

**Maryville City Schools**  
**833 Lawrence Avenue**  
**Maryville, TN 37803**

**BOARD OF EDUCATION**  
**REGULAR MEETING**

**5:00 PM, DECEMBER 12, 2016**  
**COULTER GROVE INTERMEDIATE SCHOOL**

**I. CALL TO ORDER** **VICE CHAIRMAN POPE**  
**MOMENT OF SILENCE**  
**PLEDGE OF ALLEGIANCE** – Mackenzie Greene, 7<sup>th</sup> grade student

**II. SWEARING IN CEREMONY**

**III. ELECTION OF OFFICERS**

**IV. ADOPT AGENDA**

**V. COMMENTS FROM THE PUBLIC ON AGENDA ITEMS**

**VI. CONSENT AGENDA ITEMS**

1. Approve Minutes of November 14, 2016, meeting (Attachment)
2. Review Board Policy Manual Section 10.4.4.3 Tobacco – Second Reading
3. Review Board Policy Manual Section 10.14 Student Wellness – Second Reading
4. Ratify Executive Committee approval of Maryville High School Model UN Club overnight trip to Chattanooga for Model UN Competition November 19-21, 2016 (Attachment A1)
5. Approve Montgomery Ridge Intermediate School Ranger overnight trip to Washington DC (Attachment A2)
6. Approve Maryville High School baseball team overnight trip to Gulf Shores, AL, during spring break 2017 (Attachment A3)

**VII. AGENDA ITEMS**

**1. Award tenure certificates**

CGIS – Markay Jackson, Wesley Miller, Erin West  
JSE – Meghan Cook  
MHS – Jessica Hooker, Lindsey Pacifico, Brandon Waters  
MJHS – Brynn Everett, Allyson Finck, Maurice Harrison  
MRIS – Matthew Kelley, Alicia Sheppick  
SHE – Jessica Hunt, Adrienne Miller

**2. Approve Maryville City Schools Retirement Health Care Plan (Attachment B1)**

**3. Review quotes/bids and possibly take action on workers compensation, liability and property insurance coverage effective January 1, 2017 (Attachment B2)**

**4. Approve revisions to the Classified Sick Bank Guidelines (Attachment B3)**

**5. Appoint classified staff member and School Board member as Classified Sick Bank trustee with term expiring 12/31/219**

**MCS BOARD OF EDUCATION**  
**Regular Meeting, page 2**

- 6. Appoint certified staff member and School Board member as Certified Sick Bank trustees with term expiring 12/31/2019**
- 7. Appoint School Board member to serve as Tennessee Legislative Network representative**
- 8. Appoint School Board member to serve as Parliamentarian**
- 9. Appoint School Board member to serve as ex officio member of the Maryville City Schools Foundation Board of Directors**

**VIII. UPDATE FROM COULTER GROVE INTERMEDIATE SCHOOL – Ramona Best, Principal**

**IX. REPORTS FROM DIRECTOR OF SCHOOLS**

**X. RECOGNITION OF STAFF AND STUDENTS**

**XI. COMMENTS FROM BOARD MEMBERS**

**XII. ADJOURN**

**Upcoming meeting dates:**

January 9, 2017 – 5:00 pm, Montgomery Ridge Intermediate School

February 13, 2017 – 5:00 pm, Foothills Elementary School

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## MARYVILLE CITY SCHOOLS

*Mike Winstead*  
Director of Schools

833 Lawrence Avenue  
Maryville, Tennessee 37803

**November 15, 2016**  
**Maryville City School Board**  
**Executive Committee Meeting**

Approve Maryville High School Model UN Club overnight trip to Chattanooga for  
Model UN Competition November 19-21, 2016

APPROVED:

Director of Schools *Mike Winstead* Date 11/15/2016

Chairman, Board of Education *Doug Jenkins* Date 11/15/2016

Maryville Board of Education

Doug Jenkins

Candy Morgan

Bob Proffitt

Bethany Pope

Christi Sayles

A12

# Request to Release Students for a School-Related Event

Teacher: Rod Nelson Course/Team/Organization Model UN Club

Event: SHS MUN Model UN Competition

Dates of Trip: (Include departure/return time)

Departure Date Nov. 19

Departure Time Morning

Return Date Nov. 21

Return Time Around 5 PM

Check all that apply:

In-County ☐

Out-of-County ☐

Overnight\* ☒

Out-of-State\* ☐

\*(Requires Board Approval)

Transportation: Walk ☐ Parents Provide ☒ Bus ☐ Number of buses ☐

Cost to Each Student \$275 Means of Funding Trip Self financed by Dues + Direct Spending by Students + Parents

Educational

Purpose: Participate in a simulation of UN Committee Actions, Submitting Position Reports and Defending those reports in Committees, leading to negotiate team building and coalition building within those committees.

Teacher Signature: Rodney Nelson

Date 11-14-16

Request Approved: ☒

Request Not Approved ☐

Principal's Signature: [Signature]

Date 11/14/16

Superintendent Signature: [Signature]

Date 11/15/16

\*School Board Approved: ☐

Date ☐

## IMPORTANT REQUIREMENT

Please give classroom teachers a minimum of two weeks' notice of the event.

To help administration, teachers, and the Attendance Office, please return list of students alphabetically and indicate their grade level.

Please return to Macheala Humphrey

**FIELD TRIP REQUEST FORM**  
Montgomery Ridge Intermediate School

A2

Grade: 6<sup>th</sup> Team: Rangers  
Teacher Coordinator: Jeremy Russell  
Date: May 8-11 Destination: Washington DC  
Cost per student: \$570 Cost per adult: 0  
Number of attending students: 48 Number of attending adults: 8  
Departure Time: 6:00 am Return Time: 6:00 pm  
Method of transportation: Walk ☐ Cars ☐ Bus ☒ Number of Buses 1  
Bus Owner: Premier  
Justification for trip: MRIS Ranger trip to Washington DC

Principal's Signature: D. Kent Nguyen  
\*\*Director of Schools Signature\*\*: Libby Winters

To Be Completed After Approval:

PO# \_\_\_\_\_

Cafe Manager: \_\_\_\_\_ Clinic (Meds) \_\_\_\_\_ Office (Perm. Slip) \_\_\_\_\_  
(Initials) (Initials) (Initials)

**CUT & RETURN TOP PORTION TO OFFICE FOR APPROVAL**

**COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER - AFTER TRIP**

Grade: \_\_\_\_\_ Team: \_\_\_\_\_  
Teacher Coordinator: \_\_\_\_\_  
Field Trip Destination: \_\_\_\_\_  
Final Count of Students Paying: \_\_\_\_\_  
Final Count of Students Waived: \_\_\_\_\_  
Final Count of Adults Paying: \_\_\_\_\_  
Signature of Person Verifying: \_\_\_\_\_

**FOR BOOKKEEPER TO COMPLETE:**

Amount Donated: \_\_\_\_\_  
Total Paid by Students: \_\_\_\_\_  
Total Paid by Adults: \_\_\_\_\_

A3

**Glenda Ennen**

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**From:** Adam Sullivan  
**Sent:** Tuesday, December 06, 2016 12:24 PM  
**To:** Glenda Ennen  
**Subject:** Baseball Spring Break Trip

Hey Glenda,

This is Coach Sullivan, the Baseball Coach at MHS. We will be taking a Spring Break trip this season, and I would like to get on the School Board agenda for approval for the trip. The trip to Gulf Shores, AL will be March 20-25. Players will travel and stay with their parents.

Thanks and please let me know if you need any information,

Coach Sullivan

*W. White*



B1,

# MARYVILLE CITY SCHOOLS

## RETIREMENT

## HEALTH CARE PLAN



Effective July 1, 2016  
Revised December 2016

## ***SUMMARY OF PROVISIONS***

The following is a description of the terms and conditions of the district's Retirement Health Care Plan.

### ***WHAT IS THE RETIREMENT HEALTH CARE PLAN FOR MARYVILLE CITY SCHOOLS?***

The Retirement Health Care Plan permits eligible retirees to continue medical and prescription drug benefits after the date of retirement. Dental benefits and life insurance coverage are not provided under this plan.

### ***WHAT ARE THE MEDICAL AND PRESCRIPTION DRUG BENEFITS PROVIDED UNDER THE RETIREMENT HEALTH CARE PLAN?***

The benefits provided under the retirement health care plan are identical to the medical and prescription drug benefits provided to active employees under the Maryville City Schools Medical Plan. Please refer to the most recent Summary Plan Description for the Maryville City Schools Employee Health Plan if you have questions concerning your retirement health care and prescription drug benefits.

### ***WHO IS ELIGIBLE TO PARTICIPATE IN THE RETIREMENT HEALTH CARE PLAN?*** ***PLAN I***

You are eligible for Retirement Health Care Plan I if you satisfy all of the following conditions:

- You were hired prior to July 1, 2009, and
- You meet the eligibility requirements for, make application and retire pursuant to the provisions of the Tennessee Consolidated Retirement System (TCRS) with 30 years of service or having attained age 60 and are vested in TCRS, and
- You have at least 10 years of credited service with Maryville City Schools on your date of retirement, and
- You have been covered for medical benefits under the active employee medical plan for the two-year period immediately preceding the date you retire.



**PLAN II**

**Y**ou are eligible for Retirement Health Care Plan II if you satisfy all of the following conditions:

- You were hired on or after July 1, 2009, and
- You meet the eligibility requirements for, make application and retire pursuant to the provisions of the Tennessee Consolidated Retirement System (TCRS) with 30 years of service or having attained age 60 and are vested in TCRS, and
- You have at least 10 years of credited service with Maryville City Schools on your date of retirement, and
- You have been covered for medical benefits under the active employee medical plan for the two-year period immediately preceding the date you retire.

***IS MY SPOUSE ELIGIBLE FOR COVERAGE UNDER THE RETIREMENT HEALTH CARE PLAN?***

**Y**es, if you are eligible for coverage under the Retirement Health Care Plan, then your spouse is also eligible but only if your spouse was covered under the active employee medical plan for the two-year period immediately preceding the date you retire. All coverage under the retirement health care plan will be secondary to any other coverage, group or group sponsored plan, in which your spouse is enrolled.

If you marry after you retire, your spouse will not be eligible for coverage under the Retirement Health Care Plan.

***ARE MY DEPENDENT CHILDREN ELIGIBLE FOR COVERAGE UNDER THE RETIREMENT HEALTH CARE PLAN?***

**Y**es, a dependent child may be covered up to age 26, if the child was covered under the active employee medical plan for the two-year period immediately preceding the date you retire. See the health insurance plan document for a full definition of a dependent.

***IF MY DEATH OCCURS WHILE RETIRED, ARE MY SPOUSE AND DEPENDENT CHILDREN ELIGIBLE TO CONTINUE COVERAGE UNDER THE RETIREMENT HEALTH CARE PLAN?***

**I**f your spouse is enrolled for coverage under the Retirement Health Care Plan at your date of death, your spouse's coverage may continue for up to 36 months under COBRA, subject to the continued payment of the spouse's cost share based on the current COBRA rate. Eligibility in such case would be limited to the lesser of 36 months or when the spouse reaches the age of Medicare eligibility.

***MARYVILLE CITY SCHOOLS RETIREMENT HEALTH CARE PLAN- EFFECTIVE JULY 1, 2016***

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Under these same circumstances, coverage for dependent children would continue for the lesser of up to 36 months under COBRA or up to age 26, subject to the continued payment of their cost share.

In the event of your death after your retirement, any coverage for your surviving spouse and dependent children will end if your surviving spouse remarries; the coverage will end at the date of such remarriage.

***WHEN DOES MY COVERAGE END?***

***PLAN I AND PLAN II***

Your coverage will end on the earlier of the following dates:

- The date that you reach the age for Medicare eligibility, or
- The last date for which you pay your share of the cost of your coverage, or
- The date you voluntarily withdraw, or
- The date you acquire health care coverage through other employment during the period of retirement health coverage.

***WHEN DOES MY SPOUSE'S AND DEPENDENT CHILDREN'S COVERAGE END?***

***PLAN I AND PLAN II***

Your spouse's coverage will end on the earlier of the following dates:

- The date the retired employee's spouse reaches the age for Medicare eligibility, or
- The date your spouse has been enrolled in the retirement health care plan for a maximum 10-year period unless the retired employee is still under the eligible age for Medicare, in which case the spouse will be covered until the retired employee reaches the age for Medicare eligibility.
- The last date for which you pay your share of the cost of spousal coverage, or
- The date you voluntarily withdraw, or
- In the event of divorce, coverage ends immediately.

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**MARYVILLE CITY SCHOOLS RETIREMENT HEALTH CARE PLAN- EFFECTIVE JULY 1, 2016**

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Your dependent child's coverage will end on the earlier of the following dates:

- The date the retired employee reaches the age for Medicare eligibility, or
- The date the child ceases to be dependent, as defined in the plan, or
- The date the dependent child reaches age 26, or
- The last date for which you pay your share of the cost of the dependent child's coverage.

See the related coverage termination information for your spouse and dependent children in the event of your death or divorce after retirement.

***WILL MY COVERAGE END IF I BECOME DISABLED?***

In the event a person participating in this program becomes disabled as established by the Social Security Administration, the health insurance benefits provided under this program will be reduced to secondary coverage after acceptance into the Medicare program. Coverage will end as outlined under the "When Does My Coverage End?" sections above.

***WHAT IS THE COST TO THE RETIREE TO PARTICIPATE IN THE RETIREMENT HEALTH CARE PLAN?***

***PLAN I***

- Any applicant who has met the eligibility requirements will have one year of coverage paid by Maryville City Schools for each three years of service to Maryville City Schools.
- This benefit must be taken prior to Medicare.
- Your premium must be received by the school district on or before the tenth day of each calendar month. Your monthly premium covers you for the current month. For example, the premium due for November 10 pays for your coverage for November 1 – 30.
- If the benefit does not cover the entire period for retirement up to the age for Medicare eligibility, then the benefit will be prorated to that age and will be individually calculated and based on the current COBRA rate for individual coverage.
- The retired employee will pay the same premium as active employees for single coverage. The premium for one dependent is 50% of the current COBRA rate for individual coverage. Each additional dependent is 10% of the current COBRA rate for individual coverage.
- The premium for dependents remaining after the retired employee reaches the age for Medicare eligibility will be 100% of the current COBRA rate.

***PLAN II***

- Any applicant who has met the eligibility requirements will have one year of coverage costs paid by Maryville City Schools for each five years of service to Maryville City Schools.
- This benefit must be taken prior to Medicare.
- Your premium must be received by the school district on or before the tenth day of each calendar month. Your monthly premium covers you for the current month. For example, the premium due for November 10 pays for your coverage for November 1 – 30.
- If the benefit does not cover the entire period for retirement up to the age for Medicare eligibility, then the benefit will be prorated to that age and will be individually calculated and based on the current COBRA rate for individual coverage.
- The retired employee will pay the same premium as active employees for single coverage. The premium for one dependent is 50% of the current COBRA rate for individual coverage. Each additional dependent is 10% of the current COBRA rate for individual coverage.
- The premium for dependents remaining after the retired employee reaches the age for Medicare eligibility will be 100% of the current COBRA rate.

***ARE DEDUCTIBLES AND OUT-OF-POCKET EXPENSES THE SAME AS THOSE PAID BY ACTIVE EMPLOYEES?***

***Yes***, deductible and out-of-pocket expenses are the same as those for the active employee medical plan.

***IF MY SPOUSE AND I DIVORCE AFTER MY RETIREMENT, CAN COVERAGE UNDER THIS PLAN BE CONTINUED FOR MY FORMER SPOUSE AND DEPENDENT CHILDREN?***

***If*** your spouse is enrolled for coverage under the Retirement Health Care Plan at your date of divorce, your spouse's coverage will terminate immediately. Your spouse would be eligible for COBRA continuation coverage for 36 months.

Under these same circumstances, coverage for dependent children would continue up to age 26, subject to the continued payment of their cost share.

***WHAT ARE THE ENROLLMENT PROCEDURES?***

***Any*** person employed by the Maryville City Board of Education desiring to apply for benefits pursuant to the Program, shall complete an Enrollment Application on forms provided by the school system. In order to prevent a lapse in insurance coverage, applications must be submitted to the Director of Schools sixty days prior to the date of retirement.

**MARYVILLE CITY SCHOOLS RETIREMENT HEALTH CARE PLAN- EFFECTIVE JULY 1, 2016*****CAN I DEFER PARTICIPATION IN THE PLAN?***

**Y**es, at the time of retirement, you can elect to defer coverage to a later date. The election must be made at the time of retirement, is a one-time election and a date of return must be designated. The date of return back onto the plan can be changed to an earlier or later date if special circumstances were to arise. *It is the retired employee's responsibility to contact the district to re-establish coverage.*

***CAN MARYVILLE CITY SCHOOLS TERMINATE OR AMEND THIS PLAN AT ANY TIME?***

**A**lthough the Maryville City Board of Education expects to continue the Retirement Health Care Plan indefinitely, the Board of Education reserves the right to amend, modify or terminate this plan at any time, provided however no modification, termination or amendment shall alter, modify or terminate any benefit then being received by any Plan participant. Changes to this plan must be approved by the Maryville City Board of Education no later than December 31<sup>st</sup>. for the changes to take effect on July 1 of the following year.

***WHO DO I CONTACT IF I HAVE ANY QUESTIONS?***

**Y**ou may contact the Human Resources Department at Maryville City Schools at (865) 982-7121.

## Bid Opening Summary

Maryville City Schools  
Insurance Bids

Opening Date: November 10, 2016

Opening Time 1:00 p.m.

Opened by: Dr. Kathy Smith

Vendor	Bid	Workman's Compensation	Liability	Property-Casualty	Total
Cate-Russell/Public Risk Insurors	Received	\$107,673.00	\$ 127,914.00 Bundled Together		\$235,587.00
TML-The Pool	Received	\$118,665.00	\$43,884.00	\$157,831.00	\$320,380.00
NGU Risk Management	Received	\$98,513.00	\$44,079.00	No bid	\$142,592.00
Blackwood Insurance	No bid				
Hylant	No bid				
CBIZ	No bid				
Prince Insurance Agency	No bid				
BB & T Huffaker	Received	\$137,351.88	\$ 8,750 Cyber Only	No bid	\$146,101.88
Hometown Insurance Agency	No bid				

**MARYVILLE CITY SCHOOLS**  
**Classified Sick Leave Bank Guidelines**

**I. Purpose**

The purpose of the Sick Leave Bank is to provide sick leave to contributors who have suffered a catastrophic illness, emergency surgery or accident and whose personal sick leave is exhausted.

**II. Administration**

The Sick Leave Bank shall be administered by a Committee of Trustees. The Committee shall be composed of three (3) members: -one School Board representative, one classified employee and the FinanceAssistant Director of Schools, who shall serve as chair of the Committee. This Committee shall review applications to ensure that they comply with all requirements. The FinanceAssistant Director will serve as the administrator of the program.

**III. Rules**

1. All full-time permanent classified employees of Maryville City Schools who are entitled to sick leave shall be eligible to participate in the Sick Leave Bank; however, a minimum participation of thirty (30) employees shall be required to establish the Bank.
2. Any employee who elects to participate in the Bank shall initially have 3 day(s) of sick leave deducted from his/her personal accumulation and deposited to the Sick Leave Bank. **However, an employee electing to participate in the Sick Leave Bank must have worked full-time for two (2) continuous years before participation will be granted.** Upon meeting eligibility requirements, an employee will be eligible to join the bank during the first 90 days of each school year. Donations can be made during August, September or October. Donations of sick leave days to the Bank are non-refundable and nontransferable.
3. If at any time the number of days in the Sick Leave Bank is less than thirty (30), or one (1) per member if there are more than thirty (30) members, or at any time deemed advisable, the Committee shall assess each member one (1) or more days of accumulated sick leave. If a member has no accumulated sick leave at the time of assessment, the first earned days shall be donated as they are accrued by the employee.
4. By written notice to the Committee, a member may withdraw from Bank participation on any June 30. Membership withdrawal shall result in forfeiture of all days contributed.



5. **Members of the Sick Leave Bank shall be eligible to make application to the Bank for sick leave only after having been a member of the Bank for thirty (30) calendar days.**
6. A participant shall not receive any sick leave from the Bank until after having exhausted all accumulated sick leave, personal leave and/or annual leave, including all paid Board extensions and only when there is a catastrophic illness, emergency surgery or accident causing absence of ten (10) or more consecutive working days.
7. Leave grants from the Bank, recommended by the Board of Trustees shall be in units of no more than twenty (20) consecutive workdays for the individual applicant. Applicants may submit requests for extensions of such leave grants before their prior grants expire. The maximum number of days any participant may receive in any fiscal year is sixty (60). The maximum number of days any participant may receive as a result of any one or the same illness or accident is ninety (90) days. The lifetime maximum number of days any participant may receive is one hundred eighty (180) days.
8. In the event a member is physically or mentally unable to make a request to the Sick Leave bank for use of sick leave days, any member of the immediate family or designated agent may file the request.
9. A physician's statement stating that the illness or accident will require more than ten (10) days absence is required as part of the application to receive days from the Sick Leave Bank. Also, if the Committee determines it necessary, they may require an additional physician's certificate of condition from any member requesting additional leave. Refusal to comply will result in denial of the pending request for use of sick leave days from the Bank.
10. Sick leave granted to a member from the Sick Leave Bank need not be repaid by the individual except at such time it is deemed necessary to uniformly assess all members.
11. Grants of sick leave from the Sick Leave Bank shall not be made to any member on account of any elective surgery, normal pregnancy, or illness of any member of the participants family, or during any period the member is receiving any other form of sick leave benefit (i.e., Workers' Compensation, disability benefits from social security or the state or local retirement plan).
12. A member shall lose the right to obtain the benefits of the sick leave bank by:

- (a) Resignation or termination of employment;
- (b) Cancellation of participation, which is effective on June 30;
- (c) Refusal to honor such assessment as may be required by the Committee of Trustees;
- (d) Being on approved leave of absence with the exception of personal illness or disability leave; or
- (e) Retirement.

#### IV. Procedures

1. Contributions to the Bank must be made on a Sick Leave Bank Donation Form.
2. All requests to draw upon the Bank must be made upon a Sick Leave Bank Request Form and submitted to the Committee of Trustees within ten (10) calendar days of the first dates bank usage is requested. In extreme and unusual cases exceptions may be approved.
3. The Committee shall act affirmatively or negatively on all applications within ten (10) calendar days of the application.
4. All requests to draw from the Bank must be accompanied by a physician's statement on the approved form confirming the cause of illness or injury and must be signed by the physician.
5. An applicant may be required to undergo at his/her expense a medical review by a physician approved by the Committee.
6. Any person submitting a request to draw on the Bank must have made his/her proper contribution (if required) for the fiscal year in which the request is made.
7. All records of the Sick Leave Bank shall be kept in the central office of the school system and shall be maintained by the person(s) in charge of regular sick leave records. The Committee shall inform this office of all applications they approve and the amount of additional leave granted the member.