ 11,341.66	\$ 87,451.67	\$ 91,901.57	\$ 23.71	\$ 4,473.61-
Increase (Decrease) for Period	\$ 18,978.34		\$ 57,277.50-		
Fund Balance, End of Period	\$ 7,903.18		\$ 7,903.18		
Current Encumbrances	\$ 23.71		\$ 23.71		
Unencumbered Cash Balance	\$ 7,879.47		\$ 7,879.47		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 15  
 (FNDREVEX)

DISTRICT AGENCY (022)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 282.68		\$ 1,702.68		
Revenue:					
EXTRA CURRIC (STUDENT) ACTIVIT	\$ 22,446.00	\$ 15,000.00	\$ 22,446.00		
Total Revenues:	\$ 22,446.00	\$ 15,000.00	\$ 22,446.00		
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
MISCELLANEOUS OBJECTS	\$ 191.00		\$ 1,611.00	\$ 478.46	\$ 2,089.46-
Total Expenditures:	\$ 191.00		\$ 1,611.00	\$ 478.46	\$ 2,089.46-
Increase (Decrease) for Period	\$ 22,255.00		\$ 20,835.00		
Fund Balance, End of Period	\$ 22,537.68		\$ 22,537.68		
	=====		=====		
Current Encumbrances	\$ 478.46		\$ 478.46		
Unencumbered Cash Balance	\$ 22,059.22		\$ 22,059.22		
	=====		=====		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 16  
 (FNDREVEX)

EMPLOYEE BENEFITS SELF INS. (024)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 242,356.36-		\$ 231,960.54		
Revenue:					
MISC. RECEIPTS - LOCAL SOURCES		\$ 400,000.00			
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:		\$ 400,000.00			
Expenditures:					
PERSONNEL:					
SALARIES					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
MISCELLANEOUS OBJECTS	\$ 404,539.69-	\$ 427,259.87	\$ 69,777.21	\$ 1,105,348.33	\$ 747,865.67-
Total Expenditures:	\$ 404,539.69-	\$ 427,259.87	\$ 69,777.21	\$ 1,105,348.33	\$ 747,865.67-
Increase (Decrease) for Period	\$ 404,539.69		\$ 69,777.21-		
Fund Balance, End of Period	\$ 162,183.33		\$ 162,183.33		
Current Encumbrances	\$ 1,105,348.33		\$ 1,105,348.33		
Unencumbered Cash Balance	\$ 943,165.00-		\$ 943,165.00-		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

CLASSROOM FACILITIES MAINT. (034)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 482,196.23		\$ 307,406.98		
Revenue:					
TAXES		\$ 197,000.00	\$ 174,448.47		
UNRESTRICTED GRANTS-IN-AID		\$ 15,500.00	\$ 15,022.13		
RESTRICTED GRANTS-IN-AID		\$ 72,000.00			
TRANSFERS-IN					
Total Revenues:	\$ 284,500.00		\$ 189,470.60		
Expenditures:					
PURCHASED SERVICES	\$ 125.00	\$ 470,534.47	\$ 6,779.72		\$ 463,754.75
SUPPLIES AND MATERIALS		\$ 2,366.49	\$ 619.56		\$ 1,746.93
CAPITAL OUTLAY	\$ 540.00	\$ 114,842.64	\$ 7,872.10	\$ 49,039.20	\$ 57,931.34
MISCELLANEOUS OBJECTS			\$ 74.97		\$ 74.97-
Total Expenditures:	\$ 665.00	\$ 587,743.60	\$ 15,346.35	\$ 49,039.20	\$ 523,358.05
Increase (Decrease) for Period	\$ 665.00-		\$ 174,124.25		
Fund Balance, End of Period	\$ 481,531.23		\$ 481,531.23		
Current Encumbrances	\$ 49,039.20		\$ 49,039.20		
Unencumbered Cash Balance	\$ 432,492.03		\$ 432,492.03		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 19  
 (FNDREVEX)

STUDENT MANAGED ACTIVITY (200)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 24,294.96		\$ 18,894.28		
Revenue:					
EXTRA CURRIC (STUDENT) ACTIVIT REFND OF PRIOR YEAR EXPENDITUR	\$ 2,914.50	\$ 96,300.00	\$ 44,113.79		
Total Revenues:	\$ 2,914.50	\$ 96,300.00	\$ 44,113.79		
Expenditures:					
PERSONNEL: SALARIES FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
MISCELLANEOUS OBJECTS	\$ 6,801.95	\$ 102,198.18	\$ 42,600.56	\$ 14,349.28	\$ 45,248.34
Total Expenditures:	\$ 6,801.95	\$ 102,198.18	\$ 42,600.56	\$ 14,349.28	\$ 45,248.34
Increase (Decrease) for Period	\$ 3,887.45-		\$ 1,513.23		
Fund Balance, End of Period	\$ 20,407.51		\$ 20,407.51		
Current Encumbrances	\$ 14,349.28		\$ 14,349.28		
Unencumbered Cash Balance	\$ 6,058.23		\$ 6,058.23		



Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 20  
 (FNDREVEX)

DISTRICT MANAGED ACTIVITY (300)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 30,641.50-		\$ 73,696.99		
Revenue:					
EXTRA CURRIC (STUDENT) ACTIVIT	\$ 7,400.54	\$ 100,000.00	\$ 97,175.70		
MISC. RECEIPTS - LOCAL SOURCES	\$ 585.00		\$ 585.00		
TRANSFERS-IN		\$ 135,000.00			
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 7,985.54	\$ 235,000.00	\$ 97,760.70		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 4,942.50	\$ 13,000.00	\$ 14,307.17		\$ 1,307.17-
FRINGE BENEFITS	\$ 2,214.97	\$ 5,040.85	\$ 4,986.40		\$ 54.45
TOTAL PERSONNEL:	\$ 7,157.47	\$ 18,040.85	\$ 19,293.57	\$ 0.00	\$ 1,252.72-
PURCHASED SERVICES	\$ 3,450.00	\$ 45,552.00	\$ 40,570.17	\$ 11,594.00	\$ 6,612.17-
SUPPLIES AND MATERIALS	\$ 5,363.51	\$ 182,125.91	\$ 105,105.24	\$ 9,180.73	\$ 67,839.94
CAPITAL OUTLAY		\$ 25,050.32	\$ 23,607.83	\$ 8,204.00	\$ 6,761.51-
***OBJECT CODE 0700 INVALID***					
MISCELLANEOUS OBJECTS	\$ 8,046.53	\$ 36,800.00	\$ 29,554.35	\$ 1,606.01	\$ 5,639.64
OTHER USES OF FUNDS					
Total Expenditures:	\$ 24,017.51	\$ 307,569.08	\$ 218,131.16	\$ 30,584.74	\$ 58,853.18
Increase (Decrease) for Period	\$ 16,031.97-		\$ 120,370.46-		
Fund Balance, End of Period	\$ 46,673.47-		\$ 46,673.47-		
	=====		=====		
Current Encumbrances	\$ 30,584.74		\$ 30,584.74		
Unencumbered Cash Balance	\$ 77,258.21-		\$ 77,258.21-		
	=====		=====		

Date: 04/09/15  
 Time: 8:30 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year 2014-2015 Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 3  
 (FNDREVEX)

DMSA-MUSIC EXPRESS-HS (300 910E)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 9,828.56		\$ 15,191.62		
Revenue:					
EXTRA CURRIC (STUDENT) ACTIVIT	\$ 6,328.54	\$ 40,000.00	\$ 41,474.76		
MISC. RECEIPTS - LOCAL SOURCES	\$ 35.00		\$ 35.00		
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 6,363.54	\$ 40,000.00	\$ 41,509.76		
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES					
SUPPLIES AND MATERIALS	\$ 4,084.56	\$ 53,035.70	\$ 44,593.84	\$ 4,262.32	\$ 4,179.54
MISCELLANEOUS OBJECTS	\$ 267.26-		\$ 267.26-		\$ 267.26
Total Expenditures:	\$ 3,817.30	\$ 53,035.70	\$ 44,326.58	\$ 4,262.32	\$ 4,446.80
Increase (Decrease) for Period	\$ 2,546.24		\$ 2,816.82-		
Fund Balance, End of Period	\$ 12,374.80		\$ 12,374.80		
Current Encumbrances	\$ 4,262.32		\$ 4,262.32		
Unencumbered Cash Balance	\$ 8,112.48		\$ 8,112.48		

Date: 04/09/15  
 Time: 8:30 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year 2014-2015 Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

	DMSA-ATHLETICS (300 926A)				
	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 41,206.07-		\$ 43,385.62		
Revenue:					
EXTRA CURRIC (STUDENT) ACTIVIT	\$ 35.00	\$ 34,000.00	\$ 42,878.00		
MISC. RECEIPTS - LOCAL SOURCES	\$ 550.00		\$ 550.00		
TRANSFERS-IN		\$ 135,000.00			
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 585.00	\$ 169,000.00	\$ 43,428.00		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 4,942.50	\$ 13,000.00	\$ 14,307.17		\$ 1,307.17-
FRINGE BENEFITS	\$ 2,214.97	\$ 5,040.85	\$ 4,986.40		\$ 54.45
TOTAL PERSONNEL:	\$ 7,157.47	\$ 18,040.85	\$ 19,293.57	\$ 0.00	\$ 1,252.72-
PURCHASED SERVICES	\$ 3,670.00	\$ 43,500.00	\$ 37,554.88	\$ 11,594.00	\$ 5,648.88-
SUPPLIES AND MATERIALS	\$ 928.95	\$ 110,929.28	\$ 51,796.79	\$ 189.75	\$ 58,942.74
CAPITAL OUTLAY		\$ 25,050.32	\$ 23,607.83	\$ 8,204.00	\$ 6,761.51-
***OBJECT CODE 0700 INVALID***					
MISCELLANEOUS OBJECTS	\$ 7,929.80	\$ 10,300.00	\$ 14,867.84	\$ 750.00	\$ 5,317.84-
OTHER USES OF FUNDS					
Total Expenditures:	\$ 19,686.22	\$ 207,820.45	\$ 147,120.91	\$ 20,737.75	\$ 39,961.79
Increase (Decrease) for Period	\$ 19,101.22-		\$ 103,692.91-		
Fund Balance, End of Period	\$ 60,307.29-		\$ 60,307.29-		
Current Encumbrances	\$ 20,737.75		\$ 20,737.75		
Unencumbered Cash Balance	\$ 81,045.04-		\$ 81,045.04-		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 21  
 (FNDREVEX)

AUXILIARY SERVICES (401)					
	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 409,282.43		\$ 102,466.64		
Revenue:					
EARNINGS ON INVESTMENTS	\$ .05	\$ 120.00	\$ 837.14		
RESTRICTED GRANTS-IN-AID		\$ 678,561.00	\$ 674,724.67		
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ .05	\$ 678,681.00	\$ 675,561.81		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 2,291.22	\$ 27,250.00	\$ 18,228.88		\$ 9,021.12
FRINGE BENEFITS	\$ 357.14	\$ 4,969.10	\$ 3,130.69		\$ 1,838.41
TOTAL PERSONNEL:	\$ 2,648.36	\$ 32,219.10	\$ 21,359.57	\$ 0.00	\$ 10,859.53
PURCHASED SERVICES	\$ 56,621.50	\$ 505,772.99	\$ 253,756.50	\$ 107,414.88	\$ 144,601.61
SUPPLIES AND MATERIALS	\$ 40,403.88	\$ 362,382.79	\$ 193,303.64	\$ 14,039.01	\$ 155,040.14
CAPITAL OUTLAY					
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS		\$ 29,778.00			\$ 29,778.00
OTHER USES OF FUNDS					
Total Expenditures:	\$ 99,673.74	\$ 930,152.88	\$ 468,419.71	\$ 121,453.89	\$ 340,279.28
Increase (Decrease) for Period	\$ 99,673.69-		\$ 207,142.10		
Fund Balance, End of Period	\$ 309,608.74		\$ 309,608.74		
Current Encumbrances	\$ 121,453.89		\$ 121,453.89		
Unencumbered Cash Balance	\$ 188,154.85		\$ 188,154.85		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

PUBLIC SCHOOL PRESCHOOL (439)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 15,476.48-		\$ 20.17		
Revenue:					
TUITION					
RESTRICTED GRANTS-IN-AID	\$ 9,592.88	\$ 80,000.00	\$ 54,503.82		
TRANSFERS-IN		\$ 5,000.00			
ADVANCES-IN					
Total Revenues:	\$ 9,592.88	\$ 85,000.00	\$ 54,503.82		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 9,582.38	\$ 56,800.00	\$ 67,897.89		\$ 11,097.89-
FRINGE BENEFITS	\$ 624.62-	\$ 23,200.00	\$ 1,467.46		\$ 21,732.54
TOTAL PERSONNEL:	\$ 8,957.76	\$ 80,000.00	\$ 69,365.35	\$ 0.00	\$ 10,634.65
PURCHASED SERVICES					
SUPPLIES AND MATERIALS					
CAPITAL OUTLAY					
OTHER USES OF FUNDS					
Total Expenditures:	\$ 8,957.76	\$ 80,000.00	\$ 69,365.35		\$ 10,634.65
Increase (Decrease) for Period	\$ 635.12		\$ 14,861.53-		
Fund Balance, End of Period	\$ 14,841.36-		\$ 14,841.36-		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 14,841.36-		\$ 14,841.36-		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 24  
 (FNDREVEX)

ENTRY YEAR PROGRAMS (440)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 182.53		\$ 182.53		
Revenue:					
RESTRICTED GRANTS-IN-AID					
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:					
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES					
SUPPLIES AND MATERIALS					
MISCELLANEOUS OBJECTS					
OTHER USES OF FUNDS					
Total Expenditures:					
Increase (Decrease) for Period	\$ 0.00		\$ 0.00		
Fund Balance, End of Period	\$ 182.53		\$ 182.53		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 182.53		\$ 182.53		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 27  
 (FNDREVEX)

DATA COMMUNICATION FUND (451)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 417.30-		\$ 5,213.26		
Revenue:					
RESTRICTED GRANTS-IN-AID REFND OF PRIOR YEAR EXPENDITUR	\$ 4,500.00		\$ 9,000.00		
Total Revenues:	\$ 4,500.00		\$ 9,000.00		
Expenditures:					
PURCHASED SERVICES			\$ 10,130.56		\$ 10,130.56-
Total Expenditures:			\$ 10,130.56		\$ 10,130.56-
Increase (Decrease) for Period	\$ 4,500.00		\$ 1,130.56-		
Fund Balance, End of Period	\$ 4,082.70 =====		\$ 4,082.70 =====		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 4,082.70 =====		\$ 4,082.70 =====		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 31  
 (FNDREVEX)

VOCATIONAL EDUC. ENHANCEMENTS (461)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 3,198.82		\$ 3,198.82		
Revenue:					
RESTRICTED GRANTS-IN-AID					
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:					
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES					
SUPPLIES AND MATERIALS					
OTHER USES OF FUNDS					
Total Expenditures:					
Increase (Decrease) for Period	\$ 0.00		\$ 0.00		
Fund Balance, End of Period	\$ 3,198.82		\$ 3,198.82		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 3,198.82		\$ 3,198.82		



Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

ALTERNATIVE SCHOOLS (463)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 18,725.25-		\$ 54.67		
Revenue:					
RESTRICTED GRANTS-IN-AID	\$ 4,356.84	\$ 39,879.00	\$ 22,233.83		
TRANSFERS-IN		\$ 18,100.00			
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 4,356.84	\$ 57,979.00	\$ 22,233.83		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 4,356.84	\$ 39,879.00	\$ 40,740.24		\$ 861.24-
FRINGE BENEFITS			\$ 273.51		\$ 273.51-
TOTAL PERSONNEL:	\$ 4,356.84	\$ 39,879.00	\$ 41,013.75	\$ 0.00	\$ 1,134.75-
PURCHASED SERVICES					
OTHER USES OF FUNDS					
Total Expenditures:	\$ 4,356.84	\$ 39,879.00	\$ 41,013.75		\$ 1,134.75-
Increase (Decrease) for Period	\$ 0.00		\$ 18,779.92-		
Fund Balance, End of Period	\$ 18,725.25-		\$ 18,725.25-		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 18,725.25-		\$ 18,725.25-		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

MISCELLANEOUS STATE GRANT FUND (499)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 23,221.24		\$ 23,221.24		
Revenue:					
RESTRICTED GRANTS-IN-AID					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:					
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES					
SUPPLIES AND MATERIALS		\$ 300.00			\$ 300.00
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS					
OTHER USES OF FUNDS					
Total Expenditures:		\$ 300.00		\$ 300.00	
Increase (Decrease) for Period	\$ 0.00		\$ 0.00		
Fund Balance, End of Period	\$ 23,221.24		\$ 23,221.24		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 23,221.24		\$ 23,221.24		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 36  
 (FNDREVEX)

RACE TO THE TOP (506)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 604.50		\$ 604.50		
Revenue:					
MISC. RECEIPTS - LOCAL SOURCES					
Total Revenues:					
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES					
Total Expenditures:					
Increase (Decrease) for Period	\$ 0.00		\$ 0.00		
Fund Balance, End of Period	\$ 604.50		\$ 604.50		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 604.50		\$ 604.50		

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

	IDEA PART B GRANTS (516)			
	March Activity	Annual Budget	FYTD Activity	Encumbrances
				Unencumbered Balance
Fund Balance, Beg. of Period	\$ 242,939.70-		\$ 41.00	
Revenue:				
RESTRICTED GRANTS-IN-AID	\$ 169,632.94	\$ 930,180.00	\$ 777,906.30	
ADVANCES-IN				
REFND OF PRIOR YEAR EXPENDITUR			\$ 27,408.75	
Total Revenues:	\$ 169,632.94	\$ 930,180.00	\$ 805,315.05	
Expenditures:				
PERSONNEL:				
SALARIES	\$ 3,781.01-	\$ 163,045.00	\$ 175,737.57	\$ 12,692.57-
FRINGE BENEFITS	\$ 3,779.49-	\$ 44,206.00	\$ 32,698.56	\$ 11,507.44
TOTAL PERSONNEL:	\$ 7,560.50-	\$ 207,251.00	\$ 208,436.13	\$ 0.00
PURCHASED SERVICES	\$ 23,207.37	\$ 861,968.12	\$ 668,468.46	\$ 117,266.48
SUPPLIES AND MATERIALS	\$ 2,005.30	\$ 17,314.45	\$ 14,571.89	\$ 2,444.79
CAPITAL OUTLAY	\$ 84.00	\$ 10,000.00	\$ 4,922.50	\$ 5,077.50
MISCELLANEOUS OBJECTS				
OTHER USES OF FUNDS		\$ 28,287.72		\$ 28,287.72
Total Expenditures:	\$ 17,736.17	\$ 1,124,821.29	\$ 896,398.98	\$ 119,711.27
Increase (Decrease) for Period	\$ 151,896.77		\$ 91,083.93-	
Fund Balance, End of Period	\$ 91,042.93-		\$ 91,042.93-	
Current Encumbrances	\$ 119,711.27		\$ 119,711.27	
Unencumbered Cash Balance	\$ 210,754.20-		\$ 210,754.20-	

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 39  
 (FNDREVEX)

TITLE II D - TECHNOLOGY (533)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 75.92		\$ 75.92		
Revenue:					
RESTRICTED GRANTS-IN-AID					
TRANSFERS-IN					
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:					
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES					
SUPPLIES AND MATERIALS					
CAPITAL OUTLAY					
OTHER USES OF FUNDS					
Total Expenditures:					
Increase (Decrease) for Period	\$ 0.00		\$ 0.00		
Fund Balance, End of Period	\$ 75.92		\$ 75.92		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 75.92		\$ 75.92		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 40  
 (FNDREVEX)

TITLE I SCHOOL IMPROVEMENT A (536)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 10,826.42-		\$ 85.96		
Revenue:					
RESTRICTED GRANTS-IN-AID	\$ 3,450.02	\$ 83,560.00	\$ 29,827.43		
TRANSFERS-IN					
ADVANCES-IN					
Total Revenues:	\$ 3,450.02	\$ 83,560.00	\$ 29,827.43		
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES	\$ 15,428.50	\$ 54,970.16	\$ 25,718.03	\$ 14,959.44	\$ 14,292.69
SUPPLIES AND MATERIALS		\$ 16,512.71	\$ 10,800.26		\$ 5,712.45
OTHER USES OF FUNDS			\$ 16,200.00		\$ 16,200.00-
Total Expenditures:	\$ 15,428.50	\$ 71,482.87	\$ 52,718.29	\$ 14,959.44	\$ 3,805.14
Increase (Decrease) for Period	\$ 11,978.48-		\$ 22,890.86-		
Fund Balance, End of Period	\$ 22,804.90-		\$ 22,804.90-		
Current Encumbrances	\$ 14,959.44		\$ 14,959.44		
Unencumbered Cash Balance	\$ 37,764.34-		\$ 37,764.34-		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 42  
 (FNDREVEX)

TITLE I DISADVANTAGED CHILDREN (572)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 372,067.44-		\$ 73.55		
Revenue:					
MISC. RECEIPTS - LOCAL SOURCES					
RESTRICTED GRANTS-IN-AID					
RESTRICTED GRANTS-IN-AID	\$ 71,692.61	\$ 1,506,823.00	\$ 574,519.69		
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 71,692.61	\$ 1,506,823.00	\$ 574,519.69		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 66,968.01	\$ 849,018.00	\$ 533,761.43		\$ 315,256.57
FRINGE BENEFITS	\$ 28,678.63	\$ 205,623.61	\$ 165,034.20		\$ 40,589.41
TOTAL PERSONNEL:	\$ 95,646.64	\$ 1,054,641.61	\$ 698,795.63	\$ 0.00	\$ 355,845.98
PURCHASED SERVICES	\$ 30,185.44	\$ 342,890.35	\$ 84,812.05	\$ 27,062.50	\$ 231,015.80
SUPPLIES AND MATERIALS	\$ 39.60	\$ 69,608.98	\$ 6,632.07	\$ 326.45	\$ 62,650.46
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS					
OTHER USES OF FUNDS			\$ 210,600.00		\$ 210,600.00-
Total Expenditures:	\$ 125,871.68	\$ 1,467,140.94	\$ 1,000,839.75	\$ 27,388.95	\$ 438,912.24
Increase (Decrease) for Period	\$ 54,179.07-		\$ 426,320.06-		
Fund Balance, End of Period	\$ 426,246.51-		\$ 426,246.51-		
Current Encumbrances	\$ 27,388.95		\$ 27,388.95		
Unencumbered Cash Balance	\$ 453,635.46-		\$ 453,635.46-		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 43  
 (FNDREVEX)

TITLE V INNOVATIVE EDUC PGM (573)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 2,074.48		\$ 2,074.48		
Revenue:					
RESTRICTED GRANTS-IN-AID					
ADVANCES-IN					
Total Revenues:					
Expenditures:					
SUPPLIES AND MATERIALS		\$ 34.00		\$ 34.00	
CAPITAL OUTLAY					
OTHER USES OF FUNDS					
Total Expenditures:		\$ 34.00		\$ 34.00	
Increase (Decrease) for Period	\$ 0.00		\$ 0.00		
Fund Balance, End of Period	\$ 2,074.48		\$ 2,074.48		
	=====		=====		
Current Encumbrances	\$ 34.00		\$ 34.00		
Unencumbered Cash Balance	\$ 2,040.48		\$ 2,040.48		
	=====		=====		



Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

DRUG FREE SCHOOL GRANT FUND (584)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 7,776.74		\$ 7,776.74		
Revenue:					
RESTRICTED GRANTS-IN-AID					
TRANSFERS-IN					
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:					
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES					
SUPPLIES AND MATERIALS					
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS					
OTHER USES OF FUNDS					
Total Expenditures:					
Increase (Decrease) for Period	\$ 0.00		\$ 0.00		
Fund Balance, End of Period	\$ 7,776.74		\$ 7,776.74		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 7,776.74		\$ 7,776.74		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 45  
 (FNDREVEX)

IDEA PRESCHOOL-HANDICAPPED (587)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 10,909.23-		\$ 29.70		
Revenue:					
RESTRICTED GRANTS-IN-AID		\$ 14,115.00	\$ 14,078.49		
TRANSFERS-IN		\$ 39,385.00			
ADVANCES-IN					
Total Revenues:	\$	\$ 53,500.00	\$ 14,078.49		
Expenditures:					
PERSONNEL:					
SALARIES		\$ 14,114.20	\$ 24,688.68		\$ 10,574.48-
FRINGE BENEFITS	\$ 328.74-				
TOTAL PERSONNEL:	\$ 328.74-	\$ 14,114.20	\$ 24,688.68	\$ 0.00	\$ 10,574.48-
PURCHASED SERVICES					
SUPPLIES AND MATERIALS					
OTHER USES OF FUNDS					
Total Expenditures:	\$ 328.74-	\$ 14,114.20	\$ 24,688.68		\$ 10,574.48-
Increase (Decrease) for Period	\$ 328.74		\$ 10,610.19-		
Fund Balance, End of Period	\$ 10,580.49-		\$ 10,580.49-		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 10,580.49-		\$ 10,580.49-		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 46  
 (FNDREVEX)

IMPROVING TEACHER QUALITY (590)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 8,906.92-		\$ 89.85		
Revenue:					
RESTRICTED GRANTS-IN-AID	\$ 7,057.76	\$ 104,062.00	\$ 69,238.45		
TRANSFERS-IN					
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:	\$ 7,057.76	\$ 104,062.00	\$ 69,238.45		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 6,959.04	\$ 95,480.77	\$ 65,292.62		\$ 30,188.15
FRINGE BENEFITS	\$ 6,043.88-	\$ 255.00	\$ 789.78		\$ 534.78-
TOTAL PERSONNEL:	\$ 915.16	\$ 95,735.77	\$ 66,082.40	\$ 0.00	\$ 29,653.37
PURCHASED SERVICES	\$ 2,174.79	\$ 47,794.00	\$ 8,086.29	\$ 4,994.08	\$ 34,713.63
SUPPLIES AND MATERIALS		\$ 6,527.03	\$ 98.72	\$ 3,000.00	\$ 3,428.31
MISCELLANEOUS OBJECTS					
OTHER USES OF FUNDS					
Total Expenditures:	\$ 3,089.95	\$ 150,056.80	\$ 74,267.41	\$ 7,994.08	\$ 67,795.31
Increase (Decrease) for Period	\$ 3,967.81		\$ 5,028.96-		
Fund Balance, End of Period	\$ 4,939.11-		\$ 4,939.11-		
Current Encumbrances	\$ 7,994.08		\$ 7,994.08		
Unencumbered Cash Balance	\$ 12,933.19-		\$ 12,933.19-		

Date: 04/09/15  
 Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
 Fiscal Year Budget  
 Revenues & Expenditures  
 March 1, 2015 through March 31, 2015

Page: 47  
 (FNDREVEX)

MISCELLANEOUS FED. GRANT FUND (599)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Fund Balance, Beg. of Period	\$ 4,044.18		\$ 4,044.18		
Revenue:					
RESTRICTED GRANTS-IN-AID					
ADVANCES-IN					
REFND OF PRIOR YEAR EXPENDITUR					
Total Revenues:					
Expenditures:					
PERSONNEL:					
SALARIES					
FRINGE BENEFITS					
TOTAL PERSONNEL:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PURCHASED SERVICES					
SUPPLIES AND MATERIALS					
CAPITAL OUTLAY					
CAPITAL OUTLAY					
MISCELLANEOUS OBJECTS					
OTHER USES OF FUNDS					
Total Expenditures:					
Increase (Decrease) for Period	\$ 0.00		\$ 0.00		
Fund Balance, End of Period	\$ 4,044.18		\$ 4,044.18		
Current Encumbrances	\$ 0.00		\$ 0.00		
Unencumbered Cash Balance	\$ 4,044.18		\$ 4,044.18		

GARFIELD HTS. BOARD OF EDUC.  
Fiscal Year Budget  
Revenues & Expenditures  
March 1, 2015 through March 31, 2015

Aggregate of Funds

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Total Fund Balance, Beg. of Period	\$ 11,797,814.21		\$ 6,913,876.57		
Revenue:					
TAXES		\$ 18,482,000.00	\$ 17,980,933.40		
TUITION	\$ 103,187.41	\$ 350,000.00	\$ 266,679.92		
TRANSPORTATION FEES	\$ 10,675.25	\$ 23,000.00	\$ 47,674.35		
EARNINGS ON INVESTMENTS	\$ 1,768.53	\$ 18,720.00	\$ 8,948.56		
FOOD SERVICES	\$ 26,173.52	\$ 220,000.00	\$ 179,899.81		
EXTRA CURRIC (STUDENT) ACTIVIT	\$ 34,184.94	\$ 306,650.00	\$ 224,884.59		
CLASSROOM MATERIALS AND FEES	\$ 2,968.66	\$ 22,000.00	\$ 12,092.63		
MISC. RECEIPTS - LOCAL SOURCES	\$ 48,185.67	\$ 890,745.00	\$ 177,656.60		
OTHER RECEIPTS - LOCAL SOURCES	\$ 1,000.00		\$ 1,000.00		
UNRESTRICTED GRANTS-IN-AID					
RESTRICTED GRANTS-IN-AID		\$ 5,000.00	\$ 1,004.07		
UNRESTRICTED GRANTS-IN-AID	\$ 1,628,691.61	\$ 22,169,500.00	\$ 16,105,507.44		
RESTRICTED GRANTS-IN-AID	\$ 194,097.89	\$ 2,155,440.00	\$ 1,974,640.51		
REVENUE FOR/ON BEHALF SCL DIST					
RESTRICTED GRANTS-IN-AID	\$ 380,297.32	\$ 3,868,740.00	\$ 2,385,619.78		
TRANSFERS-IN		\$ 212,485.00			
ADVANCES-IN		\$ 238,300.00	\$ 226,800.00		
REFND OF PRIOR YEAR EXPENDITUR		\$ 500.00	\$ 27,692.85		
Total Revenues:	\$ 2,431,230.80	\$ 48,963,080.00	\$ 39,621,034.51		
Expenditures:					
PERSONNEL:					
SALARIES	\$ 1,853,679.82	\$ 23,814,486.97	\$ 17,482,466.99		\$ 6,332,019.98
FRINGE BENEFITS	\$ 1,085,716.73	\$ 8,209,860.11	\$ 6,095,985.90		\$ 2,113,874.21
TOTAL PERSONNEL:	\$ 2,939,396.55	\$ 32,024,347.08	\$ 23,578,452.89	\$ 0.00	\$ 8,445,894.19
PURCHASED SERVICES	\$ 934,306.80	\$ 10,886,452.61	\$ 6,118,505.96	\$ 1,231,893.50	\$ 3,536,053.15
SUPPLIES AND MATERIALS	\$ 187,959.89	\$ 3,075,316.41	\$ 1,719,488.08	\$ 973,199.04	\$ 382,629.29
CAPITAL OUTLAY	\$ 112,074.00	\$ 775,060.35	\$ 716,327.75	\$ 220,913.87	\$ 162,181.27-
***OBJECT CODE 0700 INVALID***					
MISCELLANEOUS OBJECTS	\$ 229,096.60-	\$ 5,602,498.11	\$ 3,890,932.03	\$ 1,170,843.05	\$ 540,723.03
OTHER USES OF FUNDS		\$ 39,787.72	\$ 226,800.00		\$ 187,012.28-
Total Expenditures:	\$ 3,944,640.64	\$ 52,403,462.28	\$ 36,250,506.71	\$ 3,596,849.46	\$ 12,556,106.11
Increase (Decrease) for Period	\$ 1,513,409.84-		\$ 3,370,527.80		
Total Fund Balance, End of Period	\$ 10,284,404.37		\$ 10,284,404.37		

Date: 04/09/15  
Time: 8:27 am

GARFIELD HTS. BOARD OF EDUC.  
Fiscal Year Budget  
Revenues & Expenditures  
March 1, 2015 through March 31, 2015

Page: 49  
(FNDREVEX)

Aggregate of Funds (cont'd)

	March Activity	Annual Budget	FYTD Activity	Encumbrances	Unencumbered Balance
Total Current Encumbrances	\$ 3,596,849.46		\$ 3,596,849.46		
Total Unencumbered Cash Balance	\$ 6,687,554.91		\$ 6,687,554.91		

**CHECKS PAID FOR MONTH**

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 1  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	ACCOUNT TI	FND FUND	FUNC OBJ	DISTRIBUTION SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
Check: 096354 Type: W Date: 02/25/15 Vendor: SUZANNE WASHKO Vendor#: 190560 Stat/Date: VOID: 03/31/15 Bank:																	
0001	Purchase of 40 math compa		0151401	0001	0151401	02/23/15	05	001	1130	511	9412	000000	600	00	006	47.54	
																Check total:	\$47.54
Check: 021153 Type: W Date: 03/09/15 Vendor: AMY BICAN Vendor#: 832330 Stat/Date: RECONCILED:03/26/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	BICAN0215	03/09/15	05	024	2510	856	9241	000000	000	00	000	125.00	
																Check total:	\$125.00
Check: 021154 Type: W Date: 03/09/15 Vendor: CHRISTOPHER EPPLEY Vendor#: 832441 Stat/Date: RECONCILED:03/12/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	EPPLEY0215	03/09/15	05	024	2510	856	9241	000000	000	00	000	125.00	
0002	Spousal Reimbursement thr		0151138	0001	EPPLEY0306	03/09/15	05	024	2510	856	9241	000000	000	00	000	62.50	
																Check total:	\$187.50
Check: 021155 Type: W Date: 03/09/15 Vendor: DENISE MARKOVITZ Vendor#: 832463 Stat/Date: RECONCILED:03/13/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	MARKO0215	03/09/15	05	024	2510	856	9241	000000	000	00	000	47.00	
																Check total:	\$47.00
Check: 021156 Type: W Date: 03/09/15 Vendor: DIANE HORVATH Vendor#: 040185 Stat/Date: RECONCILED:03/23/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	HORVATH0215	03/09/15	05	024	2510	856	9241	000000	000	00	000	125.00	
																Check total:	\$125.00
Check: 021157 Type: W Date: 03/09/15 Vendor: DIANE MATHER Vendor#: 832539 Stat/Date: Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	MATHER0115	03/09/15	05	024	2510	856	9241	000000	000	00	000	125.00	
0002	Spousal Reimbursement thr		0151138	0001	MATHER0215	03/09/15	05	024	2510	856	9241	000000	000	00	000	125.00	
0003	Spousal Reimbursement thr		0151138	0001	MATHER0315	03/09/15	05	024	2510	856	9241	000000	000	00	000	125.00	
																Check total:	\$375.00
Check: 021158 Type: W Date: 03/09/15 Vendor: DONALD MEDER Vendor#: 832527 Stat/Date: RECONCILED:03/13/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	MEDER0215	03/09/15	05	024	2510	856	9241	000000	000	00	000	107.70	
																Check total:	\$107.70
Check: 021159 Type: W Date: 03/09/15 Vendor: KELLI BUTTOLPH Vendor#: 110220 Stat/Date: RECONCILED:03/10/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	BUTTOL0305	03/09/15	05	024	2510	856	9241	000000	000	00	000	62.50	
																Check total:	\$62.50
Check: 021160 Type: W Date: 03/09/15 Vendor: MARY ANN MARSHALL Vendor#: 130204 Stat/Date: RECONCILED:03/20/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	MARSHALL0215	03/09/15	05	024	2510	856	9241	000000	000	00	000	96.96	
																Check total:	\$96.96
Check: 021161 Type: W Date: 03/09/15 Vendor: MATTHEW MIHALYOV Vendor#: 130081 Stat/Date: RECONCILED:03/10/15 Bank: 1																	



Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 2  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
0001	Spousal Reimbursement thr		0151138	0001	MIHALYOV0305	03/09/15	05	024	2510	856	9241	000000	000	00	000		51.78	
																	Check total:	\$51.78
Check: 021162 Type: W Date: 03/09/15 Vendor: MELANIE HUGGINS Vendor#: 832485 Stat/Date: RECONCILED:03/13/15 Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	HUGGINS0215	03/09/15	05	024	2510	856	9241	000000	000	00	000		125.00	
																	Check total:	\$125.00
Check: 021163 Type: W Date: 03/09/15 Vendor: MELISSA FLOOD Vendor#: 130099 Stat/Date: RECONCILED:03/16/15 Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	FLOOD0115	03/09/15	05	024	2510	856	9241	000000	000	00	000		68.84	
0002	Spousal Reimbursement thr		0151138	0001	FLOOD0215	03/09/15	05	024	2510	856	9241	000000	000	00	000		68.84	
																	Check total:	\$137.68
Check: 021164 Type: W Date: 03/09/15 Vendor: MELISSA YOUNG Vendor#: 832464 Stat/Date: RECONCILED:03/13/15 Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	YOUNG0218	03/09/15	05	024	2510	856	9241	000000	000	00	000		62.50	
0002	Spousal Reimbursement thr		0151138	0001	YOUNG0304	03/09/15	05	024	2510	856	9241	000000	000	00	000		62.50	
																	Check total:	\$125.00
Check: 021165 Type: W Date: 03/09/15 Vendor: STACEY WIELGUS Vendor#: 831808 Stat/Date: RECONCILED:03/13/15 Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	WIELGUS0115	03/09/15	05	024	2510	856	9241	000000	000	00	000		114.84	
0002	Spousal Reimbursement thr		0151138	0001	WIELGUS0215	03/09/15	05	024	2510	856	9241	000000	000	00	000		114.84	
0003	Spousal Reimbursement thr		0151138	0001	WIELGUS1214	03/09/15	05	024	2510	856	9241	000000	000	00	000		37.34	
																	Check total:	\$267.02
Check: 096474 Type: W Date: 03/09/15 Vendor: ABRAXUS SALT, LLC Vendor#: 832492 Stat/Date: RECONCILED:03/13/15 Bank: 1																		
0001	Bulk and bagged salt		0151353	0001	0022204	02/14/15	05	001	2720	572	0000	000000	703	00	078		583.10	
																	Check total:	\$583.10
Check: 096475 Type: W Date: 03/09/15 Vendor: ACT ASPIRE, LLC Vendor#: 832559 Stat/Date: RECONCILED:03/16/15 Bank: 1																		
0001	Final billing for ACT Asp		0151468	0001	0003678	02/10/15	05	401	3260	511	9015	000000	410	00	000		520.65	
																	Check total:	\$520.65
Check: 096476 Type: W Date: 03/09/15 Vendor: ADVANCE DOOR COMPANY Vendor#: 010186 Stat/Date: RECONCILED:03/12/15 Bank: 1																		
0001	Repair garage door		0151436	0001	0119308	02/11/15	05	001	2720	423	0000	000000	709	00	078		166.25	
																	Check total:	\$166.25
Check: 096477 Type: W Date: 03/09/15 Vendor: APPLE INC. Vendor#: 010450 Stat/Date: RECONCILED:03/16/15 Bank: 1																		
0001	Apple Volume Purchase Lic		0151393	0001	4327582131	02/04/15	05	001	2211	516	0000	000000	815	00	015		3,000.00	
0002	Apple Volume Purchase Lic		0151393	0002	4327582131	02/04/15	05	001	2211	516	0000	000000	815	00	015		300.00	
																	Check total:	\$3,300.00
Check: 096478 Type: W Date: 03/09/15 Vendor: BARNES & NOBLE, INC. Vendor#: 018874 Stat/Date: RECONCILED:03/16/15 Bank: 1																		
0001	#9781594631931 The Kite R		0150945	0001	IN 2962791	01/30/15	05	009	2620	552	9605	000000	600	00	000		301.56	

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 3  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$301.56	
Check: 096479 Type: W Date: 03/09/15 Vendor: CENTRAL EXTERMINATING COMPANY Vendor#: 030240 Stat/Date: RECONCILED:03/12/15 Bank: 1																	
0001	Pest control for various		0151544	0001	0550731	02/05/15	05	001	2720	572	0000	000000	702	00	078		350.00
0002	Pest control for various		0151544	0001	0550823	02/05/15	05	001	2720	572	0000	000000	702	00	078		200.00
0003	Pest control for various		0151544	0001	0550971	02/25/15	05	001	2720	572	0000	000000	702	00	078		300.00
Check total:																\$850.00	
Check: 096480 Type: W Date: 03/09/15 Vendor: DAVE'S SUPERMARKETS INC. Vendor#: 831593 Stat/Date: RECONCILED:03/13/15 Bank: 1																	
0001	Purchase order for Food t		0151070	0001	7047417	01/06/15	05	009	2620	551	9625	000000	600	00	000		409.12
0002	Purchase order for Food t		0151070	0001	7047425	01/06/15	05	009	2620	551	9625	000000	600	00	000		74.69
0003	Purchase order for Food t		0151070	0001	7047428	01/20/15	05	009	2620	551	9625	000000	600	00	000		43.03
0004	Purchase order for Food t		0151070	0001	7047431	01/27/15	05	009	2620	551	9625	000000	600	00	000		136.96
0005	Purchase order for Food t		0151070	0001	7047432	01/29/15	05	009	2620	551	9625	000000	600	00	000		81.19
0006	Purchase order for Food t		0151281	0001	7047406	02/11/15	05	009	2620	551	9625	000000	600	00	000		91.31
0007	Purchase order for Food t		0151281	0001	7047430	02/17/15	05	009	2620	551	9625	000000	600	00	000		147.45
0008	Purchase order for Food t		0151281	0001	7047434	02/03/15	05	009	2620	551	9625	000000	600	00	000		195.31
Check total:																\$1,179.06	
Check: 096481 Type: W Date: 03/09/15 Vendor: EDUCATION WEEK Vendor#: 050167 Stat/Date: RECONCILED:03/16/15 Bank: 1																	
0001	Annual Subscription for G		0151452	0001	#001305190	02/27/15	05	001	2110	512	0000	000000	811	00	011		74.94
Check total:																\$74.94	
Check: 096482 Type: W Date: 03/09/15 Vendor: EDUCATIONAL SERVICE CENTER OF CUYAHOGA COUNTY Vendor#: 050183 Stat/Date: VOID: 03/10/15 Bank:																	
0001	Open PO for ESC Speech 20		0150821	0001	GFD1676	12/04/14	05	001	2150	413	0000	000000	813	00	013		3,855.19-
0002	Open PO for ESC Speech 20		0150821	0001	GFD1682	02/02/15	05	001	2150	413	0000	000000	813	00	013		28,461.65
0003	Open PO for ESC Speech 20		0150821	0001	GFD1695	02/02/15	05	001	2150	413	0000	000000	813	00	013		13,786.10
0004	2ND HALF CHRIS MATHER RES		0150867	0001	GFD1693	02/02/15	05	001	1130	411	0000	000000	600	00	006		8,503.22
0005	Rosetta Stone		0151219	0001	GFD1687	01/30/15	05	001	2110	511	0000	000000	811	00	011		350.00
0006	Open PO for OOD students,		0151376	0001	GFD1699	02/12/15	05	001	1245	473	0000	000000	813	00	013		7,200.00
0007	Open PO for OOD students,		0151376	0001	GFD1700	02/13/15	05	001	1245	473	0000	000000	813	00	013		7,200.00
0008	Open PO for OOD students,		0151376	0001	GFD1701	02/09/15	05	001	1245	473	0000	000000	813	00	013		25,653.00
0009	2nd Half ELL Tutor Contra		0151489	0002	GFD1694	02/02/15	05	001	2110	415	0000	000000	811	00	011		21,283.90
0010	2nd Half ELL Tutor Contra		0151489	0001	GFD1696	02/02/15	05	001	2110	415	0000	000000	811	00	011		16,785.83
0011	Classroom Version 3:Roset		0151496	0001	GFD1688	01/30/15	05	401	3260	511	9515	000000	000	00	000		1,750.00
Check total:																\$127,118.51	
(Multi-bank check)																	
Check: 096483 Type: W Date: 03/09/15 Vendor: ELECTROCOMM CORP. Vendor#: 050309 Stat/Date: RECONCILED:03/13/15 Bank: 1																	
0001	1/1/2015-6/30/2015 Misc M		0151107	0001	0012991	02/13/15	05	001	2840	429	0000	000000	705	00	078		165.00
Check total:																\$165.00	
Check: 096484 Type: W Date: 03/09/15 Vendor: ELEVATION HEALTHCARE, LLC Vendor#: 832660 Stat/Date: RECONCILED:03/17/15 Bank: 1																	
0001	2014-2015 Pre school		0150805	0001	44125-118	02/24/15	05	001	2140	413	0000	000000	813	00	013		1,314.44
Check total:																\$1,314.44	

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 4  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check: 096485 Type: W Date: 03/09/15 Vendor: EXIT 11 TRUCK TIRE SERVICE, INC. Vendor#: 832294 Stat/Date: RECONCILED:03/13/15 Bank: 1																	
0001	1/1/2015-6/30/2015 Misc T		0151109	0001	1-28407	02/23/15	05	001	2840	583	0000	000000	705	00	078		475.76
Check total: \$475.76																	
Check: 096486 Type: W Date: 03/09/15 Vendor: GRAYBAR ELECTRIC CO.,INC Vendor#: 070449 Stat/Date: RECONCILED:03/13/15 Bank: 1																	
0001	Lighting: Bulbs, ballasts		0151314	0001	977165426	02/04/15	05	001	2720	572	0000	000000	703	00	078		297.00
0002	Lighting: Bulbs, ballasts		0151314	0001	977165427	02/04/15	05	001	2720	572	0000	000000	703	00	078		141.60
Check total: \$438.60																	
Check: 096487 Type: W Date: 03/09/15 Vendor: GREAT AMERICAN OPPORTUNITIES, INC. Vendor#: 070441 Stat/Date: RECONCILED:03/13/15 Bank:																	
0001	CANDY FOR STUDENT SALES -		0151395	0001	4503603	01/21/15	05	014	4600	490	9460	000000	500	00	000		1,000.00
Check total: \$1,000.00																	
Check: 096488 Type: W Date: 03/09/15 Vendor: IDEASTREAM Vendor#: 230417 Stat/Date: RECONCILED:03/13/15 Bank:																	
0001	Coaching at Elmwood - 6 d		0150344	0001	0033582	02/10/15	05	572	2213	412	9015	000000	100	00	000		1,000.00
0002	Coaching at Maple Leaf -		0150344	0002	0033582	02/10/15	05	572	2213	412	9015	000000	200	00	000		1,000.00
0003	Coaching at William Foste		0150344	0003	0033582	02/10/15	05	572	2213	412	9015	000000	400	00	000		1,000.00
0004	Coaching at Middle School		0150344	0004	0033582	02/10/15	05	536	2213	412	915I	000000	500	00	000		2,250.00
Check total: \$5,250.00																	
Check: 096489 Type: W Date: 03/09/15 Vendor: INTEGRATED BUSINESS SYSTEMS Vendor#: 832059 Stat/Date: RECONCILED:03/10/15 Bank:																	
0001	RAPGS42100 Glossy roll pa		0151460	0001	0075816	02/13/15	05	001	1130	511	9412	000000	600	00	006		145.00
0002	RAPS842100 Satin roll pap		0151460	0002	0075816	02/13/15	05	001	1130	511	9412	000000	600	00	006		145.00
0003	W inkjet 42" x 150' roll		0151460	0003	0075816	02/13/15	05	001	1130	511	9412	000000	600	00	006		180.00
0004	RASM10-4265 Vinyl 42" Ban		0151460	0004	0075816	02/13/15	05	001	1130	511	9412	000000	600	00	006		185.00
0005	Y-PFI 306Y Ink		0151460	0005	0075816	02/13/15	05	001	1130	511	9412	000000	600	00	006		204.00
0006	GY-PFI 306GY Ink		0151460	0006	0075816	02/13/15	05	001	1130	511	9412	000000	600	00	006		204.00
0007	PC-PFI-306PC Ink		0151460	0007	0075816	02/13/15	05	001	1130	511	9412	000000	600	00	006		204.00
0008	MBK-PFI-306MBK ink		0151460	0008	0075816	02/13/15	05	001	1130	511	9412	000000	600	00	006		204.00
Check total: \$1,471.00																	
Check: 096490 Type: W Date: 03/09/15 Vendor: INTERSTATE TOWING & TRANSPORT SPECIALIST INC. Vendor#: 831698 Stat/Date: RECONCILED:03/13/15 Bank: 1																	
0001	Bus 4 towing to bus garag		0151476	0001	0141197	02/13/15	05	001	2840	423	0000	000000	705	00	078		210.00
Check total: \$210.00																	
Check: 096491 Type: W Date: 03/09/15 Vendor: IRON MOUNTAIN Vendor#: 090223 Stat/Date: RECONCILED:03/10/15 Bank: 1																	
0001	District-Wide Shredding		0151490	0001	LCE8250	01/31/15	05	001	2610	415	0000	000000	832	00	026		500.65
Check total: \$500.65																	
Check: 096492 Type: W Date: 03/09/15 Vendor: J.W. PEPPER & SON, INC. Vendor#: 100283 Stat/Date: RECONCILED:03/10/15 Bank:																	
0001	Open purchase order for m		0150425	0001	08679518	02/10/15	05	001	1130	511	9412	000000	600	00	006		140.99
0002	Open purchase order for m		0150425	0001	08680999	02/17/15	05	001	1130	511	9412	000000	600	00	006		3.00

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 5  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$143.99	
Check: 096493 Type: W Date: 03/09/15 Vendor: LOWE'S CREDIT SERVICES																Vendor#: 120271 Stat/Date: RECONCILED:03/16/15 Bank: 1	
0001	Materials for Music Expre		0151088	0001	0901216	02/08/15	05	300	4137	590	910E	000000	600	00	000		257.96
0002	Misc supplies		0151336	0001	0944845	02/18/15	05	001	2720	572	0000	000000	703	00	078		60.21
Check total:																\$318.17	
(Multi-bank check)																	
Check: 096494 Type: W Date: 03/09/15 Vendor: MAPLE HEIGHTS HARDWARE, INC.																Vendor#: 130156 Stat/Date: RECONCILED:03/13/15 Bank: 1	
0001	Misc. Maintenance Supplie		0151309	0001	0231444	02/24/15	05	001	2720	572	0000	000000	703	00	078		36.99
Check total:																\$36.99	
Check: 096495 Type: W Date: 03/09/15 Vendor: MSB																Vendor#: 832120 Stat/Date: RECONCILED:03/16/15 Bank:	
0001	Open PO- Service fee to		0151387	0001	0033161	03/05/15	05	001	1241	411	913M	000000	813	00	013		288.20
0002	Open PO- Service fee to		0151387	0001	0033506	02/11/15	05	001	1241	411	913M	000000	813	00	013		184.22
Check total:																\$472.42	
Check: 096496 Type: W Date: 03/09/15 Vendor: NORTHERN SPEECH SERVICES																Vendor#: 832218 Stat/Date: RECONCILED:03/24/15 Bank:	
0001	SLP-JB Kaufman speech Pra		0151420	0001	1118932	02/12/15	05	516	1231	511	9015	000000	813	00	013		220.64
Check total:																\$220.64	
Check: 096497 Type: W Date: 03/09/15 Vendor: PALADIN PROTECTIVE SYSTEMS, IN																Vendor#: 831586 Stat/Date: RECONCILED:03/12/15 Bank: 1	
0001	Open PO for repair of sou		0150475	0001	0065693	01/22/14	05	001	2211	429	0000	000000	815	00	015		332.50
0002	Open PO for repair of sou		0150475	0001	0068359	08/29/14	05	001	2211	429	0000	000000	815	00	015		203.25
0003	Open PO for repair of sou		0150475	0001	0068360	08/29/14	05	001	2211	429	0000	000000	815	00	015		124.50
0004	Open PO for repair of sou		0150475	0001	0068361	08/29/14	05	001	2211	429	0000	000000	815	00	015		177.00
0005	Open PO for repair of sou		0150475	0001	0069222	11/20/14	05	001	2211	429	0000	000000	815	00	015		229.50
0006	Open PO for repair of sou		0150475	0001	0069917	11/20/14	05	001	2211	429	0000	000000	815	00	015		264.50
Check total:																\$1,331.25	
Check: 096498 Type: W Date: 03/09/15 Vendor: PLUMMASTER, INC.																Vendor#: 160339 Stat/Date: RECONCILED:03/16/15 Bank: 1	
0001	Plumbing parts		0151328	0001	IN-01146508	02/10/15	05	001	2720	572	0000	000000	703	00	078		226.10
Check total:																\$226.10	
Check: 096499 Type: W Date: 03/09/15 Vendor: PREMIER PRINTING & PROMOTIONS																Vendor#: 831968 Stat/Date: RECONCILED:03/16/15 Bank:	
0001	#SPR-01490 6" Plastic		0151399	0001	7-159775	02/05/15	05	018	4600	890	902G	000000	600	00	000		446.25
0002	Recycled Interior File Fo		0151402	0001	7-159829	02/13/15	05	001	1110	511	9412	000000	100	00	001		143.94
0003	Smooth Paper Clips - Jumb		0151402	0002	7-159829	02/13/15	05	001	1110	511	9412	000000	100	00	001		34.47
0004	Desk Highlighter Chisel T		0151402	0003	7-159829	02/13/15	05	001	1110	511	9412	000000	100	00	001		14.98
Check total:																\$639.64	
(Multi-bank check)																	
Check: 096500 Type: W Date: 03/09/15 Vendor: PSI																Vendor#: 160275 Stat/Date: RECONCILED:03/18/15 Bank:	

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 6  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0001	Payment of contracted ser		0150770	0002	0081598	02/10/15	05	401	3260	411	9515	000000	000	00	000		7,501.49
0002	Payment of contracted ser		0150770	0002	0081601	02/10/15	05	401	3260	411	9515	000000	000	00	000		2,576.00
0003	Payment of contracted ser		0150770	0002	0150572	02/10/15	05	401	3260	411	9515	000000	000	00	000		2,542.00
Check total:																	\$12,619.49
Check: 096501 Type: W Date: 03/09/15 Vendor: ROETZEL & ANDRESS, LPA Vendor#: 831947 Stat/Date: RECONCILED:03/10/15 Bank: 1																	
1375 EAST NINTH STREET																	
0001	Legal Fees for Profession		0151217	0001	1101809	02/13/15	05	001	2490	418	0000	000000	831	00	024		225.00
0002	Legal Fees for Profession		0151217	0001	1101810	02/13/15	05	001	2490	418	0000	000000	831	00	024		336.00
0003	Legal Fees for Profession		0151217	0001	1101818	02/13/15	05	001	2490	418	0000	000000	831	00	024		4,564.00
0004	Legal Fees for Profession		0151217	0001	1101855	02/13/15	05	001	2490	418	0000	000000	831	00	024		4,032.00
Check total:																	\$9,157.00
Check: 096502 Type: W Date: 03/09/15 Vendor: SCHOLASTIC MAGAZINES Vendor#: 190133 Stat/Date: RECONCILED:03/13/15 Bank: 1																	
0001	See attached order		0151304	0001	M5559341	02/10/15	05	001	2110	511	0000	000000	811	00	011		66.55
Check total:																	\$66.55
Check: 096503 Type: W Date: 03/09/15 Vendor: SCHOOL SPECIALTY Vendor#: 190115 Stat/Date: RECONCILED:03/10/15 Bank: 1																	
0001	Order of science class		0151432	0001	208113923387	02/13/15	05	009	2620	551	9650	000000	600	00	000		181.72
Check total:																	\$181.72
Check: 096504 Type: W Date: 03/09/15 Vendor: STEPHEN WALKER Vendor#: 702469 Stat/Date: RECONCILED:03/12/15 Bank:																	
0001	Officials, Security, Work		0151003	0001	12/03-2/20/15	02/27/15	05	300	4510	419	926A	000000	600	00	000		740.00
0002	Officials, Security, Work		0151003	0002	12/03-2/20/15	02/27/15	05	300	4530	419	926A	000000	600	00	000		500.00
Check total:																	\$1,240.00
Check: 096505 Type: W Date: 03/09/15 Vendor: TURNEY AUTO PARTS, INC. Vendor#: 200287 Stat/Date: RECONCILED:03/13/15 Bank: 1																	
0001	1/1/2015-6/30/2015 Misc P		0151108	0001	0563156	02/18/15	05	001	2840	581	0000	000000	705	00	078		66.24
0002	1/1/2015-6/30/2015 Misc P		0151108	0001	0564134	02/26/15	05	001	2840	581	0000	000000	705	00	078		57.12
Check total:																	\$123.36
Check: 096506 Type: W Date: 03/09/15 Vendor: UNIVERSAL OIL, INC Vendor#: 210114 Stat/Date: RECONCILED:03/11/15 Bank: 1																	
0001	1/1/2015-6/30/2015 Misc D		0151121	0001	I0243526	02/05/15	05	001	2821	582	0000	000000	705	00	078		1,432.15
0002	1/1/2015-6/30/2015 Misc D		0151121	0001	I0243874	02/12/15	05	001	2821	582	0000	000000	705	00	078		2,363.75
Check total:																	\$3,795.90
Check: 096507 Type: W Date: 03/09/15 Vendor: ZENITH SYSTEMS, LLC Vendor#: 040228 Stat/Date: RECONCILED:03/12/15 Bank: 1																	
0001	Change config on 10 ptz		0150980	0002	0350758	02/13/15	05	034	2740	640	0000	000000	600	00	000		150.00
0002	Change config on 10 ptz		0150980	0002	0350765	02/13/15	05	034	2740	640	0000	000000	600	00	000		390.00
0003	Open po for repairs to		0151224	0001	0350764	02/13/15	05	001	2211	429	0000	000000	815	00	015		325.00
0004	Open po for repairs to		0151224	0001	0350766	02/13/15	05	001	2211	429	0000	000000	815	00	015		150.00
0005	Open po for repairs to		0151224	0001	0350767	02/13/15	05	001	2211	429	0000	000000	815	00	015		150.00
0006	Open po for repairs to		0151224	0001	0350773	02/13/15	05	001	2211	429	0000	000000	815	00	015		150.00
0007	Open po for repairs to		0151224	0001	D51464	02/13/15	05	001	2211	429	0000	000000	815	00	015		150.00
0008	Open po for repairs to		0151224	0001	D51465	02/13/15	05	001	2211	429	0000	000000	815	00	015		150.00

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 7  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0009	Open po for repairs to		0151224	0001	D51466	02/13/15	05	001	2211	429	0000	000000	815	00	015		150.00
0010	Open po for repairs to		0151224	0001	D51467	02/13/15	05	001	2211	429	0000	000000	815	00	015		390.00
0011	Open po for repairs to		0151224	0001	D51468	02/13/15	05	001	2211	429	0000	000000	815	00	015		150.00
0012	Open po for repairs to		0151224	0001	D51469	02/13/15	05	001	2211	429	0000	000000	815	00	015		150.00
0013	Open po for repairs to		0151224	0001	D51470	02/13/15	05	001	2211	429	0000	000000	815	00	015		150.00
Check total:																\$2,605.00	

(Multi-bank check)

Check: 096508 Type: W Date: 03/10/15 Vendor: EDUCATIONAL SERVICE CENTER Vendor#: 050183 Stat/Date: RECONCILED:03/11/15 Bank:  
 OF CUYAHOGA COUNTY

0001	Open PO for ESC Speech 20		0150821	0001	GFD1676.	12/04/14	05	001	2150	413	0000	000000	813	00	013		3,855.19-
0002	Open PO for ESC Speech 20		0150821	0001	GFD1692	02/02/15	05	001	2150	413	0000	000000	813	00	013		28,461.65
0003	Open PO for ESC Speech 20		0150821	0001	GFD1695.	02/02/15	05	001	2150	413	0000	000000	813	00	013		13,786.10
0004	2ND HALF CHRIS MATHER RES		0150867	0001	GFD1693.	02/02/15	05	001	1130	411	0000	000000	600	00	006		8,503.22
0005	Rosetta Stone		0150955	0001	GFD1687.	01/30/15	05	001	2110	511	0000	000000	811	00	011		70.00
0006	Rosetta Stone		0151219	0001	GFD1687.	01/30/15	05	001	2110	511	0000	000000	811	00	011		350.00
0007	Open PO for OOD students,		0151376	0001	GFD1699.	02/12/15	05	001	1245	473	0000	000000	813	00	013		7,200.00
0008	Open PO for OOD students,		0151376	0001	GFD1700.	02/13/15	05	001	1245	473	0000	000000	813	00	013		7,200.00
0009	Open PO for OOD students,		0151376	0001	GFD1701.	02/09/15	05	001	1245	473	0000	000000	813	00	013		25,653.00
0010	2nd Half ELL Tutor Contra		0151489	0002	GFD1694.	02/02/15	05	001	2110	415	0000	000000	811	00	011		21,283.90
0011	2nd Half ELL Tutor Contra		0151489	0001	GFD1696.	02/02/15	05	001	2110	415	0000	000000	811	00	011		16,785.83
0012	Classroom Version 3:Roset		0151496	0001	GFD1688.	01/30/15	05	401	3260	511	9515	000000	000	00	000		1,750.00
Check total:																\$127,188.51	

(Multi-bank check)

Check: 096509 Type: W Date: 03/10/15 Vendor: OCTELA Vendor#: 832724 Stat/Date: RECONCILED:03/16/15 Bank:  
 C/O CAROL ANN HART

0001	Registration fee for Hele		0151461	0001	0151461	02/18/15	05	590	2213	432	9015	000000	600	00	022		160.00
Check total:																\$160.00	

Check: 096510 Type: W Date: 03/11/15 Vendor: AT&T Vendor#: 150101 Stat/Date: RECONCILED:03/16/15 Bank: 1

0001	AT&T PHONE SERVICE FOR (5		0151583	0001	2168831104-02	02/28/15	05	001	2910	441	0000	000000	000	00	007		38.93
0002	AT&T PHONE SERVICE FOR (5		0151583	0001	216R631878-02	02/25/15	05	001	2910	441	0000	000000	000	00	007		2,890.78
Check total:																\$2,929.71	

Check: 096511 Type: W Date: 03/11/15 Vendor: CDW GOVERNMENT, INC. Vendor#: 020237 Stat/Date: RECONCILED:03/12/15 Bank: 1

0001	See attachment		0151086	0001	SR08808	02/20/15	05	003	2211	640	0000	000000	000	00	000		1,450.00
0002	Verbatim mouse		0151378	0001	SP37730	02/17/15	05	001	2211	516	0000	000000	815	00	015		2,580.00
0003	Turtle Beach Ear Force N1		0151378	0002	SP37730	02/17/15	05	001	2211	516	0000	000000	815	00	015		3,250.00
0004	Turtle Beach Ear Force N1		0151378	0002	Shipping Fee	02/17/15	05	001	2211	516	0000	000000	815	00	015		102.71
Check total:																\$7,382.71	

Check: 096512 Type: W Date: 03/11/15 Vendor: COMDOC, INC. Vendor#: 030550 Stat/Date: RECONCILED:03/13/15 Bank: 1

0001	STAPLE CARTRIDGES PER ATT		0151459	0001	IN541548	02/12/15	05	001	2421	443	0000	000000	500	00	005		204.00
0002	SHIPPING		0151459	0002	IN541548	02/12/15	05	001	2421	443	0000	000000	500	00	005		15.00
Check total:																\$219.00	

Check: 096513 Type: W Date: 03/11/15 Vendor: DAMON INDUSTRIES, INC. Vendor#: 040052 Stat/Date: RECONCILED:03/12/15 Bank: 1

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 8  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
0001	Misc cleaning supplies		0151363	0001	0996543	02/11/15	05	001	2720	572	0000	000000	702	00	078		112.50	
0002	Misc cleaning supplies		0151363	0001	0996946	02/18/15	05	001	2720	572	0000	000000	702	00	078		32.62	
																	Check total:	\$145.12
Check: 096514 Type: W Date: 03/11/15 Vendor: DEVELOPMENTAL RESOURCES ACCUTRAIN CORPORATION																		Vendor#: 040281 Stat/Date: RECONCILED:03/20/15 Bank:
0001	Registrations for MEAN GI		0151475	0001	0151475	02/18/15	05	536	2213	432	915I	000000	500	00	000		536.00	
																	Check total:	\$536.00
Check: 096515 Type: W Date: 03/11/15 Vendor: EDUCATIONAL SERVICE CENTER OF CUYAHOGA COUNTY																		Vendor#: 050183 Stat/Date: RECONCILED:03/12/15 Bank:
0001	SUBSTITUTE TEACHER SERVIC		0150559	0001	GFD1706	02/24/15	05	001	1190	411	0000	000000	000	00	007		15,339.15	
0002	Open PO 2014-15 Audiologi		0151060	0001	GFD1702	02/25/15	05	516	2153	413	9015	000000	000	00	000		471.66	
0003	Open PO 2014-15 for Visua		0151079	0001	GFD1703	02/25/15	05	516	2183	413	9015	000000	000	00	000		2,127.38	
																	Check total:	\$17,938.19
(Multi-bank check)																		
Check: 096516 Type: W Date: 03/11/15 Vendor: FLOCABULARY																		Vendor#: 832456 Stat/Date: RECONCILED:03/30/15 Bank: 1
0001	Licenses "Boosting Achiev		0151474	0001	0038340	02/17/15	05	018	4600	890	922G	000000	200	00	000		96.00	
																	Check total:	\$96.00
Check: 096517 Type: W Date: 03/11/15 Vendor: FOLLETT SCHOOL SOLUTIONS INC.																		Vendor#: 060191 Stat/Date: RECONCILED:03/16/15 Bank:
0001	Book order for William Fo		0151340	0001	597699F-1	02/19/15	05	001	2222	530	9412	000000	400	00	004		161.42	
0002	Book order for Maple Leaf		0151345	0001	597705F-4	02/16/15	05	001	2222	530	9412	000000	200	00	002		345.71	
																	Check total:	\$507.13
Check: 096518 Type: W Date: 03/11/15 Vendor: KARNIS SAFE & LOCK, INC.																		Vendor#: 110145 Stat/Date: RECONCILED:03/12/15 Bank: 1
0001	Lock repair on doors &		0151300	0001	0113980	02/17/15	05	001	2720	423	0000	000000	709	00	078		120.15	
																	Check total:	\$120.15
Check: 096519 Type: W Date: 03/11/15 Vendor: MSB																		Vendor#: 832120 Stat/Date: RECONCILED:03/20/15 Bank:
0001	Open PO- Service fee to		0151387	0001	0033844	02/17/15	05	001	1241	411	913M	000000	813	00	013		243.53	
0002	Open PO- Service fee to		0151387	0001	0034189	02/24/15	05	001	1241	411	913M	000000	813	00	013		144.39	
																	Check total:	\$387.92
Check: 096520 Type: W Date: 03/11/15 Vendor: NASCO																		Vendor#: 140110 Stat/Date: RECONCILED:03/17/15 Bank: 1
0001	Order of art supplies per		0151425	0001	0280372	02/18/15	05	009	2620	551	9601	000000	600	00	000		1,823.28	
																	Check total:	\$1,823.28
Check: 096521 Type: W Date: 03/11/15 Vendor: NCS PEARSON, INC																		Vendor#: 831588 Stat/Date: RECONCILED:03/16/15 Bank:
0001	Speech Therapist screenin		0151434	0001	10116467	02/17/15	05	516	1231	511	9015	000000	813	00	013		467.25	
																	Check total:	\$467.25
Check: 096522 Type: W Date: 03/11/15 Vendor: NORTH COAST COUNCIL																		Vendor#: 120128 Stat/Date: RECONCILED:03/16/15 Bank: 1

Date: 04/09/2015  
Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
SORT BY ISSUE DATE  
CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
WARRANT CHECKS

Page: 9  
(CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0001	2014 TAX FORMS PROCESSING		0151529	0001	GRF338	02/19/15	05	001	2500	512	0000	000000	852	00	025		62.70
																	Check total: \$62.70
Check: 096523 Type: W Date: 03/11/15 Vendor: PLUMMASTER, INC. Vendor#: 160339 Stat/Date: RECONCILED:03/23/15 Bank: 1																	
0001	Plumbing parts		0151328	0001	IN-01149062	02/16/15	05	001	2720	572	0000	000000	703	00	078		131.17
																	Check total: \$131.17
Check: 096524 Type: W Date: 03/11/15 Vendor: PREMIER PRINTING & PROMOTIONS Vendor#: 831968 Stat/Date: RECONCILED:03/16/15 Bank:																	
0001	Presentation Board		0151406	0001	7-159860	02/20/15	05	001	2421	512	0000	000000	200	00	002		87.45
0002	Non Washable Marker		0151406	0002	7-159860	02/20/15	05	001	2421	512	0000	000000	200	00	002		37.90
0003	Paper Astrobright Galx Go		0151406	0003	7-159860	02/20/15	05	001	2421	512	0000	000000	200	00	002		15.99
0004	Calendar		0151406	0004	7-159860	02/20/15	05	001	2421	512	0000	000000	200	00	002		16.31
0005	Order of science class		0151415	0001	7-159881	02/24/15	05	009	2620	551	9650	000000	600	00	000		1,207.50
0006	Order of science class		0151415	0001	7-159932	03/02/15	05	009	2620	551	9650	000000	600	00	000		653.10
0007	HEADPHONES PER ATTACHED L		0151446	0001	7-159847	02/18/15	05	001	1120	511	9412	000000	500	00	005		598.00
0008	#LTH-800P Thermal Print T		0151484	0001	7-159924	02/26/15	05	001	2421	512	9412	000000	600	00	006		269.99
																	Check total: \$2,886.24
(Multi-bank check)																	
Check: 096525 Type: W Date: 03/11/15 Vendor: PRO-ED Vendor#: 160266 Stat/Date: RECONCILED:03/18/15 Bank:																	
0001	Speech & Lang. Therapist		0151403	0001	2275369	02/12/15	05	516	1231	511	9015	000000	813	00	013		102.90
0002	SLP-DC Photo articulation		0151430	0001	2276252	02/16/15	05	516	1231	511	9015	000000	813	00	013		61.60
																	Check total: \$164.50
Check: 096526 Type: W Date: 03/11/15 Vendor: RONALD STEWART AND ASSOC., LLC Vendor#: 832650 Stat/Date: RECONCILED:03/17/15 Bank:																	
0001	Federal Grant Consulation		0150491	0001	02/1-02/28/15	03/01/15	05	572	2413	419	9015	000000	000	00	000		325.00
																	Check total: \$325.00
Check: 096527 Type: W Date: 03/11/15 Vendor: SIGNARAMA Vendor#: 831966 Stat/Date: RECONCILED:03/16/15 Bank: 1																	
0001	signs, banners, etc		0151485	0001	0011449	02/18/15	05	001	2720	423	0000	000000	709	00	078		43.00
																	Check total: \$43.00
Check: 096528 Type: W Date: 03/11/15 Vendor: SYNCB/AMAZON Vendor#: 832047 Stat/Date: RECONCILED:03/19/15 Bank:																	
0001	Jesse Bear, What Will You		0151245	0001	028343594104	01/12/15	05	001	1110	521	9412	000000	000	00	022		42.63
0002	PG48-XLR Cardioid Dynamic		0151271	0001	110993258864	01/15/15	05	001	2421	512	9412	000000	600	00	006		312.00
0003	Misc. maintenance items		0151301	0001	036880026885	01/23/15	05	001	2720	572	0000	000000	703	00	078		7.91
0004	Misc. maintenance items		0151301	0001	036884202531	01/23/15	05	001	2720	572	0000	000000	703	00	078		7.90
0005	Misc. maintenance items		0151301	0001	036886146133	01/23/15	05	001	2720	572	0000	000000	703	00	078		7.90
0006	Misc. maintenance items		0151301	0001	036887807520	01/23/15	05	001	2720	572	0000	000000	703	00	078		7.90
0007	Misc. maintenance items		0151301	0001	036889550465	01/23/15	05	001	2720	572	0000	000000	703	00	078		7.89
0008	Misc. maintenance items		0151301	0001	140631982589	01/22/15	05	001	2720	572	0000	000000	703	00	078		113.67
0009	Misc. maintenance items		0151301	0001	196876863996	01/22/15	05	001	2720	572	0000	000000	703	00	078		87.41
0010	What If You Had Animal Ha		0151347	0002	043630115232	01/23/15	05	001	1110	521	9412	000000	000	00	022		65.58
0011	What If You Had Animal Ha		0151347	0002	043630369339	01/23/15	05	001	1110	521	9412	000000	000	00	022		10.93



Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 10  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT		
0012	What If You Had Animal Te		0151347	0003	043630369339	01/23/15	05	001	1110	521	9412	000000	000	00	022		85.40		
0013	SUPPLIES PER ATTACHED LIS		0151350	0001	036040189245	01/26/15	05	001	1120	511	9412	000000	500	00	005		65.51		
0014	SUPPLIES PER ATTACHED LIS		0151350	0001	036044487464	01/26/15	05	001	1120	511	9412	000000	500	00	005		5.95		
0015	SUPPLIES PER ATTACHED LIS		0151350	0001	100383568447	01/26/15	05	001	1120	511	9412	000000	500	00	005		5.86		
0016	SUPPLIES PER ATTACHED LIS		0151350	0001	147144497973	01/26/15	05	001	1120	511	9412	000000	500	00	005		24.99		
0017	SHIPPING		0151350	0002	147144497973	01/26/15	05	001	1120	511	9412	000000	500	00	005		9.98		
																	Check total:	\$869.41	
																		(Multi-bank check)	
Check: 096529 Type: W Date: 03/11/15 Vendor: HAMPTON INN																		Vendor#: 830874 Stat/Date: RECONCILED:03/16/15 Bank:	
																		DBA ROSCHMAN RESTAURANT	
0001	19 Hotel rooms for Wapako		0151569	0001	0151569	03/11/15	05	300	4137	590	910E	000000	600	00	000		3,826.60		
																		Check total:	\$3,826.60
Check: 096530 Type: W Date: 03/11/15 Vendor: WOMANKIND INC.																		Vendor#: 230381 Stat/Date: RECONCILED:03/24/15 Bank: 1	
0001	Donation from Fundraiser		0150070	0001	0150070	03/11/15	05	200	4553	890	946B	000000	600	00	000		400.00		
																		Check total:	\$400.00
Check: 096531 Type: W Date: 03/11/15 Vendor: SUBURBAN HEALTH CONSORTIUM																		Vendor#: 180322 Stat/Date: RECONCILED:03/12/15 Bank: 1	
																		HUNTINGTON BANK	
0001	Health Insurance Premiums		0150974	0001	MARCH 2015	03/11/15	05	024	2510	856	9241	000000	000	00	000		356,578.32		
																		Check total:	\$356,578.32
Check: 096532 Type: W Date: 03/11/15 Vendor: OHIO SCHOOLS COUNCIL																		Vendor#: 150183 Stat/Date: RECONCILED:03/12/15 Bank: 1	
0001	Life Insurance Premiums		0151453	0001	MARCH 2015	03/11/15	05	024	2510	856	9242	000000	000	00	000		1,987.19		
																		Check total:	\$1,987.19
Check: 096533 Type: W Date: 03/12/15 Vendor: POSTMASTER																		Vendor#: 160260 Stat/Date: RECONCILED:03/16/15 Bank: 1	
0001	Forever Stamps		0151566	0001	0151566	03/12/15	05	001	2421	443	0000	000000	400	00	004		654.64		
																		Check total:	\$654.64
Check: 096534 Type: W Date: 03/13/15 Vendor: AMERICAN FINANCIAL RES IN																		Vendor#: 830599 Stat/Date: RECONCILED:03/18/15 Bank: 1	
0001	Biannual lease of Ricoh C		0151593	0001	44719648	02/21/15	05	401	3260	511	9015	000000	410	00	000		5,723.64		
																		Check total:	\$5,723.64
Check: 096535 Type: W Date: 03/13/15 Vendor: CERIDIAN																		Vendor#: 831658 Stat/Date: RECONCILED:03/17/15 Bank: 1	
0001	Carrier Fees for FY 15		0151215	0001	332802544	12/01/14	05	024	2510	856	9241	000000	000	00	000		91.80		
																		Check total:	\$91.80
Check: 096536 Type: W Date: 03/13/15 Vendor: DON DONAY																		Vendor#: 700179 Stat/Date: Bank:	
0001	Officials, Security, Work		0151003	0001	12/3/14-1/31/15	03/13/15	05	300	4510	419	926A	000000	600	00	000		140.00		
0002	Officials, Security, Work		0151003	0002	12/3/14-1/31/15	03/13/15	05	300	4530	419	926A	000000	600	00	000		450.00		
																		Check total:	\$590.00
Check: 096537 Type: W Date: 03/13/15 Vendor: GRAYBAR ELECTRIC CO.,INC																		Vendor#: 070449 Stat/Date: RECONCILED:03/16/15 Bank: 1	

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 11  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
0001	Lighting: Bulbs, ballasts		0151314	0001	976926864	01/21/15	05	001	2720	572	0000	000000	703	00	078		425.04	
																	Check total:	\$425.04
Check: 096538 Type: W Date: 03/13/15 Vendor: GREAT AMERICAN OPPORTUNITIES, INC.																	Vendor#:	070441 Stat/Date: RECONCILED:03/16/15 Bank:
0001	CANDY FOR STUDENT SALES -		0151491	0001	4521105	02/10/15	05	014	4600	490	9460	000000	500	00	000		500.00	
																	Check total:	\$500.00
Check: 096539 Type: W Date: 03/13/15 Vendor: KATHRYN MAYFIELD																	Vendor#:	703014 Stat/Date: Bank:
0001	Officials, Security, Work		0151003	0001	11/29/-2/21/15	03/13/15	05	300	4510	419	926A	000000	600	00	000		1,040.00	
0002	Officials, Security, Work		0151003	0002	11/29/-2/21/15	03/13/15	05	300	4530	419	926A	000000	600	00	000		300.00	
																	Check total:	\$1,340.00
Check: 096540 Type: W Date: 03/13/15 Vendor: OHIO ASSOC. OF EMIS PROFESSIONALS (OAFP)																	Vendor#:	150065 Stat/Date: Bank: 1
0001	Registration for Carol Wi		0151559	0001	0015559	02/10/15	05	001	2933	430	0000	000000	000	00	000		285.00	
																	Check total:	\$285.00
Check: 096541 Type: W Date: 03/13/15 Vendor: PAUL SINDYLA																	Vendor#:	700758 Stat/Date: RECONCILED:03/30/15 Bank:
0001	Officials, Security, Work		0151003	0001	12/6/14-1/31/15	03/13/15	05	300	4510	419	926A	000000	600	00	000		500.00	
																	Check total:	\$500.00
Check: 096542 Type: W Date: 03/13/15 Vendor: PSI																	Vendor#:	160275 Stat/Date: RECONCILED:03/23/15 Bank:
0001	1 diagnostic nurse to wor		0150528	0001	0081359	02/10/15	05	401	3260	411	9015	000000	410	00	000		242.27	
0002	1 health aide to work 133		0150528	0002	0081359	02/10/15	05	401	3260	411	9015	000000	410	00	000		1,814.75	
0003	Health Aide,Nurse,Speech,		0150774	0002	0081301	02/10/15	05	401	3260	411	9615	000000	412	00	000		11,030.83	
0004	Health Aide,Nurse,Speech,		0150774	0002	0081449	02/10/15	05	401	3260	411	9615	000000	412	00	000		2,809.14	
0005	same as above		0150852	0002	0081359	02/10/15	05	516	3260	411	9015	000000	410	00	000		3,529.50	
																	Check total:	\$19,426.49
(Multi-bank check)																		
Check: 096543 Type: W Date: 03/13/15 Vendor: VAR RESOURCES																	Vendor#:	832646 Stat/Date: RECONCILED:03/17/15 Bank: 1
0001	Lease of 60 Dell personal		0150508	0001	5001937666	02/16/15	05	401	3260	511	9015	000000	410	00	000		1,287.27	
																	Check total:	\$1,287.27
Check: 021166 Type: W Date: 03/16/15 Vendor: CHRISTY WALCOFF																	Vendor#:	030292 Stat/Date: RECONCILED:03/30/15 Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	WALCOFF0228	03/16/15	05	024	2510	856	9241	000000	000	00	000		62.50	
																	Check total:	\$62.50
Check: 021167 Type: W Date: 03/16/15 Vendor: KEN CARDAMAN																	Vendor#:	110121 Stat/Date: RECONCILED:03/17/15 Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	CARDAM0215	03/16/15	05	024	2510	856	9241	000000	000	00	000		64.64	
																	Check total:	\$64.64
Check: 021168 Type: W Date: 03/16/15 Vendor: KELLI BUTTOLPH																	Vendor#:	110220 Stat/Date: RECONCILED:03/17/15 Bank: 1

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 12  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
0001	Spousal Reimbursement thr		0151138	0001	BUTTOL0319	03/16/15	05	024	2510	856	9241	000000	000	00	000		62.50	
																	Check total:	\$62.50
Check: 021169 Type: W Date: 03/16/15 Vendor: SHARON REGAN Vendor#: 505290 Stat/Date: RECONCILED:03/30/15 Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	REGAN0111	03/16/15	05	024	2510	856	9241	000000	000	00	000		38.50	
0002	Spousal Reimbursement thr		0151138	0001	REGAN0215	03/16/15	05	024	2510	856	9241	000000	000	00	000		77.00	
0003	Spousal Reimbursement thr		0151138	0001	REGAN0308	03/16/15	05	024	2510	856	9241	000000	000	00	000		38.50	
0004	Spousal Reimbursement thr		0151138	0001	REGAN1228	03/16/15	05	024	2510	856	9241	000000	000	00	000		38.50	
																	Check total:	\$192.50
Check: 021170 Type: W Date: 03/16/15 Vendor: TIM SOBOCINSKI Vendor#: 830861 Stat/Date: RECONCILED:03/17/15 Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	SOBO0305	03/16/15	05	024	2510	856	9241	000000	000	00	000		62.50	
																	Check total:	\$62.50
Check: 021171 Type: W Date: 03/16/15 Vendor: BOBBIE MARKSBERRY Vendor#: 831533 Stat/Date: RECONCILED:03/25/15 Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	MARKSB0306	03/16/15	05	024	2510	856	9241	000000	000	00	000		62.50	
																	Check total:	\$62.50
Check: 021172 Type: W Date: 03/16/15 Vendor: STEPHANIE SEICHKO Vendor#: 832333 Stat/Date: Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	SEICHKO0312	03/16/15	05	024	2510	856	9241	000000	000	00	000		62.50	
																	Check total:	\$62.50
Check: 021173 Type: W Date: 03/16/15 Vendor: ABIGAIL DIETZ Vendor#: 832340 Stat/Date: RECONCILED:03/17/15 Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	DIETZ0115	03/16/15	05	024	2510	856	9241	000000	000	00	000		125.00	
0002	Spousal Reimbursement thr		0151138	0001	DIETZ0215	03/16/15	05	024	2510	856	9241	000000	000	00	000		125.00	
																	Check total:	\$250.00
Check: 021174 Type: W Date: 03/16/15 Vendor: THOMAS BRIGHT Vendor#: 832389 Stat/Date: RECONCILED:03/20/15 Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	BRIGHT0115	03/16/15	05	024	2510	856	9241	000000	000	00	000		125.00	
0002	Spousal Reimbursement thr		0151138	0001	BRIGHT0213	03/16/15	05	024	2510	856	9241	000000	000	00	000		62.50	
0003	Spousal Reimbursement thr		0151138	0001	BRIGHT1121	03/16/15	05	024	2510	856	9241	000000	000	00	000		60.96	
0004	Spousal Reimbursement thr		0151138	0001	BRIGHT1214	03/16/15	05	024	2510	856	9241	000000	000	00	000		121.92	
																	Check total:	\$370.38
Check: 021175 Type: W Date: 03/16/15 Vendor: CANDICE LEA Vendor#: 832700 Stat/Date: RECONCILED:03/23/15 Bank: 1																		
0001	Spousal Reimbursement thr		0151138	0001	LEA0215	03/16/15	05	024	2510	856	9241	000000	000	00	000		82.16	
																	Check total:	\$82.16
Check: 096544 Type: W Date: 03/16/15 Vendor: HELEN LINDSAY Vendor#: 120239 Stat/Date: RECONCILED:03/17/15 Bank:																		
0001	Reimburse for mileage to		0151465	0001	0151465	03/16/15	05	590	2213	432	9015	000000	600	00	022		149.73	
																	Check total:	\$149.73

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 13  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	ACCOUNT CODE DISTRIBUTION							ITEM	AMOUNT		
							TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB		
Check: 096545 Type: W Date: 03/16/15 Vendor: SERENDIPITY DANCE Vendor#: 832703 Stat/Date: RECONCILED:03/18/15 Bank:																	
0001	MH class WF Serendipity d		0151231	0001	#11001	01/07/15	05	516	1290	411	9015	000000	000	00	000		252.00
																Check total:	\$252.00
Check: 096546 Type: W Date: 03/16/15 Vendor: CENTRAL PURCHASING OFFICE Vendor#: 030241 Stat/Date: RECONCILED:03/20/15 Bank: 1																	
DIOCESE OF CLEVELAND																	
0001	HP Laser Jet P 2055dn Ink		0151355	0001	00144013	02/24/15	05	401	3260	512	9615	000000	412	00	000		331.98
																Check total:	\$331.98
Check: 096547 Type: W Date: 03/16/15 Vendor: CHRIS SATOLA Vendor#: 830883 Stat/Date: RECONCILED:03/17/15 Bank:																	
0001	FSID 1936 Facility Rental		0151580	0001	FS1936	03/05/15	05	001	2690	425	914C	000000	602	00	000		190.00
0002	FSID 1936 Technician Serv		0151580	0002	FS1936	03/05/15	05	001	2690	425	914C	000000	602	00	000		425.00
0003	FSID 2679 Facility Rental		0151580	0005	INV2679	02/03/15	05	001	2690	425	914C	000000	602	00	000		120.00
0004	FSID 2679 Technician Serv		0151580	0006	INV2679	02/03/15	05	001	2690	425	914C	000000	602	00	000		275.00
0005	FSID 2727 Facility Rental		0151580	0003	INV2727	03/03/15	05	001	2690	425	914C	000000	602	00	000		178.75
0006	FSID 2727 Technician Serv		0151580	0004	INV2727	03/03/15	05	001	2690	425	914C	000000	602	00	000		412.50
																Check total:	\$1,601.25
Check: 096548 Type: W Date: 03/16/15 Vendor: DISTILLATA COMPANY Vendor#: 040216 Stat/Date: RECONCILED:03/18/15 Bank: 1																	
0001	WATER FOR CENTRAL OFFICE		0151407	0001	5173567	02/13/15	05	001	2421	512	0000	000000	301	00	000		45.90
0002	WATER FOR MS PRINCIPAL JA		0151407	0004	5173568	02/13/15	05	001	2211	511	0000	000000	815	00	015		5.60
0003	WATER FOR CENTRAL OFFICE		0151407	0001	5190165	02/27/15	05	001	2421	512	0000	000000	301	00	000		23.70
0004	WATER FOR MS PRINCIPAL JA		0151407	0004	5190167	02/27/15	05	001	2211	511	0000	000000	815	00	015		23.70
0005	WATER FOR CENTRAL OFFICE		0151407	0001	5190168	02/27/15	05	001	2421	512	0000	000000	301	00	000		12.60
0006	WATER FOR TECH JAN THROUG		0151407	0002	5190169	02/27/15	05	001	2720	452	0000	000000	800	00	007		12.55
0007	WATER FOR LEARNING CTR. O		0151407	0003	5190170	02/27/15	05	001	2720	452	0000	000000	800	00	007		12.60
0008	WATER FOR BUS GARAGE JAN		0151407	0005	5190201	02/27/15	05	001	2421	512	9412	000000	500	00	005		12.60
0009	WATER FOR TECH JAN THROUG		0151407	0002	5195923	02/28/15	05	001	2720	452	0000	000000	800	00	007		10.00
0010	WATER FOR CENTRAL OFFICE		0151407	0001	5199721	02/28/15	05	001	2421	512	0000	000000	301	00	000		10.00
0011	WATER FOR LEARNING CTR. O		0151407	0003	5199722	02/28/15	05	001	2720	452	0000	000000	800	00	007		11.00
0012	WATER FOR MS PRINCIPAL JA		0151407	0004	5199723	02/28/15	05	001	2211	511	0000	000000	815	00	015		11.00
																Check total:	\$191.25
(Multi-bank check)																	
Check: 096549 Type: W Date: 03/16/15 Vendor: HOME DEPOT CREDIT SERVICES Vendor#: 080287 Stat/Date: RECONCILED:03/19/15 Bank: 1																	
DEPT. 32-2501720761																	
0001	Purchase order for forens		0151391	0001	0012574	02/03/15	05	009	2620	551	9650	000000	600	00	000		281.58
																Check total:	\$281.58
Check: 096550 Type: W Date: 03/16/15 Vendor: JP CONSULTING Vendor#: 100108 Stat/Date: RECONCILED:03/30/15 Bank:																	
0001	Asbestos sampling at Will		0151563	0001	2793-A	02/25/15	05	010	5600	419	0001	000000	400	00	000		743.60
																Check total:	\$743.60
Check: 096551 Type: W Date: 03/16/15 Vendor: LeMON BRADFORD Vendor#: 120290 Stat/Date: RECONCILED:03/19/15 Bank: 1																	
0001	Reimbursement for use of		0150734	0001	JANUARY '15	03/16/15	05	001	2690	441	0000	000000	000	00	007		50.00

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 14  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$50.00	
Check: 096552 Type: W Date: 03/16/15 Vendor: MARY ANN MARSHALL																Vendor#: 130204 Stat/Date: RECONCILED:03/20/15 Bank: 1	
0001	Reimbursement for use of	0150981	0001		FEBRUARY '15	03/16/15	05	001	2690	441	0000	000000	000	00	007		25.00
Check total:																\$25.00	
Check: 096553 Type: W Date: 03/16/15 Vendor: NORTH COAST COUNCIL																Vendor#: 120128 Stat/Date: RECONCILED:03/19/15 Bank: 1	
0001	Internet Service Fee Firs	0150460	0001		INT642	07/01/14	05	401	3260	512	9615	000000	412	00	000		2,017.59
Check total:																\$2,017.59	
Check: 096554 Type: W Date: 03/16/15 Vendor: OHIO ACADEMIC COMPETITION																Vendor#: 832731 Stat/Date: RECONCILED:03/23/15 Bank: 1	
0001	Registration for competit	0151586	0001		0151586	03/16/15	05	300	4143	519	956H	000000	600	00	000		110.00
Check total:																\$110.00	
Check: 096555 Type: W Date: 03/16/15 Vendor: PORTAGE COUNTY EDUCATIONAL SERVICE CENTER																Vendor#: 832697 Stat/Date: RECONCILED:03/18/15 Bank: 1	
0001	ALICE Training 11/4/2014	0151222	0001		0015144	02/17/15	05	001	2174	419	0000	000000	811	00	011		365.84
Check total:																\$365.84	
Check: 096556 Type: W Date: 03/16/15 Vendor: PSI																Vendor#: 160275 Stat/Date: RECONCILED:03/24/15 Bank: 1	
0001	Registered Nurse, Medical	0150218	0001		0082335	02/12/15	05	001	2130	413	0000	000000	811	00	011		11,430.82
Check total:																\$11,430.82	
Check: 096557 Type: W Date: 03/16/15 Vendor: RUMPKE																Vendor#: 832201 Stat/Date: RECONCILED:03/17/15 Bank: 1	
0001	Trash removal - District	0151478	0001		0364347	02/17/15	05	001	2790	422	0000	000000	700	00	078		33.77
0002	Trash removal - District	0151478	0001		0364348	02/17/15	05	001	2790	422	0000	000000	700	00	078		413.70
0003	Trash removal - District	0151478	0001		0364349	02/17/15	05	001	2790	422	0000	000000	700	00	078		526.14
0004	Trash removal - District	0151478	0001		0364350	02/17/15	05	001	2790	422	0000	000000	700	00	078		337.74
0005	Trash removal - District	0151478	0001		0364351	02/17/15	05	001	2790	422	0000	000000	700	00	078		236.42
0006	Trash removal - District	0151478	0001		0364352	02/17/15	05	001	2790	422	0000	000000	700	00	078		135.10
0007	Trash removal - District	0151478	0001		0364353	02/17/15	05	001	2790	422	0000	000000	700	00	078		67.55
Check total:																\$1,750.42	
Check: 096558 Type: W Date: 03/16/15 Vendor: TERRANCE OLSZEWSKI C/O GARFIELD HTS.																Vendor#: 200129 Stat/Date: RECONCILED:03/23/15 Bank: 1	
0001	Reimbursement for use of	0150353	0001		JANUARY'15	03/16/15	05	001	2690	441	0000	000000	000	00	007		50.00
Check total:																\$50.00	
Check: 096559 Type: W Date: 03/16/15 Vendor: THE METAL STORE																Vendor#: 130311 Stat/Date: VOID: 03/18/15 Bank: 1	
0001	misc metal for repairs	0151297	0001		0000505	03/02/15	05	001	2720	423	0000	000000	709	00	078		53.19
0002	misc metal for repairs	0151297	0001		0151267	01/05/15	05	001	2720	423	0000	000000	709	00	078		26.11
Check total:																\$79.30	
Check: 096560 Type: W Date: 03/16/15 Vendor: THE PLAIN DEALER																Vendor#: 160215 Stat/Date: RECONCILED:03/23/15 Bank:	

Date: 04/09/2015  
Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
SORT BY ISSUE DATE  
CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
WARRANT CHECKS

Page: 15  
(CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
0001	Library Subscription for		0151516	0001	602842102	03/16/15	05	001	2222	540	9412	000000	600	00	006		25.90	
																	Check total:	\$25.90
Check: 096561 Type: W Date: 03/16/15 Vendor: TIM SOBOCINSKI Vendor#: 830861 Stat/Date: RECONCILED:03/17/15 Bank: 1																		
0001	Reimbursement for use of		0150340	0001	FEBRUARY'15	03/16/15	05	001	2690	441	0000	000000	000	00	007		50.00	
0002	Reimbursement for use of		0150340	0001	JANUARY'15	03/16/15	05	001	2690	441	0000	000000	000	00	007		50.00	
																	Check total:	\$100.00
Check: 096562 Type: W Date: 03/16/15 Vendor: TREASURER STATE OF OHIO Vendor#: 020437 Stat/Date: RECONCILED:03/19/15 Bank: 1																		
0001	Open PO for Background Ch		0150319	0001	0034353-IN	02/02/15	05	001	2290	419	0000	000000	835	00	023		348.00	
0002	Open PO for Background Ch		0150319	0001	0036517-IN	03/02/15	05	001	2290	419	0000	000000	835	00	023		214.00	
																	Check total:	\$562.00
Check: 096563 Type: W Date: 03/16/15 Vendor: UNIVERSAL OIL, INC Vendor#: 210114 Stat/Date: RECONCILED:03/17/15 Bank: 1																		
0001	1/1/2015-6/30/2015 Misc D		0151121	0001	I0244208	02/19/15	05	001	2821	582	0000	000000	705	00	078		2,274.91	
0002	1/1/2015-6/30/2015 Misc D		0151121	0001	I0244530	02/26/15	05	001	2821	582	0000	000000	705	00	078		1,025.57	
																	Check total:	\$3,300.48
Check: 096564 Type: W Date: 03/16/15 Vendor: VEEMOST TECHNOLOGIES, LTD Vendor#: 220138 Stat/Date: RECONCILED:03/17/15 Bank: 1 331 NEWMAN SPRINGS ROAD																		
0001	Installation of wireless		0151588	0001	0001380	03/04/15	05	401	3260	511	9015	000000	410	00	000		10,000.00	
0002	Upgrade and configuration		0151588	0002	0001380	03/04/15	05	401	3260	511	9015	000000	410	00	000		10,000.00	
0003	Buffalo TeraStation 5800		0151596	0001	0001384	03/13/15	05	401	3260	511	9015	000000	410	00	000		3,798.96	
																	Check total:	\$23,798.96
Check: 096565 Type: W Date: 03/18/15 Vendor: PASTOR'S AUTO SERVICE Vendor#: 831967 Stat/Date: RECONCILED:03/27/15 Bank: 1																		
0001	Maint vehicle repair		0151326	0001	0013445	03/18/15	05	001	2740	423	0000	000000	700	00	078		634.10	
0002	Bus 3. Major brake repai		0151445	0001	0013238	02/04/15	05	001	2840	581	0000	000000	705	00	078		0.00	
																	Check total:	\$634.10
Check: 096566 Type: W Date: 03/18/15 Vendor: STUVER AUTO SPRING COMPANY Vendor#: 832716 Stat/Date: RECONCILED:03/24/15 Bank: 1																		
0001	spring, and bushing repai		0151431	0001	0115788	01/29/15	05	001	2840	423	0000	000000	705	00	078		445.00	
																	Check total:	\$445.00
Check: 096567 Type: W Date: 03/18/15 Vendor: PASTOR'S AUTO SERVICE Vendor#: 831967 Stat/Date: RECONCILED:03/25/15 Bank: 1																		
0001	Bus 3. Major brake repai		0151445	0001	13238.	02/04/15	05	001	2840	581	0000	000000	705	00	078		1,834.65	
																	Check total:	\$1,834.65
Check: 096568 Type: W Date: 03/18/15 Vendor: THE METAL STORE Vendor#: 130311 Stat/Date: RECONCILED:03/23/15 Bank: 1																		
0001	misc metal for repairs		0151297	0001	0000505.	03/02/15	05	001	2720	423	0000	000000	709	00	078		49.25	
																	Check total:	\$49.25
Check: 021176 Type: W Date: 03/23/15 Vendor: JEANNE TURK Vendor#: 100137 Stat/Date: RECONCILED:03/26/15 Bank: 1																		

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 16  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0001	Spousal Reimbursement thr		0151138	0001	TURK0215	03/23/15	05	024	2510	856	9241	000000	000	00	000		125.00
0002	Spousal Reimbursement thr		0151138	0001	TURK0311	03/23/15	05	024	2510	856	9241	000000	000	00	000		62.50
0003	Spousal Reimbursement thr		0151138	0001	TURK1125	03/23/15	05	024	2510	856	9241	000000	000	00	000		60.54
0004	Spousal Reimbursement thr		0151138	0001	TURK115	03/23/15	05	024	2510	856	9241	000000	000	00	000		125.00
0005	Spousal Reimbursement thr		0151138	0001	TURK1214	03/23/15	05	024	2510	856	9241	000000	000	00	000		125.00
Check total:																	\$498.04
Check: 021177 Type: W Date: 03/23/15 Vendor: KARYN MAZZOLINI Vendor#: 832674 Stat/Date: RECONCILED:03/26/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	MAZZO0306	03/23/15	05	024	2510	856	9241	000000	000	00	000		62.50
Check total:																	\$62.50
Check: 021178 Type: W Date: 03/23/15 Vendor: LAUREN DIFRANCO Vendor#: 832278 Stat/Date: RECONCILED:03/24/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	DIFRANCO0322	03/23/15	05	024	2510	856	9241	000000	000	00	000		62.50
Check total:																	\$62.50
Check: 021179 Type: W Date: 03/23/15 Vendor: LISA MILLER Vendor#: 014933 Stat/Date: RECONCILED:03/26/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	MILLER0415	03/23/15	05	024	2510	856	9241	000000	000	00	000		125.00
Check total:																	\$125.00
Check: 021180 Type: W Date: 03/23/15 Vendor: TERRANCE OLSZEWSKI Vendor#: 200129 Stat/Date: Bank: 1 C/O GARFIELD HTS.																	
0001	Spousal Reimbursement thr		0151138	0001	OLSZEWSKI0227	03/23/15	05	024	2510	856	9241	000000	000	00	000		32.97
0002	Spousal Reimbursement thr		0151138	0001	OLSZEWSKI0313	03/23/15	05	024	2510	856	9241	000000	000	00	000		32.97
Check total:																	\$65.94
Check: 021181 Type: W Date: 03/23/15 Vendor: TIM SOBOCINSKI Vendor#: 830861 Stat/Date: RECONCILED:03/26/15 Bank: 1																	
0001	Spousal Reimbursement thr		0151138	0001	SOBO0314	03/23/15	05	024	2510	856	9241	000000	000	00	000		62.50
Check total:																	\$62.50
Check: 096569 Type: W Date: 03/23/15 Vendor: FRIENDS OF FIRESTONE Vendor#: 060143 Stat/Date: RECONCILED:03/31/15 Bank: 1																	
0001	Firestone "Spring Forward		0151582	0001	Spring Forward	03/23/15	05	300	4143	519	956H	000000	600	00	000		140.00
Check total:																	\$140.00
Check: 096570 Type: W Date: 03/23/15 Vendor: FIRST AMERICAN TITLE INSURANCE Vendor#: 832733 Stat/Date: RECONCILED:03/27/15 Bank: 1 COMPANY																	
0001	PURCHASE PROPERTY GARFIEL		0151626	0001	1101-2164561	03/23/15	05	001	5100	620	0000	000000	000	00	000		110,000.00
Check total:																	\$110,000.00
Check: 096571 Type: W Date: 03/23/15 Vendor: PITNEY BOWES Vendor#: 160219 Stat/Date: RECONCILED:03/27/15 Bank: 1 GLOBAL FINANCIAL SERVICES LLC																	
0001	Quarterly charges for lea		0150641	0001	8336083-MR15	03/13/15	05	001	2690	426	0000	000000	832	00	026		825.00
Check total:																	\$825.00
Check: 096572 Type: W Date: 03/23/15 Vendor: PROGRESSIVE ARTS ALLIANCE Vendor#: 831945 Stat/Date: RECONCILED:03/30/15 Bank:																	
0001	WORKSHOP SESSIONS FOR 1ST		0151631	0001	15-486	01/23/15	05	019	1110	432	915A	000000	400	00	000		2,000.00

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 17  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0002	SUPPLIES FOR WORKSHOP SES		0151631	0002	15-486	01/23/15	05	019	1110	511	915A	000000	400	00	000		500.00
0003	MATERIALS TO MOUNT MURAL		0151631	0003	15-486	01/23/15	05	019	1110	511	915A	000000	400	00	000		300.00
0004	LABOR TO MOUNT MURAL		0151631	0004	15-486	01/23/15	05	019	1110	423	915A	000000	400	00	000		100.00
Check total:																\$2,900.00	
Check: 096573 Type: W Date: 03/23/15 Vendor: PSAT/NMSQT						Vendor#: 160228 Stat/Date: RECONCILED:03/27/15 Bank:											
0001	TEst fees for 10/15/2014		0150834	0001	385005394	03/06/15	05	014	4600	890	9464	000000	600	00	000		1,827.00
Check total:																\$1,827.00	
Check: 096574 Type: W Date: 03/23/15 Vendor: QWESTCOM GRAPHICS, INC.						Vendor#: 831164 Stat/Date: RECONCILED:03/26/15 Bank: 1											
0001	Printing of Kinderbound		0151632	0001	0019538	03/16/15	05	001	2610	461	0000	000000	832	00	026		75.00
Check total:																\$75.00	
Check: 096575 Type: W Date: 03/23/15 Vendor: AMY TOMON						Vendor#: 830743 Stat/Date: RECONCILED:03/30/15 Bank: 1											
0001	Supplies needed for		0151567	0001	0151567	03/23/15	05	200	4553	890	946B	000000	600	00	000		287.60
Check total:																\$287.60	
Check: 096576 Type: W Date: 03/23/15 Vendor: BRAD LAMBERT						Vendor#: 831231 Stat/Date: RECONCILED:03/25/15 Bank: 1											
0001	Purchase of eggs for scie		0151560	0001	0151560	03/23/15	05	009	2620	551	9650	000000	600	00	000		42.76
Check total:																\$42.76	
Check: 096577 Type: W Date: 03/23/15 Vendor: DR. GORDON DUPREE						Vendor#: 832198 Stat/Date: RECONCILED:03/24/15 Bank: 1											
0001	Reimbursement for use of		0150354	0001	FEBRUARY 2015	03/23/15	05	001	2690	441	0000	000000	000	00	007		50.00
Check total:																\$50.00	
Check: 096578 Type: W Date: 03/23/15 Vendor: JAMES KOSUDA						Vendor#: 100330 Stat/Date: Bank: 1											
0001	Reimbursement for use of		0150215	0001	MARCH 2015	03/23/15	05	001	2690	441	0000	000000	000	00	007		50.00
Check total:																\$50.00	
Check: 096579 Type: W Date: 03/23/15 Vendor: LAKE METROPARKS						Vendor#: 120112 Stat/Date: Bank: 1											
0001	First Grade Field Trip (p		0151624	0001	0151624	03/23/15	05	014	4600	490	9445	000000	400	00	000		368.00
Check total:																\$368.00	
Check: 096580 Type: W Date: 03/23/15 Vendor: LEE ANN REISLAND						Vendor#: 120143 Stat/Date: Bank: 1											
0001	Purchase of supplies for		0151573	0001	0151573	03/23/15	05	018	4600	890	902G	000000	600	00	000		65.87
Check total:																\$65.87	
Check: 096581 Type: W Date: 03/23/15 Vendor: NOWAK TOURS						Vendor#: 831779 Stat/Date: RECONCILED:03/27/15 Bank:											
0001	BUSES FOR KALAHARI TRIP 4		0151625	0001	0005478	03/12/15	05	014	4600	490	9457	000000	500	00	000		380.00
Check total:																\$380.00	
Check: 096582 Type: W Date: 03/23/15 Vendor: RANDY CONTINENZA						Vendor#: 831720 Stat/Date: Bank:											



Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 18  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
0001	Reimbursement for		0151181	0001	0151181	03/23/15	05	572	2213	432	9015	000000	000	00	000		1,621.60	
																	Check total:	\$1,621.60
Check: 096583 Type: W Date: 03/24/15 Vendor: OHIO SCHOOLS COUNCIL-GAS Vendor#: 150173 Stat/Date: RECONCILED:03/25/15 Bank: 1																		
0001	BLANKET PURCHASE ORDER FO		0150230	0001	GAS0315-180	02/26/15	05	001	2720	453	0000	000000	100	00	007		743.61	
0002	BLANKET PURCHASE ORDER FO		0150230	0002	GAS0315-180	02/26/15	05	001	2720	453	0000	000000	200	00	007		1,487.22	
0003	BLANKET PURCHASE ORDER FO		0150230	0003	GAS0315-180	02/26/15	05	001	2720	453	0000	000000	400	00	007		1,419.61	
0004	BLANKET PURCHASE ORDER FO		0150230	0004	GAS0315-180	02/26/15	05	001	2720	453	0000	000000	500	00	007		2,839.23	
0005	BLANKET PURCHASE ORDER FO		0150230	0005	GAS0315-180	02/26/15	05	001	2720	453	0000	000000	600	00	007		270.40	
																	Check total:	\$6,760.07
Check: 096584 Type: W Date: 03/24/15 Vendor: BEECH BROOK ACCOUNTING DEPT. Vendor#: 020236 Stat/Date: RECONCILED:03/26/15 Bank:																		
0001	Open P.O. Out of District		0150287	0001	DTGARF032015	03/03/15	05	516	1235	479	9015	000000	813	00	013		1,829.20	
																	Check total:	\$1,829.20
Check: 096585 Type: W Date: 03/24/15 Vendor: CEILING SYSTEMS DISTRIBUTORS Vendor#: 030686 Stat/Date: RECONCILED:03/27/15 Bank: 1																		
0001	Misc building material		0151303	0001	0358766	03/04/15	05	001	2720	572	0000	000000	703	00	078		192.00	
																	Check total:	\$192.00
Check: 096586 Type: W Date: 03/24/15 Vendor: CITY OF CLEVELAND DIVISION OF WATER Vendor#: 040220 Stat/Date: RECONCILED:03/26/15 Bank: 1																		
0001	PAYMENTS FOR WATER USAGE		0151307	0002	0469130000-03	03/02/15	05	001	2720	452	0000	000000	200	00	007		179.18	
0002	PAYMENTS FOR WATER USAGE		0151307	0004	1006230000-03	03/16/15	05	001	2720	452	0000	000000	500	00	007		1,400.80	
0003	PAYMENTS FOR WATER USAGE		0151307	0004	1316230000-03	03/02/15	05	001	2720	452	0000	000000	500	00	007		179.18	
0004	PAYMENTS FOR WATER USAGE		0151307	0002	1406230000-03	03/16/15	05	001	2720	452	0000	000000	200	00	007		566.21	
0005	PAYMENTS FOR WATER USAGE		0151307	0006	2369130000-03	03/13/15	05	001	2720	452	0000	000000	700	00	007		75.70	
0006	PAYMENTS FOR WATER USAGE		0151307	0003	4069130000-03	03/02/15	05	001	2720	452	0000	000000	400	00	007		179.18	
0007	PAYMENTS FOR WATER USAGE		0151307	0001	4386391612-03	03/02/15	05	001	2720	452	0000	000000	100	00	007		179.18	
0008	PAYMENTS FOR WATER USAGE		0151307	0001	5306230000-03	03/13/15	05	001	2720	452	0000	000000	100	00	007		663.44	
0009	PAYMENTS FOR WATER USAGE		0151307	0005	5959130000-03	03/13/15	05	001	2720	452	0000	000000	600	00	007		160.00	
0010	PAYMENTS FOR WATER USAGE		0151307	0003	6141230000-03	03/16/15	05	001	2720	452	0000	000000	400	00	007		997.56	
0011	PAYMENTS FOR WATER USAGE		0151307	0005	6369130000-03	03/13/15	05	001	2720	452	0000	000000	600	00	007		101.69	
0012	PAYMENTS FOR WATER USAGE		0151307	0005	6959130000-03	03/02/15	05	001	2720	452	0000	000000	600	00	007		179.18	
0013	PAYMENTS FOR WATER USAGE		0151307	0006	7069130000-03	03/16/15	05	001	2720	452	0000	000000	700	00	007		47.00	
0014	PAYMENTS FOR WATER USAGE		0151307	0007	7141230000-03	03/16/15	05	001	2720	452	0000	000000	800	00	007		133.04	
0015	PAYMENTS FOR WATER USAGE		0151307	0005	7369130000-03	03/02/15	05	001	2720	452	0000	000000	600	00	007		179.18	
0016	PAYMENTS FOR WATER USAGE		0151307	0005	7959130000-03	03/02/15	05	001	2720	452	0000	000000	600	00	007		319.97	
																	Check total:	\$5,540.49
Check: 096587 Type: W Date: 03/24/15 Vendor: COLLEGE NOW GREATER CLEVELAND Vendor#: 030467 Stat/Date: RECONCILED:03/27/15 Bank: 1																		
0001	3rd party contract for		0150953	0001	0002679	03/04/15	05	401	3260	511	9015	000000	410	00	000		400.00	
																	Check total:	\$400.00
Check: 096588 Type: W Date: 03/24/15 Vendor: DAMON INDUSTRIES, INC. Vendor#: 040052 Stat/Date: RECONCILED:03/26/15 Bank: 1																		
0001	General care/upkeep all		0151457	0001	0997640	02/26/15	05	001	2720	572	0000	000000	702	00	078		4,539.00	

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 19  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$4,539.00	
Check: 096589 Type: W Date: 03/24/15 Vendor: DOMINION EAST OHIO																Vendor#: 050110 Stat/Date: RECONCILED:03/30/15 Bank: 1	
0001	NATURAL GAS USAGE MONTHLY		0150213	0007	Admin Bldg-3	03/05/15	05	001	2720	453	0000	000000	800	00	007		1,038.96
0002	NATURAL GAS USAGE MONTHLY		0150213	0006	Bus Garage-3	03/05/15	05	001	2720	453	0000	000000	700	00	007		786.63
0003	NATURAL GAS USAGE MONTHLY		0150213	0001	Elmwood - 3	03/06/15	05	001	2720	453	0000	000000	100	00	007		518.16
0004	NATURAL GAS USAGE MONTHLY		0150213	0005	High Schl -3	03/05/15	05	001	2720	453	0000	000000	600	00	007		101.74
0005	NATURAL GAS USAGE MONTHLY		0150213	0002	Maple Leaf-3	03/05/15	05	001	2720	453	0000	000000	200	00	007		1,212.84
0006	NATURAL GAS USAGE MONTHLY		0150213	0004	Middle Sch-3	03/06/15	05	001	2720	453	0000	000000	500	00	007		1,820.52
0007	NATURAL GAS USAGE MONTHLY		0150213	0003	Wm Foster -3	03/05/15	05	001	2720	453	0000	000000	400	00	007		1,161.23
0008	NATURAL GAS USAGE MONTHLY		0150213	0003	Wm. Foster-3	03/04/15	05	001	2720	453	0000	000000	400	00	007		304.60
Check total:																\$6,944.68	
Check: 096590 Type: W Date: 03/24/15 Vendor: EDUCATION ALTERNATIVES																Vendor#: 050166 Stat/Date: RECONCILED:03/30/15 Bank:	
0001	Open P.O. Out of District		0150291	0001	2015030300018	02/28/15	05	516	1235	479	9015	000000	813	00	013		4,750.00
Check total:																\$4,750.00	
Check: 096591 Type: W Date: 03/24/15 Vendor: EDUCATIONAL SERVICE CENTER OF CUYAHOGA COUNTY																Vendor#: 050183 Stat/Date: RECONCILED:03/27/15 Bank: 1	
0001	Open PO 2014-15 for visua		0151575	0001	GFD1705	02/20/15	05	001	2187	413	0000	000000	813	00	013		562.32
Check total:																\$562.32	
Check: 096592 Type: W Date: 03/24/15 Vendor: ELECTROCOMM CORP.																Vendor#: 050309 Stat/Date: RECONCILED:03/30/15 Bank: 1	
0001	Mobile Repeater Service f		0150171	0001	0013003	02/25/15	05	001	2840	429	0000	000000	705	00	078		400.00
Check total:																\$400.00	
Check: 096593 Type: W Date: 03/24/15 Vendor: ELEVATION HEALTHCARE, LLC																Vendor#: 832660 Stat/Date: RECONCILED:03/30/15 Bank: 1	
0001	2014-2015 Pre school		0150805	0001	44125-117	02/27/15	05	001	2140	413	0000	000000	813	00	013		895.56
0002	2014-2015 Pre school		0150805	0001	44125-120	03/10/15	05	001	2140	413	0000	000000	813	00	013		1,235.56
0003	2014-2015 Pre school		0150805	0001	44125-121	03/10/15	05	001	2140	413	0000	000000	813	00	013		1,263.44
0004	2014-2015 Pre school		0150805	0001	44125-122	03/18/15	05	001	2140	413	0000	000000	813	00	013		612.00
Check total:																\$4,006.56	
Check: 096594 Type: W Date: 03/24/15 Vendor: EXIT 11 TRUCK TIRE SERVICE, INC.																Vendor#: 832294 Stat/Date: RECONCILED:03/27/15 Bank: 1	
0001	1/1/2015-6/30/2015 Misc.		0151103	0001	1-28655	03/04/15	05	001	2750	583	0000	000000	700	00	078		436.76
0002	Tires - Maintenance		0151523	0001	1-28590	02/26/15	05	001	2750	583	0000	000000	700	00	078		437.00
Check total:																\$873.76	
Check: 096595 Type: W Date: 03/24/15 Vendor: FOLLETT SCHOOL SOLUTIONS INC.																Vendor#: 060191 Stat/Date: RECONCILED:03/30/15 Bank:	
0001	Book order for Elmwood		0151349	0001	597513F-6	02/27/15	05	001	2222	530	9412	000000	100	00	001		100.59
Check total:																\$100.59	
Check: 096596 Type: W Date: 03/24/15 Vendor: GRAINGER																Vendor#: 070438 Stat/Date: RECONCILED:03/27/15 Bank: 1	
0001	Misc building supplies		0151308	0001	9678534844	02/27/15	05	001	2720	572	0000	000000	703	00	078		94.23

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 20  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$94.23	
Check: 096597 Type: W Date: 03/24/15 Vendor: MICHAEL FORDING																Vendor#: 832644 Stat/Date: RECONCILED:03/25/15 Bank: 1	
0001	Reimbursement for use of		0150657	0001	FEBRUARY '15	03/24/15	05	001	2690	441	0000	000000	000	00	007		50.00
Check total:																\$50.00	
Check: 096598 Type: W Date: 03/24/15 Vendor: PITNEY BOWES																Vendor#: 160219 Stat/Date: RECONCILED:03/30/15 Bank: 1	
		GLOBAL FINANCIAL SERVICES LLC															
0001	Leasing charges for Middl		0150374	0001	1262196-MR15	03/24/15	05	001	2421	443	0000	000000	500	00	005		179.00
Check total:																\$179.00	
Check: 096599 Type: W Date: 03/24/15 Vendor: PRAXAIR DISTRIBUTION,INC																Vendor#: 230200 Stat/Date: RECONCILED:03/30/15 Bank: 1	
0001	1/1/2015-6/30/2015 Misc		0151130	0001	51909147	02/20/15	05	001	2790	572	0000	000000	700	00	078		165.65
Check total:																\$165.65	
Check: 096600 Type: W Date: 03/24/15 Vendor: SOVEREIGN INDUSTRIES INC.																Vendor#: 190284 Stat/Date: RECONCILED:03/26/15 Bank: 1	
0001	Misc. janitorial supplies		0151536	0001	0110447	02/27/15	05	001	2720	572	0000	000000	702	00	078		1,443.90
Check total:																\$1,443.90	
Check: 096601 Type: W Date: 03/24/15 Vendor: STAR THERAPY & SALES CORP.																Vendor#: 832657 Stat/Date: RECONCILED:03/31/15 Bank:	
0001	Occupational Therapy 2014		0151173	0001	FEBRUARY 2015	03/24/15	05	516	2182	413	9015	000000	000	00	000		5,488.00
Check total:																\$5,488.00	
Check: 096602 Type: W Date: 03/24/15 Vendor: SUBURBAN SCHOOL TRANSPORTATION																Vendor#: 190275 Stat/Date:	
Bank:																	
0001	Open PO, O.O.D.		0150620	0001	0065061	02/10/15	05	516	2821	419	9015	000000	000	00	000		1,614.00
Check total:																\$1,614.00	
Check: 096603 Type: W Date: 03/24/15 Vendor: TRANSPORTATION ACCESSORIES CO.																Vendor#: 200240 Stat/Date: RECONCILED:03/26/15 Bank: 1	
0001	1/1/2015-6/30/2015 Misc B		0151104	0001	0432513	02/17/15	05	001	2840	581	0000	000000	705	00	078		118.04
0002	1/1/2015-6/30/2015 Misc B		0151104	0001	0432948	02/27/15	05	001	2840	581	0000	000000	705	00	078		146.02
Check total:																\$264.06	
Check: 096604 Type: W Date: 03/25/15 Vendor: ALLEN SLUKA																Vendor#: 010270 Stat/Date: RECONCILED:03/26/15 Bank: 1	
0001	Reimbursement for use of		0150368	0001	MARCH 2015	03/25/15	05	001	2690	441	0000	000000	000	00	007		50.00
Check total:																\$50.00	
Check: 096605 Type: W Date: 03/25/15 Vendor: CLEVELAND MUSEUM																Vendor#: 030424 Stat/Date: RECONCILED:03/31/15 Bank: 1	
		OF NATURAL HISTORY															
0001	Field Trip paid for by th		0151639	0001	0151639	03/25/15	05	014	4600	490	9445	000000	400	00	000		426.00
Check total:																\$426.00	
Check: 096606 Type: W Date: 03/25/15 Vendor: KNOX COMPANY																Vendor#: 110302 Stat/Date: RECONCILED:03/31/15 Bank: 1	
0001	Lock boxes for Elmwood,Wm		0151634	0001	15-071545	03/25/15	05	001	2720	572	0000	000000	703	00	078		1,047.00

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 21  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$1,047.00	
Check: 096607 Type: W Date: 03/25/15 Vendor: PITNEY BOWES																Vendor#: 160219 Stat/Date: RECONCILED:03/30/15 Bank: 1	
		GLOBAL FINANCIAL SERVICES LLC															
0001	Equipment Rental (qtrly)	0150629	0001	8395022-MR15	03/04/15	05	001	2421	443	0000	000000	600	00	006			825.00
Check total:																\$825.00	
Check: 096608 Type: W Date: 03/25/15 Vendor: STATE ALARM SYSTEMS																Vendor#: 190410 Stat/Date: RECONCILED:03/26/15 Bank: 1	
0001	Security monitoring and	0151426	0001	0358562	12/01/15	05	001	2740	423	0000	000000	700	00	078			984.00
Check total:																\$984.00	
Check: 096609 Type: W Date: 03/26/15 Vendor: CENTRAL EXTERMINATING COMPANY																Vendor#: 030240 Stat/Date: RECONCILED:03/27/15 Bank: 1	
0001	PEST CONTROL FOR H.S FITN	0151323	0001	0549487	02/28/15	05	001	2720	429	0000	000000	600	00	006			32.08
0002	PEST CONTROL FOR BUS GARA	0151323	0002	0549487	02/28/15	05	001	2720	429	0000	000000	700	00	078			22.91
0003	PEST CONTROL FOR ADMISTRA	0151323	0003	0549487	02/28/15	05	001	2720	429	0000	000000	800	00	007			26.35
0004	PEST CONTROL FOR HIGH SCH	0151323	0004	0549487	02/28/15	05	006	3190	429	0000	000000	600	00	000			96.23
0005	PEST CONTROL FOR MIDDLE S	0151323	0005	0549487	02/28/15	05	006	3190	429	0000	000000	500	00	000			69.88
Check total:																\$247.45	
Check: 096610 Type: W Date: 03/26/15 Vendor: CINTAS CORPORATION																Vendor#: 832680 Stat/Date: RECONCILED:03/31/15 Bank: 1	
0001	linen service for High	0151146	0001	012663567	02/03/15	05	006	3190	429	0000	000000	500	00	000			17.44
0002	linen service for Middle	0151146	0002	012663568	02/03/15	05	006	3190	429	0000	000000	500	00	000			19.94
0003	linen service for High	0151146	0001	012663569	02/03/15	05	006	3190	429	0000	000000	500	00	000			10.00
0004	linen service for High	0151146	0001	012663570	02/03/15	05	006	3190	429	0000	000000	500	00	000			11.44
0005	linen service for Middle	0151146	0002	012663571	02/03/15	05	006	3190	429	0000	000000	500	00	000			14.19
0006	linen service for High	0151146	0001	012665303	02/10/15	05	006	3190	429	0000	000000	500	00	000			15.44
0007	linen service for Middle	0151146	0002	012665304	02/10/15	05	006	3190	429	0000	000000	500	00	000			19.94
0008	linen service for High	0151146	0001	012665305	02/10/15	05	006	3190	429	0000	000000	500	00	000			10.00
0009	linen service for High	0151146	0001	012665306	02/10/15	05	006	3190	429	0000	000000	500	00	000			11.44
0010	linen service for Middle	0151146	0002	012665307	02/10/15	05	006	3190	429	0000	000000	500	00	000			14.19
0011	linen service for High	0151146	0001	012667046	02/17/15	05	006	3190	429	0000	000000	500	00	000			15.44
0012	linen service for Middle	0151146	0002	012667047	02/17/15	05	006	3190	429	0000	000000	500	00	000			19.94
0013	linen service for High	0151146	0001	012667048	02/17/15	05	006	3190	429	0000	000000	500	00	000			10.00
0014	linen service for High	0151146	0001	012667049	02/17/15	05	006	3190	429	0000	000000	500	00	000			11.44
0015	linen service for Middle	0151146	0002	012667050	02/17/15	05	006	3190	429	0000	000000	500	00	000			14.19
0016	linen service for High	0151146	0001	012668768	02/24/15	05	006	3190	429	0000	000000	500	00	000			15.44
0017	linen service for Middle	0151146	0002	012668769	02/24/15	05	006	3190	429	0000	000000	500	00	000			19.94
0018	linen service for High	0151146	0001	012668770	02/24/15	05	006	3190	429	0000	000000	500	00	000			10.00
0019	linen service for High	0151146	0001	012668771	02/24/15	05	006	3190	429	0000	000000	500	00	000			11.44
0020	linen service for Middle	0151146	0002	012668772	02/24/15	05	006	3190	429	0000	000000	500	00	000			14.19
Check total:																\$286.04	
Check: 096611 Type: W Date: 03/26/15 Vendor: CLEVELAND COCA-COLA																Vendor#: 030384 Stat/Date:	Bank: 1
		BOTTLING COMPANY															
0001	beverages for Middle Scho	0151137	0001	0633834	02/17/15	05	006	3120	560	0000	000000	500	00	000			473.20
0002	beverages for Middle Scho	0151137	0001	0829949	02/09/15	05	006	3120	560	0000	000000	500	00	000			283.40
0003	beverages for Middle Scho	0151137	0001	2119413	02/03/15	05	006	3120	560	0000	000000	500	00	000			566.80
0004	Beverage for HS Dec	0151198	0001	0829905	02/05/15	05	006	3120	560	0000	000000	600	00	000			209.82

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 22  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0005	Beverage for HS Dec		0151198	0001	0830007	02/12/15	05	006	3120	560	0000	000000	600	00	000		567.84
0006	Beverage for HS Dec		0151198	0001	08992051	02/24/15	05	006	3120	560	0000	000000	600	00	000		310.44
Check total:																	\$2,411.50
Check: 096612 Type: W Date: 03/26/15 Vendor: GORDON FOOD SERVICE						Vendor#: 070448 Stat/Date: RECONCILED:03/31/15 Bank: 1											
ATTN: CREDIT DEPARTMENT																	
0001	food/supplies for		0151157	0001	161328054	02/02/15	05	006	3120	560	0000	000000	500	00	000		3,249.63
0002	food/supplies for		0151157	0001	161408969	02/05/15	05	006	3120	560	0000	000000	500	00	000		1,631.21
0003	food/supplies for		0151157	0001	161457643	02/09/15	05	006	3120	560	0000	000000	500	00	000		3,237.64
0004	food/supplies for		0151157	0001	161543842	02/12/15	05	006	3120	560	0000	000000	500	00	000		2,635.37
0005	food/supplies for		0151157	0001	161621676	02/17/15	05	006	3120	560	0000	000000	500	00	000		4,064.44
0006	food/supplies for		0151157	0001	161671877	02/19/15	05	006	3120	560	0000	000000	500	00	000		2,790.18
0007	food/supplies for		0151157	0001	161799550	02/26/15	05	006	3120	560	0000	000000	500	00	000		3,006.44
0008	food/supplies for		0151157	0001	5932513	02/03/15	05	006	3120	560	0000	000000	500	00	000		30.05-
0009	food/supplies for		0151157	0001	5961805	02/13/15	05	006	3120	560	0000	000000	500	00	000		165.20-
0010	Food purchase for Dec		0151186	0001	161328053	02/02/15	05	006	3120	560	0000	000000	600	00	000		3,392.43
0011	Food purchase for Dec		0151186	0001	161408971	02/05/15	05	006	3120	560	0000	000000	600	00	000		3,547.95
0012	Food purchase for Dec		0151186	0001	161457662	02/09/15	05	006	3120	560	0000	000000	600	00	000		5,232.51
0013	Food purchase for Dec		0151186	0001	161543835	02/12/15	05	006	3120	560	0000	000000	600	00	000		6,980.86
0014	Food purchase for Dec		0151186	0001	161671871	02/19/15	05	006	3120	560	0000	000000	600	00	000		4,038.24
0015	Food purchase for Dec		0151186	0001	161718655	02/23/15	05	006	3120	560	0000	000000	600	00	000		2,284.79
0016	Food purchase for Dec		0151186	0001	5937283	02/04/15	05	006	3120	560	0000	000000	600	00	000		6.50-
0017	Food purchase for Dec		0151186	0001	5949573	02/09/15	05	006	3120	560	0000	000000	600	00	000		50.94-
0018	Food purchase for Dec		0151186	0001	5959275	02/13/15	05	006	3120	560	0000	000000	600	00	000		10.87-
0019	Food purchase for Dec		0151186	0001	5970353	02/17/15	05	006	3120	560	0000	000000	600	00	000		24.23-
0020	Food purchase for Dec		0151186	0001	5970361	02/17/15	05	006	3120	560	0000	000000	600	00	000		12.11-
0021	Food purchase for Dec		0151186	0001	5970362	02/17/15	05	006	3120	560	0000	000000	600	00	000		12.11-
0022	Food purchase for Dec		0151186	0001	5972181	02/18/15	05	006	3120	560	0000	000000	600	00	000		72.69-
0023	Food purchase for Dec		0151186	0001	5993157	02/26/15	05	006	3120	560	0000	000000	600	00	000		83.60-
Check total:																	\$45,623.39
Check: 096613 Type: W Date: 03/26/15 Vendor: JOSHEN PAPER & PACKAGING						Vendor#: 100209 Stat/Date: RECONCILED:03/30/15 Bank: 1											
0001	paper and packaging purch		0151196	0001	3392973	02/09/15	05	006	3120	560	0000	000000	600	00	000		490.06
0002	paper and packaging purch		0151196	0001	3395896	02/12/15	05	006	3120	560	0000	000000	600	00	000		505.02
0003	paper and packaging purch		0151196	0001	3402832	02/23/15	05	006	3120	560	0000	000000	600	00	000		302.77
0004	paper and packaging purch		0151196	0001	3408011	03/02/15	05	006	3120	560	0000	000000	600	00	000		544.99
Check total:																	\$1,842.84
Check: 096614 Type: W Date: 03/26/15 Vendor: NICKLES BAKERY						Vendor#: 140329 Stat/Date: RECONCILED:03/30/15 Bank: 1											
0001	bread,rolls, buns for		0151144	0001	01-0273961-02	02/28/15	05	006	3120	560	0000	000000	500	00	000		405.08
0002	Bread & bun purchases HS		0151183	0001	01-0114587-02	02/28/15	05	006	3120	560	0000	000000	600	00	000		401.82
0003	Bread & bun purchases HS		0151183	0001	01-0135491-02	02/28/15	05	006	3120	560	0000	000000	600	00	000		244.37
0004	Bread & bun purchases HS		0151183	0001	01-0135517-02	02/28/15	05	006	3120	560	0000	000000	600	00	000		351.64
Check total:																	\$1,402.91
Check: 096615 Type: W Date: 03/26/15 Vendor: TURNEY AUTO PARTS, INC.						Vendor#: 200287 Stat/Date: RECONCILED:03/30/15 Bank: 1											
0001	1/1/2015-6/30/2015 Misc P		0151108	0001	0561935	03/05/15	05	001	2840	581	0000	000000	705	00	078		24.88
0002	1/1/2015-6/30/2015 Misc P		0151108	0001	0562066	02/09/15	05	001	2840	581	0000	000000	705	00	078		17.90

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 23  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0003	1/1/2015-6/30/2015 Misc P		0151108	0001	0565309	03/09/15	05	001	2840	581	0000	000000	705	00	078		55.96
0004	1/1/2015-6/30/2015 Misc P		0151108	0001	0565671	03/11/15	05	001	2840	581	0000	000000	705	00	078		19.16
0005	1/1/2015-6/30/2015 Misc P		0151108	0001	0565691	03/11/15	05	001	2840	581	0000	000000	705	00	078		179.80
0006	1/1/2015-6/30/2015 Misc P		0151108	0001	0565811	03/12/15	05	001	2840	581	0000	000000	705	00	078		23.98
0007	Misc Maint items - belts,		0151318	0001	0552235	11/10/14	05	001	2740	573	0000	000000	700	00	078		7.17
0008	Misc Maint items - belts,		0151318	0001	0564757	03/04/15	05	001	2740	573	0000	000000	700	00	078		21.88
0009	Misc Maint items - belts,		0151318	0001	0565044	03/05/15	05	001	2740	573	0000	000000	700	00	078		20.43
0010	Misc Maint items - belts,		0151318	0001	0565934	03/12/15	05	001	2740	573	0000	000000	700	00	078		53.11
0011	Misc Maint items - belts,		0151318	0001	0566500	03/17/15	05	001	2740	573	0000	000000	700	00	078		54.50
0012	Misc Maint items - belts,		0151318	0001	0566732	03/19/15	05	001	2740	573	0000	000000	700	00	078		5.36
Check total:																\$484.13	

Check: 096616 Type: W Date: 03/26/15 Vendor: CROWNE PLAZA COLUMBUS NORTH Vendor#: 080270 Stat/Date: RECONCILED:03/31/15 Bank:

0001	MEETING SPACE - TOURNAMEN		0151651	0001	0151651	03/26/15	05	300	4510	849	926A	000000	600	00	000		150.00
0002	SLEEPING ROOMS (BREAKFAS		0151651	0002	0151651	03/26/15	05	300	4510	849	926A	000000	600	00	000		2,398.00
Check total:																\$2,548.00	

Check: 096617 Type: W Date: 03/26/15 Vendor: DALE KRZYNOWEK Vendor#: 040057 Stat/Date: RECONCILED:03/26/15 Bank:

0001	Cash Advance for team mea		0151649	0001	Cash Advance	03/26/15	05	300	4510	849	926A	000000	600	00	000		500.00
Check total:																\$500.00	

Check: 096618 Type: W Date: 03/26/15 Vendor: GIANT EAGLE MARKET DISTRICT CATERING Vendor#: 832738 Stat/Date: VOID: 03/26/15 Bank:

0001	MEALS -- SATURDAY 3-28-15		0151652	0001	Meals-3/28/15	03/26/15	05	300	4510	849	926A	000000	600	00	000		209.94
0002	MEALS -- FRIDAY 3-27-15,		0151653	0001	Meals-3/27/15	03/26/15	05	300	4510	849	926A	000000	600	00	000		201.91
0003	MEALS - THURSDAY 3-26-15		0151654	0001	Meals-3/26/15	03/26/15	05	300	4510	849	926A	000000	600	00	000		134.95
Check total:																\$546.80	

Check: 096619 Type: W Date: 03/26/15 Vendor: INDUS RIVERSIDE HOTEL LLC HAMPTON INN & SUITES OSU Vendor#: 832577 Stat/Date: Bank:

0001	15 Double Queen rooms for		0151655	0001	0151655	03/26/15	05	300	4510	849	926A	000000	600	00	000		1,935.00
Check total:																\$1,935.00	

Check: 096620 Type: W Date: 03/26/15 Vendor: J & W CROWN LIMOUSINE DIAMOND RAM, INC. Vendor#: 832735 Stat/Date: Bank:

0001	Motor Coach for BBK trip		0151650	0001	0151650	03/26/15	05	300	4510	849	926A	000000	600	00	000		2,400.00
Check total:																\$2,400.00	

Check: 096621 Type: W Date: 03/26/15 Vendor: GIANT EAGLE MARKET DISTRICT CATERING Vendor#: 832738 Stat/Date: Bank:

0001	MEALS -- SATURDAY 3-28-15		0151652	0001	Meals-3/28/15.	03/26/15	05	300	4510	849	926A	000000	600	00	000		209.94
Check total:																\$209.94	

Check: 096622 Type: W Date: 03/26/15 Vendor: GIANT EAGLE MARKET DISTRICT CATERING Vendor#: 832738 Stat/Date: Bank:

0001	MEALS -- FRIDAY 3-27-15,		0151653	0001	Meals-3/27/15.	03/26/15	05	300	4510	849	926A	000000	600	00	000		201.91
Check total:																\$201.91	

Check: 096623 Type: W Date: 03/26/15 Vendor: GIANT EAGLE MARKET Vendor#: 832738 Stat/Date: Bank:

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 24  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
DISTRICT CATERING																		
0001	MEALS - THURSDAY 3-26-15		0151654	0001	Meals-3/26/15.	03/26/15	05	300	4510	849	926A	000000	600	00	000		134.95	
																	Check total:	\$134.95
Check: 096624 Type: W Date: 03/26/15 Vendor: DAIRYMENS/ BORDEN DAIRY OF OHIO Vendor#: 040073 Stat/Date: RECONCILED:03/30/15 Bank: 1																		
0001	milk/juice for		0151155	0001	0131543	02/07/15	05	006	3120	560	0000	000000	500	00	000		697.80	
0002	milk/juice for		0151155	0001	0142390	02/14/15	05	006	3120	560	0000	000000	500	00	000		1,182.75	
0003	milk/juice for		0151155	0001	0153165	02/21/15	05	006	3120	560	0000	000000	500	00	000		484.65	
0004	milk/juice for		0151155	0001	0163928	02/28/15	05	006	3120	560	0000	000000	500	00	000		656.65	
0005	milk purchase HS Jan 2015		0151189	0001	0131543	02/07/15	05	006	3120	560	0000	000000	600	00	000		1,039.30	
0006	milk purchase HS Jan 2015		0151189	0001	0142390	02/14/15	05	006	3120	560	0000	000000	600	00	000		1,454.85	
0007	milk purchase HS Jan 2015		0151189	0001	0153165	02/21/15	05	006	3120	560	0000	000000	600	00	000		484.40	
0008	milk purchase HS Jan 2015		0151189	0001	0163928	02/28/15	05	006	3120	560	0000	000000	600	00	000		857.70	
																	Check total:	\$6,858.10
Check: 096625 Type: W Date: 03/27/15 Vendor: BANK OF NEW YORK MELLON Vendor#: 830517 Stat/Date: Bank: 1 FINANCIAL CONTROL BILLING DEPT																		
0001	Administrative Fees for t		0151606	0001	252-1851891	03/11/15	05	001	2500	848	0000	000000	852	00	025		2,000.00	
																	Check total:	\$2,000.00
Check: 096626 Type: W Date: 03/27/15 Vendor: CDW GOVERNMENT, INC. Vendor#: 020237 Stat/Date: RECONCILED:03/30/15 Bank: 1																		
0001	Sony SF 16UY Flash memory		0151515	0001	SX40081	03/05/15	05	001	2211	516	0000	000000	200	00	002		12.96	
0002	shipping		0151515	0002	SX40081	03/05/15	05	001	2211	516	0000	000000	200	00	002		9.47	
																	Check total:	\$22.43
Check: 096627 Type: W Date: 03/27/15 Vendor: CERIDIAN Vendor#: 831658 Stat/Date: Bank: 1																		
0001	Carrier Fees for FY 15		0151215	0001	332842136	03/02/15	05	024	2510	856	9241	000000	000	00	000		91.80	
																	Check total:	\$91.80
Check: 096628 Type: W Date: 03/27/15 Vendor: DIVERSITY INITIATIVES, INC. Vendor#: 832275 Stat/Date: RECONCILED:03/31/15 Bank:																		
0001	Workshops at MS for 2014-		0150911	0001	2014-015-GH-3	03/19/15	05	536	2213	412	915I	000000	500	00	000		2,000.00	
																	Check total:	\$2,000.00
Check: 096629 Type: W Date: 03/27/15 Vendor: JACCO Vendor#: 100506 Stat/Date: RECONCILED:03/30/15 Bank: 1																		
0001	HVAC repairs - all Aaon		0151366	0001	0001823	03/04/15	05	001	2740	423	0000	000000	700	00	078		1,510.50	
																	Check total:	\$1,510.50
Check: 096630 Type: W Date: 03/27/15 Vendor: KARL R. ROHRER ASSOC, INC Vendor#: 110157 Stat/Date: RECONCILED:03/30/15 Bank: 1																		
0001	THREE YEAR ASBESTOS		0151623	0001	0021653	03/13/15	05	001	2720	429	0000	000000	700	00	078		1,475.00	
																	Check total:	\$1,475.00
Check: 096631 Type: W Date: 03/27/15 Vendor: NATIONAL CREATIVE ENTERPRISES Vendor#: 832686 Stat/Date: RECONCILED:03/31/15 Bank: 1																		
0001	LP 500 Medtronics Battery		0151348	0001	0021064	02/13/15	05	401	3260	512	9615	000000	412	00	000		144.00	
0002	Shipping & Handling		0151348	0002	0021064	02/13/15	05	401	3260	512	9615	000000	412	00	000		13.00	

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 25  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$157.00	
Check: 096632 Type: W Date: 03/27/15 Vendor: ONECOMMUNITY																Vendor#: 832101 Stat/Date: RECONCILED:03/30/15 Bank: 1	
0001	T1 and internet access fr	0150343	0001	0019655		03/27/15	05	401	3260	426	9015	000000	410	00	000		1,000.00
Check total:																\$1,000.00	
Check: 096633 Type: W Date: 03/27/15 Vendor: PEARSON EDUCATION INC.																Vendor#: 160242 Stat/Date: RECONCILED:03/30/15 Bank:	
0001	American People AP Editio	0151158	0001	BK 76475099		03/03/15	05	001	1130	521	9412	000000	600	00	022		5,098.80
0002	Shipping/handling	0151158	0002	BK 76475099		03/03/15	05	001	1130	521	9412	000000	600	00	022		356.92
Check total:																\$5,455.72	
Check: 096634 Type: W Date: 03/27/15 Vendor: TRANSPORTATION ACCESSORIES CO.																Vendor#: 200240 Stat/Date: RECONCILED:03/30/15 Bank: 1	
0001	1/1/2015-6/30/2015 Misc B	0151104	0001	0433078		03/03/15	05	001	2840	581	0000	000000	705	00	078		337.03
Check total:																\$337.03	
Check: 096635 Type: W Date: 03/27/15 Vendor: VEEMOST TECHNOLOGIES, LTD 331 NEWMAN SPRINGS ROAD																Vendor#: 220138 Stat/Date: RECONCILED:03/27/15 Bank: 1	
0001	HP P400 battery pack modu	0151600	0001	0001381		03/04/15	05	401	3260	511	9015	000000	410	00	000		248.04
0002	HP DL380 power supply 100	0151600	0002	0001381		03/04/15	05	401	3260	511	9015	000000	410	00	000		153.95
0003	HP hard drive for Trinity	0151600	0003	0001381		03/04/15	05	401	3260	511	9015	000000	410	00	000		264.00
Check total:																\$665.99	
Check: 096636 Type: W Date: 03/27/15 Vendor: ZANER-BLOSER																Vendor#: 260102 Stat/Date: RECONCILED:03/30/15 Bank:	
0001	TEACHER'S GUIDE PER ATTAC	0151522	0001	02992882		03/03/15	05	001	1120	511	9412	000000	500	00	005		56.99
0002	SHIPPING	0151522	0002	02992882		03/03/15	05	001	1120	511	9412	000000	500	00	005		5.13
Check total:																\$62.12	
Check: 096637 Type: W Date: 03/27/15 Vendor: POSTMASTER																Vendor#: 160260 Stat/Date: Bank: 1	
0001	POSTAGE FOR QUARTERLY	0150188	0001	4th Postage		03/27/15	05	001	2610	443	0000	000000	832	00	026		2,040.01
Check total:																\$2,040.01	
Check: 096638 Type: W Date: 03/27/15 Vendor: TERRY PROSINSKI																Vendor#: 200298 Stat/Date: RECONCILED:03/27/15 Bank:	
0001	Open P.O.- Reimbursement	0150261	0001	Reimbursement		03/27/15	05	516	1231	511	9015	000000	813	00	013		200.00
Check total:																\$200.00	
Check: 096639 Type: W Date: 03/27/15 Vendor: ROBERT C. IVORY																Vendor#: 832624 Stat/Date: RECONCILED:03/27/15 Bank:	
0001	Consultant service and	0151610	0001	#040		03/11/15	05	019	2219	419	914A	000000	000	00	000		5,000.00
Check total:																\$5,000.00	
Check: 096640 Type: W Date: 03/27/15 Vendor: ABRAXUS SALT, LLC																Vendor#: 832492 Stat/Date: RECONCILED:03/30/15 Bank: 1	
0001	Bulk and bagged salt	0151353	0001	0023110		03/11/15	05	001	2720	572	0000	000000	703	00	078		583.10
Check total:																\$583.10	



Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 26  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check: 096641 Type: W Date: 03/27/15 Vendor: AT&T LONG DISTANCE Vendor#: 150092 Stat/Date: RECONCILED:03/31/15 Bank: 1																	
0001	AT&T LONG DISTANCE PHONE		0151293	0001	820667627-04	03/04/15	05	001	2910	441	0000	000000	000	00	007		854.00
Check total: \$854.00																	
Check: 096642 Type: W Date: 03/27/15 Vendor: BARNES & NOBLE, INC. Vendor#: 018874 Stat/Date: RECONCILED:03/30/15 Bank: 1																	
0001	#9780399161940 " Wreck Th		0151313	0001	IN 2974557	02/19/15	05	009	2620	552	9605	000000	600	00	000		443.70
Check total: \$443.70																	
Check: 096643 Type: W Date: 03/27/15 Vendor: CASTLE GLASS, INC. Vendor#: 832719 Stat/Date: Bank: 1																	
0001	Replace three mirrors wit		0151482	0001	0011012	03/02/15	05	018	4600	890	902G	000000	600	00	000		970.00
Check total: \$970.00																	
Check: 096644 Type: W Date: 03/27/15 Vendor: COMDOC, INC. Vendor#: 030546 Stat/Date: RECONCILED:03/30/15 Bank: 1																	
0001	PRINTER LEASE FISCAL YEAR		0151027	0001	IN596262	03/16/15	05	001	2211	429	0000	000000	815	00	015		366.00
Check total: \$366.00																	
Check: 096645 Type: W Date: 03/27/15 Vendor: COMDOC-CLEVELAND Vendor#: 030548 Stat/Date: RECONCILED:03/31/15 Bank: 1																	
0001	District Wide Copier Leas		0150399	0001	26627996	03/12/15	05	001	2690	426	0000	000000	832	00	026		7,364.36
Check total: \$7,364.36																	
Check: 096646 Type: W Date: 03/27/15 Vendor: DIGICOM Vendor#: 832314 Stat/Date: Bank: 1																	
0001	Hall of fame tickets		0151527	0001	0034931	02/26/15	05	018	4600	890	902G	000000	600	00	000		79.83
Check total: \$79.83																	
Check: 096647 Type: W Date: 03/27/15 Vendor: DUNKIN DONUTS Vendor#: 832549 Stat/Date: Bank: 1 TURNEY DONUTS, LLC																	
0001	Purchase of coffee for		0151534	0001	0085934	03/06/15	05	018	4600	890	902G	000000	600	00	000		339.80
Check total: \$339.80																	
Check: 096648 Type: W Date: 03/27/15 Vendor: FIRST BOOK NATIONAL OFFICE Vendor#: 832560 Stat/Date: RECONCILED:03/31/15 Bank: ATTN: FBNNB PAYMENTS																	
0001	Shipping/handling for Nat		0151494	0001	631-69642	03/16/15	05	572	1110	511	9015	000000	100	00	000		11.09
0002	Shipping/handling for Nat		0151494	0002	631-69642	03/16/15	05	572	1110	511	9015	000000	200	00	000		14.25
0003	Shipping/handling for Nat		0151494	0003	631-69642	03/16/15	05	572	1110	511	9015	000000	400	00	000		14.26
Check total: \$39.60																	
Check: 096649 Type: W Date: 03/27/15 Vendor: FITNESS FINDERS, INC. Vendor#: 831512 Stat/Date: Bank: 1																	
0001	Metallic Chains 24"		0151585	0001	0200107	03/11/15	05	018	4600	890	922G	000000	200	00	000		31.00
0002	shipping		0151585	0002	0200107	03/11/15	05	018	4600	890	922G	000000	200	00	000		10.00
Check total: \$41.00																	
Check: 096650 Type: W Date: 03/27/15 Vendor: JEFFERSON COUNTY ESC Vendor#: 830776 Stat/Date: RECONCILED:03/30/15 Bank: 1 ATTN: VIRTUAL LEARNING ACADEMY																	

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 27  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0001	VLA Fee-February 2015 -		0151592	0001	0001974	02/28/15	05	001	1990	410	0000	000000	822	00	022		2,550.00 Check total: \$2,550.00
Check: 096651 Type: W Date: 03/27/15 Vendor: JOYCE PIANO		Vendor#: 831326 Stat/Date: RECONCILED:03/31/15 Bank: 1															
0001	Piano Tuning		0151613	0001	0151613	03/10/15	05	300	4130	849	912B	000000	600	00	000		195.00 Check total: \$195.00
Check: 096652 Type: W Date: 03/27/15 Vendor: MSB		Vendor#: 832120 Stat/Date: Bank:															
0001	Open PO- Service fee to		0151387	0001	0034543	03/03/15	05	001	1241	411	913M	000000	813	00	013		96.19 Check total: \$96.19
Check: 096653 Type: W Date: 03/27/15 Vendor: PASTOR'S AUTO SERVICE		Vendor#: 831967 Stat/Date: Bank: 1															
0001	1/1/2015-6/30/2015 Misc P		0151112	0001	0013499	03/17/15	05	001	2840	581	0000	000000	705	00	078		113.30 Check total: \$113.30
Check: 096654 Type: W Date: 03/27/15 Vendor: QWESTCOM GRAPHICS, INC.		Vendor#: 831164 Stat/Date: RECONCILED:03/30/15 Bank: 1															
0001	Printing of Kindergaren		0151550	0001	0019378	02/23/15	05	001	2610	461	0000	000000	832	00	026		85.00 Check total: \$85.00
Check: 096655 Type: W Date: 03/27/15 Vendor: SMITH, PETERS, KALAIL CO., L.P.A.		Vendor#: 020229 Stat/Date: RECONCILED:03/30/15 Bank: 1															
0001	Legal Services FY15		0150226	0001	0039749	02/28/15	05	001	2490	418	0000	000000	831	00	024		136.00 Check total: \$136.00
Check: 096656 Type: W Date: 03/27/15 Vendor: SOHAR'S ALL SEASON MOWER SERVICE, INC.		Vendor#: 831270 Stat/Date: RECONCILED:03/31/15 Bank: 1															
0001	Vehicle and mower repair		0151330	0001	0842189	03/16/15	05	001	2750	581	0000	000000	700	00	078		114.34 Check total: \$114.34
Check: 096657 Type: W Date: 03/27/15 Vendor: SPORTS EQUIPMENT SPECIALISTS		Vendor#: 832730 Stat/Date: RECONCILED:03/30/15 Bank:															
0001	quote for servce repair		0151543	0001	0006284	03/04/15	05	034	2720	423	0000	000000	600	00	000		125.00 Check total: \$125.00
Check: 096658 Type: W Date: 03/27/15 Vendor: THE METAL STORE		Vendor#: 130311 Stat/Date: RECONCILED:03/31/15 Bank: 1															
0001	misc metal for repairs		0151297	0001	0000677	03/16/15	05	001	2720	423	0000	000000	709	00	078		44.63 Check total: \$44.63
Check: 096659 Type: W Date: 03/27/15 Vendor: XPEDX		Vendor#: 200130 Stat/Date: RECONCILED:03/31/15 Bank:															
0001	Xerographic white paper 8		0151542	0001	6005317245	03/05/15	05	001	1130	511	9412	000000	600	00	006		5,600.00 Check total: \$5,600.00
Check: 021182 Type: W Date: 03/30/15 Vendor: AMANDA McCULLOUGH		Vendor#: 130418 Stat/Date: RECONCILED:03/31/15 Bank: 1															
0001	Spousal Reimbursement thr		0151138	0001	MCCULLOUGH0215	03/30/15	05	024	2510	856	9241	000000	000	00	000		99.16

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 28  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$99.16	
Check: 021183 Type: W Date: 03/30/15 Vendor: AMY HALUSKER																Vendor#: 832512 Stat/Date:	Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	HALUSKER0227	03/30/15	05	024	2510	856	9241	000000	000	00	000		62.50
0002	Spousal Reimbursement thr		0151138	0001	HALUSKER0313	03/30/15	05	024	2510	856	9241	000000	000	00	000		62.50
Check total:																\$125.00	
Check: 021184 Type: W Date: 03/30/15 Vendor: BRAD LAMBERT																Vendor#: 831231 Stat/Date: RECONCILED:03/31/15	Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	LAMBERT0215	03/30/15	05	024	2510	856	9241	000000	000	00	000		85.28
Check total:																\$85.28	
Check: 021185 Type: W Date: 03/30/15 Vendor: CAROLYN ANGELLO																Vendor#: 832388 Stat/Date:	Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	ANGELLO0115	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00
0002	Spousal Reimbursement thr		0151138	0001	ANGELLO0215	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00
0003	Spousal Reimbursement thr		0151138	0001	ANGELLO0814	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00
0004	Spousal Reimbursement thr		0151138	0001	ANGELLO0914	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00
0005	Spousal Reimbursement thr		0151138	0001	ANGELLO1014	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00
0006	Spousal Reimbursement thr		0151138	0001	ANGELLO1114	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00
0007	Spousal Reimbursement thr		0151138	0001	ANGELLO1214	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00
Check total:																\$875.00	
Check: 021186 Type: W Date: 03/30/15 Vendor: CHRISTY WALCOFF																Vendor#: 030292 Stat/Date:	Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	WALCOFF0315	03/30/15	05	024	2510	856	9241	000000	000	00	000		62.50
Check total:																\$62.50	
Check: 021187 Type: W Date: 03/30/15 Vendor: DEBRA CHANEY																Vendor#: 832683 Stat/Date:	Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	CHANEY0215	03/30/15	05	024	2510	856	9241	000000	000	00	000		28.00
0002	Spousal Reimbursement thr		0151138	0001	CHANEY0315	03/30/15	05	024	2510	856	9241	000000	000	00	000		28.00
Check total:																\$56.00	
Check: 021188 Type: W Date: 03/30/15 Vendor: GEORGE HASENOHRL																Vendor#: 831598 Stat/Date:	Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	HASEN0315	03/30/15	05	024	2510	856	9241	000000	000	00	000		100.00
Check total:																\$100.00	
Check: 021189 Type: W Date: 03/30/15 Vendor: JENGER SCHMERSAL																Vendor#: 832381 Stat/Date:	Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	SCHMER0215	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00
Check total:																\$125.00	
Check: 021190 Type: W Date: 03/30/15 Vendor: JOWELL GRAY																Vendor#: 832286 Stat/Date: RECONCILED:03/31/15	Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	GRAY0415	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00
Check total:																\$125.00	
Check: 021191 Type: W Date: 03/30/15 Vendor: KARYN MAZZOLINI																Vendor#: 832674 Stat/Date: RECONCILED:03/31/15	Bank: 1

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 29  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
0001	Spousal Reimbursement thr		0151138	0001	MAZZO0320	03/30/15	05	024	2510	856	9241	000000	000	00	000		62.50	
																	Check total:	\$62.50
	Check: 021192 Type: W Date: 03/30/15 Vendor: KELLI BUTTOLPH																	Vendor#: 110220 Stat/Date: RECONCILED:03/31/15 Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	BUTTOL0402	03/30/15	05	024	2510	856	9241	000000	000	00	000		62.50	
																	Check total:	\$62.50
	Check: 021193 Type: W Date: 03/30/15 Vendor: KELLY TURK																	Vendor#: 832638 Stat/Date: Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	KTURK0215	03/30/15	05	024	2510	856	9241	000000	000	00	000		109.84	
																	Check total:	\$109.84
	Check: 021194 Type: W Date: 03/30/15 Vendor: LISA MULLINS																	Vendor#: 832331 Stat/Date: Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	MULLINS0315	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00	
																	Check total:	\$125.00
	Check: 021195 Type: W Date: 03/30/15 Vendor: MELANIE HUGGINS																	Vendor#: 832485 Stat/Date: Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	HUGGINS0315	03/30/15	05	024	2510	856	9241	000000	000	00	000		125.00	
																	Check total:	\$125.00
	Check: 021196 Type: W Date: 03/30/15 Vendor: PATRICIA GRAHAM																	Vendor#: 160128 Stat/Date: Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	GRAHAM0703	03/30/15	05	024	2510	856	9241	000000	000	00	000		55.00	
																	Check total:	\$55.00
	Check: 021197 Type: W Date: 03/30/15 Vendor: TERRANCE OLSZEWSKI C/O GARFIELD HTS.																	Vendor#: 200129 Stat/Date: Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	OLSZEWSKI0213	03/30/15	05	024	2510	856	9241	000000	000	00	000		32.97	
																	Check total:	\$32.97
	Check: 021198 Type: W Date: 03/30/15 Vendor: VICTORIA TOMASHESKI																	Vendor#: 220130 Stat/Date: RECONCILED:03/31/15 Bank: 1
0001	Spousal Reimbursement thr		0151138	0001	TOMASHESKI0315	03/30/15	05	024	2510	856	9241	000000	000	00	000		115.84	
																	Check total:	\$115.84
	Check: 096660 Type: W Date: 03/30/15 Vendor: AABLE RENTAL CO.																	Vendor#: 010108 Stat/Date: Bank:
0001	Rental of tables & chairs		0151577	0001	0009271	03/14/15	05	001	1130	511	9412	000000	600	00	006		1,911.00	
																	Check total:	\$1,911.00
	Check: 096661 Type: W Date: 03/30/15 Vendor: BRIGHTSPARK TRAVEL																	Vendor#: 832246 Stat/Date: Bank: 1
0001	Balance for NYC Spanish T		0151572	0001	Currently Due	03/03/14	05	200	4128	891	926S	000000	600	00	000		3,320.00	
																	Check total:	\$3,320.00
	Check: 096662 Type: W Date: 03/30/15 Vendor: COMDOC-CLEVELAND																	Vendor#: 030548 Stat/Date: Bank: 1

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 30  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
0001	Lease agreement for stude		0151601	0001	IN570406	03/03/15	05	401	3260	511	9015	000000	410	00	000		360.34	
																	Check total:	\$360.34
Check: 096663 Type: W Date: 03/30/15 Vendor: DELISA LANDER Vendor#: 832732 Stat/Date: Bank:																		
0001	Filming for Student of Pr		0151611	0001	0151611	02/18/15	05	019	2219	511	914A	000000	000	00	000		100.00	
																	Check total:	\$100.00
Check: 096664 Type: W Date: 03/30/15 Vendor: EDUCATIONAL SERVICE CENTER Vendor#: 050183 Stat/Date: Bank: 1																		
					OF CUYAHOGA COUNTY													
0001	Open PO for OOD students,		0151376	0001	GFD1710	03/11/15	05	001	1245	473	0000	000000	813	00	013		18,046.00	
0002	UNEMPLOYMENT COMPENSATION		0151595	0001	GFD1704	02/24/15	05	001	1190	411	0000	000000	000	00	007		323.98	
0003	SUBSTITUTE SERVICE FY15		0151620	0001	GFD1707	03/06/15	05	001	1190	411	0000	000000	000	00	007		12,424.50	
0004	SUBSTITUTE SERVICE FY15		0151620	0001	GFD1711	03/20/15	05	001	1190	411	0000	000000	000	00	007		16,375.75	
																	Check total:	\$47,170.23
Check: 096665 Type: W Date: 03/30/15 Vendor: EXIT 11 TRUCK TIRE Vendor#: 832294 Stat/Date: Bank: 1																		
					SERVICE, INC.													
0001	1/1/2015-6/30/2015 Misc T		0151109	0001	1-28890	03/18/15	05	001	2840	583	0000	000000	705	00	078		142.00	
																	Check total:	\$142.00
Check: 096666 Type: W Date: 03/30/15 Vendor: GARFIELD ACE HARDWARE Vendor#: 070148 Stat/Date: RECONCILED:03/31/15 Bank: 1																		
					KM JONES, INC.													
0001	1/1/2015-6/30/2015 Misc P		0151106	0001	0023805	03/18/15	05	001	2840	581	0000	000000	705	00	078		7.20	
0002	Misc maintenance products		0151241	0001	FEBRUARY '15	03/30/15	05	001	2720	572	0000	000000	703	00	078		301.04	
																	Check total:	\$308.24
Check: 096667 Type: W Date: 03/30/15 Vendor: GRAYBAR ELECTRIC CO.,INC Vendor#: 070449 Stat/Date: Bank: 1																		
0001	Lighting: Bulbs, ballasts		0151314	0001	977303564	03/03/15	05	001	2720	572	0000	000000	703	00	078		82.44	
0002	Lighting: Bulbs, ballasts		0151314	0001	977628575	03/04/15	05	001	2720	572	0000	000000	703	00	078		403.26	
																	Check total:	\$485.70
Check: 096668 Type: W Date: 03/30/15 Vendor: IDEASTREAM Vendor#: 230417 Stat/Date: Bank:																		
0001	Coaching at Elmwood - 6 d		0150344	0001	0033616	03/06/15	05	572	2213	412	9015	000000	100	00	000		250.00	
0002	Coaching at Maple Leaf -		0150344	0002	0033616	03/06/15	05	572	2213	412	9015	000000	200	00	000		250.00	
0003	Coaching at William Foste		0150344	0003	0033616	03/06/15	05	572	2213	412	9015	000000	400	00	000		250.00	
0004	Coaching at Middle School		0150344	0004	0033616	03/06/15	05	536	2213	412	915I	000000	500	00	000		1,500.00	
																	Check total:	\$2,250.00
Check: 096669 Type: W Date: 03/30/15 Vendor: MUSIC IS ELEMENTARY Vendor#: 130445 Stat/Date: Bank:																		
0001	See attachment		0151501	0001	0225668	03/02/15	05	001	1110	511	9412	000000	400	00	004		258.39	
																	Check total:	\$258.39
Check: 096670 Type: W Date: 03/30/15 Vendor: NCS PEARSON, INC Vendor#: 831588 Stat/Date: Bank:																		
0001	Psych-MR Kaufman Test of		0151438	0001	10124223	02/24/15	05	516	1231	511	9015	000000	813	00	013		35.00	
																	Check total:	\$35.00

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 31  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	DISTRIBUTION SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check: 096671 Type: W Date: 03/30/15 Vendor: NORTH COAST THERAPY ASSOC. INC Vendor#: 831973 Stat/Date: Bank: 1																	
0001	Open P.O. for Physical Th		0150330	0001	0004673	02/28/15	05	001	2181	413	0000	000000	813	00	013		4,988.75
Check total: \$4,988.75																	
Check: 096672 Type: W Date: 03/30/15 Vendor: OHIO CAT Vendor#: 831749 Stat/Date: Bank: 1																	
0001	Cat engine parts for Blue		0151579	0001	PS200112299	03/04/15	05	001	2840	581	0000	000000	705	00	078		197.60
Check total: \$197.60																	
Check: 096673 Type: W Date: 03/30/15 Vendor: PREMIER PRINTING & PROMOTIONS Vendor#: 831968 Stat/Date: Bank:																	
0001	Energizer MAX Alkaline		0151509	0001	7-159959	03/04/15	05	001	1110	511	9412	000000	100	00	001		32.97
0002	Energizer NiMH Rechargeab		0151509	0002	7-159959	03/04/15	05	001	1110	511	9412	000000	100	00	001		124.90
Check total: \$157.87																	
Check: 096674 Type: W Date: 03/30/15 Vendor: PRO-ED Vendor#: 160266 Stat/Date: Bank:																	
0001	Speech Examiner/record fo		0151505	0001	2281491	03/06/15	05	516	1231	511	9015	000000	813	00	013		182.60
Check total: \$182.60																	
Check: 096675 Type: W Date: 03/30/15 Vendor: PSAT/NMSQT Vendor#: 160228 Stat/Date: Bank: 1																	
0001	Scoring services for the		0150851	0001	385005395	03/06/15	05	401	3260	511	9015	000000	410	00	000		1,218.00
Check total: \$1,218.00																	
Check: 096676 Type: W Date: 03/30/15 Vendor: THE ILLUMINATING COMPANY Vendor#: 090140 Stat/Date: Bank: 1																	
0001	MONTHLY PAYMENTS FOR ELEC		0150239	0006	110020820657-3	02/24/15	05	001	2720	451	0000	000000	700	00	007		341.41
0002	MONTHLY PAYMENTS FOR ELEC		0150239	0007	110021495673-3	02/14/14	05	001	2720	451	0000	000000	800	00	007		833.56
0003	MONTHLY PAYMENTS FOR ELEC		0150239	0009	110022180506-3	02/25/15	05	001	2720	451	0000	000000	918	00	007		58.48
0004	MONTHLY PAYMENTS FOR ELEC		0150239	0005	110036839246-3	02/20/15	05	001	2720	451	0000	000000	600	00	007		588.92
0005	MONTHLY PAYMENTS FOR ELEC		0150239	0007	110065982909-3	02/23/15	05	001	2720	451	0000	000000	800	00	007		110.29
0006	MONTHLY PAYMENTS FOR ELEC		0150239	0001	110089217365-3	02/24/15	05	001	2720	451	0000	000000	100	00	007		329.48
0007	MONTHLY PAYMENTS FOR ELEC		0150239	0001	90004754923	02/13/15	05	001	2720	451	0000	000000	100	00	007		129.77
0008	MONTHLY PAYMENTS FOR ELEC		0150239	0002	90004754923	02/13/15	05	001	2720	451	0000	000000	200	00	007		89.19
0009	MONTHLY PAYMENTS FOR ELEC		0150239	0003	90004754923	02/13/15	05	001	2720	451	0000	000000	400	00	007		80.89
0010	MONTHLY PAYMENTS FOR ELEC		0150239	0004	90004754923	02/13/15	05	001	2720	451	0000	000000	500	00	007		460.94
0011	MONTHLY PAYMENTS FOR ELEC		0150239	0005	90004754923	02/13/15	05	001	2720	451	0000	000000	600	00	007		420.08
0012	MONTHLY PAYMENTS FOR ELEC		0150239	0008	90004754923	02/13/15	05	001	2720	451	0000	000000	915	00	007		230.75
Check total: \$3,673.76																	
Check: 096677 Type: W Date: 03/30/15 Vendor: THE ILLUMINATING COMPANY Vendor#: 090140 Stat/Date: Bank:																	
0001	MONTHLY ELECTRIC POWER US		0151332	0001	90004779861	03/04/15	05	001	2720	451	0000	000000	100	00	007		3,274.97
0002	MONTHLY ELECTRIC POWER US		0151332	0002	90004779861	03/04/15	05	001	2720	451	0000	000000	200	00	007		4,772.69
0003	MONTHLY ELECTRIC POWER US		0151332	0003	90004779861	03/04/15	05	001	2720	451	0000	000000	400	00	007		5,237.80
0004	MONTHLY ELECTRIC POWER US		0151332	0004	90004779861	03/04/15	05	001	2720	451	0000	000000	500	00	007		5,610.92
0005	MONTHLY ELECTRIC POWER US		0151332	0005	90004779861	03/04/15	05	001	2720	451	0000	000000	600	00	007		86,256.64
0006	MONTHLY ELECTRIC POWER US		0151332	0006	90004779861	03/04/15	05	401	3260	451	9513	000000	000	00	000		621.02

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 32  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$105,774.04	
(Multi-bank check)																	
Check: 021199		Type: W Date: 03/31/15 Vendor: CHRISTOPHER HANKE				Vendor#: 030361 Stat/Date:				Bank: 1							
0001	Spousal Reimbursement thr	0151138	0001	HANKE0115	03/31/15	05	024	2510	856	9241	000000	000	00	000			116.61
0002	Spousal Reimbursement thr	0151138	0001	HANKE0215	03/31/15	05	024	2510	856	9241	000000	000	00	000			120.00
0003	Spousal Reimbursement thr	0151138	0001	HANKE0711	03/31/15	05	024	2510	856	9241	000000	000	00	000			43.85
0004	Spousal Reimbursement thr	0151138	0001	HANKE0822	03/31/15	05	024	2510	856	9241	000000	000	00	000			43.85
0005	Spousal Reimbursement thr	0151138	0001	HANKE0914	03/31/15	05	024	2510	856	9241	000000	000	00	000			87.70
0006	Spousal Reimbursement thr	0151138	0001	HANKE1014	03/31/15	05	024	2510	856	9241	000000	000	00	000			125.00
0007	Spousal Reimbursement thr	0151138	0001	HANKE1114	03/31/15	05	024	2510	856	9241	000000	000	00	000			87.70
0008	Spousal Reimbursement thr	0151138	0001	HANKE1214	03/31/15	05	024	2510	856	9241	000000	000	00	000			87.70
Check total:																\$712.41	
Check: 021200		Type: W Date: 03/31/15 Vendor: DIANE HORVATH				Vendor#: 040185 Stat/Date:				Bank: 1							
0001	Spousal Reimbursement thr	0151138	0001	HORVATH0315	03/31/15	05	024	2510	856	9241	000000	000	00	000			125.00
Check total:																\$125.00	
Check: 021201		Type: W Date: 03/31/15 Vendor: KEN CARDAMAN				Vendor#: 110121 Stat/Date:				Bank: 1							
0001	Spousal Reimbursement thr	0151138	0001	CARDAM0315	03/31/15	05	024	2510	856	9241	000000	000	00	000			64.64
Check total:																\$64.64	
Check: 021202		Type: W Date: 03/31/15 Vendor: MARY ANN MARSHALL				Vendor#: 130204 Stat/Date:				Bank: 1							
0001	Spousal Reimbursement thr	0151138	0001	MARSHALL0315	03/31/15	05	024	2510	856	9241	000000	000	00	000			96.96
Check total:																\$96.96	
Check: 021203		Type: W Date: 03/31/15 Vendor: TAMMY MOELLER				Vendor#: 200112 Stat/Date:				Bank: 1							
0001	Spousal Reimbursement thr	0151138	0001	MOELLER0130	03/31/15	05	024	2510	856	9241	000000	000	00	000			67.08
0002	Spousal Reimbursement thr	0151138	0001	MOELLER0215	03/31/15	05	024	2510	856	9241	000000	000	00	000			115.84
0003	Spousal Reimbursement thr	0151138	0001	MOELLER0315	03/31/15	05	024	2510	856	9241	000000	000	00	000			115.84
Check total:																\$298.76	
Check: 021204		Type: W Date: 03/31/15 Vendor: MEGAN RUTKOWSKI				Vendor#: 830662 Stat/Date:				Bank: 1							
0001	Spousal Reimbursement thr	0151138	0001	RUTKOW0220	03/31/15	05	024	2510	856	9241	000000	000	00	000			46.15
0002	Spousal Reimbursement thr	0151138	0001	RUTKOW0315	03/31/15	05	024	2510	856	9241	000000	000	00	000			92.30
Check total:																\$138.45	
Check: 021205		Type: W Date: 03/31/15 Vendor: KELLY TURK				Vendor#: 832638 Stat/Date:				Bank: 1							
0001	Spousal Reimbursement thr	0151138	0001	KTURK0315	03/31/15	05	024	2510	856	9241	000000	000	00	000			109.84
Check total:																\$109.84	
Check: 096678		Type: W Date: 03/31/15 Vendor: ASG EDUCATION SERVICES, LLC				Vendor#: 831969 Stat/Date:				Bank: 1							
					THE LEAP PROGRAM												
0001	001-1249-479-0000-000000-	0151312	0002	0000312	03/23/15	05	001	1245	473	0000	000000	813	00	013			131,560.00

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 33  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$131,560.00	
Check: 096679 Type: W Date: 03/31/15 Vendor: BETH ENDRES																Vendor#: 832565 Stat/Date:	Bank:
0001	Danceline/flagline	0151660	0001	0151660	03/13/15	05	300	4130	519	952D	000000	600	00	000			50.00
Check total:																\$50.00	
Check: 096680 Type: W Date: 03/31/15 Vendor: CAROLYN NICHOLS																Vendor#: 832734 Stat/Date:	Bank: 1
0001	Reimbursement for Fuel,	0151640	0001	0151640	03/30/15	05	001	2821	582	0000	000000	705	00	078			60.00
Check total:																\$60.00	
Check: 096681 Type: W Date: 03/31/15 Vendor: CENTRAL PURCHASING OFFICE																Vendor#: 030241 Stat/Date:	Bank: 1
		DIOCESE OF CLEVELAND															
0001	10 Digit SPL -150X Calcul	0151578	0001	00144846	03/13/15	05	401	3260	512	9615	000000	412	00	000			1,099.00
Check total:																\$1,099.00	
Check: 096682 Type: W Date: 03/31/15 Vendor: CPO SCIENCE																Vendor#: 832722 Stat/Date:	Bank: 1
		SCHOOL SPECIALTY INC.															
0001	Science class supplies pe	0151418	0001	302500131513	02/16/15	05	009	2620	551	9650	000000	600	00	000			4,965.55
0002	Shipping & handling	0151418	0002	302500131513	02/16/15	05	009	2620	551	9650	000000	600	00	000			297.95
Check total:																\$5,263.50	
Check: 096683 Type: W Date: 03/31/15 Vendor: DUNKIN DONUTS																Vendor#: 832549 Stat/Date:	Bank: 1
		TURNEY DONUTS, LLC															
0001	Purchase of breakfast ite	0151514	0001	0085935	03/27/15	05	018	4600	890	902G	000000	600	00	000			132.77
0002	Purchase of breakfast ite	0151514	0001	0085936	03/27/15	05	018	4600	890	902G	000000	600	00	000			132.77
Check total:																\$265.54	
Check: 096684 Type: W Date: 03/31/15 Vendor: EDUCATIONAL FUNDING GROUP, INC																Vendor#: 050185 Stat/Date:	Bank: 1
0001	Invoice E-Rate - Funding	0151643	0001	P1-2-10-129499	02/13/15	05	001	2690	441	0000	000000	000	00	007			1,230.66
0002	Invoice E-Rate - Funding	0151643	0002	P1-2-10-129499	02/13/15	05	001	2690	441	0000	000000	000	00	007			991.55
0003	Invoice E-Rate - Funding	0151643	0003	P1-2-10-129499	02/13/15	05	001	2690	441	0000	000000	000	00	007			1,735.84
0004	Invoice E-Rate - Funding	0151643	0004	P1-2-10-129499	02/13/15	05	001	2690	441	0000	000000	000	00	007			2,792.48
Check total:																\$6,750.53	
Check: 096685 Type: W Date: 03/31/15 Vendor: EDUCATIONAL SERVICE CENTER																Vendor#: 050183 Stat/Date:	Bank: 1
		OF CUYAHOGA COUNTY															
0001	Open PO for OOD students,	0151376	0001	GFD1708	03/12/15	05	001	1245	473	0000	000000	813	00	013			7,200.00
0002	Open PO for OOD students,	0151376	0001	GFD1709	03/13/15	05	001	1245	473	0000	000000	813	00	013			7,200.00
Check total:																\$14,400.00	
Check: 096686 Type: W Date: 03/31/15 Vendor: ELEVATION HEALTHCARE, LLC																Vendor#: 832660 Stat/Date:	Bank: 1
0001	2014-2015 Pre school	0150805	0001	44125-123	03/26/15	05	001	2140	413	0000	000000	813	00	013			1,224.00
Check total:																\$1,224.00	
Check: 096687 Type: W Date: 03/31/15 Vendor: ERIC HASKIN																Vendor#: 832528 Stat/Date:	Bank: 1
0001	3/13-3/15 Food Reimbursen	0151617	0001	Reimbursement	03/31/15	05	001	2720	433	0000	000000	700	00	078			58.79



Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 34  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$58.79	
Check: 096688 Type: W Date: 03/31/15 Vendor: EXIT 11 TRUCK TIRE SERVICE, INC.																Vendor#: 832294 Stat/Date:	Bank: 1
0001	1/1/2015-6/30/2015 Misc T		0151109	0001	1-28907	03/19/15	05	001	2840	583	0000	000000	705	00	078		65.00
0002	1/1/2015-6/30/2015 Misc T		0151109	0001	1-28908	03/19/15	05	001	2840	583	0000	000000	705	00	078		51.00
Check total:																\$116.00	
Check: 096689 Type: W Date: 03/31/15 Vendor: G & G INC.																Vendor#: 020226 Stat/Date:	Bank: 1
0001	Replacement Lamp Module f		0151447	0001	0076431	03/10/15	05	401	3260	512	9615	000000	412	00	000		99.00
Check total:																\$99.00	
Check: 096690 Type: W Date: 03/31/15 Vendor: HOUGHTON MIFFLIN HARCOURT PUBLISHING CO.																Vendor#: 831551 Stat/Date:	Bank: 1
0001	Ohio Off-Grade Proficienc		0151587	0001	951269493	03/16/15	05	401	3260	512	9615	000000	412	00	000		109.90
0002	Ohio Off-Grade Proficienc		0151587	0002	951269493	03/16/15	05	401	3260	512	9615	000000	412	00	000		164.85
0003	Ohio Off-Grade Proficienc		0151587	0003	951269493	03/16/15	05	401	3260	512	9615	000000	412	00	000		164.85
0004	Shipping & Handling 12%		0151587	0005	951269493	03/16/15	05	401	3260	512	9615	000000	412	00	000		43.97
Check total:																\$483.57	
Check: 096691 Type: W Date: 03/31/15 Vendor: J.W. PEPPER & SON, INC.																Vendor#: 100283 Stat/Date:	Bank: 1
0001	Open purchase order for m		0150425	0001	08684825	03/04/15	05	001	1130	511	9412	000000	600	00	006		215.99
0002	Music for Band Invoice #		0151605	0001	08683977	03/04/15	05	300	4130	849	912B	000000	600	00	000		45.00
0003	Purchase order for music		0151618	0001	08679518	02/10/15	05	300	4130	849	912B	000000	600	00	000		140.99
0004	Purchase order for music		0151618	0001	08680999	02/17/15	05	300	4130	849	912B	000000	600	00	000		3.00
Check total:																\$404.98	
(Multi-bank check)																	
Check: 096692 Type: W Date: 03/31/15 Vendor: KELLY BETLEJEWSKI																Vendor#: 830524 Stat/Date:	Bank:
0001	Service contract for flow		0151493	0001	0151493	02/20/15	05	018	4600	890	902G	000000	600	00	000		66.50
0002	Flowers for PN for Wr, BB		0151524	0001	0151524	03/31/15	05	300	4530	590	926A	000000	600	00	000		47.00
0003	Flowers for PN for Wr, BB		0151524	0002	0151524	03/31/15	05	300	4510	590	926A	000000	600	00	000		108.00
Check total:																\$221.50	
(Multi-bank check)																	
Check: 096693 Type: W Date: 03/31/15 Vendor: KELLY SCHROEDER																Vendor#: 700572 Stat/Date:	Bank:
0001	Danceline/flagline		0151658	0001	0151658	03/13/15	05	300	4130	519	952D	000000	600	00	000		50.00
Check total:																\$50.00	
Check: 096694 Type: W Date: 03/31/15 Vendor: MYERS EQUIPMENT CORPORATION																Vendor#: 130462 Stat/Date:	Bank: 1
0001	1/1/2015-6/30/2015 Misc B		0151095	0001	0146388	03/14/15	05	001	2840	581	0000	000000	705	00	078		741.08
Check total:																\$741.08	
Check: 096695 Type: W Date: 03/31/15 Vendor: NOETIC LEARNING, LLC																Vendor#: 832553 Stat/Date:	Bank: 1
0001	SPRING 15 Contest Registr		0151046	0001	0200014	02/11/15	05	401	3260	512	9615	000000	412	00	000		170.00

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 35  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
Check total:																\$170.00	
Check: 096696 Type: W Date: 03/31/15 Vendor: PALADIN PROTECTIVE SYSTEMS, IN Vendor#: 831586 Stat/Date:																Bank: 1	
0001	Open PO for repair of sou		0150475	0001	0070312	03/18/15	05	001	2211	429	0000	000000	815	00	015		229.50
Check total:																\$229.50	
Check: 096697 Type: W Date: 03/31/15 Vendor: PREMIER PRINTING & PROMOTIONS Vendor#: 831968 Stat/Date:																Bank:	
0001	SUPPLIES PER ATTACHED LIS		0151535	0001	7-159958	03/04/15	05	001	1120	511	9412	000000	500	00	005		90.28
Check total:																\$90.28	
Check: 096698 Type: W Date: 03/31/15 Vendor: PROM NITE Vendor#: 160273 Stat/Date:																Bank:	
0001	Panama Sunglasses		0151553	0001	6138538	03/12/15	05	200	4670	891	915S	000000	600	00	000		1,796.40
0002	Silver ARch Keychair #MK0		0151553	0002	6138538	03/12/15	05	200	4670	891	915S	000000	600	00	000		629.00
0003	Shipping 10%		0151553	0004	6138538	03/12/15	05	200	4670	891	915S	000000	600	00	000		368.95
Check total:																\$2,794.35	
Check: 096699 Type: W Date: 03/31/15 Vendor: PSI Vendor#: 160275 Stat/Date: VOID: 03/31/15 Bank: 1																	
0001	Registered Nurse, Medical		0150218	0001	0080264	03/10/15	05	001	2130	413	0000	000000	811	00	011		10,215.22
0002	1 diagnostic nurse to wor		0150528	0001	0080328	03/10/15	05	401	3260	411	9015	000000	410	00	000		242.27
0003	1 health aide to work 133		0150528	0002	0080328	03/10/15	05	401	3260	411	9015	000000	410	00	000		1,669.88
0004	Title I Tutoring Services		0150572	0002	0081150	03/10/15	05	572	3260	411	9015	000000	000	00	000		2,706.00
0005	Title I Tutoring Services		0150572	0003	0081151	03/10/15	05	572	3260	411	9015	000000	000	00	000		738.00
0006	Payment of contracted ser		0150770	0002	0080570	03/10/15	05	401	3260	411	9515	000000	000	00	000		7,230.50
0007	Payment of contracted ser		0150770	0002	0080573	03/10/15	05	401	3260	411	9515	000000	000	00	000		2,576.00
0008	Health Aide,Nurse,Speech,		0150774	0002	0080268	03/10/15	05	401	3260	411	9615	000000	412	00	000		11,333.19
0009	Health Aide,Nurse,Speech,		0150774	0002	0080419	03/10/15	05	401	3260	411	9615	000000	412	00	000		3,396.20
Check total:																\$40,107.26	
(Multi-bank check)																	
Check: 096700 Type: W Date: 03/31/15 Vendor: ROETZEL & ANDRESS, LPA Vendor#: 831947 Stat/Date: Bank: 1 1375 EAST NINTH STREET																	
0001	Legal Fees for Profession		0151217	0001	1104361	03/10/15	05	001	2490	418	0000	000000	831	00	024		2,884.00
Check total:																\$2,884.00	
Check: 096701 Type: W Date: 03/31/15 Vendor: SCHOLASTIC INC Vendor#: 190151 Stat/Date: Bank: 1																	
0001	Bridge to Terabithia Pape		0151562	0001	49730749	03/13/15	05	401	3260	512	9615	000000	412	00	000		48.00
Check total:																\$48.00	
Check: 096702 Type: W Date: 03/31/15 Vendor: SCHOOL NURSE SUPPLY, INC. Vendor#: 190019 Stat/Date: Bank: 1																	
0001	Cotton Tipped Applicators		0151594	0001	0521558-IN	03/13/15	05	401	3260	512	9615	000000	412	00	000		5.39
0002	Kleenex 1 Case		0151594	0002	0521558-IN	03/13/15	05	401	3260	512	9615	000000	412	00	000		82.00
0003	Kotex pads Regular 48 per		0151594	0003	0521558-IN	03/13/15	05	401	3260	512	9615	000000	412	00	000		22.50
0004	Clorox Disinfecting Wipes		0151594	0004	0521558-IN	03/13/15	05	401	3260	512	9615	000000	412	00	000		34.25
0005	Lysol Disinfectant Spray		0151594	0005	0521558-IN	03/13/15	05	401	3260	512	9615	000000	412	00	000		8.95
0006	Safetec Lens Cleaner Wipe		0151594	0006	0521558-IN	03/13/15	05	401	3260	512	9615	000000	412	00	000		11.90

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 36  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0007	Scoliometer		0151594	0007	0521558-IN	03/13/15	05	401	3260	512	9615	000000	412	00	000		67.90
Check total:																\$232.89	
Check: 096703 Type: W Date: 03/31/15 Vendor: STEVE'S SPORTS, INC																Vendor#: 190000 Stat/Date:	Bank:
0001	Indoor Softballs		0151510	0001	0011573	02/09/15	05	300	4530	590	926A	000000	600	00	000		46.00
0002	Indoor Baseballs		0151510	0002	0011573	02/09/15	05	300	4510	590	926A	000000	600	00	000		144.00
0003	lite flight machine, base		0151512	0001	0011499	02/09/15	05	300	4510	590	926A	000000	600	00	000		507.00
0004	mat tape and cleaner/Div.		0151555	0001	0011101	02/04/15	05	022	4510	849	915W	000000	600	00	000		191.00
Check total:																\$888.00	
Check: 096704 Type: W Date: 03/31/15 Vendor: SUBURBAN SCHOOL TRANSPORTATION																Vendor#: 190275 Stat/Date:	Bank:
0001	Open PO, O.O.D.		0150620	0001	0065120	03/11/15	05	516	2821	419	9015	000000	000	00	000		951.00
Check total:																\$951.00	
Check: 096705 Type: W Date: 03/31/15 Vendor: SYNCB/AMAZON																Vendor#: 832047 Stat/Date:	Bank: 1
0001	Misc. maintenance items		0151301	0001	171119104903	02/10/15	05	001	2720	572	0000	000000	703	00	078		48.14
0002	What If You Had Animal Fe		0151347	0001	043631018754	03/05/14	05	001	1110	521	9412	000000	000	00	022		23.24
0003	Portable Handheld 2-way R		0151437	0001	041711835312	03/05/15	05	516	1231	640	9015	000000	813	00	013		84.00
0004	Pressman Toy Checkers Boa		0151504	0002	064164293660	03/02/15	05	018	4600	890	922G	000000	200	00	000		23.97
0005	Connect 4 Game		0151504	0003	064164293660	03/02/15	05	018	4600	890	922G	000000	200	00	000		35.97
0006	Uno Card Game		0151504	0004	064164293660	03/02/15	05	018	4600	890	922G	000000	200	00	000		33.65
0007	Jenga Classic Game		0151504	0005	064164293660	03/02/15	05	018	4600	890	922G	000000	200	00	000		38.97
0008	shipping		0151504	0006	064164293660	03/02/15	05	018	4600	890	922G	000000	200	00	000		10.97
0009	Brybelly Complete Bingo G		0151504	0001	184967819791	03/02/15	05	018	4600	890	922G	000000	200	00	000		38.97
0010	shipping		0151504	0006	184967819791	03/02/15	05	018	4600	890	922G	000000	200	00	000		29.97
0011	See All:Round 160 Convex		0151530	0001	178313675524	03/03/15	05	018	4600	890	912G	000000	100	00	000		112.99
0012	Shipping/handling		0151530	0002	178313675524	03/03/15	05	018	4600	890	912G	000000	100	00	000		11.10
Check total:																\$491.94	
(Multi-bank check)																	
Check: 096706 Type: W Date: 03/31/15 Vendor: TURNEY AUTO PARTS, INC.																Vendor#: 200287 Stat/Date:	Bank: 1
0001	1/1/2015-6/30/2015 Misc P		0151108	0001	0552855	11/14/14	05	001	2840	581	0000	000000	705	00	078		14.90
0002	1/1/2015-6/30/2015 Misc P		0151108	0001	0563360	02/10/15	05	001	2840	581	0000	000000	705	00	078		38.67
0003	1/1/2015-6/30/2015 Misc P		0151108	0001	0567213	03/23/15	05	001	2840	581	0000	000000	705	00	078		7.28
0004	1/1/2015-6/30/2015 Misc P		0151108	0001	0567477	03/25/15	05	001	2840	581	0000	000000	705	00	078		207.80
0005	Misc Maint items - belts,		0151318	0001	0567307	03/24/15	05	001	2740	573	0000	000000	700	00	078		20.50
0006	Misc Maint items - belts,		0151318	0001	0567681	03/26/15	05	001	2740	573	0000	000000	700	00	078		24.03
Check total:																\$313.18	
Check: 096707 Type: W Date: 03/31/15 Vendor: UNIVERSAL OIL, INC																Vendor#: 210114 Stat/Date:	Bank: 1
0001	1/1/2015-6/30/2015 Misc D		0151121	0001	10244878	03/05/15	05	001	2821	582	0000	000000	705	00	078		2,134.64
0002	1/1/2015-6/30/2015 Misc D		0151121	0001	10245196	03/12/15	05	001	2821	582	0000	000000	705	00	078		1,529.51
0003	1/1/2015-6/30/2015 Misc D		0151121	0001	10245520	03/19/15	05	001	2821	582	0000	000000	705	00	078		2,012.79
Check total:																\$5,676.94	
Check: 096708 Type: W Date: 03/31/15 Vendor: XPEDX																Vendor#: 200130 Stat/Date:	Bank:

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 37  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT	
0001	8 1/2 X 11 COPY PAPER VEN		0151581	0001	6005328977	03/12/15	05	001	1110	511	9412	000000	200	00	002		1,120.00	
																	Check total:	\$1,120.00
	Check: 096709 Type: W Date: 03/31/15 Vendor: ACCO BRANDS USA LLC Vendor#: 070248 Stat/Date: Bank: 1																	
0001	1.5 KIX 500Laminating Fil		0151521	0001	2379622	03/04/15	05	018	4600	890	922G	000000	200	00	000		210.00	
																	Check total:	\$210.00
	Check: 096710 Type: W Date: 03/31/15 Vendor: CDW GOVERNMENT, INC. Vendor#: 020237 Stat/Date: Bank: 1																	
0001	#3031685 Sepctrum Cloud 3		0151561	0001	TD12434	03/13/15	05	001	2211	511	0000	000000	600	00	000		4,350.00	
																	Check total:	\$4,350.00
	Check: 096711 Type: W Date: 03/31/15 Vendor: GRAYBAR ELECTRIC CO.,INC Vendor#: 070449 Stat/Date: Bank: 1																	
0001	Lighting: Bulbs, ballasts		0151314	0001	977770322	03/12/15	05	001	2720	572	0000	000000	703	00	078		112.86	
																	Check total:	\$112.86
	Check: 096712 Type: W Date: 03/31/15 Vendor: LEARNING A-Z Vendor#: 120126 Stat/Date: Bank:																	
0001	MS 1 year subscription to		0151549	0001	1433661	03/04/15	05	516	1231	511	9015	000000	813	00	013		99.95	
																	Check total:	\$99.95
	Check: 096713 Type: W Date: 03/31/15 Vendor: MICHAEL RUGGIERO Vendor#: 130265 Stat/Date: Bank:																	
0001	Software - Wrest.		0151502	0001	0151502	02/08/15	05	300	4510	590	926A	000000	600	00	000		76.95	
																	Check total:	\$76.95
	Check: 096714 Type: W Date: 03/31/15 Vendor: N2Y Vendor#: 832231 Stat/Date: Bank:																	
0001	On line learning system N		0151554	0001	S167001	03/11/15	05	516	1231	511	9015	000000	813	00	013		598.00	
																	Check total:	\$598.00
	Check: 096715 Type: W Date: 03/31/15 Vendor: RELIABLE OFFICE SUPPLY Vendor#: 180213 Stat/Date: Bank: 1																	
0001	Paper clips - friction -		0151467	0001	FZV97300	03/05/15	05	001	2211	512	0000	000000	822	00	022		5.49	
0002	Perforated Pads - Legal -		0151467	0002	FZV97300	03/05/15	05	001	2211	512	0000	000000	822	00	022		16.98	
0003	Manila File Folders (Lett		0151467	0003	FZV97300	03/05/15	05	001	2211	512	0000	000000	822	00	022		10.00	
0004	Uni-ball Retractable Gel		0151467	0004	FZV97300	03/05/15	05	001	2211	512	0000	000000	822	00	022		26.87	
0005	Hi-liters - Assorted		0151467	0005	FZV97300	03/05/15	05	001	2211	512	0000	000000	822	00	022		8.95	
0006	Shipping/handling (10%)		0151467	0006	FZV97300	03/05/15	05	001	2211	512	0000	000000	822	00	022		1.48	
																	Check total:	\$69.77
	Check: 096716 Type: W Date: 03/31/15 Vendor: SUZANNE WASHKO Vendor#: 190560 Stat/Date: Bank:																	
0001	Purchase of 40 math compa		0151401	0001	151401.	03/31/15	05	001	1130	511	9412	000000	600	00	006		47.54	
																	Check total:	\$47.54
	Check: 096717 Type: W Date: 03/31/15 Vendor: TRANSPORTATION ACCESSORIES CO. Vendor#: 200240 Stat/Date: Bank: 1																	

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 38  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0001	1/1/2015-6/30/2015 Misc B		0151104	0001	0433289	03/06/15	05	001	2840	581	0000	000000	705	00	078		179.98
0002	1/1/2015-6/30/2015 Misc B		0151104	0001	0433678	03/12/15	05	001	2840	581	0000	000000	705	00	078		133.22
Check total:																	\$313.20

Check: 096718 Type: W Date: 03/31/15 Vendor: AT&T Vendor#: 150101 Stat/Date: Bank: 1

0001	Internet service in modul		0150419	0001	2166633512-03	03/07/15	05	401	3260	511	9515	000000	000	00	000		40.00
0002	AT&T PHONE SERVICE FOR JP		0150436	0001	2166633512-03	03/07/15	05	401	3260	441	9515	000000	000	00	000		36.06
0003	AT&T PHONE SERVICE FOR (5		0151583	0001	2163320740-03	03/22/15	05	001	2910	441	0000	000000	000	00	007		94.87
0004	AT&T PHONE SERVICE FOR (5		0151583	0001	2164758101-03	03/10/15	05	001	2910	441	0000	000000	000	00	007		1,429.00
0005	AT&T PHONE SERVICE FOR (5		0151583	0001	2166622873-03	03/19/15	05	001	2910	441	0000	000000	000	00	007		94.68
0006	AT&T PHONE SERVICE FOR (5		0151583	0001	2166625866-03	03/19/15	05	001	2910	441	0000	000000	000	00	007		41.40
0007	AT&T PHONE SERVICE FOR (5		0151583	0001	2166633776-03	03/07/15	05	001	2910	441	0000	000000	000	00	007		40.31
0008	AT&T PHONE SERVICE FOR (5		0151583	0001	216R931878-03	03/25/15	05	001	2910	441	0000	000000	000	00	007		3,388.68
Check total:																	\$5,165.00

(Multi-bank check)

Check: 096719 Type: W Date: 03/31/15 Vendor: PSI Vendor#: 160275 Stat/Date: Bank: 1

0001	Registered Nurse, Medical		0150218	0001	0080264.	03/10/15	05	001	2130	413	0000	000000	811	00	011		10,215.22
0002	Title I Tutoring Services		0150572	0002	0081150.	03/10/15	05	572	3260	411	9015	000000	000	00	000		2,706.00
0003	Title I Tutoring Services		0150572	0003	0081151.	03/10/15	05	572	3260	411	9015	000000	000	00	000		738.00
0004	Payment of contracted ser		0150770	0002	0080570.	03/10/15	05	401	3260	411	9515	000000	000	00	000		7,230.50
0005	Payment of contracted ser		0150770	0002	0080573.	03/10/15	05	401	3260	411	9515	000000	000	00	000		2,576.00
0006	Health Aide,Nurse,Speech,		0150774	0002	0080268.	03/10/15	05	401	3260	411	9615	000000	412	00	000		11,333.09
0007	Health Aide,Nurse,Speech,		0150774	0002	0080419.	03/10/15	05	401	3260	411	9615	000000	412	00	000		3,396.20
Check total:																	\$38,195.01

(Multi-bank check)

Check: 096720 Type: W Date: 03/31/15 Vendor: TREASURER, STATE OF OHIO Vendor#: 150199 Stat/Date: Bank: 1

0001	food for High/WmFoster/El		0150398	0002	15 029076	12/23/14	05	006	3120	560	0000	000000	600	00	000		73.17
0002	food for Middle/MapleLeaf		0150398	0001	15 029078	12/23/14	05	006	3120	560	0000	000000	500	00	000		55.89
0003	food for High/WmFoster/El		0150398	0002	15 030087	02/13/15	05	006	3120	560	0000	000000	600	00	000		567.94
0004	food for High/WmFoster/El		0150398	0002	15 030088	02/13/15	05	006	3120	560	0000	000000	600	00	000		871.03
0005	food for Middle/MapleLeaf		0150398	0001	15 030090	02/13/15	05	006	3120	560	0000	000000	500	00	000		572.78
0006	food for Middle/MapleLeaf		0150398	0001	15 030091	02/13/15	05	006	3120	560	0000	000000	500	00	000		474.22
0007	food for Middle/MapleLeaf		0150398	0001	15 030917	03/05/15	05	006	3120	560	0000	000000	500	00	000		223.70
0008	food for Middle/MapleLeaf		0150398	0001	15 030918	03/05/15	05	006	3120	560	0000	000000	500	00	000		129.28
0009	food for High/WmFoster/El		0150398	0002	15 030921	03/05/15	05	006	3120	560	0000	000000	600	00	000		653.86
0010	food for High/WmFoster/El		0150398	0002	15 030922	03/05/15	05	006	3120	560	0000	000000	600	00	000		419.55
Check total:																	\$4,041.42

Check: 096721 Type: W Date: 03/31/15 Vendor: CHARTER ONE Vendor#: 830608 Stat/Date: Bank: 1

0001	AASA 2015 National Confer		0150634	0001	0150634.	02/11/15	05	001	2411	432	0000	000000	831	00	024		1,417.84
0002	Misc. supplies for meetin		0151315	0001	0151315.	02/11/15	05	516	1231	511	9015	000000	813	00	013		37.36
0003	Hotels for etech Conferen		0151371	0001	0151371	02/19/15	05	001	2211	411	0000	000000	815	00	015		1,038.00
0004	AUTO HISTORY USA - NEW VA		0151412	0001	0151412.	02/16/15	05	001	2840	581	0000	000000	705	00	078		18.95
0005	Fees for parking at Memor		0151455	0001	0151455	02/13/15	05	001	2500	432	0000	000000	852	00	025		13.00
0006	Registration for payroll		0151464	0001	0151464	02/11/15	05	001	2500	432	0000	000000	852	00	025		120.00

Date: 04/09/2015  
 Time: 8:31 am

GARFIELD HTS. BOARD OF EDUC.  
 SORT BY ISSUE DATE  
 CHECK DATES BETWEEN 03/01/2015 AND 03/31/2015  
 WARRANT CHECKS

Page: 39  
 (CHEKPY)

SEQ	DESCRIPTION	TRAN NUMBER	P.O. NUMBER	IT NO	INVOICE NUMBER	TRAN DATE	TI	FND	FUNC	OBJ	SCC	SUBJ	OU	IL	JOB	ITEM	AMOUNT
0007	Rental of van for Music		0151477	0001	0151477	02/12/15	05	001	2821	425	0000	000000	705	00	078		315.04
0008	Rental of van for Music		0151488	0001	0151488	03/04/15	05	001	2821	425	0000	000000	705	00	078		490.28
0009	Reimbursment for food, pa		0151518	0001	0151518	02/16/15	05	001	2211	411	0000	000000	815	00	015		304.20
0010	Music rental of truck		0151537	0001	0151537	02/25/15	05	001	2821	425	0000	000000	705	00	078		620.96
0011	Monthly renewal for Const		0151546	0001	0151546	03/04/15	05	001	2211	516	0000	000000	815	00	015		50.00
0012	Enterprise Rental car for		0151589	0001	0151589	03/10/15	05	001	2821	425	0000	000000	705	00	078		170.57
0013	Lunch for bus and mainten		0151607	0001	0151607	03/05/15	05	001	2310	439	0000	000000	900	00	007		58.79
Check total:																\$4,654.99	

(Multi-bank check)

Check: 096722 Type: W Date: 03/31/15 Vendor: LOWE'S CREDIT SERVICES Vendor#: 120271 Stat/Date: Bank: 1

0001	Misc supplies		0150168	0001	0094470	03/06/15	05	001	2720	572	0000	000000	703	00	078		179.92
0002	Misc supplies		0150168	0001	0943373	03/19/15	05	001	2720	572	0000	000000	703	00	078		203.86
0003	Misc supplies		0150168	0001	0944477	03/18/15	05	001	2720	572	0000	000000	703	00	078		187.37
0004	Misc supplies		0151336	0001	0944132	03/04/15	05	001	2720	572	0000	000000	703	00	078		242.05
Check total:																\$813.20	

Check: 096723 Type: W Date: 03/31/15 Vendor: PSI Vendor#: 160275 Stat/Date: Bank:

0001	1 diagnostic nurse to wor		0150528	0001	0080328.	03/10/15	05	401	3260	411	9015	000000	410	00	000		242.27
0002	1 health aide to work 133		0150528	0002	0080328.	03/10/15	05	401	3260	411	9015	000000	410	00	000		1,669.88
0003	same as above		0150852	0002	0080328.	03/10/15	05	516	3260	411	9015	000000	410	00	000		2,194.63
Check total:																\$4,106.78	

(Multi-bank check)

V VOIDED CHECKS	5	CHECK TOTALS	167,899.41
R RECONCILED CHECKS	193	CHECK TOTALS	921,823.74
<hr/>			
W WARRANT CHECKS	304	CHECK TOTALS	1,526,333.64
M MEMO CHECKS	0	CHECK TOTALS	0.00
B REFUND CHECKS	0	CHECK TOTALS	0.00
I INVESTMENT CHECKS	0	CHECK TOTALS	0.00
T TRANSFER CHECKS	0	CHECK TOTALS	0.00
D DISTRIBUTION CHECKS	0	CHECK TOTALS	0.00
C PAYROLL CHECKS	0	CHECK TOTALS	0.00
MISSING CHECKS	0		
** TOTAL CHECKS (LESS VOIDED)	299	** TOTAL NET	1,358,434.23
*** TOTAL CHECKS WRITTEN	304	*** GRAND TOTALS	1,526,333.64

## **SCHEDULE OF INVESTMENTS**

## Schedule of Investments

MARCH 2015

FINANCIAL INSTITUTION	INVESTMENT TYPE	COST	MARKET VALUE	YIELD RATE	MATURITY DATE
Charter One	Public Super NOW	\$ 3,555.61	\$ 3,555.61	0.00	N/A
Charter One	Municipal Money Market	\$ 43,624.15	\$ 43,624.15	0.00	N/A
Independence Bank	Certificate of Deposit	\$ 1,000,000.00	\$ 1,000,000.00	0.25	15-May-15
Independence Bank	Certificate of Deposit	\$ 100,000.00	\$ 100,000.00	0.25	27-Apr-15
First Merit	Money Mkt Sweep	\$ 89,672.88	\$ 89,672.88	0.00	N/A
PNC Bank	Business Perf Money Market	\$ 6,435,964.71	\$ 6,435,964.71	0.01	N/A
PNC Bank	Escrow Account	\$ 113,192.30	\$ 113,192.30	0.00	N/A
Red Tree Investment	Money Mkt Fund	\$ 109,300.27	\$ 109,300.27	0.01	N/A
Red Tree Investment	Agency Note	\$ 59,902.20	\$ 60,000.72	0.33	09-Jul-15
Red Tree Investment	Agency Note	\$ 149,204.85	\$ 150,266.40	0.71	30-Mar-16
Red Tree Investment	Agency Note	\$ 79,965.60	\$ 80,101.52	0.52	13-May-16
Red Tree Investment	Agency Note	\$ 64,894.61	\$ 64,964.18	0.46	24-Jun-16
Red Tree Investment	Agency Note	\$ 115,000.00	\$ 115,222.52	1.02	30-Apr-18
Red Tree Investment	Agency Note	\$ 105,000.00	\$ 105,076.23	0.70	21-Nov-16
Red Tree Investment	Agency Note	\$ 115,000.00	\$ 114,494.57	0.63	25-Nov-16
Red Tree Investment	Agency Note	\$ 75,000.00	\$ 75,076.50	0.80	27-Feb-17
Red Tree Investment	Agency Note	\$ 139,545.00	\$ 140,434.42	1.11	29-Sep-17
Red Tree Investment	Agency Note	\$ 64,619.43	\$ 65,081.18	1.06	28-Aug-17
Red Tree Investment	Agency Note	\$ 104,424.18	\$ 105,129.99	1.06	26-Oct-17
Red Tree Investment	Agency Note	\$ 90,000.00	\$ 90,062.91	1.12	03-Nov-17
Red Tree Investment	Agency Note	\$ 69,930.00	\$ 69,495.65	1.02	30-Apr-18
Red Tree Investment	Agency Discount Note	\$ -	\$ -	0.00	
Red Tree Investment	Accrued Interest	\$ -	\$ 2,013.31	0.10	23-Feb-05
STAROhio	State Pool	\$ 9,702.29	\$ 9,702.29	0.06	N/A
<b>Total Investment Amount</b>		<b>\$ 9,137,498.08</b>	<b>\$ 9,142,432.31</b>		

	Cost Totals by Type	Market Value Totals by Type	Percentage of Portfolio
Money Mkt/NOW/Checking	\$ 246,152.91	\$ 246,152.91	2.69%
Certificate of Deposits	1,100,000.00	1,100,000.00	12.04%
Escrow Account	113,192.30	113,192.30	1.24%
U. S. Treasury Note	-	-	0.00%
Agency Notes*	1,232,485.87	1,235,406.79	13.49%
Business Perf Money Market	6,435,964.71	6,435,964.71	70.43%
Agency Discount Note	-	-	0.00%
Commercial Paper	-	-	0.00%
Accrued Interest	-	2,013.31	
State Pool	9,702.29	9,702.29	0.11%
	<b>\$ 9,137,498.08</b>	<b>\$ 9,142,432.31</b>	<b>100.00%</b>

1. Agency Notes consist of Federal Home Loan Bank and Mtg Assoc.



**SM2**

DATE: 04/09/2015  
 TIME: 08:35:56

FORM SM-2  
 OHIO DEPARTMENT OF EDUCATION - OFFICE OF SCHOOL MANAGEMENT ASSISTANCE  
 ANNUAL SPENDING PLAN (CURRENT OPERATION - GENERAL FUND ONLY - O.R.C. 5705.391)

PAGE: 1

SCHOOL DISTRICT: GARFIELD HTS. BOARD OF EDUC.      IRN # 044040      COUNTY: CUYAHOGA      FISCAL YEAR: 2015      MONTH: 03  
 MARCH 2015

	MONTHLY ESTIMATE	MONTHLY ACTUAL	MONTHLY DIFFERENCE	FISCAL YTD ESTIMATE	FISCAL YTD ACTUAL	FISCAL YTD DIFFERENCE
REVENUES						
01.010 General Property (Real Estate)	0	0	0	13,560,000	13,818,441	258,441
01.020 Tangible Personal Property Tax	0	0	0	340,000	340,724	724
01.030 Income Tax	0	0	0	0	0	0
01.035 Unrestricted Grants-in-Aid	1,534,000	1,628,692	94,692	13,835,000	14,190,908	355,908
01.040 Restricted Grants-in-Aid	105,000	170,494	65,494	940,000	1,193,561	253,561
01.045 Restricted Grants-in-Aid - SFSF	0	0	0	0	0	0
01.050 Property Tax Allocation	0	0	0	1,495,000	1,494,130	870-
01.060 All Other Operating Revenue	60,000	120,595	60,595	370,500	458,389	87,889
01.070 Total Revenue	1,699,000	1,919,781	220,781	30,540,500	31,496,153	955,653
OTHER FINANCING SOURCES						
02.010 Proceeds from Sale of Notes	0	0	0	0	0	0
02.020 State Emergency Loans & Advancements (Approved)	0	0	0	0	0	0
02.040 Operating Transfers-In	0	0	0	0	0	0
02.050 Advances-In	0	0	0	238,300	226,800	11,500-
02.060 All Other Financing Sources	0	0	0	0	284	284
02.070 Total Other Financing Sources	0	0	0	238,300	227,084	11,216-
02.080 Total Revenues and Other Financing Sources	1,699,000	1,919,781	220,781	30,778,800	31,723,237	944,437
EXPENDITURES						
03.010 Personal Services	1,700,000	1,714,388	14,388	16,030,000	16,073,590	43,590
03.020 Employees' Retirement/Insurance Benefits	680,000	1,047,789	367,789	5,660,000	5,776,153	116,153
03.030 Purchased Services	650,000	792,144	142,144	4,675,000	4,864,925	189,925
03.040 Supplies and Materials	100,000	65,690	34,310-	1,115,000	874,363	240,637-
03.050 Capital Outlay	0	110,000	110,000	290,000	489,479	199,479
03.060 Intergovernmental	0	0	0	0	0	0
04.010 Debt Service: All Principal (Historical)	0	0	0	0	0	0
04.020 Debt Service: Principal - Notes	0	0	0	0	0	0
04.030 Debt Service: Principal - State Loans	0	0	0	0	0	0
04.040 Debt Service: Principal - State Advancements	0	0	0	0	0	0
04.050 Debt Service: Principal - HB 264 Loans	0	0	0	0	0	0
04.055 Debt Service: Principal - Other	149,300	149,300	0	282,820	282,814	6-
04.060 Debt Service: Interest and Fiscal Charges	0	0	0	0	0	0
04.300 Other Objects	10,000	6,266	3,734-	376,000	363,920	12,080-
04.500 Total Expenditures	3,289,300	3,885,577	596,277	28,428,820	28,725,244	296,424
OTHER FINANCING USES						
05.010 Operating Transfers - Out	0	0	0	0	0	0
05.020 Advances - Out	0	0	0	0	0	0
05.030 All Other Financing Uses	0	0	0	0	0	0
05.040 Total Other Financing Uses	0	0	0	0	0	0
05.050 Total Expenditure and Other Financing Uses	3,289,300	3,885,577	596,277	28,428,820	28,725,244	296,424
06.010 Excess Rev & Oth Financing Sources over(under) Exp &	1,590,300-	1,965,796-	375,496-	2,349,980	2,997,993	648,013
07.010 Beginning Cash Balance	5,996,290	7,019,799	1,023,509	2,056,010	2,056,010	0
07.020 Ending Cash Balance	4,405,990	5,054,003	648,013	4,405,990	5,054,003	648,013
08.010 Outstanding Encumbrances	0	1,469,930	1,469,930	0	1,469,930	1,469,930

**TRANSFERS / ADVANCES/RETURNS OF ADVANCE**

**None**



**FISCAL DEPARTMENT**

April 10, 2016

Good Morning,

Attached please find the Tax Rate Resolution for your school district. Please have it approved by your board and returned to our office by Friday, May 22, 2015.

We are currently working on Schedule A's and Amended Certificates. Thank you for your patience and consideration during this transition period.

Cuyahoga County Budget Commission  
Fiscal Department  
2079 East Ninth Street  
Cleveland, OH 44115  
216.443.7110

RESOLUTION ACCEPTING THE AMOUNTS AND RATES AS DETERMINED BY THE BUDGET COMMISSION AND AUTHORIZING THE NECESSARY TAX LEVIES AND CERTIFYING THEM TO THE COUNTY FISCAL OFFICER

(BOARD OF EDUCATION) Revised Code, Secs. 5705.34-5705.35

The Board of Education of the Garfield Heights School District, Cuyahoga County, Ohio,

met in session on the day of , 2015 (Regular Or Special)

at the office of with the following members present:

[Blank lines for member names]

Mr./Mrs. moved the adoption of the following Resolution:

WHEREAS, This Board of Education in accordance with the provisions of law has previously adopted a Tax Budget for the next succeeding fiscal year commencing January 1st, 2016 ; and

WHEREAS, The Budget Commission of Cuyahoga County, Ohio, has certified its action thereon to this Board together with an estimate by the County Fiscal Officer of the rate of each tax necessary to be levied by this Board, and what part thereof is without, and what part within, the ten mill tax limitation; therefore, be it

RESOLVED, By the Board of Education of the Garfield Heights School District, Cuyahoga County, Ohio, that the amounts and rates, as determined

by the Budget Commission in its certification, be and the same are hereby accepted; and be it further

RESOLVED, That there be and is hereby levied on the tax duplicate of said School District the rate of each tax necessary to be levied within and without the ten mill limitation as follows:

**SCHEDULE A  
SUMMARY OF AMOUNTS REQUIRED FROM GENERAL PROPERTY TAX APPROVED BY BUDGET  
COMMISSION AND COUNTY FISCAL OFFICER'S ESTIMATED TAX RATES**

FUND	Amount to Be Derived from Levies Outside 10 M. Limitation	Amount Approved by Budget Commission Inside 10 M. Limitation	County Fiscal Officer's Estimate of Tax Rate to be Levied	
			Inside 10 M. Limit	Outside 10 M. Limit
	Column II	Column IV	V	VI
Sinking Fund			0.00	0.00
Bond Retirement Fund			0.00	14.00
General Fund			4.86	52.60
Library Fund				
For <b>Permanent</b> improvement				1.50
State				
<b>TOTAL</b>	\$0	\$0	4.86	68.10

LEVIES OUTSIDE 10 MILL LIMITATION, EXCLUSIVE OF DEBT LEVIES

FUND	Maximum Rate Authorized to Be Levied	Co.Fiscal Officer's Est.of Yield of Levy (Carry to Schedule A, Column II)
<b>GENERAL FUND:</b>		
Current Expense Levy authorized by voters on _____ for not to exceed _____ years.	,20	
Current Expense Levy authorized by voters on _____ for not to exceed _____ years.	,20	
Fund: Levy authorized by voters on _____ for not to exceed _____ years.	,20	
Fund: Levy authorized by voters on _____ for not to exceed _____ years.	,20	
Fund: Levy authorized by voters on _____ for not to exceed _____ years.		
Fund: Levy authorized by voters on _____ for not to exceed _____ years.	,20	
Fund: Levy authorized by voters on _____ for not to exceed _____ years.	,20	
Fund: Levy authorized by voters on _____ for not to exceed _____ years.	,20	

and be it further

RESOLVED, That the Clerk of this Board be and he is hereby directed to certify a copy of this Resolution to the County Fiscal Officer of said County.

Mr./Mrs. \_\_\_\_\_ seconded the Resolution and the roll being called

upon its adoption the vote resulted as follows:

Mr./Mrs. \_\_\_\_\_

Mr./Mrs. \_\_\_\_\_

Mr./Mrs. \_\_\_\_\_

Adopted the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Clerk of the Board of Education of the

Garfield Heights School District,

Cuyahoga County, Ohio.



**CERTIFICATE OF COPY**  
ORIGINAL ON FILE

Exhibit "B"

The State of Ohio, Cuyahoga County, ss.

I, \_\_\_\_\_, Clerk of the Board of Education  
of the Garfield Heights School District, in said County, and in whose custody the Files  
and Records of said Board are required by the Laws of the State of Ohio to be kept, do hereby  
certify that the foregoing is taken and copied from the original \_\_\_\_\_

\_\_\_\_\_

now on file with said Board, that the foregoing has been compared by me with said original document,  
and that the same is a true and correct copy thereof.

WITNESS my signature, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Clerk of the Board of Education of the  
Garfield Heights School District,  
Cuyahoga County, Ohio.

No. \_\_\_\_\_

\_\_\_\_\_  
BOARD OF EDUCATION

GARFIELD HEIGHTS SCHOOL DISTRICT  
Cuyahoga County, Ohio.

\_\_\_\_\_  
RESOLUTION  
ACCEPTING THE AMOUNTS AND RATES  
AS DETERMINED BY THE BUDGET  
COMMISSION AND AUTHORIZING THE  
NECESSARY TAX LEVIES AND CERTIFYING  
THEM TO THE COUNTY FISCAL OFFICER

( Board of Education )

\_\_\_\_\_  
Adopted \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Clerk.

\_\_\_\_\_  
Filed \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
County Fiscal Officer

By \_\_\_\_\_  
Deputy.

***Employee Leaves***

<b><i>Last</i></b>	<b><i>First</i></b>	<b><i>Bldg</i></b>	<b><i>Type</i></b>	<b><i>Date Out</i></b>	<b><i>Date Back</i></b>	<b><i># of Days</i></b>	<b><i>Notes</i></b>
Barrett	Gary	MS	Administrative LOA	3/16/2015	TBD		Administrative LOA
Bolton	Rena	CO	Unpaid LOA	6/4,5,8/15	6/9/2015	3	Unpaid LOA
Chaney	Debra	EW	Medical LOA	2/28/2015	3/16/2015	10	Medical LOA
Corradi	William	Garage	Unpaid LOA	4/6/2015	4/13/2015	5	Unpaid LOA
Dangerfield	Gene	ML	Medical LOA	5/8/2015	7/6/2015	49	Medical LOA (FMLA)
DiFranco	Lauren	WF/EW	Maternity LOA	est. 5/27/15	6/5/2015	8	Maternity LOA
DiFranco	Lauren	WF/EW	Unpaid LOA	8/17/2015	5/31/2016	185	Unpaid Year-Long LOA
Fogle	Arlene	WF	Unpaid Medical LOA	3/25/2015	8/17/2015	45	Unpaid Medical LOA
Milosevic	Michelle	HS	Medical LOA	4/2/2015	8/17/2015	40	Medical LOA (FMLA)
Nash	Patricia	MS	Unpaid LOA	3/25/2015	3/30/2015	3	Unpaid LOA
Pordash	Debbie	HS	Medical LOA	3/2/2015	3/16/2015	9	Medical LOA for family member
Reichard	Alyssa	EW	Maternity LOA	est. 4/30/15	8/17/2015	25	Maternity LOA
Sherick	April	HS	Maternity LOA	8/22/2015	11/16/2015	30 paid	Maternity LOA (FMLA)
Sherick	April	HS	Maternity LOA			30 unpaid	Maternity LOA (FMLA)
Skerl	Lisa	MS	Administrative LOA	3/25/2015	3/30/2015	3	Administrative LOA (Assault Leave)
Zocchi	Kristen	WF	Unpaid LOA	3/9/2015	3/16/2015	4	Unpaid LOA

Limited Contracts 2015-2016

<b>Last</b>	<b>First</b>	<b>Bldg.</b>
Bandiera	Katie	HS
Banning	Abby	WF
Barnes	Katherine	EW
Bartlett	Laura	WF
Bauman	Rebecca	WF
Bensie	Melissa	WF
Brown	Christina	EW
Burke	Andrew	HS
Burrows	Sarah	ML
Capretta	David	MS
Carey	Reiko	MS
Clendenning	Tiffany	HS
Cohn	Stacey	MS
Cohn	Timothy	EW
Davila	Allison	EW
Dietrich	Ashlee	HS
DiPadova	Christina	HS
DiRienzo	Laura	ML
Duhanich	Timothy	MS
Dziak	Matthew	LC
El-Amin	Janine	MS
Emery	Tessa	ML
Eppley	Christopher	EW
Ferguson	Bridget	MS
Fortney	Anne	HS
Foster	Kathleen	WF
Francis	Melissa	HS
Freilino	Michael	LC
Garrett	Emily	HS
Geiser	Peter	HS
Giehler	Lillian	HS
Glazer	Paul	MS
Gray	Jowell	MS
Hasenohrl	George	HS
Herberger	Kelcie	HS
Hughes	Erin	WF
Johnson	April	ML
Jun	Elizabeth	ML
Keefe	Leah	MS
Kneisel	Keith	MS
Kossman	April	MS
Kovach	Kyle	HS
Krasnicki	Kimberly	ML
Krzeminski	Miranda	WF
Kusnerik	Robert	ML
Lea	Candice	WF
Leone	Brittany	MS
Lupica	James	ML
Maher	Shannon	EW

Limited Contracts 2015-2016

Major	Thomas	HS
Mather	Stacey	EW
Mazzolini	Karyn	HS
McDermott	Patrick	MS
Merda	Paul	HS
Munsell	Lisa	HS
Nelson	Layla	MS
Ogorek	Dana	EW
O'Malley	Lana	MS
Ostrowski	Megan	LC
Palmer	Kayla	EW
Papesh	Jeffrey	HS
Pernod	Stephen	HS
Petit	Joseph	MS
Petsche	Bryan	MS
Petzke	Katherine	WF
Pope	Devlin	HS
Puchmeyer	Linda	MS
Ramos	Nicole	MS
Rauschkolb	Kelly	HS
Reed	Daniel	LC
Reeves	Margaret	ML
Reid	Brian	LC
Reisland	Lance	HS
Rezac	Jenna	MS
Richardson	Kristen	MS
Schuman	Ryan	MS
Seneczko	Auburn	LC
Sheber	Heather	ML
Sherick	April	HS
Skocdopole	Katie	LC
Spooner	Anthony	MS
Spooner	Holly	MS
Steward	Amanda	WF
Swope	Benjamin	HS
Throckmorton	Jeffrey	WF
Townsend	John	LC
Turk	Kelly	ML
Ullemeyer	Stephen	MS
Walden	Amanda	WF
Washko	Jennifer	HS
Woloszynek	Debra	EW
Wooley	Christopher	MS
Young	Melissa	ML
Zappola	Mark	ML

## EVALUATION OF PROFESSIONAL STAFF (Ohio Teacher Evaluation System)

A determination of the efficiency and effectiveness of the teaching staff is a critical factor in the overall operation of the District. The Board evaluates teachers in accordance with State law and the standards-based statewide teacher evaluation framework adopted by the State Board of Education (SBOE).

The Board directs the Superintendent/designee to implement this policy in accordance with State law. The requirements of this policy prevail over any conflicting provisions of collective bargaining agreements entered into on or after September 24, 2012.

Notwithstanding Ohio Revised Code Section (RC) 3319.09, this policy applies to any person employed under a teacher license issued under RC 3319, or under a professional or permanent teacher's certificate issued under former RC 3319.222, and who spends at least 50% of the time employed providing content-related student instruction. This teacher evaluation policy does not apply to substitute teachers or instructors of adult education.

### Credentialed Evaluators

Evaluations carried out under this policy are conducted by persons holding evaluator credentials established by the Ohio Department of Education (ODE). Evaluators must complete state-sponsored evaluation training and pass the online credentialing assessment. The Board adopts a list of approved credentialed evaluators chosen from ODE's list.

### Effectiveness Rating

Teachers are assigned an effectiveness rating of Accomplished, Skilled, Developing or Ineffective. This rating will be determined based on 50% teacher performance and 50% student growth measures. Student growth will be determined through multiple measures.

Annually, the Board submits to the ODE the number of teachers assigned an effectiveness rating, aggregated by the teacher preparation programs from which, and the years in which, the teachers graduated. The name of, or any personally identifiable information about, any teacher reported in compliance with this provision cannot be required.

### Teacher Performance Calculation

Teachers are evaluated via two formal observations and periodic classroom walk-throughs. The teacher performance measure is based on the Ohio Standards for the Teaching Profession.

The Superintendent/designee selects/develops evaluation tools to calculate teacher performance. The Board directs the Superintendent/designee to develop procedures for these evaluation tools.

### Student Growth Calculation

For the purpose of this policy, student growth means the change in student achievement for an individual student between two or more points in time. Student growth is evaluated by a combination of: (1) Value-added data or an alternative student academic progress measure if adopted under RC 3302.03(C)(1)(e); (2) ODE-approved assessments and/or (3) Board-determined measures. When available, value-added data or an alternative student academic progress measure if adopted under RC 3302.03(C)(1)(e) shall be included in the multiple measures used to evaluate student growth in proportion to the part of the teacher's schedule of courses or subjects for which the value-added progress dimension is applicable.

Until June 30, 2014, if a teacher's schedule is comprised only of courses or subjects for which value-added data is applicable, the majority of the student academic growth factor of the evaluation shall be based on the value-added progress dimension. On or after July 1, 2014, the entire student academic growth factor of the evaluation for such teachers shall be based on the value-added progress dimension.

Students with 45 or more excused or unexcused absences during the full academic year will not be included in the calculation of student academic growth. Data from Board-determined multiple measures will be converted to a score of: ~~(1) Above, (2) Expected or (3) Below~~ **(1) Least Effective, (2) Approaching Average, (3) Average, (4) Above Average or (5) Most Effective**, student growth levels.

### Professional Growth and Improvement Plans

Teachers ~~meeting with a most effective above-expected levels of rating~~ **meeting with a most effective** for student growth must develop professional growth plans and choose their credentialed evaluators from the Board-approved evaluator list.

Teachers ~~meeting expected levels of~~ **with average and above average ratings** for student growth must develop professional growth plans collaboratively with their credentialed evaluators from the Board-approved evaluator list.

Teachers ~~meeting below expected levels of~~ **with approaching average and least effective ratings** for student growth must develop an improvement plan with their credentialed evaluators. The Superintendent/designee assigns credentialed evaluators to teachers ~~meeting below expected~~ **with approaching average or least effective levels of student growth ratings.**

### Evaluation Time Line

District administrators evaluate teachers annually. Annual evaluations include two formal observations at least 30 minutes each and periodic classroom walk-throughs. Teachers, who are on limited or extended limited contracts pursuant to State law and under consideration for nonrenewal, receive at least three formal observations during the evaluation cycle.

All teacher evaluations are completed by May 1. Teachers evaluated under this policy are provided with a written copy of their evaluation results by May 10.

The Board evaluates teachers receiving effectiveness ratings of Accomplished on those teachers' most recent evaluations carried out under this policy, and whose student growth measures are at least average or higher every three years. Such evaluations are completed by May 1 of the evaluation year. Teachers evaluated on this basis are provided a written copy of their evaluation results by May 10 of the evaluation year. In years when an evaluation will not take place, one observation is carried out and at least one conference with the teacher is held.

The Board evaluates teachers receiving effectiveness ratings of Skilled on those teachers' most recent evaluations carried out under this policy, and whose student growth measures are at least average or higher every two years. Biennial evaluations conducted under this policy are completed by May 1 of the evaluation year. Teachers evaluated on a biennial basis are provided a written copy of their evaluation results by May 10 of the evaluation year. In years when an evaluation will not take place, one observation is carried out and at least one conference with the teacher is held.

### Testing for Ineffective Teachers in Core Subjects

Beginning with the 2015-2016 school year, teachers of core subject areas, as defined by State law, who have received a rating of Ineffective for two of the three most recent school years must register for and take all written examinations of content knowledge selected by ODE.

**Retention and Promotion**

The Board uses evaluation results for retention and promotion decisions. The Board adopts procedures for use by District administrators in making retention and promotion decisions based on evaluation results.

Seniority shall not be the basis for making retention decisions, except when choosing between teachers who have comparable evaluations.

**Poorly Performing Teachers**

The Board uses evaluation results for removing poorly performing teachers. The Board adopts procedures for removing poorly performing teachers based on evaluation results.

**Professional Development**

The Board allocates financial resources to support professional development in compliance with State law and the SBOE's evaluation framework.

[Adoption date:]

LEGAL REFS.: ORC 3319.11; 3319.111; 3319.112; 3319.114; 3319.16; 3319.58  
Chapter 4117  
OAC 3301-35-05

CROSS REFS.: AF, Commitment to Accomplishment  
GBL, Personnel Records  
GCB, Professional Staff Contracts and Compensation Plans

CONTRACT REF.: Teachers' Negotiated Agreement



**EVALUATION OF PROFESSIONAL STAFF  
(Administrators Both Professional and Support)**

The Superintendent institutes and maintains a comprehensive program for the evaluation of administrative personnel. Administrative personnel are all persons issued contracts in accordance with the Ohio Revised Code. Evaluations should assist administrators in developing their professional abilities in order to increase the effectiveness of District management.

The purpose of administrator evaluations is to assess the performance of administrators, to provide information upon which to base employment and personnel decisions and to comply with State law. All administrators are evaluated annually. In the year an administrator's contract does not expire, the evaluation is completed by the end of the contract year, and a copy is given to the administrator.

In the year an administrator's contract does expire, two evaluations are completed, one preliminary and one final. The preliminary evaluation is conducted at least 60 days prior to June 1 and prior to any Board action on the employee's contract. A written copy of the preliminary evaluation is given to the administrator at this time. Evaluations are considered by the Board in determining whether to re-employ administrators.

The final evaluation includes the Superintendent's intended recommendation for the contract of the employee. A written copy of the final evaluation must be provided to the employee at least five days prior to the Board's action to renew or nonrenew the employee's contract. The employee may request a meeting with the Board prior to any Board action on his/her contract. The employee may have a representative of his/her choice at the meeting.

The evaluation measures the administrator's effectiveness in performing the duties included in his/her written job description and the specific objectives and plans developed in consultation with the Superintendent.

Evaluation criteria for each position are in written form and are made available to the administrator. The results of the evaluations are kept in personnel records maintained in the central office. The evaluated administrator has the right to attach a memorandum to the written evaluation. Evaluation documents, as well as information relating thereto, are accessible to each evaluatee and/or his/her representative.

This evaluation procedure does not create an expectancy of continued employment. Nothing contained herein prevents the Board from making any final determination regarding the renewal or nonrenewal of an administrator's contract.

### Ohio Principal Evaluation System (OPES)

Procedures for evaluating principals and assistant principals are based on principles comparable to the Ohio Teacher Evaluation System, but are tailored to the duties and responsibilities of principals and assistant principals and the environment in which they work. Principals and assistant principals are evaluated under the above system, with the inclusion of the following components.

Principals and assistant principals are assigned an effectiveness rating of Accomplished, Skilled, Developing or Ineffective. This rating will be determined based on 50% measures of principal or assistant principal performance and 50% student growth measures. Student academic growth is determined through multiple measures.

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**The principal's performance rating is combined with the results of student growth measures to produce a summative evaluation rating according to ODE requirements.**

The Superintendent/designee evaluates all principals and assistant principals annually. Annual evaluations include two formal observations at least 30 minutes each and periodic building walk-throughs.

The Board allocates financial resources to support professional development in compliance with State law and the State Board of Education's evaluation framework.

[Adoption date:]

LEGAL REFS.: ORC 3319.02; 3319.03; 3319.04; 3319.111; 3319.16; 3319.17; 3319.171;  
3319.22  
OAC 3301-35-05

CROSS REFS.: AF, Commitment to Accomplishment  
GBL, Personnel Records

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OAC 3301-35-05

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[Adoption date:]

LEGAL REFS.: ORC 3319.02; 3319.03; 3319.04; 3319.111; 3319.16; 3319.17; 3319.171;  
3319.22  
OAC 3301-35-05

CROSS REFS.: AF, Commitment to Accomplishment  
GBL, Personnel Records



## HEALTH EDUCATION

The Board is committed to a sound, comprehensive health education program as an integral part of each student's general education. At a minimum, the health education program meets the requirements established by State law and includes instruction in nutrition; drugs, alcohol and tobacco; venereal disease; personal safety and assault prevention (grades K-6); ~~and~~ dating violence prevention (grades 7-12) **and prescription opioid abuse prevention.**

The Board believes that the greatest opportunity for effective health education lies with the public schools because of the opportunity to reach almost all students at an age when positive, lifelong health, wellness and safety habits may be instilled.

The health education program emphasizes a contemporary approach to the presentation of health, wellness and safety information, skills and knowledge necessary for students to understand the functioning and proper care of the human body and tools for recognizing the characteristics of healthy relationships and the warning signs of dating violence.

In an effort to promote a relevant approach to the instruction of health education, the Board continues to stress the need for curricular, personnel and financial commitments to ensure a health education program of high quality in the public schools.

[Adoption date:]

LEGAL REFS.: ORC 3313.60; 3313.666  
3319.073  
OAC 3301-35-04; 3301-35-06

CROSS REFS.: EB, Safety Program  
EBC, Emergency Management and Safety Plans  
EFG, Student Wellness Program  
IGAF, Physical Education  
IGAG, Drugs, Alcohol and Tobacco Education  
IGAH, Family Life Education  
IGAI, Sex Education  
JFC, Student Conduct (Zero Tolerance)  
JFCF, Hazing and Bullying (Harassment, Intimidation and Dating Violence)  
JHF, Student Safety  
JHG, Reporting Child Abuse



## REMEDIAL INSTRUCTION (Intervention Services)

The educational program is designed and operated to be developmentally appropriate and avoid the necessity for intervention services. In those cases in which students have clearly not demonstrated satisfactory progress toward attaining the academic standards for their grade level, efforts are made to remedy the condition and attain the learning results sought.

The Board directs the Superintendent/designee to ensure that classroom teachers of students in kindergarten through third grades **annually** assess and identify ~~by September 30 of each school year~~ the reading skills of each student who is reading below grade level. The parent or guardian is notified of each student whose reading skills are below grade level and intervention services are provided to the student.

Students who are reading below grade level are provided intensive reading instruction immediately following the identification of a reading deficiency.

The District involves the student's parent(s) and classroom teacher in developing the intervention strategy and offers to the parent(s) the opportunity to be involved in the intervention.

Intervention services are also offered to students who:

1. score below the proficient level on a fourth, fifth, sixth, seventh or eighth grade achievement test and
2. are not demonstrating academic performance at their grade level based on the results of a diagnostic assessment.

Any student who scores at or below the proficient level on an Ohio Graduation Test must receive intervention services.

Certain specified students who are offered intervention services either after-hours or in summer classes are truant if they do not attend the intervention programs.

The Superintendent/designee is directed to maintain remedial instructional programs or intervention services that assist all students in meeting and maintaining minimum levels of student proficiency in communication and computation skills. These programs include procedures to evaluate student achievement related to the remedial program objectives and standards. Ongoing communication between teaching staff members and parents of students participating in remedial educational programs is coordinated by the Superintendent and the administrative staff.

File: IGBE

The Superintendent is directed to evaluate the remedial education programs and report to the Board each school year as to their effectiveness in maintaining minimum levels of student proficiency.

[Adoption date:]

LEGAL REFS.: ORC 3301.07; 3301.0710; 3301.0711(D); 3301.0712; 3301.0715  
3313.608; 3313.609; 3313.6010; 3313.6012, 3314.03  
OAC 3301-35-04; 3301-35-06

CROSS REFS.: IGBEA, Reading Skills Assessments and Intervention (Third Grade Reading  
Guarantee)  
IKE, Promotion and Retention of Students

**READING SKILLS ASSESSMENTS AND INTERVENTION  
(Third Grade Reading Guarantee)**

The Board believes in the importance of the development of English language skills. As a result the Board promotes the importance of reading skills through English diagnostic assessments and reading intervention services in order to provide a meaningful tool to identify and assist students in achieving proficiency in English language arts.

The District annually evaluates the English reading skills of each K-3 student, ~~by September 30~~ and identifies students who are reading below their grade level. The District uses the reading diagnostic assessment that is appropriate for the grade level and is adopted under State law or is a comparable tool approved by the Ohio Department of Education. The student's classroom teachers are involved in the assessment and identification of students reading below grade level.

The District provides written notification to the parents or guardian of students who are reading below their grade level. Intensive reading instruction is provided to students immediately after they are identified as having a reading deficiency. The District develops a reading improvement and monitoring plan within 60 days of receiving the student's diagnostic results.

For students who have been retained at the end of third grade, the District provides intense remediation services that include intensive interventions that address the student's specific areas of deficiency. Further, the District provides each retained student with a teacher who meets set criteria and offers the option for such students to receive applicable services from one or more providers other than the District.

Students who have been retained and who have demonstrated proficiency in a specific academic field as defined by State law are provided with instruction that is commensurate to their achievement level.

The Board designates the Superintendent/designee to establish a District policy for the midyear promotion of students who were retained but who now are reading at or above their grade level.

[Adoption date:]

LEGAL REFS.: ORC 3301.07; 3301.0710; 3301.0711(D); 3301.0715; 3301.079; 3301.163  
3313.608; 3313.609; 3313.6010; 3313.6012; 3324.01  
OAC 3301-35-04; 3301-35-06

File: IGBEA

**CROSS REFS.: IGBE, Remedial Instruction (Intervention Services)  
IGBI, Limited English Proficiency  
IKE, Promotion and Retention of Students**

**READING SKILLS ASSESSMENTS AND INTERVENTION  
(Third Grade Reading Guarantee)**

The District is required annually to assess the reading skills of each K-3 student, except those students with significant cognitive disabilities or other disabilities as authorized by the Ohio Department of Education (ODE) on a case-by-case basis, ~~by September 30~~. The District uses the diagnostic assessment to measure reading ability either approved under State law or a comparable tool that has been approved by ODE.

If the diagnostic assessment shows that a student is not reading at grade level, the District provides written notification to the parents or guardian that includes:

1. notice that the school has identified a substantial reading deficiency in their child;
2. a description of current services provided to the student;
3. a description of proposed supplemental instruction services and supports;
4. notice that the diagnostic assessment for third grade reading is not the sole determinant of promotion and that additional evaluations and assessments are available and
5. notice that the student will be retained unless the student falls under an exemption or attains the appropriate level of reading competency by the end of third grade.

For a student not reading at grade level, the District provides intensive reading instruction services and regular diagnostic assessments immediately following the identification of a reading deficiency until the development of the reading improvement and monitoring plan referenced below. These intervention services must:

1. include research-based reading strategies that have been shown to be successful in improving the reading skills of low-performing readers and
2. be targeted at the student's identified reading deficiencies.

For each student receiving required reading intervention, the District develops a reading improvement and monitoring plan. This plan is developed within 60 days of receiving the student's results on the diagnostic assessment. The plan includes all of the following:

1. identification of the student's specific reading deficiencies;
2. a description of additional instructional services that target the student's identified reading deficiencies;

3. opportunities for the student's parents or guardians to be involved in the instructional services;
4. a process to monitor the implementation of the student's instructional services;
5. a reading curriculum during regular school hours that assists students to read at grade level, provides for scientifically based and reliable assessments, and provides ongoing analysis of each student's reading progress and
6. a statement that if the student does not attain at least the equivalent level of achievement under Ohio Revised Code Section 3301.0710 by the end of third grade, the student will be retained.

For a student with a reading improvement and monitoring plan entering the third grade for the first time on or after July 1, 2013, the District provides a teacher who has at least one year of teaching experience and who satisfies one or more of the following criteria:

1. holds a reading endorsement on the teacher's license and has attained a passing score on the corresponding assessment for that endorsement, as applicable;
2. has completed a master's degree program with a major in reading;
3. was rated "most effective" for reading instruction consecutively for the most recent two years based on assessments of student growth measures developed by a vendor and that is on the list of student assessments approved by the State Board of Education (SBOE);
4. was rated "above expected value-added," in reading instruction, as determined by ODE for the most recent consecutive two years;
5. has earned a passing score on a rigorous test of principles of scientifically research-based reading instruction as approved by the SBOE or
6. holds an educator license for teaching grades pre-kindergarten through third or grades four through nine issued on or after July 1, 2017.

For a student with a reading improvement and monitoring plan entering the third grade for the first time on or after July 1, 2013, the District may provide a teacher who:

1. has less than one year of teaching experience provided that the teacher meets one or more of the criteria listed above and is assigned to a mentor teacher who has at least one year of teaching experience and meets one or more of the criteria above or



2. holds an alternative credential approved by ODE or who has successfully completed training that is based on principles of scientifically research-based reading instruction that has been approved by the department. Beginning July 1, 2014, the alternate credentials shall be aligned with the reading competencies adopted by the SBOE.

For a student with a reading improvement and monitoring plan entering the third grade for the first time on or after July 1, 2013, the District may provide:

1. reading intervention or remediation services under this section from an individual employed as a speech-language pathologist who holds a license issued by the Board of speech-language pathology and audiology and a professional pupil services license as a school speech-language pathologist issued by the SBOE and/or
2. a teacher, other than the student's teacher of record, to provide any services required under this section, so long as that other teacher meets the assigned teacher criteria above and the teacher of record and the school principal agree to the assignment. This assignment is documented in the student's reading improvement and monitoring plan.

For any student who is an English language learner and who has been in the U.S. for three years or less or for a student who has an individualized educational plan, a teacher may teach reading if the teacher holds an alternative credential approved by ODE or who has successfully completed training that is based on principles of scientifically research-based reading instruction that has been approved by ODE. Beginning July 1, 2014, the alternate credentials shall be aligned with the reading competencies adopted by the SBOE.

The District has specific responsibilities for a student who has been retained at the end of third grade. The District must:

1. Establish a District policy for the midyear promotion of a student who is reading at or above grade level that provides that a student who participates in remediation services and who demonstrates the required reading proficiency prior to the start of fourth grade will be promoted to that grade.
2. Provide intensive remediation that addresses the student's areas of deficiencies. This must include, but not be limited to, not less than 90 minutes of daily reading. In addition, the remediation may include any of the following:
  - A. small group instruction
  - B. reduced teacher-student ratios
  - C. more frequent progress monitoring
  - D. tutoring or mentoring
  - E. transition classes containing third and fourth grade students
  - F. extended school day, week or year
  - G. summer reading camps

3. Provide a teacher who satisfies one or more of the criteria set forth above.
4. Offer the student the option to receive applicable services from one or more providers other than the District. These providers will be screened and approved by the District or by ODE.
5. Provide instruction that is commensurate to the achievement level for a retained student who has a demonstrated proficiency in a specific academic field as defined by State law.

Districts required to submit staffing plans do so in accordance with State law.

(Approval date:)

## CAREER ADVISING

The Board views career advising as helping students understand themselves relative to their abilities, aptitudes, interests, attitudes, strengths and limitations. This process is meant to assist students in the development of their potential and their decisions relating to educational and career matters.

This policy is reviewed biennially and made available to students, parents, guardians/custodians, local postsecondary institutions and residents of the District. This policy is posted in a prominent location on the District website.

The District will do all of the following.

1. Provide students with grade-level examples linking schoolwork to one or more career field(s) through use of the State Board adopted career connections.
2. Create a plan to provide career advising to students in grades six through 12.
3. Provide additional interventions and career advising for students who are identified as at risk of dropping out of school using both research- and locally-based methods developed with input from classroom teachers and guidance counselors.
4. Train employees on advising students on career pathways, including the use of online tools.
5. Develop multiple, clear academic pathways students can use to earn a high school diploma.
6. Identify and publicize courses in which students can earn both traditional academic and career-technical credit.
7. Document career advising provided to each student.
8. Prepare students for their transition from high school to their postsecondary destinations.

Student success plans (SSP) are developed for students identified as at risk of dropping out of school. A SSP identifies the student's chosen academic pathway to graduation and the role of career-technical and competency based education and experiential learning, as appropriate in that chosen pathway. The student's parents, guardians or custodians are invited to assist in the development of the SSP. A copy of the SSP, a statement regarding the importance of a high school diploma and the academic pathways available to the student for successful graduation is provided to parents, guardians or custodians who do not participate in development of the student's SSP. Following SSP development, the District provides career advising aligned with the student's individual plan and the District's plan for career advising.

File: IJA

[Adoption date:]

LEGAL REF.: ORC 3313.6020

CROSS REFS.: AFI, Evaluation of Educational Resources  
IJ, Guidance Program  
IL, Testing Programs  
JK, Employment of Students

## SCHOOL ADMISSION

The District provides free education to District residents between the ages of five through 21 who do not possess a diploma. Students who do not legally qualify as residents may be required to pay tuition as established by law and Board policy.

A student is considered a resident of the District if he/she resides with a parent, a grandparent with either power of attorney or caretaker authorization affidavit or a person or government agency with legal custody whose place of residence is within the boundaries of the District. Parents, and grandparents with either power of attorney or caretaker authorization affidavit, may be required to present legal proofs of residence.

New entrants at all grade levels are required to present at the time of enrollment a birth certificate or other document as evidence of birth, a certified copy of any child custody order or decree, proof of having received or being in the process of receiving required immunizations and copies of those records pertaining to him/her, which are maintained by the school most recently attended. **A protected child, as defined by State law, may not be denied admission to the school solely because the child does not present a birth certificate or comparable document upon registration. A protected child or parent, guardian or custodian of the child must present this documentation within 90 days after the child's initial entry into the school.**

In addition, students released from the Department of Youth Services (DYS), just prior to requesting admission to the District, may not be admitted until the Superintendent has received all required documents provided by DHS. Forwarded documents are:

1. an updated copy of the student's transcript;
2. a report of the student's behavior in school while in DHS custody;
3. the student's current Individualized Education Program, if developed, and
4. a summary of the institutional record of the student's behavior.

DYS has 14 days to send the documents to the Superintendent.

[Adoption date:]

LEGAL REFS.: ORC 2151.33;  
2152.18(D)(4)  
3109.52 through 3109.61; 3109.65 through 3109.76;  
3109.78; 3109.79; 3109.80  
3313.48; 3313.64; 3313.67; 3313.671; 3313.672  
3317.08  
3321.01  
OAC 3301-35-04(F)

CROSS REFS.: AFI, Evaluation of Educational Resources  
IGBA, Programs for Students with Disabilities  
JECB, Admission of Nonresident Students  
JEE, Student Attendance Accounting (Missing and Absent Children)  
JHCA, Physical Examinations of Students  
JHCB, Immunizations  
JO, Student Records

**STUDENT ATTENDANCE ACCOUNTING**  
(Missing and Absent Children)

The Board believes in the importance of trying to decrease the number of missing children; therefore, efforts are made to identify missing children and to notify the proper adults or agencies.

**Except where required by State law,** At the time of initial entry into school, a student shall present to the person in charge of admission an official copy of a birth certificate and copies of those records pertaining to him/her that were maintained by the school that he/she most recently attended. In lieu of a birth certificate, birth documentation may include:

1. a passport or attested transcript thereof filed with a registrar of passports at a point of entry of the United States showing the date and place of birth of the child;
2. an attested transcript of the certificate of birth;
3. an attested transcript of the certificate of baptism or other religious record showing the date and place of birth of the child;
4. an attested transcript of a hospital record showing the date and place of birth of the child or
5. a birth affidavit.

**Except where required by State law,** If the student does not present copies of the required documents, the principal shall call the school from which the student transferred and request the information. If that district has no record on file of the student or if that district does not send the records within 14 days, the principal shall notify the law enforcement agency having jurisdiction in the area where the student resides of the possibility that the student might be a missing child.

The primary responsibility for supervision of a student resides with his/her parent(s). The staff provides as much assistance as is reasonable to parents with this responsibility.

Parents must notify the school on the day a student is absent unless previous notification has been given in accordance with school procedure for excused absences. The principal or his/her designee is also required to notify a student's parent(s) when the student is absent from school. The parent(s) or other responsible person shall be notified by telephone or written notice, which is mailed on the same day that the student is absent. Parents or other responsible persons shall provide the school with their current home and/or work telephone numbers, home addresses and any emergency telephone numbers.

The Board designates the Superintendent to develop informational programs for students, parents and community members relative to the subject of missing children.

[Adoption date:]

LEGAL REFS.: ORC 109.65  
2901.30  
3313.205; 3313.672; 3313.96  
3319.321; 3319.322  
3321.12  
3705.05

CROSS REFS.: JEC, School Admission  
JECAA, Admission of Homeless Students  
JED, Student Absences and Excuses  
JEDB, Student Dismissal Precautions  
JHF, Student Safety



**POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS  
(Restraint and Seclusion)**

**Positive Behavioral Interventions and Supports (PBIS)**

The District implements PBIS on a systemwide basis. The Board directs the Superintendent/designee to develop a PBIS system that is consistent with the components set forth in the State Board of Education's (SBOE) policy on positive behavior interventions and supports. The District encourages family involvement as an integral part of its PBIS system.

**Prohibited Practices**

The District does not engage in practices prohibited by State law, including:

1. prone restraint;
2. any form of physical restraint that involves the intentional, knowing or reckless use of any technique that:
  - A. involves the use of pinning down a student by placing knees to the torso, head or neck of the student;
  - B. uses pressure point, pain compliance or joint manipulation techniques or
  - C. otherwise involves techniques that are used to unnecessarily cause pain.
3. corporal punishment;
4. child endangerment, as defined by Ohio Revised Code Section (RC) 2919.22;
5. deprivation of basic needs;
6. seclusion and restraint of preschool children in violation of Ohio Administrative Code Section (OAC) 3301-37-10;
7. chemical restraint;
8. mechanical restraint (that does not include devices used by trained school personnel, or by a student, for the specific and approved therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed);

9. aversive behavioral interventions or
10. seclusion in a locked room or area.

### Restraint

Physical restraint may not be used as a form of punishment or discipline, or as a substitute for other less restrictive means of assisting a student in regaining control. The use of prone restraint is prohibited. This policy does not prohibit the use of reasonable force and restraint as provided by RC 3319.41.

Restraint may be used only:

1. if a student's behavior poses an immediate risk of physical harm to the student or others and no other safe or effective intervention is available;
2. if the physical restraint does not interfere with the student's ability to breathe;
3. if the physical restraint does not interfere with the student's ability to communicate in the student's primary language or mode of communication and
4. by school personnel trained in safe restraint techniques, except in the case of rare and unavoidable emergency situations when trained personnel are not immediately available.

### Seclusion

Seclusion may not be used as a form of punishment or discipline, for staff convenience or as a substitute for other less restrictive means of assisting a student in regaining control.

Seclusion may be used only:

1. if a student's behavior poses an immediate risk of physical harm to the student or others and no other safe or effective intervention is available;
2. for the minimum amount of time necessary to protect the student and others from physical harm;
3. in a room or area that is not locked, does not preclude the student from exiting the area should the staff member become incapacitated or leave, and that provides adequate space, lighting, ventilation and the ability to observe the student and

4. under the constant supervision of trained staff able to detect indications of physical or mental distress that require removal and/or immediate medical assistance, and who document their observations of the student.

#### Repeated Dangerous Behaviors

The District conducts functional behavioral assessments for students who repeatedly engage in dangerous behavior that leads to instances of restraint and/or seclusion to identify students' needs and more effective ways of addressing those needs. Behavioral intervention plans that incorporate appropriate positive behavioral interventions are created when necessary.

#### Training and Professional Development

The District trains an appropriate number of personnel in each building in crisis management and de-escalation techniques. The District maintains written or electronic documentation of provided training and lists of participants in each training session.

All student personnel, as defined by OAC 3301-35-15, are trained annually on the SBOE's and the District's policies and procedures regarding restraint and seclusion.

The Board directs the Superintendent/designee to develop a plan for any necessary training of student personnel to implement PBIS on a systemwide basis.

#### Data and Reporting

Each incident of seclusion or restraint is immediately reported to the building administrator and the student's parent. Each incident of seclusion or restraint is documented in a written report, which is made available to the student's parent within 24 hours. The District maintains written reports of seclusion or restraint. These reports are educational records under the Family Education Rights and Privacy Act.

The District annually reports information concerning the use of restraint and seclusion to the Ohio Department of Education (ODE), as requested by ODE.

#### Monitoring and Complaint Processes

The Board directs the Superintendent/designee to establish a procedure to monitor the implementation of State law and the District's policy on restraint and seclusion.

The Board directs the Superintendent/designee to establish District complaint procedures, which include a:

1. procedure for parents to present complaints to the Superintendent to initiate a complaint investigation by the District regarding incidents of restraint or seclusion and
2. requirement that the District respond to parents in writing within 30 days of the filing of a complaint regarding restraint and seclusion.

Parents are notified annually of the District's seclusion and restraint policies and procedures, which are also posted on the District's website.

[Adoption date:]

LEGAL REF.: ORC 2919.22  
3319.46  
3326.11  
3328.24  
OAC 3301-35-15  
3301-37-10

CROSS REFS.: IGBA, Programs for Students with Disabilities  
JF, Student Rights and Responsibilities  
JGA, Corporal Punishment  
JH, Student Welfare  
JHF, Student Safety

**COMMUNITY USE OF SCHOOL FACILITIES PREMISES  
(Equal Access)**

Although the basic purpose of public school **facilities premises** is to provide the youth of the community a sound educational program, the complete function of education is not achieved until the school **facilities premises** are made to serve the entire community. To accomplish this objective, when school **facilities premises** are not in use for school purposes, the Board shall, upon payment of the prescribed fee and subject to the requirements of applicable regulations, permit the use of school **facilities premises** for auxiliary, educational, recreational, cultural, civic, social, religious or other Board-approved purposes.

The District may rent or lease **facilities premises** to a public or nonpublic university for use for evening and summer classes.

Any school within the District receiving Title I funding must offer the same **facilities premises** access to Boy Scouts as to other organizations.

[Adoption date:]

LEGAL REFS.: The Elementary and Secondary Education Act; 20 USC 1221 et seq.  
Title VIII, Section 801  
ORC 3311.215  
3313.75; 3313.76; 3313.77; 3313.78; 3313.79  
4303.26

CROSS REFS.: KGB, Public Conduct on District Property  
KI, Public Solicitations in the Schools



## iDentiphoto Support and/or Support and Service Maintenance Agreements Terms and Conditions

**Terms:** This agreement becomes effective upon acceptance by the iDentiphoto Company Service Manager. It continues in effect for both parties and can be renewed on a yearly basis at the end of the contract. Annual rates are subject to change only at time of renewal. Renewal rates to be based on contract rates at time of renewal. Agreements expire in one (1) year from date of purchase unless otherwise specified.

This contract only applies to equipment and/or software having a valid serial number and to customers that use only approved media and supplies.

**Renewals.** Support and/or Service contract(s) can be renewed on an annual basis. Each additional one (1) year of support and/or service must be purchased before the existing support expires.

In the event that parts or components required to repair or maintain covered product are no longer available, iDentiphoto may terminate coverage for all or part of the specified product and will issue the Customer a prorated credit for the unused portion of the term charge.

**Description of Covered Services:** See other side for covered services available.

For covered card printers, if it is determined that it cannot be repaired within three (3) days, a loaner (at no charge) replacement printer will be supplied until the repair is completed. iDentiphoto will pay for shipping one way – UPS ground. Rental units are also available.

Printers will be evaluated immediately upon receipt. All covered repairs receive a 90-day warranty.

**Hours of Service:** Unless otherwise noted, service will be provided Monday through Friday, 9:00 a.m. to 5:00 p.m. EST, excluding holidays observed by iDentiphoto (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Thanksgiving Friday, and Christmas Day).

**Description of Uncovered Services:** This agreement does not cover printheads, printer cases, repairs and replacements required by abuse or misuse caused by Customer's negligence, improper packaging, shipping damage, accident, fire, water, unauthorized handling, vandalism, use of materials detrimental to proper operation of the machine, natural occurrence or terrorism, unauthorized alternations, failure to follow instructions provided in the machine manual, customer's computers and/or networks, or repairs made necessary by service performed by personnel other than those of iDentiphoto, use of supplies not designed specifically for use in the printer.

System set-up and training is not considered support and not covered under the support agreements. Additional fees may apply.

**Pricing:** Prices for depot maintenance services are set forth on the front of this Agreement. Additional charges may be incurred for on-site calls. Maintenance prices may not be increased during the initial contract period. Service pricing may increase by ten percent (10%) per year thereafter.

**Payment.** Customer shall pay all invoices within thirty (30) days of the date of invoice. Customer shall pay all municipal, state or federal

taxes levied or based on charges payable under this Agreement. In the event that Customer does not make timely payment of amounts due hereunder, iDentiphoto may terminate this Agreement upon ten (10) days advance written notice and iDentiphoto shall be entitled to recover its expenses (including reasonable attorney's fees) incurred in conjunction with any collection actions.

**Overtime Charges and Travel.** All overtime charges and travel expenses of iDentiphoto personnel not included in the contracted maintenance services will be charged to the Customer at the rates in iDentiphoto's maintenance price list in effect at the time of occurrence.

**Parts/Component Replacement.** iDentiphoto reserves the right at its option to replace or repair any printer part or component which fails to perform its function under normal use and are necessary to machine servicing and maintenance adjustments, not including consumables, such as cards, ribbons, cleaning cartridges.

**Warranty.** iDentiphoto warrants that all services provided hereunder shall be performed in a neat, workmanlike manner and shall comply with industry standards and practices. In the event that any iDentiphoto services do not meet these warranty specifications, iDentiphoto shall correct such defective services at its expense. EXCEPT AS SET FORTH HEREIN, IDENTIPHOTO MAKES NO WARRANTIES EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

**Limitations of Liability.** In no event shall iDentiphoto be liable for special, incidental, consequential or punitive damages of any nature resulting from malfunction of the unit(s), or any parts of them (except only to the extent and during the period set forth in this contract), or from any delays in service, however caused.

**Force Majeure.** Neither party shall be liable to the other hereunder for failure to perform if such failure is due to acts of God, strikes, labor disputes, failure of suppliers, wars, or judicial action affecting the terms of performance of this Agreement.

**Cancellation Clause.** This contract may be cancelled at any time with 30 days notice. Penalties will apply; the amount of the penalty will be dependent on the period remaining on the contract.

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I have read and understand the contract and understand the responsibility of both iDentiphoto Company and myself.

Purchase Order: \_\_\_\_\_

\_\_\_\_\_  
Customer Company Name

\_\_\_\_\_  
Responsible Signature

iDentiphoto Company, Ltd.

\_\_\_\_\_  
Service Manager

\_\_\_\_\_  
Date



**RESOLUTION 2015-08**

**A RESOLUTION AUTHORIZING THE EXECUTION OF A MASTER LEASE PURCHASE AGREEMENT BETWEEN FIRSTMERIT EQUIPMENT FINANCE, INC., AS LESSOR, AND THE BOARD, AS LESSEE, FOR THE PURPOSE OF OBTAINING TWO SCHOOL BUSES AND ONE MAINTENANCE TRUCK FOR SCHOOL PURPOSES THROUGH LEASE-PURCHASE, AND RELATED MATTERS.**

WHEREAS, Ohio Revised Code Section 3313.172 provides that the board of education of a school district may obtain motor vehicles for school district purposes through lease-purchase; and

WHEREAS, this Board has determined to obtain two school buses and one maintenance truck for School District purposes pursuant to a Master Lease Purchase Agreement and related Equipment Schedule No. 1 (together with any and all addenda, exhibits and attachments thereto, the "Lease"), between FirstMerit Equipment Finance, Inc., as lessor ("Lessor"), and the Board, as lessee, a copy of which Lease has been presented to this Board; and

WHEREAS, the obligations of the Board under the Lease will be subject to annual appropriations by this Board;

NOW, THEREFORE, BE IT RESOLVED by the Board of Education of the Garfield City School District, County of Cuyahoga, State of Ohio, that:

Section 1. It is hereby declared necessary and advantageous to the School District for the Board to enter into the Lease with Lessor for the purpose of obtaining two school buses and one maintenance truck for School District purposes.

Section 2. The Lease in the form that has been presented to this Board is hereby approved, together with any changes therein that are not substantially adverse to the School District and that are approved by the Treasurer on behalf of the School District, all of which shall be conclusively evidenced by the signing of the Lease. The Treasurer of the Board is hereby authorized to negotiate the terms for and to sign and deliver, in the name of and on behalf of the School District, the Lease. The Treasurer is hereby authorized and directed to do all things necessary and consistent with this Resolution to consummate the execution of the Lease provided for herein, and the President or Vice President and Treasurer of the Board are authorized to sign and deliver in the name of the Board and on behalf of the School District, the Lease, substantially in the form presented to this Board, provided that the principal component of the payments due under the Lease shall not exceed \$380,000, the rate at which the interest components of those payments shall accrue at an annual rate not in excess of 3.10% and the final term of the Lease shall end not later than five years from the commencement date of the Lease, and the principal components of the Rental Payments shall be subject to prepayment at the "Termination Amounts" as set forth in the Lease. The approval of such changes, and that such changes are not materially inconsistent with this Resolution and not substantially adverse to the School District, shall be conclusively evidenced by the signing of the Lease by such officer or officers. The President, Vice President and Treasurer of the Board and the Superintendent are each further authorized to sign any certifications, financing statements, escrow agreements and other documents and instruments and to take such other actions as are desirable, advisable, necessary or appropriate to consummate the transactions contemplated by this Resolution and the Lease.

Section 3. The funds necessary to make the Rental Payments due under the Lease during the current fiscal year have been appropriated and shall be used for that purpose. Any moneys received by the School District in consideration for entering into the Lease shall be paid into the proper fund or funds, and those moneys are hereby appropriated and shall be used for the purpose for which the Lease is authorized.



Section 4. This Board covenants that it will use, and will restrict the use and investment of, any proceeds of the Lease ("Lease Proceeds") in such manner and to such extent as may be necessary so that (a) the obligations of the School District under the Lease will not (i) constitute private activity bonds or arbitrage bonds under Section 141 or 148 of the Internal Revenue Code of 1986, as amended, or (ii) be treated other than as bonds to which Section 103(a) of the Code applies, and (b) the interest thereon will not be treated as a preference item under Section 57 of the Code.

This Board further covenants (a) that it will take or cause to be taken such actions which may be required of it for the interest components of the Rental Payments ("Interest") to be and remain excluded from gross income for federal income tax purposes, (b) that it will not take or authorize to be taken any actions which would adversely affect that exclusion, and (c) that it, or persons acting for it, will, among other acts of compliance, (i) apply the Lease Proceeds to the governmental purpose of the Lease, (ii) restrict the yield on investment property acquired with the Lease Proceeds, (iii) make timely and adequate rebate payments to the federal government if required to do so, (iv) maintain books and records and make calculations and reports, and (v) refrain from certain uses of Lease Proceeds and, as applicable, of property financed with such proceeds, all in such manner and to the extent necessary to assure such exclusion of that Interest under the Code.

The Treasurer, as the fiscal officer, is hereby authorized (a) to make or effect any election, selection, designation, choice, consent, approval, or waiver on behalf of the Board with respect to the Lease as the Board is permitted or required to make or give under the federal income tax laws, including, without limitation thereto, any of the elections provided for in Section 148(f)(4)(C) of the Code or available under Section 148 of the Code, for the purpose of assuring, enhancing or protecting favorable tax treatment or status of the Lease or Interest or assisting compliance with requirements for that purpose, reducing the burden or expense of such compliance, reducing the rebate amount or payments of penalties, or making payments of special amounts in lieu of making computations to determine, or paying, excess earnings as rebate, or obviating those amounts or payments, as determined by that officer, which action shall be in writing and signed by the officer, (b) to take any and all other actions, make or obtain calculations, make payments, and make or give reports, covenants and certifications of and on behalf of the Board, as may be appropriate to assure the exclusion of Interest from gross income and the intended tax status of the Lease, (c) to designate the Lease as "qualified tax-exempt obligations" if such designation is applicable and desirable, and (d) to give one or more appropriate certificates of the Board, for inclusion in the transcript of proceedings for the Lease, setting forth the reasonable expectations of the Board regarding the amount and use of all the proceeds of the Lease, the facts, circumstances and estimates on which they are based, and other facts and circumstances relevant to the tax treatment of the Interest and the tax status of the Lease.

Section 5. This Board hereby finds and determines that a true and very real need exists for the Property described in the Lease and that said Property will be used solely for essential governmental functions and not for private business use.

Section 6. It is hereby found and determined that all formal actions of this Board and of any of its committees concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Board, and that all deliberations of this Board and of any of its committees that resulted in those formal actions were held, in meetings open to the public, in compliance with the law.

Section 7. This Resolution shall be in full force and effect from and immediately upon its adoption.



1400 Atwater Drive Malvern, PA 19355

## AppliTrack Customer Agreement

PRPUS249545612547

04/14/2015

P: 610-722-9745 | F: 888-492-0337

### Customer:

Garfield Heights School District  
5640 Briarcliff Dr  
Garfield Hts OH 44125-4158

Contact: Joan Chamberlin  
Title: Assistant Superintendent  
Phone:  
Email:

### Agreement Details:

Pricing Expiration:  
Account Manager: Jeremy Buckley

Initial Term: 2015-2016  
Startup Cost Billing Terms: One-Time, Invoiced after signing  
Subscription Start Date: 0 days after signed date  
Subscription Billing Terms: Annually  
Cancellation Terms: 30 Days Written Notice

### Pricing Overview:

Startup Cost: One-Time cost due at signing	\$0.00
Subscription: Recurring cost	\$3,349.50

Itemized Description	Unit Price	Qty	Total
AppliTrack Recruiting	\$3,349.50	1	\$3,349.50

**Amount Due at Signing (Startup Cost) \$0.00**

BY SIGNING BELOW, CUSTOMER CERTIFIES THAT IT HAS READ AND AGREES WITH THE ADDITIONAL TERMS ATTACHED HERETO AND INCORPORATED HEREIN AND SHALL BE BOUND BY THE SAME. Customer also agrees that the terms and conditions of this Agreement and the Additional Terms are confidential information of Frontline Technologies Group, LLC ("Frontline") and are not to be shared with any third party without the prior written consent of Frontline.

**Customer: Garfield Heights School District**

Name:

Signature:

Title:

Date:

**Frontline Technologies Group, LLC**

Name:

Signature:

Title:

Date:

**Special Instructions and Additional Terms: RENEWAL CONTRACT**



1400 Atwater Drive Malvern, PA 19355

## AppliTrack Customer Agreement

PRPUS249545612547

04/14/2015

P: 610-722-9745 | F: 888-492-0337

### ADDITIONAL TERMS:

- 1 **Subscription.** Customer is purchasing a non-exclusive, non-transferable, non-assignable, terminable subscription ("Subscription") for use of Frontline's recruiting and HR file system (collectively, "AppliTrack") by Customer and those employees Customer registers on AppliTrack as "Designated Employees."
- 2 **Term.** The Subscription shall begin upon the execution of this Agreement and continue through the Initial Term, set forth on the first page of this Agreement. If neither party has given the other at least thirty (30) days written notice of its intent not to renew prior to the end of the Initial Term or any Renewal Term, the Subscription shall automatically renew for the next year (each, a "Renewal Term").
- 3 **Payment.**
  - 1 The Startup Cost set forth on the first page of this Agreement will be invoiced to Customer by Frontline upon execution of this Agreement, but if Customer terminates this Agreement before completion of the implementation process, Frontline will refund the Startup Cost on a pro-rata basis, based on a six (6) week setup schedule. If for any reason Frontline's personnel travel to Customer's facility, Customer shall be responsible for the reasonable costs of transportation, lodging, meals and the like for Frontline's personnel.
  - 2 The Subscription set forth on the first page of this Agreement will be invoice to Customer by Frontline based on the Customer Sign Date plus the number of days stated in the Subscription Start Date. Frontline will render a detailed invoice, showing the Subscription item unit price multiplied by the quantity, as set forth on the first page of this agreement. This will be multiplied by the number of months remaining in Customer's school year, prorating any partial months, to yield the actual annual subscription (the "Actual Annual Subscription"). The quantities of any annual subscription item of this Agreement are merely illustrative and are based on Customer's usage estimates. Should the number of employees change significantly during Startup or during the school year, Frontline will recalculate the Actual Annual Subscription and render an invoice for the difference.
  - 3 Before the start of the school year, Frontline will calculate the Subscription based on the Subscription item unit price, as amended from time to time, to yield the Actual Annual Subscription. Should the number of employees on change significantly during any school year, Frontline will recalculate the Actual Annual Subscription and render an invoice for the difference.
  - 4 Frontline reserves the right to increase any of the fees after the Initial Term, by providing at least thirty (30) days prior written notice of same to Customer.
- 4 **AppliTrack Assistance.** Frontline shall provide Customer with commercially reasonable (a) assistance in the initial installation and setup of AppliTrack, and (b) ongoing telephone assistance regarding the use of AppliTrack during the Initial Term and any Renewal Term during normal EST business hours Monday through Friday, but (i) all telephone assistance rendered by Frontline shall only be to Customer's AppliTrack Administrator; and (ii) Frontline shall not be required to provide "help desk" support for any questions or assistance that is not directly related to AppliTrack.
- 5 **AppliTrack Operation.** Customer acknowledges and agrees that it must properly enter data and information onto AppliTrack in order for AppliTrack to operate properly. Customer shall be responsible to verify the accuracy of any of Customer's data entered on AppliTrack.
- 6 **AppliTrack Administrator.** At all times, Customer must have an employee who has obtained AppliTrack administrator certification training from Frontline and who is certified by Frontline as an AppliTrack administrator ("AppliTrack Administrator"). If the AppliTrack Administrator ceases to serve as such, Customer shall promptly and at its expense have a new employee obtain Frontline AppliTrack administrator certification and be designated as an AppliTrack Administrator.
- 7 **Subscription Restrictions.**
  - 1 Customer shall not assign, transfer, pledge, sub-license or otherwise encumber or dispose of any of Customer's rights or obligations under this Agreement.
  - 2 The Subscription does not extend to any individual or entity not a party to this Agreement, any employees of Customer who are not either the Designated Employees or the AppliTrack Administrator, or any business, school or operation acquired by Customer by merger, consolidation, purchase, operation of law or otherwise, unless Frontline agrees in writing to the extension or assignment of the Subscription. No right is granted for the use or access of AppliTrack by any third party. A transfer of control or ownership of Customer shall be considered a prohibited transfer of Customer's Subscription.
  - 3 Frontline may assign this Agreement to any third party acquiring all or substantially all of Frontline's assets or stock.
  - 4 Information regarding Customer's employees acquired by Frontline shall be confidential. Aggregated data not relating to individual employees of Customer acquired by Frontline in the course of performing this Agreement will be the sole property of Frontline.
- 8 **Integration.** In the event Customer integrates AppliTrack and a third-party product or service, whether with or without Frontline's Assistance, Customer understands and agrees: (a) that Frontline is authorized to provide Customer data to a specified third-party or permit such third party to have access to Customer's data, as required to accomplish the integration services, and (b) Frontline is not responsible for, does not warrant, support, or make any representations regarding (i) third-party products or services, (ii) Customer's data in the possession of third parties, including, without limitation, a third party's storage, use or misuse of Customer data, or (iii) Customer's uninterrupted access to a third party's services due to circumstances outside of the control of Frontline.
- 9 **Limitation of Liability.**
  - 1 **THE MAXIMUM LIABILITY OF FRONTLINE, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, ATTORNEYS, OFFICERS AND DIRECTORS, FOR ALL DAMAGES, CLAIMS OR LOSSES WHATSOEVER, INCLUDING THOSE RELATING TO ANY ERROR, FAILURE, MALFUNCTION, OR DEFECT OF AppliTrack, ANY BREACH OF THIS AGREEMENT AND ANY NEGLIGENCE OR OTHER MALFEASANCE BY FRONTLINE SHALL NOT EXCEED THE AMOUNT OF FEES ACTUALLY PAID BY CUSTOMER TO FRONTLINE DURING THE PAST TWELVE (12) MONTH PERIOD.**
  - 2 Upon termination of this Agreement for any reason, the provisions of this Section shall survive termination and continue in full force and effect.
- 10 **Termination.**
  - 1 Customer may terminate this Agreement at any time, for any reason or no reason, on thirty (30) days prior written notice to Frontline. In the event Customer terminates this Agreement pursuant to this Section, Frontline shall be entitled to retain all monies received from Customer pursuant to this Agreement, to be paid for fees due up to the termination, and shall be relieved of further obligations to Customer. Frontline shall promptly return to Customer any data, confidential information, materials, records and other information furnished to Frontline by Customer. Frontline shall return to Customer, on a pro-rata basis, any fees paid in advance by Customer that were not earned as of the date of termination.
  - 2 Frontline may terminate this Agreement for any breach by Customer.
- 11 **Public Disclosure.** Customer grants to Frontline the right to publicly disclose the fact that Customer is using AppliTrack, for Frontline's advertising and other promotional purposes.
- 12 **Copyright and Trademarks.** All intellectual property pertaining to AppliTrack, including trademarks and copyrights, is and shall remain the sole property of Frontline and its affiliated companies.
- 13 **Entire Agreement.** This Agreement states the entire understanding reached between the parties hereto with respect to the subject matter contained herein and supersedes all prior or contemporaneous agreements, understandings, representations and warranties between the parties, and may not be amended except by written instrument executed by the parties hereto.

Resolution Number: 2015-07  
Policy: IGAD

It is recommended the Board adopt the following Resolution:

**WHEREAS**, the Board is obligated under current legislation to provide career-technical education to students in grades seven and eight;

**WHEREAS**, the Ohio Department of Education recognizes that school districts may not be able to comply with this unfunded mandate;

**WHEREAS**, the law provides that districts may annually request a waiver of the requirement to provide career-technical education to students in grades seven and eight by passing a resolution to that effect;

**THEREFORE, BE IT RESOLVED** that the Board of Education hereby declares that it will not provide career-technical education to the seventh and eighth grade students at Garfield Heights Middle School during the 2015-16 school year.

**Administrative Benefit Schedule July 1, 2014**

This benefit summary reflects all modifications to benefits effective July 1, 2014 for all those on an Administrative contract.

<b><u>Longevity Increment:</u></b>	Begins on completion of 10 – 14 years	\$800.00
	Begins on completion of 15 – 19 years	\$1,000.00
	Begins on completion of 20 – 24 years	\$1,200.00
	Begins on completion of 25 or More Years	\$1,500.00

**Doctorate Stipend:** \$1,500.00

**Reimbursement - College Credit:**

Educational or leadership courses approved by the Superintendent and completed by the administrator with a college transcript, will be eligible for up to \$200.00 reimbursement per course completed, with a maximum of five courses per school year.

**Health Insurance:**

Eligibility: All employees who are scheduled to regularly work more than thirty (30) hours per week shall be eligible for Board paid health insurance, major medical insurance, prescription coverage (5/10 deductible), dental insurance and vision care.

The Board shall contract for and provide health insurance, major medical insurance, prescription coverage, dental insurance, and vision care, family or single, as appropriate, for eligible certified/licenses employees. The Board will offer the following plans and all eligible employees will pay the following monthly contributions:

**SuperMed Plus Plan** (current benefits as of 6/30/14) – see schedule attached.

From 7/1/14 through 9/30/15, the monthly contribution shall equal 7% of the cost of the Board's premium.

From 10/1/15 through 9/30/16, the monthly contribution shall equal 8.5% of the cost of the Board's premium.

From 10/1/16 through 6/30/17, the monthly contribution shall equal 10% of the cost of the Board's premium.

**IDEAL Plan** – see schedule attached.

This plan will be made available to employees on and after 10/1/15.

From 10/1/15 through 9/30/16, the monthly contribution shall equal 8.5% of the cost of the Board's premium.

From 10/1/16 through 6/30/17, the monthly contribution shall equal 10% of the cost of the Board's premium.

**Minimum Value Plan** – see schedule attached.

This plan will be made available to employees on and after 10/1/15.

From 10/1/15 through 6/30/17, there shall be no monthly contribution for employees choosing the minimum value plan.

Those eligible employees who elect not to participate in the District's health insurance program shall be eligible for a lump sum payment of \$2,000 if eligible for the family plan and \$900 if eligible for single coverage. In the event a husband and wife are both employed by the Board and one elects family health care coverage:

- A. The other spouse shall not be entitled to this lump sum payment.
- B. The other spouse shall not be entitled to elect single or family health care coverage unless family coverage is required for one of the other spouse's dependent or any other demonstrated reason mutually agreed upon by the Board and Union.

This monthly contribution shall be payroll-deducted equally over 26 pays.

**Spousal Insurance:**

If an employee's spouse is eligible to participate, as a current employee or retiree in group health insurance and/or prescription drug insurance, sponsored by his/her employer or any public retirement plan, the spouse must enroll in such employer (or public retirement plan) sponsored group insurance coverage(s) OR in lieu of the employer (or public retirement plan) sponsored group insurance coverage(s) may secure his/her own individual health insurance policy.

This requirement does not apply to any spouse who is also employed by the Garfield Heights City Schools. This requirement also does not apply to any spouse who works less than thirty (30) hours per week AND is required to pay more than fifty percent (50%) of the single premium to participate in his/her employer's group health insurance coverage and/or prescription drug insurance coverage. This requirement also does not apply to any spouse who is a retiree under a public retirement plan and enrolled in Medicare coverage. This requirement also does not apply to any spouse if a Health Savings Account ("HSA") is the only option that spouse has for health insurance.

Upon the spouse's enrollment in such employer (or public retirement plan) sponsored group insurance coverage, that coverage will become the primary payor of benefits and the coverage sponsored by the Board of Education will become the secondary payor of benefits. If an employee's spouse enrolls in his/her employer's health insurance, the employee shall not be required to enroll in single coverage offered by the Board of Education, provided the employee is eligible for family coverage.

Any spouse who fails to enroll in any group insurance coverage sponsored by his/her employer or any public retirement plan, as required, shall be ineligible for benefits under such group insurance coverage sponsored by the Board of Education.

Every employee whose spouse participates in the Board of Education's group health insurance coverage and/or prescription drug insurance coverage shall complete and submit to the Board of Education, upon request, a written certification verifying whether his/her spouse is eligible to participate in group health insurance coverage and/or prescription drug insurance coverage sponsored by the spouse's employer or any public retirement plan. If any employee fails to complete and submit the certification form by the required date, such employee's spouse will be removed immediately from all health and prescription drug insurance coverages sponsored by the Board of Education. Additional documentation may be required.



If an employee submits false information or fails to timely advise the Board of Education of his/her spouse's eligibility for employer (or public retirement plan) sponsored group health insurance and/or prescription drug insurance, and such false information or such failure by the employee results in the Board of Education Plan providing benefits to which the employee's spouse is not entitled, the employee will be personally liable to the Board of Education Plan for reimbursement of benefits and expenses, including attorneys' fees and costs, incurred by the Board of Education Plan. Any amount to be reimbursed may be deducted from the benefits to which the employee would otherwise be entitled. In addition, your spouse will be removed immediately from all health and prescription drug insurance coverages sponsored by the Board of Education. Any employee submitting false information will be subject to disciplinary action, up to and including termination of employment.

For employee spouses who are enrolled in their employer's insurance plan or in lieu of enrolling in their employer's plan secured his/her own individual health insurance policy, the Board agrees to reimburse employees up to One Hundred Twenty-Five Dollars (\$125.00) per month of actual documented premium costs paid by the employee's spouse to his/her employer for single and prescription drug medical coverage. Such reimbursement shall be tax-free. Requests for reimbursement with attached documentation demonstrated that such premium contributions were made shall be submitted to the Treasurer's office.

**Sick Leave:**

Sick leave may be accumulated at the rate of fifteen (15) days per year to a maximum of 260 days.

**Severance Pay:**

To be eligible for severance pay, the administrator must have at least five (5) years' service with the Garfield Heights City Schools. Severance pay is granted only to those administrators who reach retirement age while actively employed by the Board, and have been granted retirement by the State Teachers Retirement System.

Employee will be paid for one-half (1/2) of their sick leave balance at the time of retirement up to a maximum of one-half (1/2) of one hundred fifty four (154) days at the per diem rate at the time of retirement.



Half payment will be made in one lump sum within sixty (60) days after proof of retirement, and half deferred severance pay to July 1<sup>st</sup> after the calendar year in which he/she retires. For those who retire with 25 days or less severance, the option of receiving severance in one lump sum will be available.

Retired rehired employees do not qualify for severance.

**Retirement Incentive:**

Any administrator who first becomes eligible for retirement during a school year as defined by the State Teacher's Retirement System (STRS), accrues the right to an additional 100 days of severance pay at a per diem rate of \$350.00 if he/she actually retires between the end of the school year and July 10 of the school year in which the administrator first becomes eligible, as defined by the STRS. Any eligible administrator who wishes to participate in this incentive must elect to participate by providing written notice to the Superintendent's office prior to March 1<sup>st</sup> of the school year in which he/she retires. An administrator shall be eligible for this incentive to retire when they first meet any one of the criteria as defined by the State Teacher's Retirement System.

Retired rehired employees do not qualify for the incentive.



Garfield Heights Benefit Plans - Administration									
Benefits	Current SuperMed Plan Benefits \$5/\$10 Rx Card		SuperMed Plus Plan Benefits \$10/\$20/\$40 Rx Card		Ideal Plan Benefits NON-Grandfathered		Minimum Value Plan NON Grandfathered		
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	26; Removal upon Birth Date	26; Removal upon Birth Date	26; Removal upon Birth Date	26; Removal upon Birth Date	26; Removal upon End of Month	26; Removal upon End of Month	26; Removal upon End of Month	26; Removal upon End of Month	
Working Spouse Language	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	
3 Month Deductible Carryover	Does Apply	Does Apply	Does Apply	Does Apply	Does Not Apply	Does Apply	Does Apply	Does Apply	
Pre-Existing Condition Waiting Period (does not apply to members under the age of 18)	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	
Blood Pint Deductible	2 pints	2 pints	2 pints	2 pints	0 pints	0 pints	2 pints	2 pints	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Benefit Period Deductible - Single / Family <sup>3</sup>	None	\$200 / \$400	None	\$200 / \$400	\$250 / \$500	\$250 / \$500	\$6,350 / \$12,700	\$6,350 / \$12,700	\$12,700 / \$25,400
Coinsurance	100%	80%	100%	80%	90%	90%	100%	100%	70%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single / Family	None	\$1,000 / \$2,000	None	\$1,000 / \$2,000	\$1,250 / \$2,500	\$1,250 / \$2,500	\$0	\$0	\$1,000 / \$2,000
Maximum Out-of-Pocket Including Deductible - Single / Family	None	\$1,200 / \$2,400	None	\$1,200 / \$2,400	\$1,500 / \$3,000	\$1,500 / \$3,000	\$6,350 / \$12,700	\$6,350 / \$12,700	\$13,700 / \$27,400
<b>Physician/Office Services</b>									
Office Visit (Illness/Injury) <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	\$20 copay, then 100%	100% after deductible	100% after deductible	70% after deductible
Specialist Office Visit <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	\$20 copay, then 100%	100% after deductible	100% after deductible	70% after deductible
Urgent Care Office Visit <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	\$20 copay, then 100%	100% after deductible	100% after deductible	70% after deductible
All Immunizations	100%	80% after deductible	100%	80% after deductible	90% after deductible	90% after deductible	100%	100%	70% after deductible
<b>Preventative Services</b>									
Preventive Services, in accordance with state and federal law <sup>3</sup>					100%	100%	70% after deductible	100%	70% after deductible
Routine Physical Exam (Age 21 and older, one exam per benefit period) <sup>2</sup>	100%	50% after deductible	100%	50% after deductible	100%	100%	70% after deductible	100%	70% after deductible
Well Child Care Services (Birth to age 21) <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	(Including Exam, Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory Tests; 31 visits)	(Including Exam, Routine Vision and Routine Hearing Exams and Well Child Care Immunizations)	70% after deductible	100%	70% after deductible
Well Child Care Laboratory Tests (Birth to age 21)	100%	80% after deductible	100%	80% after deductible	80% after deductible	80% after deductible	70% after deductible	100%	70% after deductible
Routine Mammogram (One per benefit period)	100%	80% after deductible	100%	80% after deductible	100%	100%	70% after deductible	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	80% after deductible	100%	80% after deductible	100%	100%	70% after deductible	100%	70% after deductible

Garfield Heights Benefit Plans - Administration								
Benefits	Current SuperMed Plan Benefits \$5/\$10 Rx Card		SuperMed Plus Plan Benefits \$10/\$20/\$40 Rx Card		Ideal Plan Benefits NON-Grandfathered		Minimum Value Plan NON Grandfathered	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Preventative Services</b>								
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (Age 9 and over, one each per benefit period)	100%	50% after deductible	100%	50% after deductible	100%	70% after deductible	100%	70% after deductible
Routine Prostate Specific Antigen (PSA)					100%	70% after deductible	100%	70% after deductible
Routine Colonoscopy/Sigmoidoscopy (Age 50 and over)					100%	70% after deductible	100%	70% after deductible
<b>Outpatient Services</b>								
Surgical Services	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Diagnostic Services	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Physical Therapy & Occupational Therapy - Facility and Professional	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
		(20 visits per benefit period combined with Chiropractic Therapy)		(20 visits per benefit period combined with Chiropractic Therapy)		(Combined 40 visits per benefit period)		(10 visits per benefit period, then medical review)
Chiropractic Therapy - Professional Only	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
		(20 visits per benefit period combined with Physical Therapy & Occupational Therapy)		(20 visits per benefit period combined with Physical Therapy & Occupational Therapy)		(12 visits per benefit period)		(10 visits per benefit period, then medical review)
Speech Therapy - Facility and Professional	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
		(10 visits per benefit period)		(10 visits per benefit period)		(20 visits per benefit period)		(10 visits per benefit period, then medical review)
Cardiac Rehabilitation	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
		(10 visits per benefit period)		(10 visits per benefit period)		(20 visits per benefit period)		(10 visits per benefit period, then medical review)
Emergency use of an Emergency Room <sup>4</sup>	\$50 copay, then 100%; waived if admitted.	\$50 copay, then 100%; waived if admitted.	\$50 copay, then 100%; waived if admitted.	\$50 copay, then 100%; waived if admitted.	\$50 copay, then 90%	\$50 copay, then 70%	100% after deductible	100% after deductible
Non-Emergency use of an Emergency Room <sup>4</sup>	\$50 copay, then 100%; waived if admitted.	\$50 copay, then 80%; waived if admitted.	\$50 copay, then 100%; waived if admitted.	\$50 copay, then 80%; waived if admitted.	\$100 copay, then 90%	\$100 copay, then 70%	100% after deductible	70% after deductible
<b>Inpatient Facility</b>								
Semi-Private Room and Board	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Maternity	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Skilled Nursing Facility	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
		(100 days per benefit period)		(100 days per benefit period)		120 days per benefit period)		
<b>Additional Services</b>								
Allergy Testing and Treatments	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
Ambulance	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Durable Medical Equipment	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible

Garfield Heights Benefit Plans - Administration									
Benefits	Current SuperMed Plan Benefits \$5/\$10 Rx Card		SuperMed Plus Plan Benefits \$10/\$20/\$40 Rx Card		Ideal Plan Benefits NON-Grandfathered		Minimum Value Plan NON Grandfathered		Facility Charges
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	
<b>Additional Services - cont'd.</b>									
Education and Training					90% after deductible	70% after deductible	100% after deductible	70% after deductible	
Home Healthcare	100%	80% after deductible	100%	80% after deductible	90% after deductible (120 visits per benefit period)	70% after deductible	100% after deductible	70% after deductible	
Hospice	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible	
Organ Transplants	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible	
Private Duty Nursing	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible	
<b>Mental Health and Substance Abuse - Federal Mental Health Parity</b>									
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits
Outpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits
<b>Prescription Drug</b>									
Retail Program with Oral Contraceptive Coverage	Retail Program - 30 Day Supply \$5 Generic / \$10 Brand (Formulary or Non Formulary)	Formulary Retail Program - 30 Day Supply \$10 Generic / \$20 Formulary Brand / \$40 Non-Formulary Brand	Formulary Retail Program - 30 Day Supply - for the initial filling and up to two refills of a prescription drug \$10 Generic / \$20 Formulary Brand / \$40 Non Formulary Brand	Formulary Retail Program - 30 Day Supply - for the initial filling and up to three refills of a prescription drug \$20 Generic / \$45 Formulary Brand / \$75 Non Formulary Brand	6.7 Retail Program - 30 Day Supply - for the initial filling and up to two refills of a prescription drug \$10 Generic / \$20 Formulary Brand / \$40 Non Formulary Brand	6.7 Retail Program - 30 Day Supply - for the initial filling and up to three refills of a prescription drug \$20 Generic / \$45 Formulary Brand / \$75 Non Formulary Brand	6.7 Retail Program - 30 Day Supply - for the initial filling and up to three refills of a prescription drug \$20 Generic / \$45 Formulary Brand / \$75 Non Formulary Brand	6.7 Retail Program - 30 Day Supply - for the initial filling and up to three refills of a prescription drug \$20 Generic / \$45 Formulary Brand / \$75 Non Formulary Brand	6.7 Retail Program - 30 Day Supply - for the initial filling and up to three refills of a prescription drug \$20 Generic / \$45 Formulary Brand / \$75 Non Formulary Brand
Mail Order Program with Oral Contraceptive Coverage - 90 Day Supply	Mail Order Program Up to 90 Day Supply \$10 Generic / \$20 Brand (Formulary or Non Formulary)	Formulary Mail Order Program \$20 Generic / \$40 Formulary Brand / \$80 Non-Formulary Brand	Formulary Mail Order Program \$20 Generic / \$40 Formulary Brand / \$80 Non-Formulary Brand	Formulary Mail Order Program \$20 Generic / \$40 Formulary Brand / \$80 Non-Formulary Brand	6.7 Retail Program - 30 Day Supply - after the third retail fill of a prescription drug \$20 Generic / \$40 Formulary Brand / \$60 Non Formulary Brand	6.7 Retail Program - 30 Day Supply - after the third retail fill of a prescription drug \$20 Generic / \$40 Formulary Brand / \$60 Non Formulary Brand	6.7 Retail Program - 30 Day Supply - after the third retail fill of a prescription drug \$20 Generic / \$40 Formulary Brand / \$60 Non Formulary Brand	6.7 Retail Program - 30 Day Supply - after the third retail fill of a prescription drug \$20 Generic / \$40 Formulary Brand / \$60 Non Formulary Brand	6.7 Home Delivery Program; \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand





**Garfield Heights Board of Education  
 Traditional Dental  
 With Orthodontia**



<b>Benefits</b>	
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Dependent Age Limit	23; Removal upon Birth Date
Benefit Period Maximum (per member)	\$2,500
Benefit Period Deductible (per member) <sup>1</sup>	\$50
Orthodontic Lifetime Maximum (per eligible dependent up to age 19)	\$1,500
<b>Preventive Services</b>	
Oral Exams – two per benefit period	100%
Bite Wing X-Rays – two sets per benefit period	100%
Prophylaxis (cleaning) – two per benefit period	100%
Fluoride Treatment – one treatment per benefit period, limited to dependents up to age 19	100%
Space Maintainers- limited to eligible dependents up to age 19	100%
Diagnostic X-Rays – including Full Mouth/Panorex, which are limited to one every 36 consecutive months	100%
Caries Susceptibility Test	100%
<b>Essential Services</b>	
Consultations and Other Exams by Specialist	80% after deductible
Minor Restorative Services	80% after deductible
Endodontics/Pulp Services	80% after deductible
Periodontal Services	80% after deductible
Repairs, Relines & Adjustments of Prosthetics	80% after deductible
Simple Extractions	80% after deductible
Impactions	80% after deductible
Minor Oral Surgery Services	80% after deductible
General Anesthesia	80% after deductible
<b>Complex Services</b>	
Gold Foil Restoration	80% after deductible
Inlays, Onlays – one every five years	80% after deductible
Crowns – one every five years	80% after deductible
Bridgework (Pontics & Abutments) – one every five years	80% after deductible
Partial and Complete Dentures – one every five years	80% after deductible

<b>Benefits</b>	
<b>Orthodontic Services</b>	
Orthodontic Diagnostic Services	60%
Minor Treatment for Tooth Guidance	60%
Minor Treatment for Harmful Habits	60%
Interceptive Orthodontic Treatment	60%
Comprehensive Orthodontic Treatment	60%

**Note:** Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

Using the Dentmax network can reduce your the out of pocket amount.

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Maximum deductible per member. 3-month carryover applies.



**Garfield Heights Board of Education  
 Vision**

<b>Benefits</b>	
<b>Benefit Period</b>	January 1 <sup>st</sup> through December 31 <sup>st</sup>
<b>Dependent Age Limit</b>	Same as Medical
<b>Examinations</b>	<b>One per Calendar Year</b>
<b>Vision Examinations</b>	100% of Traditional Amount
<b>Frames</b>	<b>One per Calendar Year</b>
<b>Basic Frames</b>	100% of Traditional Amount Per Frame
<b>Prescription Lenses</b>	<b>One pair per Calendar Year</b>
<b>Single Vision Lenses</b>	100% of Traditional Amount per pair
<b>Bifocal Lenses</b>	100% of Traditional Amount per pair
<b>Trifocal Lenses</b>	100% of Traditional Amount per pair
<b>Lenticular Single Lenses</b>	100% of Traditional Amount per pair
<b>Lenticular Bifocal Lenses</b>	100% of Traditional Amount per pair
<b>Lenticular Trifocal Lenses</b>	100% of Traditional Amount per pair
<b>Contacts In Lieu of Lenses</b>	<b>One per Calendar Year</b>
<b>Medically Necessary</b>	100% of Traditional Amount per pair
<b>Cosmetic</b> (Contacts are provided in lieu of lenses and frames)	\$75 per pair

**Note:** Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.



**Exempt Benefit Schedule Effective July 1, 2014**

This benefit summary reflects all modifications to benefits effective July 1, 2014 for all exempt personnel.

<b><u>Longevity Increment:</u></b>	Begins on completion of 10 – 14 years	\$730
	Begins on completion of 15 – 19 years	\$850
	Begins on completion of 20 – 24 years	\$1,090
	Begins on completion of 25 or More Years	\$1,450

**Health Insurance:** Eligibility: All employees who are scheduled to regularly work more than thirty (30) hours per week shall be eligible for Board paid health insurance, major medical insurance, prescription coverage (5/10 deductible), dental insurance and vision care.

Health insurance, major medical insurance, prescription coverage (5/10 deductible), dental insurance and vision care with level of benefits to be determined by the Board and the following monthly contribution to be paid by the employee.

The Board shall contract for and provide health insurance, major medical insurance, prescription coverage, dental insurance, and vision care, family or single, as appropriate, for eligible certified/licenses employees. The Board will offer the following plans and all eligible employees will pay the following monthly contributions:

**SuperMed Plus Plan** (current benefits as of 6/30/14) – see schedule attached.

From 7/1/14 through 9/30/15, the monthly contribution shall equal 7% of the cost of the Board's premium.

From 10/1/15 through 9/30/16, the monthly contribution shall equal 8.5% of the cost of the Board's premium.

From 10/1/16 through 6/30/17, the monthly contribution shall equal 10% of the cost of the Board's premium.

**IDEAL Plan** – see schedule attached.

This plan will be made available to employees on and after 10/1/15.

From 10/1/15 through 9/30/16, the monthly contribution shall equal 8.5% of the cost of the Board's premium.

From 10/1/16 through 6/30/17, the monthly contribution shall equal 10% of the cost of the Board's premium.

Minimum Value Plan – see schedule attached.

This plan will be made available to employees on and after 10/1/15. From 10/1/15 through 6/30/17, there shall be no monthly contribution for employees choosing the minimum value plan.

Those eligible exempt employees who elect not to participate in the District's health insurance program shall be eligible for a lump sum payment of \$2,000 if eligible for the family plan and \$900 if eligible for single coverage. In the event a husband and wife are both employed by the Board and one elects family health care coverage:

- A. The other spouse shall not be entitled to this lump sum payment.
- B. The other spouse shall not be entitled to elect single or family health care coverage unless family coverage is required for one of the other spouse's dependent or any other demonstrated reason mutually agreed upon by the Board and Union.

This monthly contribution shall be payroll-deducted equally over 26 pays.

**Spousal Insurance:**

If an employee's spouse is eligible to participate, as a current employee or retiree in group health insurance and/or prescription drug insurance, sponsored by his/her employer or any public retirement plan, the spouse must enroll in such employer (or public retirement plan) sponsored group insurance coverage(s) OR in lieu of the employer (or public retirement plan) sponsored group insurance coverage(s) may secure his/her own individual health insurance policy.

This requirement does not apply to any spouse who is also employed by the Garfield Heights City Schools. This requirement also does not

apply to any spouse who works less than thirty (30) hours per week AND is required to pay more than fifty percent (50%) of the single premium to participate in his/her employer's group health insurance coverage and/or prescription drug insurance coverage. This requirement also does not apply to any spouse who is a retiree under a public retirement plan and enrolled in Medicare coverage. This requirement also does not apply to any spouse if a Health Savings Account ("HSA") is the only option that spouse has for health insurance.

Upon the spouse's enrollment in such employer (or public retirement plan) sponsored group insurance coverage, that coverage will become the primary payor of benefits and the coverage sponsored by the Board of Education will become the secondary payor of benefits. If an employee's spouse enrolls in his/her employer's health insurance, the employee shall not be required to enroll in single coverage offered by the Board of Education, provided the employee is eligible for family coverage.

Any spouse who fails to enroll in any group insurance coverage sponsored by his/her employer or any public retirement plan, as required, shall be ineligible for benefits under such group insurance coverage sponsored by the Board of Education.

Every employee whose spouse participates in the Board of Education's group health insurance coverage and/or prescription drug insurance coverage shall complete and submit to the Board of Education, upon request, a written certification verifying whether his/her spouse is eligible to participate in group health insurance coverage and/or prescription drug insurance coverage sponsored by the spouse's employer or any public retirement plan. If any employee fails to complete and submit the certification form by the required date, such employee's spouse will be removed immediately from all health and prescription drug insurance coverages sponsored by the Board of Education. Additional documentation may be required.

If an employee submits false information or fails to timely advise the Board of Education of his/her spouse's eligibility for employer (or public retirement plan) sponsored group health insurance and/or prescription drug insurance, and such false information or such failure

by the employee results in the Board of Education Plan providing benefits to which the employee's spouse is not entitled, the employee will be personally liable to the Board of Education Plan for reimbursement of benefits and expenses, including attorneys' fees and costs, incurred by the Board of Education Plan. Any amount to be reimbursed may be deducted from the benefits to which the employee would otherwise be entitled. In addition, your spouse will be removed immediately from all health and prescription drug insurance coverages sponsored by the Board of Education. Any employee submitting false information will be subject to disciplinary action, up to and including termination of employment.

For employee spouses who are enrolled in their employer's insurance plan or in lieu of enrolling in their employer's plan secured his/her own individual health insurance policy, the Board agrees to reimburse employees up to One Hundred Twenty-Five Dollars (\$125.00) per month of actual documented premium costs paid by the employee's spouse to his/her employer for single and prescription drug medical coverage. Such reimbursement shall be tax-free. Requests for reimbursement with attached documentation demonstrated that such premium contributions were made shall be submitted to the Treasurer's office.

**Group Life Insurance:**

A term life policy in the amount \$50,000.00.

**Sick Leave:**

Sick leave may be accumulated at the rate of fifteen (15) days per year to a maximum of 260 days.

**Personal Leave:**

A maximum of three (3) days of personal leave, with pay, every school year (non-cumulative). The personal leave is only applicable to emergency personal reasons and said days shall not be deducted from sick leave.

**Severance Pay:**

To be eligible for severance pay, an employee must have at least five (5) years of service with Garfield Heights City Schools and has been granted retirement according to SERS requirements, or have at least twenty (20) years of service in Garfield Heights Schools.

Half payment will be made in one lump sum within sixty (60) days after proof of retirement, and half deferred severance pay to July 1<sup>st</sup>

after the calendar year in which he/she retires. For those who retire with 25 days or less severance, the option of receiving the severance in one lump sum will be available.

Severance pay shall be based on the employee's daily rate; including all supplemental contracts and allowance in effect at the time of leaving.

Employees will be paid severance based upon one half (1/2) of their unused sick leave at the time of retirement/resignation, and meets the requirements up to a maximum of one half (1/2) of 154 days.

Employees payment for sick leave on this basis shall be considered to eliminate all sick leave credit accrued but unused by the employee at the time payment is made.

In the case of death of an employee, any earned but unused regular pay, compensatory time, vacation time and severance pay shall be paid to his/her spouse, if no spouse exists, to his/her estate.

**Holidays:**

Labor Day, Thanksgiving Day, Day after Thanksgiving, Workday before Christmas, Christmas Day, New Year's Day, Martin Luther King Day, President's Day, Good Friday, Memorial Day and Independence Day (July 4<sup>th</sup>)

**Retirement Incentive:**

Any exempt employee who first becomes eligible for retirement during a school year as defined below shall accrue the right to an additional \$20,000.00 retirement incentive severance pay if he or she actually retires by June 30<sup>th</sup> of the school year in which the employee first becomes eligible. Any employee who wishes to participate in this incentive must provide written notice to the Superintendent prior to March 1<sup>st</sup> of the school year in which he or she retires. An exempt employee shall be eligible for retirement on the date he or she first becomes eligible as defined by School Employees Retirement System.

Retired rehired employees do not qualify for the incentive.



**Garfield Heights Benefit Plans - Exempt Staff**

	Current SuperMed Plan Benefits \$5/\$10 Rx Card		SuperMed Plus Plan Benefits \$10/\$20/\$40 Rx Card		Ideal Plan Benefits NON-Grandfathered		Minimum Value Plan NON Grandfathered	
	Network	Non-Network	Network	Non-Network	Network	Non-Network Facility Charges	Network	Non-Network Facility Charges
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>		January 1 <sup>st</sup> through December 31 <sup>st</sup>		January 1 <sup>st</sup> through December 31 <sup>st</sup>		January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	26; Removal upon Birth Date		26; Removal upon Birth Date		26; Removal upon End of Month		26; Removal upon End of Month	
Working Spouse Language	Applies to Medical & Prescription Drug		Applies to Medical & Prescription Drug		Applies to Medical & Prescription Drug		Applies to Medical & Prescription Drug	
3 Month Deductible Carryover	Does Apply		Does Apply		Does Apply		Does Apply	
Pre-Existing Condition Waiting Period (Does not apply to members under the age of 18)	Does Not Apply		Does Not Apply		Does Not Apply		Does Not Apply	
Blood Pint Deductible	2 pints		2 pints		0 pints		2 pints	
Ulegtime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Benefit Period Deductible - Single / Family <sup>1</sup>	None \$200 / \$400		None \$200 / \$400		\$250 / \$500 \$500 / \$1,000		\$6,350 / \$12,700 \$12,700 / \$25,400	
Coinsurance	100% 80%		100% 80%		90% 70%		100% 70%	
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single / Family	None \$1,000 / \$2,000		None \$1,000 / \$2,000		\$1,250 / \$2,500 \$2,500 / \$5,000		\$0 \$1,000 / \$2,000	
Maximum Out-of-Pocket Including Deductible - Single / Family	None \$1,200 / \$2,400		None \$1,200 / \$2,400		\$1,500 / \$3,000 \$3,000 / \$6,000		\$6,350 / \$12,700 \$13,700 / \$27,400	
<b>Physician/Office Services</b>								
Office Visit (Illness/Injury) <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
Specialist Office Visit <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
Urgent Care Office Visit <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
All Immunizations	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100%	70% after deductible
<b>Preventative Services</b>								
Preventive Services, in accordance with state and federal law <sup>3</sup>					100%	70% after deductible	100%	70% after deductible
Routine Physical Exam (Age 21 and older; one exam per benefit period) <sup>2</sup>	100%	50% after deductible	100%	50% after deductible	100%	70% after deductible	100%	70% after deductible
Well Child Care Services (Birth to age 21) <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible
Well Child Care Laboratory Tests (Birth to age 21)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible
Routine Mammogram (One per benefit period)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible



**Garfield Heights Benefit Plans - Exempt Staff**


	Current SuperMed Plan Benefits \$5/\$10 Rx Card		SuperMed Plus Plan Benefits \$10/\$20/\$40 Rx Card		Ideal Plan Benefits NON-Grandfathered		Minimum Value Plan NON Grandfathered	
	Network	Non-Network	Network	Non-Network	Network	Non-Network Facility Charges	Network	Non-Network Facility Charges
<b>Preventative Services</b>								
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (Age 9 and over, one each per benefit period)	100%	50% after deductible	100%	50% after deductible	100%	70% after deductible	100%	70% after deductible
Routine Prostate Specific Antigen (PSA)					100%	70% after deductible	100%	70% after deductible
Routine Colonoscopy/Sigmoidoscopy (Age 50 and over)					100%	70% after deductible	100%	70% after deductible
<b>Outpatient Services</b>								
Surgical Services	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Diagnostic Services	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Physical Therapy & Occupational Therapy - Facility and Professional	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
	(20 visits per benefit period combined with Chiropractic Therapy)		(20 visits per benefit period combined with Chiropractic Therapy)		(Combined 40 visits per benefit period)		(10 visits per benefit period, then medical review)	
Chiropractic Therapy - Professional Only	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
	(20 visits per benefit period combined with Physical Therapy & Occupational Therapy)		(20 visits per benefit period combined with Physical Therapy & Occupational Therapy)		(12 visits per benefit period)		(10 visits per benefit period, then medical review)	
Speech Therapy - Facility and Professional	100%	80% after deductible (10 visits per benefit period)	100%	80% after deductible (10 visits per benefit period)	90% after deductible (20 visits per benefit period)	70% after deductible	100% after deductible (10 visits per benefit period)	70% after deductible
Cardiac Rehabilitation	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Emergency use of an Emergency Room <sup>4</sup>	\$50 copay, then 100%; waived if admitted	\$50 copay, then 80%; waived if admitted	\$50 copay, then 100%; waived if admitted	\$50 copay, then 80%; waived if admitted	\$50 copay, then 90%	\$50 copay, then 70%	100% after deductible	100% after deductible
Non-Emergency use of an Emergency Room <sup>5</sup>	\$50 copay, then 100%; waived if	\$50 copay, then 80%; waived if admitted.	\$50 copay, then 100%; waived if	\$50 copay, then 80%; waived if admitted.	\$100 copay, then 90%	\$100 copay, then 70%	100% after deductible	70% after deductible
<b>Inpatient Facility</b>								
Semi-Private Room and Board	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Maternity	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Skilled Nursing Facility	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
			(100 days per benefit period)		120 days per benefit period)			
<b>Additional Services</b>								
Allergy Testing and Treatments	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
Ambulance	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Durable Medical Equipment	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible




**Garfield Heights Benefit Plans - Exempt Staff**

	Current SuperMed Plan Benefits \$5/\$10 Rx Card		SuperMed Plus Plan Benefits \$10/\$20/\$40 Rx Card		Ideal Plan Benefits NON-Grandfathered		Minimum Value Plan NON Grandfathered	
	Network	Non-Network	Network	Non-Network	Network	Non-Network Facility Charges	Network	Non-Network Facility Charges
<b>Additional Services - cont'd.</b>								
Education and Training								
Home Healthcare	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Hospice	100%	80% after deductible	100%	80% after deductible	90% after deductible (120 visits per benefit period)	70% after deductible	100% after deductible	70% after deductible
Organ Transplants	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Private Duty Nursing	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Mental Health and Substance Abuse - Federal Mental Health Parity</b>								
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits	
<b>Prescription Drug</b>								
Retail Program with Oral Contraceptive Coverage	Retail Program - 30 Day Supply \$5 Generic / \$10 Brand (Formulary or Non Formulary)	Formulary Retail Program - 30 Day Supply \$10 Generic / \$20 Formulary Brand / \$40 Non-Formulary Brand	Formulary Retail Program - 30 Day Supply \$20 Generic / \$40 Formulary Brand / \$80 Non-Formulary Brand	<sup>6,7</sup> Retail Program - 30 Day Supply - for the initial filling and up to two refills of a prescription drug \$20 Formulary Brand / \$40 Non Formulary Brand	<sup>6,7</sup> Retail Program - 30 Day Supply - after the third retail fill of a prescription drug \$20 Generic / \$40 Formulary Brand / \$80 Non Formulary Brand	<sup>6,7</sup> Retail Program - 30 Day Supply - for the initial filling and up to three refills of a prescription drug: \$20 Generic / \$45 Formulary Brand / \$75 Non Formulary Brand	<sup>6,7</sup> Retail Program - 30 Day Supply - after the third retail fill of a prescription drug: \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand	<sup>6,7</sup> Retail Program - 30 Day Supply - after the third retail fill of a prescription drug: \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand
Mail Order Program with Oral Contraceptive Coverage - 90 Day Supply	Mail Order Program Up to 90 Day Supply \$10 Generic / \$20 Brand (Formulary or Non Formulary)	Formulary Mail Order Program \$20 Generic / \$40 Formulary Brand / \$80 Non-Formulary Brand	<sup>6,7</sup> Home Delivery Program: \$25 Generic / \$50 Formulary Brand / \$100 Non Formulary Brand	<sup>6,7</sup> Home Delivery Program: \$25 Generic / \$50 Formulary Brand / \$100 Non Formulary Brand	<sup>6,7</sup> Home Delivery Program: \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand	<sup>6,7</sup> Home Delivery Program: \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand	<sup>6,7</sup> Home Delivery Program: \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand	<sup>6,7</sup> Home Delivery Program: \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand


Benefits	
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Benefit Period	23; Removal upon Birth Date
Benefit Period Maximum (per member)	\$2,500
Benefit Period Deductible (per member)	\$50
Orthodontic Lifetime Maximum (per eligible dependent up to age 19)	\$1,500
<b>Preventive Services</b>	
Oral Exams – two per benefit period	100%
Bite Wing X-Rays – two sets per benefit period	100%
Prophylaxis (cleaning) – two per benefit period	100%
Fluoride Treatment – one treatment per benefit period, limited to dependents up to age 19	100%
Space Maintainers- limited to eligible dependents up to age 19	100%
Diagnostic X-Rays – including Full Mouth/Panorex, which are limited to one every 36 consecutive months	100%
Caries Susceptibility Test	100%
<b>Essential Services</b>	
Consultations and Other Exams by Specialist	80% after deductible
Minor Restorative Services	80% after deductible
Endodontics/Pulp Services	80% after deductible
Periodontal Services	80% after deductible
Repairs, Relines & Adjustments of Prosthetics	80% after deductible
Simple Extractions	80% after deductible
Impactions	80% after deductible
Minor Oral Surgery Services	80% after deductible
General Anesthesia	80% after deductible
<b>Complex Services</b>	
Gold Foil Restoration	80% after deductible
Inlays, Onlays – one every five years	80% after deductible
Crowns – one every five years	80% after deductible
Bridgework (Pontics & Abutments) – one every five years	80% after deductible
Partial and Complete Dentures – one every five years	80% after deductible



Garfield Heights Board of Education  
 Traditional Dental  
 With Orthodontia



MEDICAL  
 MUTUAL



Traditional  
 Dental

<b>Benefits</b>	
<b>Orthodontic Services</b>	
Orthodontic Diagnostic Services	60%
Minor Treatment for Tooth Guidance	60%
Minor Treatment for Harmful Habits	60%
Interceptive Orthodontic Treatment	60%
Comprehensive Orthodontic Treatment	60%

**Note:** Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

Using the Dentmax network can reduce your the out of pocket amount.

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Maximum deductible per member. 3-month carryover applies.



**Garfield Heights Board of Education  
 Vision**

<b>Benefits</b>	
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Dependent Age Limit	Same as Medical
<b>Examinations</b>	<b>One per Calendar Year</b>
Vision Examinations	100% of Traditional Amount
<b>Frames</b>	<b>One per Calendar Year</b>
Basic Frames	100% of Traditional Amount Per Frame
<b>Prescription Lenses</b>	<b>One pair per Calendar Year</b>
Single Vision Lenses	100% of Traditional Amount per pair
Bifocal Lenses	100% of Traditional Amount per pair
Trifocal Lenses	100% of Traditional Amount per pair
Lenticular Single Lenses	100% of Traditional Amount per pair
Lenticular Bifocal Lenses	100% of Traditional Amount per pair
Lenticular Trifocal Lenses	100% of Traditional Amount per pair
<b>Contacts In Lieu of Lenses</b>	<b>One per Calendar Year</b>
Medically Necessary	100% of Traditional Amount per pair
Cosmetic (Contacts are provided in lieu of lenses and frames)	\$75 per pair

**Note:** Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

**Qualified Benefit Schedule Effective July 1, 2014**

This benefit summary reflects all modifications to benefits effective July 1, 2014 for all qualified personnel.

<b><u>Longevity Increment:</u></b>	Begins on completion of 10 – 14 years	\$730
	Begins on completion of 15 – 19 years	\$850
	Begins on completion of 20 – 24 years	\$1,090
	Begins on completion of 25 or More Years	\$1,450

**Health Insurance:** Eligibility: All employees who are scheduled to regularly work more than thirty (30) hours per week shall be eligible for Board paid health insurance, major medical insurance, prescription coverage (5/10 deductible), dental insurance and vision care.

Health insurance, major medical insurance, prescription coverage (5/10 deductible), dental insurance and vision care with the following monthly contribution to be paid by the employee.

All qualified employees hired prior to July 1, 2015 will have the ability to retain their current prescription benefit.

The Board shall contract for and provide health insurance, major medical insurance, prescription coverage, dental insurance, and vision care, family or single, as appropriate, for eligible certified/licenses employees. The Board will offer the following plans and all eligible employees will pay the following monthly contributions:

Effective July 1, 2015 all new qualified employees hired will have prescription deductible at 10/20/40.

**SuperMed Plus Plan** (current benefits as of 6/30/14) – see schedule attached.

From 7/1/14 through 9/30/15, the monthly contribution shall equal 7% of the cost of the Board's premium.

From 10/1/15 through 9/30/16, the monthly contribution shall equal 8.5% of the cost of the Board's premium.

From 10/1/16 through 6/30/17, the monthly contribution shall equal 10% of the cost of the Board's premium.

IDEAL Plan – see schedule attached.

This plan will be made available to employees on and after 10/1/15.

From 10/1/15 through 9/30/16, the monthly contribution shall equal 8.5% of the cost of the Board's premium.

From 10/1/16 through 6/30/17, the monthly contribution shall equal 10% of the cost of the Board's premium.

Minimum Value Plan – see schedule attached.

This plan will be made available to employees on and after 10/1/15.

From 10/1/15 through 6/30/17, there shall be no monthly contribution for employees choosing the minimum value plan.

Those eligible qualified employees who elect not to participate in the District's health insurance program shall be eligible for a lump sum payment of \$2,000 if eligible for the family plan and \$900 if eligible for single coverage. In the event a husband and wife are both employed by the Board and one elects family health care coverage:

A. The other spouse shall not be entitled to this lump sum payment.

B. The other spouse shall not be entitled to elect single or family health care coverage unless family coverage is required for one of the other spouse's dependent or any other demonstrated reason mutually agreed upon by the Board and Union.

This monthly contribution shall be payroll-deducted equally over 26 pays.

**Spousal Insurance:**

If an employee's spouse is eligible to participate, as a current employee or retiree in group health insurance and/or prescription drug insurance, sponsored by his/her employer or any public retirement plan, the spouse must enroll in such employer (or public retirement plan) sponsored group insurance coverage(s) OR in lieu of the employer (or public retirement plan) sponsored group insurance

coverage(s) may secure his/her own individual health insurance policy.

This requirement does not apply to any spouse who is also employed by the Garfield Heights City Schools. This requirement also does not apply to any spouse who works less than thirty (30) hours per week AND is required to pay more than fifty percent (50%) of the single premium to participate in his/her employer's group health insurance coverage and/or prescription drug insurance coverage. This requirement also does not apply to any spouse who is a retiree under a public retirement plan and enrolled in Medicare coverage. This requirement also does not apply to any spouse if a Health Savings Account ("HSA") is the only option that spouse has for health insurance.

Upon the spouse's enrollment in such employer (or public retirement plan) sponsored group insurance coverage, that coverage will become the primary payor of benefits and the coverage sponsored by the Board of Education will become the secondary payor of benefits. If an employee's spouse enrolls in his/her employer's health insurance, the employee shall not be required to enroll in single coverage offered by the Board of Education, provided the employee is eligible for family coverage.

Any spouse who fails to enroll in any group insurance coverage sponsored by his/her employer or any public retirement plan, as required, shall be ineligible for benefits under such group insurance coverage sponsored by the Board of Education.

Every employee whose spouse participates in the Board of Education's group health insurance coverage and/or prescription drug insurance coverage shall complete and submit to the Board of Education, upon request, a written certification verifying whether his/her spouse is eligible to participate in group health insurance coverage and/or prescription drug insurance coverage sponsored by the spouse's employer or any public retirement plan. If any employee fails to complete and submit the certification form by the required date, such employee's spouse will be removed immediately from all health and prescription drug insurance coverages sponsored by the Board of Education. Additional documentation may be required.

If an employee submits false information or fails to timely advise the Board of Education of his/her spouse's eligibility for employer (or public retirement plan) sponsored group health insurance and/or prescription drug insurance, and such false information or such failure by the employee results in the Board of Education Plan providing benefits to which the employee's spouse is not entitled, the employee will be personally liable to the Board of Education Plan for reimbursement of benefits and expenses, including attorneys' fees and costs, incurred by the Board of Education Plan. Any amount to be reimbursed may be deducted from the benefits to which the employee would otherwise be entitled. In addition, your spouse will be removed immediately from all health and prescription drug insurance coverages sponsored by the Board of Education. Any employee submitting false information will be subject to disciplinary action, up to and including termination of employment.

For employee spouses who are enrolled in their employer's insurance plan or in lieu of enrolling in their employer's plan secured his/her own individual health insurance policy, the Board agrees to reimburse employees up to One Hundred Twenty-Five Dollars (\$125.00) per month of actual documented premium costs paid by the employee's spouse to his/her employer for single and prescription drug medical coverage. Such reimbursement shall be tax-free. Requests for reimbursement with attached documentation demonstrated that such premium contributions were made shall be submitted to the Treasurer's office.

**Group Life Insurance:**

A term life policy in the amount \$50,000.00.

**Sick Leave:**

Sick leave may be accumulated at the rate of fifteen (15) days per year to a maximum of 260 days.

**Personal Leave:**

A maximum of three (3) days of personal leave, with pay, every school year (non-cumulative). The personal leave is only applicable to emergency personal reasons and said days shall not be deducted from sick leave.

**Severance Pay:**

To be eligible for severance pay, an employee must have at least five (5) years of service with Garfield Heights City Schools and has been



granted retirement according to SERS/STRS requirements, or have at least twenty (20) years of service in Garfield Heights Schools.

Half payment will be made in one lump sum within sixty (60) days after proof of retirement, and half deferred severance pay to July 1<sup>st</sup> after the calendar year in which he/she retires. For those who retire with 25 days or less severance, the option of receiving the severance in one lump sum will be available.

Severance pay shall be based on the employee's daily rate; including all supplemental contracts and allowance in effect at the time of leaving.

Employees will be paid severance based upon one half (1/2) of their unused sick leave at the time of retirement/resignation, and meets the requirements up to a maximum of one half (1/2) of 154 days.

Employees payment for sick leave on this basis shall be considered to eliminate all sick leave credit accrued but unused by the employee at the time payment is made.

In the case of death of an employee, any earned but unused regular pay, compensatory time, and severance pay shall be paid to his/her spouse, if no spouse exists, to his/her estate.

**Retirement Incentive:**

Any qualified employee who first becomes eligible for retirement during a school year as defined below shall accrue the right to an additional \$20,000.00 retirement incentive severance pay if he or she actually retires by June 30<sup>th</sup> of the school year in which the employee first becomes eligible. Any employee who wishes to participate in this incentive must provide written notice to the Superintendent prior to March 1<sup>st</sup> of the school year in which he or she retires. A qualified employee shall be eligible for retirement on the date he or she first becomes eligible as defined by the applicable State Retirement System that applies to that employee (STRS or SERS).

Retired rehired employees do not qualify for the incentive.



Garfield Heights Benefit Plans - Qualified Staff (Hired prior to July 1, 2015)								
Benefits	Current SuperMed Plan Benefits \$5/\$10 Rx Card		SuperMed Plus Plan Benefits \$10/\$20/\$40 Rx Card		Ideal Plan Benefits NON-Grandfathered		Minimum Value Plan NON Grandfathered	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Dependent Age Limit	26; Removal upon Birth Date	26; Removal upon Birth Date	26; Removal upon Birth Date	26; Removal upon Birth Date	26; Removal upon Birth Date	26; Removal upon Birth Date	26; Removal upon Birth Date	26; Removal upon Birth Date
Working Spouse Language	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug
3 Month Deductible Carryover	Does Apply	Does Apply	Does Apply	Does Apply	Does Apply	Does Apply	Does Apply	Does Apply
Pre-Existing Condition Waiting Period (does not apply to members under the age of 18)	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply
Blood Pint Deductible	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Benefit Period Deductible - Single / Family <sup>1</sup>	None	\$200 / \$400	None	\$200 / \$400	\$250 / \$500	\$500 / \$1,000	\$6,350 / \$12,700	\$12,700 / \$25,400
Coinurance	100%	80%	100%	80%	90%	70%	100%	70%
Coinurance Out-of-Pocket Maximum (Excluding Deductible) - Single / Family	None	\$1,000 / \$2,000	None	\$1,000 / \$2,000	\$1,250 / \$2,500	\$2,500 / \$5,000	\$0	\$1,000 / \$2,000
Maximum Out-of-Pocket Including Deductible - Single / Family	None	\$1,200 / \$2,400	None	\$1,200 / \$2,400	\$1,500 / \$3,000	\$3,000 / \$6,000	\$6,350 / \$12,700	\$13,700 / \$27,400
<b>Physician/Office Services</b>								
Office Visit (Illness/Injury) <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
Specialist Office Visit <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
Urgent Care Office Visit <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
All Immunizations	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100%	70% after deductible
<b>Preventative Services</b>								
Preventive Services, in accordance with state and federal law <sup>3</sup>					100%	70% after deductible	100%	70% after deductible
Routine Physical Exam (Age 21 and older, one exam per benefit period) <sup>2</sup>	100%	50% after deductible	100%	50% after deductible	100%	70% after deductible	100%	70% after deductible
Well Child Care Services (Birth to age 21) <sup>2</sup>	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible
Well Child Care Laboratory Tests (Birth to age 21)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible
Routine Mammogram (One per benefit period)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible

Garfield Heights Benefit Plans - Qualified Staff (Hired prior to July 1, 2015)								
Benefits	Current SuperMed Plan Benefits \$5/\$10 Rx Card		SuperMed Plus Plan Benefits \$10/\$20/\$40 Rx Card		Ideal Plan Benefits NON-Grandfathered		Minimum Value Plan NON Grandfathered	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Preventative Services</b>								
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (Age 9 and over, one each per benefit period)	100%	50% after deductible	100%	50% after deductible	100%	70% after deductible	100%	70% after deductible
Routine Prostate Specific Antigen (PSA)					100%	70% after deductible	100%	70% after deductible
Routine Colonoscopy/Sigmoidoscopy (Age 50 and over)					100%	70% after deductible	100%	70% after deductible
<b>Outpatient Services</b>								
Surgical Services	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Diagnostic Services	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Physical Therapy & Occupational Therapy - Facility and Professional	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
		(20 visits per benefit period combined with Chiropractic Therapy)		(20 visits per benefit period combined with Chiropractic Therapy)		(Combined 40 visits per benefit period)		(10 visits per benefit period, then medical review)
Chiropractic Therapy - Professional Only	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
		(20 visits per benefit period combined with Physical Therapy & Occupational Therapy)		(20 visits per benefit period combined with Physical Therapy & Occupational Therapy)		(12 visits per benefit period)		(10 visits per benefit period, then medical review)
Speech Therapy - Facility and Professional	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
		(10 visits per benefit period)		(10 visits per benefit period)		(20 visits per benefit period)		(10 visits per benefit period, then medical review)
Cardiac Rehabilitation	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Emergency use of an Emergency Room <sup>4</sup>	\$50 copay, then 100%; waived if admitted	80% after deductible	\$50 copay, then 100%; waived if admitted	80% after deductible	\$50 copay, then 90%	\$50 copay, then 70%	100% after deductible	100% after deductible
Non-Emergency use of an Emergency Room <sup>5</sup>	\$50 copay, then 100%; waived if admitted	80% after deductible	\$50 copay, then 100%; waived if admitted	80% after deductible	\$100 copay, then 90%	\$100 copay, then 70%	100% after deductible	70% after deductible
<b>Inpatient Facility</b>								
Semi-Private Room and Board	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Maternity	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Skilled Nursing Facility	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
		(100 days per benefit period)		(100 days per benefit period)		120 days per benefit period)		
<b>Additional Services</b>								
Allergy Testing and Treatments	100%	80% after deductible	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
Ambulance	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Durable Medical Equipment	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible

Garfield Heights Benefit Plans - Qualified Staff (Hired prior to July 1, 2015)									
Benefits	Current SuperMed Plan Benefits \$5/\$10 Rx Card		SuperMed Plus Plan Benefits \$10/\$20/\$40 Rx Card		Ideal Plan Benefits NON-Grandfathered		Minimum Value Plan NON Grandfathered		Facility Charges
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	
<b>Additional Services - cont'd.</b>									
Education and Training					90% after deductible	70% after deductible	100% after deductible	70% after deductible	70% after deductible
Home Healthcare	100%	80% after deductible	100%	80% after deductible	90% after deductible (120 visits per benefit period)	70% after deductible	100% after deductible	70% after deductible	70% after deductible
Hospice	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible	70% after deductible
Organ Transplants	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible	70% after deductible
Private Duty Nursing	100%	80% after deductible	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible	70% after deductible
<b>Mental Health and Substance Abuse - Federal Mental Health Parity</b>									
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits
Outpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits
<b>Prescription Drug</b>									
Retail Program with Oral Contraceptive Coverage	Retail Program - 30 Day Supply, \$5 Generic / \$10 Brand (Formulary or Non Formulary)	Formulary Retail Program - 30 Day Supply / \$10 Generic / \$20 Formulary Brand / \$40 Non-Formulary Brand	6,7 Retail Program - 30 Day Supply - for the initial filling and up to two refills of a prescription drug / \$10 Generic / \$20 Formulary Brand / \$40 Non Formulary Brand	6,7 Retail Program - 30 Day Supply - for the initial filling and up to three refills of a prescription drug; \$20 Generic / \$45 Formulary Brand / \$75 Non Formulary Brand	6,7 Retail Program - 30 Day Supply - after the third retail fill of a prescription drug / \$20 Generic / \$40 Formulary Brand / \$80 Non Formulary Brand	6,7 Retail Program - 30 Day Supply - after the third retail fill of a prescription drug; \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand			
Mail Order Program with Oral Contraceptive Coverage - 90 Day Supply	Mail Order Program - Up to 90 Day Supply / \$10 Generic / \$20 Brand (Formulary or Non Formulary)	Formulary Mail Order Program / \$20 Generic / \$40 Formulary Brand / \$80 Non-Formulary Brand	6,7 Home Delivery Program; \$25 Generic / \$50 Formulary Brand / \$100 Non Formulary Brand	6,7 Home Delivery Program; \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand					





**Garfield Heights Board of Education  
 Traditional Dental  
 With Orthodontia**



<b>Benefits</b>	
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Dependent Age Limit	23; Removal upon Birth Date
Benefit Period Maximum (per member)	\$2,500
Benefit Period Deductible (per member) <sup>1</sup>	\$50
Orthodontic Lifetime Maximum (per eligible dependent up to age 19)	\$1,500
<b>Preventive Services</b>	
Oral Exams – two per benefit period	100%
Bite Wing X-Rays – two sets per benefit period	100%
Prophylaxis (cleaning) – two per benefit period	100%
Fluoride Treatment – one treatment per benefit period, limited to dependents up to age 19	100%
Space Maintainers- limited to eligible dependents up to age 19	100%
Diagnostic X-Rays – including Full Mouth/Panorex, which are limited to one every 36 consecutive months	100%
Caries Susceptibility Test	100%
<b>Essential Services</b>	
Consultations and Other Exams by Specialist	80% after deductible
Minor Restorative Services	80% after deductible
Endodontics/Pulp Services	80% after deductible
Periodontal Services	80% after deductible
Repairs, Relines & Adjustments of Prosthetics	80% after deductible
Simple Extractions	80% after deductible
Impactions	80% after deductible
Minor Oral Surgery Services	80% after deductible
General Anesthesia	80% after deductible
<b>Complex Services</b>	
Gold Foil Restoration	80% after deductible
Inlays, Onlays – one every five years	80% after deductible
Crowns – one every five years	80% after deductible
Bridgework (Pontics & Abutments) – one every five years	80% after deductible
Partial and Complete Dentures – one every five years	80% after deductible

<b>Benefits</b>	
<b>Orthodontic Services</b>	
Orthodontic Diagnostic Services	60%
Minor Treatment for Tooth Guidance	60%
Minor Treatment for Harmful Habits	60%
Interceptive Orthodontic Treatment	60%
Comprehensive Orthodontic Treatment	60%

**Note:** Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

Using the Dentmax network can reduce your the out of pocket amount.

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Maximum deductible per member. 3-month carryover applies.



**Garfield Heights Board of Education  
 Vision**

<b>Benefits</b>	
<b>Benefit Period</b>	January 1 <sup>st</sup> through December 31 <sup>st</sup>
<b>Dependent Age Limit</b>	Same as Medical
<b>Examinations</b>	<b>One per Calendar Year</b>
Vision Examinations	100% of Traditional Amount
<b>Frames</b>	<b>One per Calendar Year</b>
Basic Frames	100% of Traditional Amount Per Frame
<b>Prescription Lenses</b>	<b>One pair per Calendar Year</b>
Single Vision Lenses	100% of Traditional Amount per pair
Bifocal Lenses	100% of Traditional Amount per pair
Trifocal Lenses	100% of Traditional Amount per pair
Lenticular Single Lenses	100% of Traditional Amount per pair
Lenticular Bifocal Lenses	100% of Traditional Amount per pair
Lenticular Trifocal Lenses	100% of Traditional Amount per pair
<b>Contacts In Lieu of Lenses</b>	<b>One per Calendar Year</b>
Medically Necessary	100% of Traditional Amount per pair
Cosmetic (Contacts are provided in lieu of lenses and frames)	\$75 per pair

**Note:** Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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Garfield Heights Benefit Plans - Qualified Staff (Hired after July 1, 2015)						
Benefits	SuperMed Plus Plan Current Benefits		Ideal Plan NON-Grandfathered		Minimum Value Plan NON-Grandfathered	
	Network	Non-Network	Network	Non-Network Facility Charges	Network	Non-Network Facility Charges
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Dependent Age Limit	26; Removal upon Birth Date	26; Removal upon Birth Date	26; Removal upon End of Month	26; Removal upon End of Month	26; Removal upon End of Month	26; Removal upon End of Month
Working Spouse Language	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug	Applies to Medical & Prescription Drug
3 Month Deductible Carryover	Does Apply	Does Apply	Does Apply	Does Apply	Does Apply	Does Apply
Pre-Existing Condition Waiting Period (does not apply to members under the age of 19)	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply
Blood Pint Deductible	2 pints	2 pints	0 pints	0 pints	2 pints	2 pints
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Benefit Period Deductible - Single / Family <sup>1</sup>	None	\$200 / \$400	\$250 / \$500	\$500 / \$1,000	\$6350 / \$12,700	\$12,700 / \$25,400
Coinurance	100%	80%	90%	70%	100%	70%
Coinurance Out-of-Pocket Maximum (Excluding Deductible) - Single / Family	None	\$1,000 / \$2,000	\$1,250 / \$2,500	\$2,500 / \$5,000	\$0	\$1,000 / \$2,000
Maximum Out-of-Pocket Including Deductible - Single / Family	None	\$1,200 / \$2,400	\$1,500 / \$3,000	\$3,000 / \$6,000		
<b>Physician/Office Services</b>						
Office Visit (Illness/Injury) <sup>2</sup>	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
Specialist Office Visit <sup>2</sup>	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
Urgent Care Office Visit <sup>2</sup>	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
All Immunizations	100%	80% after deductible	90% after deductible	70% after deductible	100%	70% after deductible
<b>Preventative Services</b>						
Preventive Services, in accordance with state and federal law <sup>3</sup>			100%	70% after deductible	100%	70% after deductible
Routine Physical Exam (Age 21 and older; one exam per benefit period) <sup>2</sup>	100%	50% after deductible	100%	70% after deductible	100%	70% after deductible
Well Child Care Services (Birth to age 21) <sup>2</sup>	100%	80% after deductible	(Including Exam, Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory Tests; 31 visits per Lifetime)	70% after deductible	(Including Exam, Routine Vision and Routine Hearing Exams and Well Child Care Immunizations)	70% after deductible
Well Child Care Laboratory Tests (Birth to age 21)	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible
Routine Mammogram (One per benefit period)	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible

<b>Garfield Heights Benefit Plans - Qualified Staff (Hired after July 1, 2015)</b>						
Benefits	SuperMed Plus Plan Current Benefits		Ideal Plan NON-Grandfathered		Minimum Value Plan NON-Grandfathered	
	Network	Non-Network	Network	Non-Network Facility Charges	Network	Non-Network Facility Charges
<b>Preventative Services</b>						
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (Age 9 and over, one each per benefit period)	100%	50% after deductible	100%	70% after deductible	100%	70% after deductible
Routine Prostate Specific Antigen (PSA)			100%	70% after deductible	100%	70% after deductible
Routine Colonoscopy/Sigmoidoscopy (Age 50 and over)			100%	70% after deductible	100%	70% after deductible
<b>Outpatient Services</b>						
Surgical Services	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Diagnostic Services	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Physical Therapy & Occupational Therapy - Facility and Professional	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
	(20 visits per benefit period combined with Chiropractic Therapy)		(Combined 40 visits per benefit period)			
Chiropractic Therapy - Professional Only	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
	(20 visits per benefit period combined with Physical Therapy & Occupational Therapy)		(12 visits per benefit period)			
Speech Therapy - Facility and Professional	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
	(10 visits per benefit period)		(20 visits per benefit period)			
Cardiac Rehabilitation	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Emergency use of an Emergency Room <sup>4</sup>	\$50 copay, then 100%; waived if admitted	\$50 copay, then 100%; waived if admitted	\$50 copay, then 90%	\$50 copay, then 70%	100% after deductible	100% after deductible
Non-Emergency use of an Emergency Room <sup>5</sup>	\$50 copay, then 100%; waived if admitted	\$50 copay, then 80%; waived if admitted.	\$100 copay, then 90%	\$100 copay, then 70%	100% after deductible	70% after deductible
<b>Inpatient Facility</b>						
Semi-Private Room and Board	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Maternity	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Skilled Nursing Facility	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
	(100 days per benefit period)	(120 days per benefit period)				
<b>Additional Services</b>						
Allergy Testing and Treatments	100%	80% after deductible	\$20 copay, then 100%	70% after deductible	100% after deductible	70% after deductible
Ambulance	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Durable Medical Equipment	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible

**Garfield Heights Benefit Plans - Qualified Staff (Hired after July 1, 2015)**

Benefits	SuperMed Plus Plan Current Benefits		Ideal Plan NON-Grandfathered		Minimum Value Plan NON-Grandfathered	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Additional Services - cont'd.</b>						
Education and Training			90% after deductible	70% after deductible	100% after deductible	70% after deductible
Home Healthcare	100%	80% after deductible	90% after deductible (120 visits per benefit period)	70% after deductible	100% after deductible	70% after deductible
Hospice	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Organ Transplants	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Private Duty Nursing	100%	80% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Mental Health and Substance Abuse - Federal Mental Health Parity</b>						
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits		Benefits paid are based on corresponding medical benefits	
<b>Prescription Drug</b>						
Retail Program with Oral Contraceptive Coverage	Formulary Retail Program - 30 Day Supply \$10 Generic / \$20 Formulary Brand / \$40 Non-Formulary Brand	SuperMedScript <sup>6,7</sup> Retail Program - 30 Day Supply - for the initial filling and up to two refills of a prescription drug \$10 Generic / \$20 Formulary Brand / \$40 Non Formulary Brand	SuperMedScript <sup>6,7</sup> Retail Program - 30 Day Supply - after the third retail fill of a prescription drug \$20 Generic / \$40 Formulary Brand / \$80 Non Formulary Brand	Retail Program - 30 Day Supply - for the initial filling and up to two refills of a prescription drug \$20 Generic / \$45 Formulary Brand / \$75 Non Formulary Brand		
Mail Order Program with Oral Contraceptive Coverage - 90 Day Supply	Formulary Mail Order Program \$20 Generic / \$40 Formulary Brand / \$80 Non-Formulary Brand	SuperMed Script <sup>6,7</sup> Home Delivery Program \$25 Generic / \$50 Formulary Brand / \$100 Non Formulary Brand		Retail Program - 30 Day Supply - after the fourth retail fill of a prescription drug within 180 days \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand	Home Delivery Program \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand	



**Garfield Heights Board of Education  
 Traditional Dental  
 With Orthodontia**



<b>Benefits</b>	
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Dependent Age Limit	23; Removal upon Birth Date
Benefit Period Maximum (per member)	\$2,500
Benefit Period Deductible (per member) <sup>1</sup>	\$50
Orthodontic Lifetime Maximum (per eligible dependent up to age 19)	\$1,500
<b>Preventive Services</b>	
Oral Exams – two per benefit period	100%
Bite Wing X-Rays – two sets per benefit period	100%
Prophylaxis (cleaning) – two per benefit period	100%
Fluoride Treatment – one treatment per benefit period, limited to dependents up to age 19	100%
Space Maintainers- limited to eligible dependents up to age 19	100%
Diagnostic X-Rays – including Full Mouth/Panorex, which are limited to one every 36 consecutive months	100%
Caries Susceptibility Test	100%
<b>Essential Services</b>	
Consultations and Other Exams by Specialist	80% after deductible
Minor Restorative Services	80% after deductible
Endodontics/Pulp Services	80% after deductible
Periodontal Services	80% after deductible
Repairs, Relines & Adjustments of Prosthetics	80% after deductible
Simple Extractions	80% after deductible
Impactions	80% after deductible
Minor Oral Surgery Services	80% after deductible
General Anesthesia	80% after deductible
<b>Complex Services</b>	
Gold Foil Restoration	80% after deductible
Inlays, Onlays – one every five years	80% after deductible
Crowns – one every five years	80% after deductible
Bridgework (Pontics & Abutments) – one every five years	80% after deductible
Partial and Complete Dentures – one every five years	80% after deductible

<b>Benefits</b>	
<b>Orthodontic Services</b>	
Orthodontic Diagnostic Services	60%
Minor Treatment for Tooth Guidance	60%
Minor Treatment for Harmful Habits	60%
Interceptive Orthodontic Treatment	60%
Comprehensive Orthodontic Treatment	60%

**Note:** Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

Using the Dentmax network can reduce your the out of pocket amount.

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\*Maximum deductible per member. 3-month carryover applies.





**Garfield Heights Board of Education  
 Vision**

<b>Benefits</b>	
<b>Benefit Period</b>	January 1 <sup>st</sup> through December 31 <sup>st</sup>
<b>Dependent Age Limit</b>	Same as Medical
<b>Examinations</b>	<b>One per Calendar Year</b>
<b>Vision Examinations</b>	100% of Traditional Amount
<b>Frames</b>	<b>One per Calendar Year</b>
<b>Basic Frames</b>	100% of Traditional Amount Per Frame
<b>Prescription Lenses</b>	<b>One pair per Calendar Year</b>
<b>Single Vision Lenses</b>	100% of Traditional Amount per pair
<b>Bifocal Lenses</b>	100% of Traditional Amount per pair
<b>Trifocal Lenses</b>	100% of Traditional Amount per pair
<b>Lenticular Single Lenses</b>	100% of Traditional Amount per pair
<b>Lenticular Bifocal Lenses</b>	100% of Traditional Amount per pair
<b>Lenticular Trifocal Lenses</b>	100% of Traditional Amount per pair
<b>Contacts In Lieu of Lenses</b>	<b>One per Calendar Year</b>
<b>Medically Necessary</b>	100% of Traditional Amount per pair
<b>Cosmetic</b> (Contacts are provided in lieu of lenses and frames)	\$75 per pair

**Note:** Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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