



Utah Retirement Systems
 PO Box 1590
 Salt Lake City, Utah 84110-1590
 (801) 366-7720 or (800) 688-401k
 FAX (801) 366-7445
 www.urs.org

401(k) and 457 Plan CONTRACT

- INSTRUCTIONS:**
1. Complete this form if you or your employer contribute to Utah Retirement Systems 401(k) Plan and/or 457 Plan.
 2. Read the information on the reverse side before completing this form.
 3. **Please type or print clearly in black ink.**
 4. Complete the applicable sections, sign, and return this form to Utah Retirement Systems (URS).
 5. If you fax this form, do not mail the original.

SECTION A - MEMBER INFORMATION		
Name (First, Middle, Last)	Birth Date	Social Security Number
Mailing Address		Daytime Phone Number
City	State	Zip
		Employer

SECTION B - FUTURE DEFERRALS FROM MY SALARY TO BE WITHHELD PER PAY PERIOD	
401(k) Plan	457 Plan
<i>Total amount to be withheld beginning the next possible pay period</i>	<i>Total amount to be withheld beginning the month following the date this form is signed</i>
\$ _____ or _____ %	\$ _____ or _____ %
My employer's payroll schedule has: (circle one) 9, 10, 12, 24, or 26 pay periods per year.	My employer's payroll schedule has: (circle one) 9, 10, 12, 24, or 26 pay periods per year.
	Deferrals to the 457 Plan cannot begin until the month following the date this form is signed.

SECTION C - INVESTMENT OF FUTURE DEFERRALS - Determines how your future deferrals will be invested.	
401(k) Plan Investment Options _____ % Income Fund _____ % Bond Fund _____ % Balanced Fund _____ % Large Cap Stock Value Fund _____ % Large Cap Stock Index Fund _____ % Large Cap Stock Growth Fund _____ % International Fund _____ % Small Cap Stock Fund _____ % Short Horizon Fund _____ % Medium Horizon Fund _____ % Long Horizon Fund 100% Total must equal 100%	457 Plan Investment Options _____ % Income Fund _____ % Bond Fund _____ % Balanced Fund _____ % Large Cap Stock Value Fund _____ % Large Cap Stock Index Fund _____ % Large Cap Stock Growth Fund _____ % International Fund _____ % Small Cap Stock Fund _____ % Short Horizon Fund _____ % Medium Horizon Fund _____ % Long Horizon Fund 100% Total must equal 100%

SECTION D - BENEFICIARY DESIGNATION

I hereby designate the person(s) named below to receive all benefits payable on my death. 401(k) and 457 beneficiaries will be the same unless a Change Form (MECF-1) designating otherwise is submitted. To name additional primary or contingent beneficiaries, attach a new page to this document with the page signed and dated. Trusts should be listed on a Change Form (MECF-1).

Full Given Name of Beneficiary	Designation	Relationship	Birth Date	Mailing Address
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip

SECTION E - PARTICIPANT SIGNATURE (required)	Date
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EMPLOYER USE ONLY
Date Processed _____
Employer # _____
Initials _____

DESCRIPTION OF INVESTMENT OPTIONS

The **Income Fund** is a stable value fund consisting of U.S. government securities, mortgages, corporate bonds, guaranteed investment contracts, and short-term funds. This Fund is the most conservative of the investment options.

The **Bond Fund** invests in a diversified portfolio consisting of U.S. government securities, mortgages, corporate bonds, and short-term funds. This Fund's return is affected by changes in interest rates and other economic factors.

The **Balanced Fund** invests in a portfolio consisting of approximately 60% stocks, 35% bonds, and 5% short-term funds. This Fund is considered less risky than most stock investments but has higher risk than most fixed income investments.

The **Large Cap Stock Value Fund** invests primarily in common stocks of companies that appear to be temporarily undervalued by the stock market, but have a favorable outlook for long-term growth. This Fund has the potential for higher returns than fixed income investments over long periods of time.

The **Large Cap Stock Index Fund** invests in all 500 stocks of the Standard & Poor's 500 Index and is similarly weighted. This Fund has the potential for higher returns than fixed income investments over long periods of time.

The **Large Cap Stock Growth Fund** invests primarily in common stocks of companies that the fund manager believes have above average growth potential in earnings or revenues. This Fund may have greater volatility and risk than the Large Cap Stock Index Fund.

The **International Fund** invests primarily in stocks of companies outside of the United States. This Fund offers international diversification, but adds currency risk and country risk not found in a U.S. fund. Accordingly, the risk and return potential of this Fund is considered greater than a large cap U.S. fund.

The **Small Cap Stock Fund** invests in U.S. small companies listed on the New York Stock Exchange, the American Stock Exchange, and the NASDAQ national market system. Small company stocks have the potential for greater returns than large company stocks, and conversely have a greater risk of loss. Significant price fluctuations are more likely than in the other investment options.

HORIZON FUNDS - A Horizon Fund asset allocation is designed to help those who want to diversify their investment. If you select one of the three Horizon Funds, your contributions will be allocated to the investment options according to the following table. The Horizon Funds will be reviewed and rebalanced each quarter when target ranges are exceeded. Utah Retirement Systems reserves the right to change these percentages as needed.

	Short Horizon Fund	Medium Horizon Fund	Long Horizon Fund
Income Fund	20%	0%	0%
Bond Fund	65%	45%	20%
Large Cap Stock Value Fund	0%	10%	10%
Large Cap Stock Index Fund	10%	15%	25%
Large Cap Stock Growth Fund	0%	10%	10%
International Fund	5%	15%	25%
Small Cap Stock Fund	<u>0%</u>	<u>5%</u>	<u>10%</u>
Total	100%	100%	100%

The **Short Horizon Fund** is designed for investors expecting to withdraw their funds in approximately 5 years. This Fund provides a relatively conservative investment with a more stable rate of return. However, with reduced market risk there is usually a lower rate of return.

The **Medium Horizon Fund** is designed for investors planning to withdraw their funds in 5 to 10 years. This Fund emphasizes moderate risk and moderate earnings potential. It has more risk than the Short Horizon Fund, but less than the Long Horizon Fund.

The **Long Horizon Fund** is designed for investors with 10 or more years to invest before withdrawing their funds. This Fund offers the potential for higher returns over a long period of time. There is a higher market risk with this horizon fund, along with higher potential returns.

TRANSFERS

You may make one transfer within your account no more frequently than every 7 calendar days. In addition, as of August 1, 2004, individuals who transfer any or all of their current account between investment options more often than once every 30 days, will be charged 2% of their total plan balance for each additional trade. The 30-day period begins on the day that URS processes the transfer and each transfer begins a new 30-day period. Investment Contracts received at Utah Retirement Systems (URS) before the close of the New York Stock Exchange (NYSE), generally 2:00 pm Mountain Time, will be transferred using that evening's closing market values. Contracts received after the close of the NYSE will be transferred using the next business day's closing market values. On days of unusually heavy transfer activity, computer system failure, or other unforeseen circumstances, URS reserves the right to process transfers using the next available business day's closing market values.

You can check your balances or make changes to your account by accessing *myURS* on the URS web site at www.urs.org or by calling the Interactive Voice Response System at (801) 366-7720 or (800) 688-401k.



**ALPINE SCHOOL DISTRICT
BOARD OF EDUCATION**

575 North 100 East, American Fork, Utah 84003
Telephone: (801) 756-8419 Hotline: (801) 756-8426
www.alpine.k12.ut.us

POSITION APPLYING FOR

LOCATION OF POSITION

CLASSIFIED EMPLOYEE APPLICATION
PERSONAL INFORMATION (TYPE OR PRINT)

Surname _____ First _____ Middle _____

Present Address _____
Street _____ City _____ State _____ Zip _____

Telephone _____
Home _____ Business _____ Driver's License No. _____

(CDL yes ___ no ___ Classification ___)

Social Security Number _____

U.S. Citizen: Yes ___ No ___ If no, do you have permanent U.S. Resident status? Yes ___ No ___

Veteran: Yes ___ No ___ (If yes, you must complete veteran information form)

ALPINE SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

Your application will not be rejected because of your race, color, national origin, religion, sex or age except as legally required and indicated on the vacancy notice. No individual with a disability who, with reasonable accommodation, can perform the essential functions of the offered position, shall be discriminated against.

ALPINE SCHOOL DISTRICT - Informed Consent and Release of Liability

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize the Superintendent of Schools of Alpine School District or his designee to investigate either orally or in writing any and all of my past and present work and education records to ascertain any and all information which may be pertinent to my employment qualifications. I HEREBY AUTHORIZE the Superintendent of Schools of Alpine School District or his or her designee to request a search of law enforcement records relating to me. I HEREBY AUTHORIZE the release of any and all information relating to me, whether the same is of record or not, and I DO HEREBY RELEASE from all liability persons and organizations reporting information required by this application.

I understand that any false statements or deliberate material omissions shall be sufficient cause for dismissal or disqualification from employment consideration. I hereby waive any right to see any written materials submitted to the District in response to the above inquiries or notes of any oral communication relative to such inquiries. I understand that if I am hired by the District any information received in response to the above inquiries is placed in my personnel file and that I have no right to inspect such material. In the event I am employed by Alpine School District, I also give my permission for the Superintendent or his designee to provide on request from future prospective employers any information relating to employment with Alpine School District.

Signature _____ Date _____

Signature of Witness _____

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during the interview process should notify Personnel at 756-8419 or at 756-8478 at least three working days prior to the interview.

EDUCATIONAL BACKGROUND

	Dates Attended	Year Graduated	Course of Study/Emphasis
High School _____	_____	_____	_____
College _____	_____	_____	_____
Bus. College _____	_____	_____	_____
Trade School _____	_____	_____	_____
Other _____	_____	_____	_____

Yes ___ No ___ Are you willing to accept part-time employment? If yes, which hours of the day can you work? _____
 Yes ___ No ___ Are you willing to be on call for substitute work?
 Yes ___ No ___ Are you presently employed? If yes, where _____

EMPLOYMENT HISTORY Give names and addresses of employers and foremen, or supervisors with whom you have had training or experience, beginning with last or present employer.

- | | | | |
|------------|----------------|---------------|-------|
| _____ | _____ | _____ | _____ |
| Firm Name | | Position Held | |
| _____ | _____ | _____ | _____ |
| Address | | | |
| _____ | _____ | _____ | _____ |
| Supervisor | | Phone | |
| _____ | _____ | _____ | _____ |
| Salary | Dates worked - | From | to |
- | | | | |
|------------|----------------|---------------|-------|
| _____ | _____ | _____ | _____ |
| Firm Name | | Position Held | |
| _____ | _____ | _____ | _____ |
| Address | | | |
| _____ | _____ | _____ | _____ |
| Supervisor | | Phone | |
| _____ | _____ | _____ | _____ |
| Salary | Dates worked - | From | to |
- | | | | |
|------------|----------------|---------------|-------|
| _____ | _____ | _____ | _____ |
| Firm Name | | Position Held | |
| _____ | _____ | _____ | _____ |
| Address | | | |
| _____ | _____ | _____ | _____ |
| Supervisor | | Phone | |
| _____ | _____ | _____ | _____ |
| Salary | Dates worked - | From | to |

Yes ___ No ___ Are you related to a member of the Board of Education or any of the District administrators, supervisors, or job foremen? If yes, list names, relationship and assignment.

Yes ___ No ___ Do you have relatives who are presently working for the District? If yes, give names, relationship and work unit.

_____ For hiring purposes relatives include the following: father, mother, husband, wife, son, daughter, sister, brother, mother-in-law, father-in-law, brother-in-law, son-in-law, daughter-in-law.

Yes ___ No ___ Have you ever been dismissed from or not re-employed in any position or resigned after being notified that personnel action was to be taken?

Yes ___ No ___ Have you ever been convicted of a misdemeanor?

Yes ___ No ___ Have you ever been convicted of a felony?

Yes ___ No ___ Have you ever entered into or negotiated a plea in abeyance?

Yes ___ No ___ Have you ever been convicted of any criminal offense other than a traffic violation?

Yes ___ No ___ For those positions requiring an applicant to drive a motor vehicle, have you ever been convicted of any traffic violations?

Yes ___ No ___ Have you ever been convicted of a D.U.I.?

Yes ___ No ___ For those positions which involve teaching or teacher aides (paraprofessional) are you currently under investigation or have you ever been disciplined by UPPAC or by any other state agency?

For each question answered yes, attach to this form detailed explanation describing the date, circumstances, and persons involved in each such occurrence.

Yes ___ No ___ Alpine School District has permission to release my name, address and telephone number to other prospective employers and to educationally oriented organizations considered by the District to have a legitimate need for such information.

Yes ___ No ___ Are you a past employee of the district? If yes, under what name were you employed? _____

READ THOROUGHLY THROUGH THE FOLLOWING ITEMS AND MARK THOSE AREAS THAT ARE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING.

MAINTENANCE AND CUSTODIAL: Check trades in which you have some skills

___ Carpentry ___ Plumbing ___ Electricity ___ Carpentry Apprenticeship _____

___ Painting ___ Boilermaking ___ Custodial ___ Landscaping Apprenticeship _____

TECHNOLOGY SERVICES: Complete items that are applicable for position you are applying

Type speed _____ Data Entry Experience yes ___ no ___ Word Processing Experience yes ___ No ___

What type of computer or systems have you worked with? _____

Computer Programming yes ___ no ___ If yes, what type of applications _____

WAREHOUSE PERSONNEL

Forklift Experience yes ___ no ___ (How long _____) Warehouse Experience (where) _____

OFFICE OR CLERICAL PERSONNEL: Check those areas of experience

___ Type _____ w.p.m. ___ Data Entry Beginning Training Fully Trained

___ Shorthand _____ w.p.m. ___ Word Processing Beginning Training Fully Trained

___ Filing (Programs _____)

___ 10 key

___ Bookkeeping/Accounting Courses _____

Detailed Experience: _____

MEDIA SERVICES: Check training in the following areas

___ Library book selection ___ Filing and/or cataloging media resources ___ Dramatic reading or story telling

___ Computer Experience ___ School curriculum/media coordination ___ Operating Media Equipment

___ Type Speed _____ ___ Preparation for teaching aids

List where you took the following college classes:

Information retrieval & Computer Appr. _____

Cataloging & Classification _____ Selection of Media _____

Information Sources _____ Media Production _____

Children's literature _____ Media Administration _____

List additional education or work you have had or done to develop skills needed in the position you are applying for:



ALPINE SCHOOL DISTRICT

CHILD NUTRITION TEAM

EMPLOYEE MANUAL

2004 – 2005 School Year

Alpine School District
Food Services
490 North State
Lindon, Utah 84042

Phone: (801) 796-3104

Fax: (801) 796-3103

Welcome

Welcome to the Alpine School District Food Service Team. You have chosen to join a group of dedicated professionals. We are here to support the education process of the students of Alpine School District by providing them with nutritious meals to help develop strong minds and healthy bodies.

Our customers are our most important assets, and we expect each employee to show individual initiative in the satisfaction of our customers' needs.

Our employees are also our most important assets, and we have an open door policy in order to provide a forum for the satisfaction of your concerns. We hope you will take advantage of the opportunity provided by the Food Service Department and will assist us in our success through your contributions to the students.

All Food Service Employees work for Alpine School District. We try to assign employees to schools where they want to work. It is important for you to know, however, that you may occasionally be assigned to work in another location. We assign employees to location where there is the most need. On pizza days in elementary schools you may be assigned to go to another school. You must go where your are assigned, and you must have transportation to make the change.

ESSENTIAL FUNCTIONS OF THE JOB FOOD SERVICE EMPLOYEES

(You must be willing and able to accomplish the following essential functions for this job)

1. You must possess and maintain a current Food Handlers Permit.
Utah County Health Department – 801-851-7525
151 South University Ave.
Suite 2600
Provo, Utah 84601
2. You must be able to communicate with students, staff, and parents.
3. You must be able to safely operate food service equipment.
4. You must be able to follow all sanitation practices.
5. You must have transportation and be willing to work in any location.

SOME GENERAL RULES FOR FOOD SERVICE PERSONNEL

1. Report for work and be ready to begin assignments at the time specified by the manager.
2. Food is not to leave the kitchen.
3. Safety and sanitation regulations prohibit unauthorized personnel in the kitchens. If someone needs to speak to a staff member the personnel can go to the door and take care of whatever is

necessary. Principals and teachers may have business in the kitchen and this is deemed authorized personnel.

4. All telephone lines in the school are busy so personal calls should be made only for emergency situations. Cell phones cannot be used or carried during work hours.
 5. Follow the work schedules specifying individual tasks according to the managers' directions.
 6. Use the standardized recipes and directions, supplied by the Food Service Office.
 7. Learn proper use and care of equipment.
 8. Report all accidents immediately.
 9. Know where the "MSDS" information is maintained.
 10. Do not handle food if you have colds, sore throats, skin infections or open sores.
 11. Aprons should be removed before entering the rest room.
 12. Food handlers should always adhere to the double hand washing procedures.
 13. Use only clean sanitized equipment and utensils in the preparation and serving.
- ALWAYS BE AWARE OF THE DANGER OF CROSS CONTAMINATION.**
14. Make sure all chemicals are stored away from food items or preparation areas.
 15. Store food in correct containers.

EMPLOYEMENT OF RELATIVES

The intent of this policy is to prevent discrimination, favoritism and other work setting problems caused by hiring, supervising and working with relatives. It is also the intent of the Board of Education to hire the best-qualified candidates available for each open position. With this understanding, exceptions to the

following provisions will be allowed upon the documented recommendation of the Superintendent and the approval of the Board of Education.

It is against district policy for any person in the Alpine School District holding any position that the compensation for which is paid out of public funds, or any elected official to be employed in the same school or administrative unit with his or her relative(s).

For the purpose of this policy, a relative shall be understood to include one's father, mother, husband, wife, son, daughter, sister, brother, uncle, aunt, nephew, niece, first cousin, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law.

If an employee is hired in a particular location, and is aware there is a relative in that location, they must notify the Food Service Director.

PERFORMANCE REVIEW

Alpine School District recommends periodic performance appraisals. Formal performance appraisals or evaluations are conducted to provide both supervisors and employees with the opportunity to discuss positive, purposeful approaches for meeting goals.

Information for the evaluation process should be considered when making decisions affecting an employee including, but not limited to, decisions concerning training needs and opportunities.

The employee's signature indicates that the employee has seen the evaluation, the results have been discussed with the supervisor, and the evaluation is understood by the employee. The signature does not necessarily indicate agreement.

If the employee has areas that need to be improved upon, the employee will receive a "needs improvement plan" to help correct areas of deficiency.

The documents will be placed in a file at the Personnel Office.

TERMINATION OF EMPLOYMENT – VOLUNTARY

Alpine School District acknowledges the employment-at-will philosophy: both the employee and the district have the right to terminate employment-at-will, with or without cause, at any time. However, Alpine School District requires that voluntary terminations be handled in a manner that ensures productivity will continue with minimum disturbance. The procedure is as follows:

1. **WRITTEN RESIGNATION:** Upon notification that an employee intends to leave the district, the manager should request that the employee submit a termination form confirming the employee's intention to voluntarily terminate employment, the reason(s) for leaving, and a proposed termination date.

2. **NONWRITTEN VOLUNTARY RESIGNATION:** When an employee has an unexplained absence from work for three or more consecutive days (not reported or explained to the supervisor), that employee will be considered to have voluntarily resigned employment.

3. **MINIMUM NOTICE:** A resigning employee is expected to provide a minimum notice of two weeks prior to the employee's last proposed day of work. When appropriate, this two-week period may be shortened or lengthened, subject to the agreement between the manager and resigning employee.

COMPENSATION

Alpine School District makes every attempt to pay fair and equitable compensation to each employee.

The Alpine School District and the Classified Association negotiate salaries each year.

Your manager is responsible for submitting all hours that you work.

If you have questions about your salary, and your immediate supervisor is unable to answer your questions, call the Food Service Director, and she will assist you in finding the information you need. (801) 796-3104

You will be paid once a month on the last working day. Time goes in on the first Friday of each month.

Hourly Rate from the 2003 – 2004 salary scale is \$7.29 per hour.

Hourly Service Bonus 1: After you have worked 720 hours an employee is eligible for the hourly service bonus 1 program. A bonus is paid after each hour worked beyond the basic 720 hours. The amount is \$.81 per hour

Hourly Service Bonus 2: After working 1440 hours an employee is eligible for the hourly service bonus 2 program. A bonus is paid after each hour worked beyond the basic 1440 hours. The amount is \$1.68 per hour.

If you cannot go to any of our schools and just want to substitute at certain schools, the rate of pay is **\$6.00** per hour.

SMOKING

In accordance with the State of Utah Clean Air Act and in keeping with Alpine School Districts intent to provide a safe and healthy work environment, smoking is prohibited on all Alpine School District property. Smoking is not permitted within 1000 feet of any educational facility.

TIME SHEETS AND ATTENDANCE

Time sheets are essential for the proper payment of employees.

Managers will fill out time sheets each week for all employees. Employees should check hours worked for each day and verify that the information is correct. Employees should then sign the time sheet acknowledging that the information is accurate and can be submitted.

A pilot program in some schools will have the use of a time clock system. Instruction on how to clock in will be explained to you by your manager.

Employees should have their uninterrupted ½ hour lunch break if they work three hours or more. This ½ hour is not compensated. The employee must take the break when the manager instructs him or her to do so. Employees who work three hours or more may also receive a lunch at no charge. A-la-carte or fast food meals must be paid for.

To maintain an efficient and productive work environment, employees are expected to be reliable and punctual in reporting for scheduled work. However, Alpine School District realizes that employees may have good reason to be absent from work or that circumstances beyond the control of the employee may cause the employee to be late reporting for work. Employees are expected to report anticipated absence or delay in reporting to work as far in advance as possible and to provide the reason and anticipated duration of the absence. Employees who fail to correct unsatisfactory attendance or punctuality will be subject to disciplinary action.

The attendance standard that has been adopted for the Alpine School District Food Service Department is **NO MORE THAN 5 PERSONAL LEAVE DAYS, AND NO MORE THAN 15 SICK LEAVE DAYS PER YEAR.** (Hourly employees receive no compensation for days missed)

After a number of bonus hours worked hourly employees will be eligible for personal leave days paid at one half there hourly rate.

BENEFITS

1. Employees who work 20 hours or more per week are entitled to State Retirement benefits. Employees must sign up for these benefits.
2. Employees do not have to work on weekends.

3. Employees work only when school is in session.
4. Employees do not work on holidays.
5. Employees who are parents of school age children have the opportunity of only working while their children are in school.
6. Employees do not work in the summer when school is not in session.
7. Employees work with students and are part of their education process.
8. Employees will have an opportunity to earn personal leave days paid at half their hourly rate.
9. Bonus Programs.
10. Employees enjoy the association of great individuals.

OPEN – DOOR POLICY

Alpine School District supports an open-door policy of communication between all employees and all levels of management. Freedom to express ideas, to offer constructive criticism, and to bring to the attention of others complaints about work – related situations – especially those that concern safety in the workplace – all contribute to a

healthy work environment for everyone and help contribute to the success of the Child Nutrition Programs.

The procedure is as follows:

1. Contact your immediate supervisor as soon as possible regarding the concern or incident.
2. If the employee is dissatisfied with the outcome or believes that the immediate supervisor is not the appropriate person to talk to, the employee may contact the Food Service Coordinator or the Food Service Director.

ANTI – HARASSMENT

All employees shall be provided the opportunity to perform their jobs in an environment free from intimidation and/or harassment. All personnel are responsible for assuring such an environment, including the absence of conduct that may be defined as harassment.

Harassment has no place at work. It is against the law. It must be avoided and will not be tolerated. Any harassment whether based on sex, race, color, religion, national origin, age, or disability is prohibited.

Any employee who experiences or observes conduct believed to constitute harassment should tell the harasser that the behavior is offensive and that you want it to stop. In addition, you are to immediately report the incident to the appropriate supervisor. It will then be their responsibility to contact the Personnel Department.

PERSONAL APPEARANCE

Each employee has the responsibility to maintain a positive image to customers, visitors, and the public, and fellow employees.

Dress grooming, and personal cleanliness standards contribute to the morale of all employees and affect the professional image we present.

Food Service Employees must comply with state and county health rules and regulations of cleanliness and sanitation. They must also meet the standards of the Serve Safe (HACCP) principals.

1. Wear clean, appropriate clothing. No sweats, shorts, tights, Capri's, cut offs or sleeveless shirts.
2. Employees must bathe and wash their hair daily.
3. Employees must use a good deodorant daily.
4. Hair restraints must be worn for all Food Service Employees (hairnets for long hair, visors or caps for short hair. Hair restraints must only be worn in the kitchen, and not out on the street.
5. Fingernails must be short, clean, no false nails or polish.
6. Employees must not chew gum while working in the kitchen.
7. No food or drink will be consumed during food preparation, serve, or cleanup.
8. No jewelry (ear rings, necklace, rings, watches, tongue piercings, or any other piercings that can be seen).

ALPINE SCHOOL DISTRICT

490 NORTH STATE STREET, LINDON, UTAH 84042 (801) 796-3104

FAX NUMBER: (801) 796-3103

ILENE CARTER, DIRECTOR OF FOOD SERVICE

July 1, 2004

To New Food Service Employees:

All new employees must be finger printed for background checks before they can receive a paycheck.

Finger printing is done every Thursday afternoon between 3:00 – 4:30 PM, at:

Alpine School District Office
575 North 100 East
American Fork, Utah

Please remember to take a pictured Identification and a social security card with you when you go for finger printing.

The cost of the finger printing is \$15.00 and will be taken out of your first paycheck.

Sincerely,

Ilene Carter, Food Service Director

SCHOOLS, ADDRESSES AND START TIMES

<u>Schools</u>	<u>Addresses</u>	<u>Managers</u>	<u>Start Times</u>
American Fork High	510 N. 600 E., American Fork	Robin Hansen	7:30 AM
Lehi High	180 North 500 East, Lehi	Joan Gurney	7:15 AM
Lone Peak High	10350 N. 4800 W., Highland	Diana Milne	7:00 AM
Mt. View High	665 W. Center, Orem	Jane Bullock	7:00 AM
Orem High	175 S. 400 E., Orem	Mary Cox	7:00 AM
Pleasant Grove High	200 S. 700 E., Pleasant Grove	Claudia Chadwick	7:00 AM
Timpanogos High	1400 N. 200 E., Orem	Susan Bawden	7:00 AM

American Fork Jr.	1120 N. 20 W., American Fork	Nan Kirkpatrick	7:00 AM
Canyon View Jr.	625 E. 950 N., Orem	Martha Jolley	7:00 AM
Lakeridge Jr.	951 S. 400 W., Orem	Marsha Jenkins	7:00 AM
Lehi Jr.	700 E. Cedar Hollow Rd., Lehi	Susan Halliday	7:00 AM
Mt. Ridge Jr.	5525 W 10400 N., Highland	Carol Hullinger	7:00 AM
Oak Canyon Jr.	725 E. 111 S., Lindon	Linda Tingey	7:00 AM
Orem Jr.	765 N. 600 W., Orem	Nila Shannon	7:30 AM
Pleasant Grove Jr.	810 N. 100 E., Pleasant Grove	Joy Ashton	7:00 AM
Timberline Middle	500 West Canyon Crest, Alpine		7:00 AM
Willowcreek Middle		Chris Lewis	7:00 AM
Alpine Elem.	400 E. 300 N., Alpine	Yvonne Adams	7:00 AM
Aspen Elem.	945 W. 2000 N., Orem	Margie Ostler	6:30 AM
Barratt Elem.	168 N. 900 E., American Fork	Mona Reed	7:00 AM
Bonneville Elem.	1245 N. 800 W., Orem	Karen Storey	7:00 AM
Cascade Elem.	160 N. 800 E., Orem	Sherry Nuttall	7:00 AM
Cedar Ridge	4501 W. Cedar Hills Dr, Cedar Hill	Dorothy Christensen	6:30 AM
Cedar Valley	40 E. Center, Cedar Fork	Sally Salmans	7:00 AM
Central Elem.	95 N. 400 E., Pleasant Grove	Sandy Lamoreaux	7:00 AM
Cherry Hill	250 E. 1650 S., Orem	Barbara Sorenson	7:00 AM
Deerfield	4354 W. Harvey Blvd., Cedar Hills	Connie Carlson	7:00 AM
Eaglecrest	2760 N. 300 W., Lehi	Dana Black	7:00 AM
Eagle Valley		Sally Salmans	7:00 AM
Foothill	921 N. 1200 E., Orem	Claudette Fowler	7:00 AM
Freedom	10326 North 6800 West, Highland	Stephanie Wilkey	7:00 AM
Forbes Elem.	281 N. 200 E., American Fork	Muriel Elliott	7:00 AM
Geneva Elem.	665 W. 400 N., Orem	Sandy Dahl	7:00 AM
Greenwood Elem.	50 E. 200 S., American Fork	Penny Cutler	7:00 AM
Grovecrest	1100 N. 200 E., Pleasant Grove	Connie Beck	7:00 AM
Highland	10865 N. 6000 W., Highland	Karen Fugal	7:00 AM
Hillcrest	651 E. 1400 S., Orem	Linda Tripp	7:00 AM
Legacy	28 E. 1340 N., American Fork	Vicki Caldwell	7:00 AM
Lehi Elem.	765 N. Center, Lehi	Kelly Davenport	6:45 AM
Lindon Elem.	30 N. Main, Lindon	Annella Carter	7:00 AM
Manila Elem.	1726 N. 600 W., Manila	Cleora Olsson	7:00 AM
Meadow Elem.	176 S. 500 W., Lehi	DeAnn Adams	7:00 AM
Mt. Mahogany	618 N. 1300 W., Pleasant Grove	Valeta Loveless	7:00 AM
Northridge	1660 N. 50 E., Orem	Marla Campbell	7:00 AM
Orchard Elem	1035 N. 800 E, Orem	Leena Becker	7:00 AM
Orem Elem	450 W. 400 S., Orem	Kim Morgan	7:00 AM
Peterson	169 N. 1100 E., American Fork	Mona Reed	7:00 AM
Pony Express	3985 E. Smith Ranch Rd, Eagle Mt.	Danelle Butterfield	7:00 AM
Rocky Mt.	100 S. 500 E., Lindon	Flo Roberts	7:00 AM
Saratoga Shores		Bonnie Davis	7:00 AM
Scera Park	450 S. 400 E., Orem	Denese Barerra	7:00 AM
Sego Lily	550 E. 900 N., Lehi	Kathy Devey	7:00 AM
Sharon Elem.	525 N. 400 E., Orem	Denise Barrera	7:00 AM
Shelley Elem	602 N. 200 W., American Fork	Margaret Boren	7:00 AM
Snow Springs	1700 W. 700 S., Lehi	Bonnie Davis	7:00 AM
Suncrest	668 W. 150 N., Orem	Brenda Brown	7:00 AM
Valley View	941 Orchard Dr., Pleasant Grove	Peggy Bushman	7:00 AM
Vineyard	950 W. 800 S., Orem	Lora Jones	7:00 AM
Westfield	382 S. Long Dr., Alpine	Chris Allman	6:30 AM
Westmore	1150 S. Main, Orem	Linda Tripp	7:00 AM
Windsor	1315 N. Main, Orem	Karma Cook	7:00 AM

If you are unable to work please call your manager as soon as possible

MILEAGE

Employees may be asked to go to another school after they have arrived at the assigned school. If you are asked to travel, you will be paid mileage from one school to the other. *(No mileage paid from home to school).*

The following mileage must be filled out if you travel.

ALPINE SCHOOL DISTRICT MILEAGE RECORD

Name _____

Account Number 3100.580.0.50
School or location _____

Date	From	To	Reason For Trip	Miles on Speedometer		Total Miles for trip
				St start	at finish	

2. What are some of your favorite recipes to prepare?

3. What sanitation practice do you believe is the most important?

EMPLOYEE ACKNO EMPLOYEE ACKNOWLEDGEMENT FORM

I have received a copy of the Employee Manual. I have read it. I understand that:

- It is not an employment contract and I am employed at-will.
- This document is intended to provide an overview and that it does not necessarily contain all practices and procedures in force.
- *My signature certifies that I agree to abide by the procedures outlined, as well as the following:*



I will wear clean, appropriate clothing. No open toes shoes, sweats, shorts, tights, capri's, cut offs or sleeveless shirts.

I will bathe and wash my hair daily.

I will wear a hair restraint. (hair net for long hair, visors or caps for short hair, that are only worn in the kitchen and not out on the street.) My hair will be contained when I wear my hair restraint.

My fingernails will be short, clean, no false nails or polish.

I will not chew gum while working in the kitchen.

I will not drink or eat food during food preparation, serve, or cleanup.

I will not wear jewelry (ear rings, necklace, rings, watches, tongue piercing, or any other piercings that can be seen) while working.

I understand that I must have transportation and am willing to work in any location. I understand that even when I have an assignment in a school, I may be instructed to go to another school occasionally.

I am able to lift 25#.

Cell phones cannot be used or carried during work hours. Other calls must be limited to lunch breaks.

I will be paid once a month on the last working day of each month. I understand that my time will go into payroll on the first Friday of each month.

I will not smoke within 1000 feet of any educational building. This means that if I want to smoke, I must drive 1000 feet away from the school.

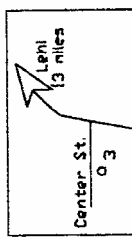
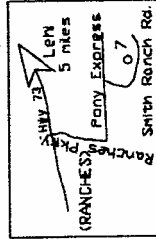
Signature_____

Date_____

Alpine School District

Lehi Area

1. Lehi HS 180 N. 500 E.
2. Lehi JHS 700 E. Cedar Hollow Rd
3. Cedar Valley Elem. 40 E. Center (Cedar Fort)
4. Eaglecrest Elem. 2760 N. 300 W.
5. Lehi Elem. 765 N. Center
6. Meadow Elem. 176 S. 500 W.
7. Pony Express Elem. 3985 Smith Ranch Rd. (Eagle Mountain)
8. Sego Lily Elem. 550 E. 900 N.
9. Snow Springs Elem. 850 S. 1700 W.

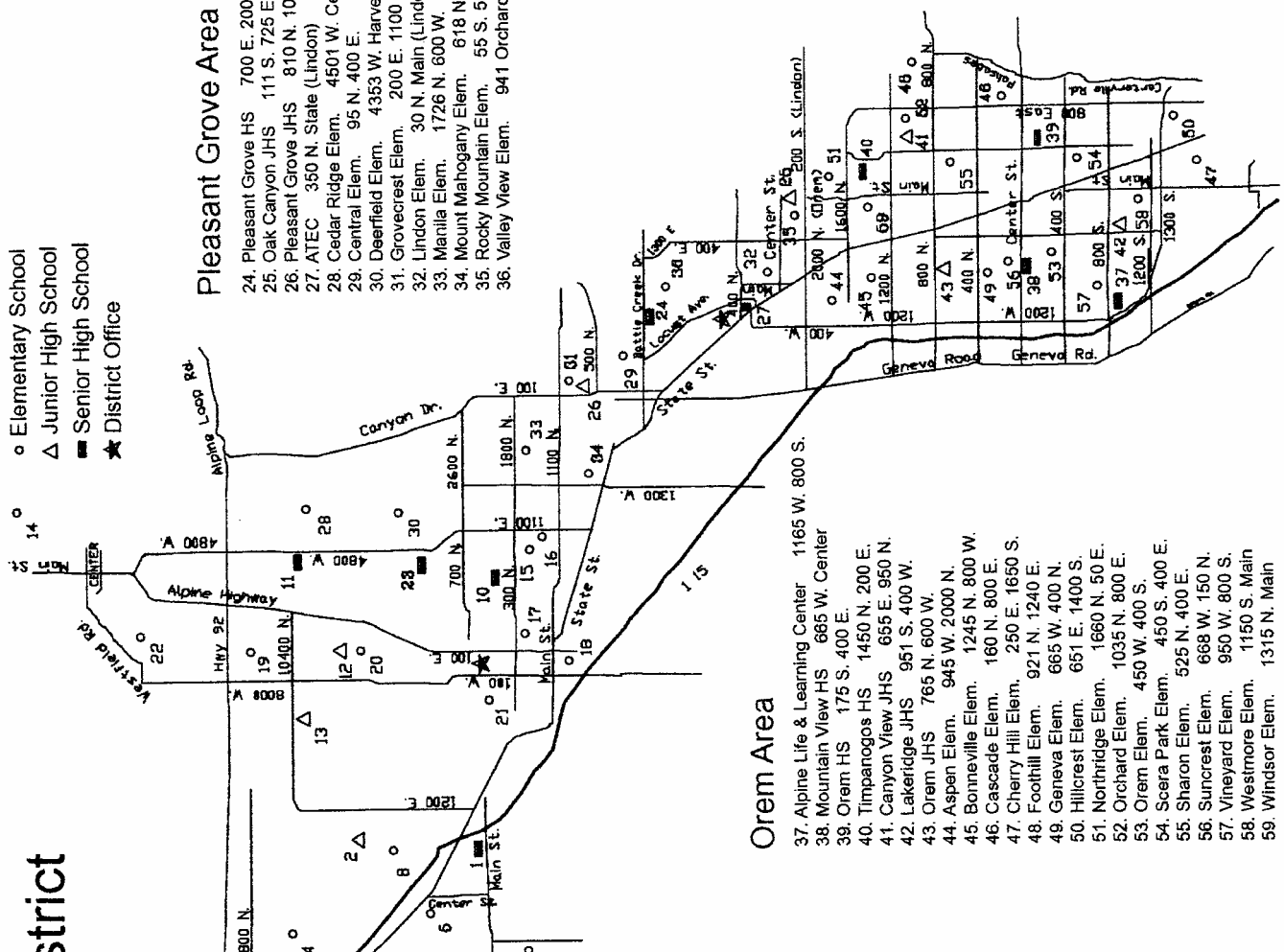


American Fork Area

10. American Fork HS 510 N. 600 E.
11. Lone Peak HS 10189 N 4800 W. (Highland)
12. American Fork JHS 1120 N. 20 W.
13. Mountain Ridge JHS 5525 W. 10400 N. (Highland)
14. Alpine Elem. 300 N. 400 E. (Alpine)
15. Barratt Elem. 168 N. 900 E.
16. Dan Peterson 169 N. 1100 E.
17. Forbes Elem. 281 N. 200 E.
18. Greenwood Elem. 50 E. 200 S.
19. Highland Elem. 10865 N. 6000 W. (Highland)
20. Legacy Elem. 28 E. 1340 N.
21. Shelley Elem. 602 N. 200 W.
22. Westfield Elem. 380 S. Long Dr. (Alpine)
23. Summit Program 821 E. 900 N.

Pleasant Grove Area

24. Pleasant Grove HS 700 E. 200 S.
25. Oak Canyon JHS 111 S. 725 E. (Lindon)
26. Pleasant Grove JHS 810 N. 100 E.
27. ATEC 350 N. State (Lindon)
28. Cedar Ridge Elem. 4501 W. Cedar Hills Dr. (Cedar Hills)
29. Central Elem. 95 N. 400 E.
30. Deerfield Elem. 4353 W. Harvey Blvd. (Cedar Hills)
31. Grovecrest Elem. 200 E. 1100 N.
32. Lindon Elem. 30 N. Main (Lindon)
33. Manilla Elem. 1726 N. 600 W.
34. Mount Mahogany Elem. 618 N. 1300 W.
35. Rocky Mountain Elem. 55 S. 500 E. (Lindon)
36. Valley View Elem. 941 Orchard Dr.



Orem Area

37. Alpine Life & Learning Center 1165 W. 800 S.
38. Mountain View HS 665 W. Center
39. Orem HS 175 S. 400 E.
40. Timpanogos HS 1450 N. 200 E.
41. Canyon View JHS 655 E. 950 N.
42. Lakeridge JHS 951 S. 400 W.
43. Orem JHS 765 N. 600 W.
44. Aspen Elem. 945 W. 2000 N.
45. Bonneville Elem. 1245 N. 800 W.
46. Cascade Elem. 160 N. 800 E.
47. Cherry Hill Elem. 250 E. 1650 S.
48. Foothill Elem. 921 N. 1240 E.
49. Geneva Elem. 665 W. 400 N.
50. Hillcrest Elem. 651 E. 1400 S.
51. Northridge Elem. 1660 N. 50 E.
52. Orchard Elem. 1035 N. 800 E.
53. Orem Elem. 450 W. 400 S.
54. Scera Park Elem. 450 S. 400 E.
55. Sharon Elem. 525 N. 400 E.
56. Suncrest Elem. 668 W. 150 N.
57. Vineyard Elem. 950 W. 800 S.
58. Westmore Elem. 1150 S. Main
59. Windsor Elem. 1315 N. Main

RECOMMENDATION TO HIRE HOURLY EMPLOYEES

Date_____

School_____

Name_____

Name of person being replaced_____

Date of finger printing_____

Start Date_____

Hours per day_____

Before recommending this candidate, I have completed the following:

1. An employee application is attached to this recommendation.
2. I have cleared the name through personnel.
3. I have interviewed the candidate.
4. A Utah Retirement Systems enrollment form is filled out and attached.

Manager Signature_____



WELCOME TO THE PUBLIC EMPLOYEES' NONCONTRIBUTORY RETIREMENT SYSTEM

The Public Employees' Noncontributory Retirement System is a defined benefit retirement plan under Utah Retirement Systems (URS) intended to provide a meaningful retirement benefit to the employee who has chosen a career in public service. It is a qualified tax-deferred plan under Internal Revenue Code Section 401(a). The laws that govern this retirement system are set forth in Utah Code Title 49. For more information about Utah Retirement Systems, visit our web site at www.urs.org.

Once your eligibility in this system is certified by your employer and your enrollment is processed at the Retirement Office, a brochure explaining your membership will be sent to you. For specific information on your account, contact the Retirement Office.

Additional retirement income may be tax deferred from your salary to a 401(k) or a 457 Defined Contribution program. If either you or your employer are planning to contribute to the 401(k) or a 457 plan provided by the Utah Retirement Systems, page 3 of this form is required. Not all employers participate in these plans. State employees participating in the Noncontributory Retirement System receive an amount equal to 1.5% of their gross salary in to the URS 401(k) Plan. Education employees in the Noncontributory Retirement System also receive an amount equal to 1.5% of their salary paid to the URS 401(k) Plan, and EMIA Plan or another authorized qualified plan. Check with your employer prior to enrolling. Setting aside a portion of each paycheck in tax deferred plans can make a significant difference in your monthly retirement income. Additional information about the 401(k) and 457 plans is available at www.urs.org or calling (801) 366-7720 or (800) 688-401k.

CONSIDERATIONS WHEN NAMING BENEFICIARIES

1. List *ALL* beneficiaries. Beneficiary payments are paid according to the most recent beneficiary designation on file with the Retirement Office.
2. Types of beneficiaries:
 - A. **Primary** - Person to receive the death benefits upon the death of the member.
 - B. **Contingent** - Person to receive the death benefits upon the death of the member if the primary beneficiary is deceased.
3. If you name multiple primary beneficiaries, the proceeds will be split equally, unless otherwise instructed on the form.
4. If your primary beneficiary(ies) dies before you and you have not named a contingent beneficiary, the proceeds will be subject to Title 75, Chapter 2 of the Utah Uniform Probate Code.
5. If you wish to name a trust as beneficiary, complete a Change Form (MECF-1) in addition to this enrollment form.
6. You may change your beneficiary designations at any time by submitting a Change Form (MECF-1) to Utah Retirement Systems.



Utah Retirement Systems
 PO Box 1590
 Salt Lake City, UT 84110-1590
 (801) 366-7318
 (800) 753-7318
 FAX (801) 366-7759
 www.urs.org

**DEFINED BENEFIT
 ENROLLMENT FORM**
**Public Employees' Noncontributory
 Retirement System**

Employee Instructions

1. Read page 1 before completing this form.
2. Complete Sections A and B. Your signature is required to process this form.
3. Complete Form DCCT-1, page 3, if applicable. Your signature is required to process this form.
4. Return completed, signed form(s) to your employer.

Employer Instructions

- If you have questions regarding eligibility requirements, please refer to the Membership Section of your Employer's Guide.**
1. Complete and sign Section C, page 2. An authorized signature is required to process this form.
 2. Do not separate pages unless employer does not participate in URS 401(k) and 457 Plans.
 3. Copy this form for your records and send original page(s) to Utah Retirement Systems.
 4. Make appropriate entries on your payroll system.

SECTION A - EMPLOYEE INFORMATION (Please type or print clearly in black ink.)

Name (First, Middle, Last)		Maiden/Previous Name	Social Security Number
Mailing Address		Birth Date (yyyy/mm/dd)	Daytime Phone ()
City	State	Zip	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Home Phone ()
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	If married, give full name of spouse (First, Middle, Last)		Spouse's Birth Date (yyyy/mm/dd)

SECTION B - DESIGNATION OF BENEFICIARY - If you do not name a primary or contingent beneficiary, the proceeds will be subject to Title 75, Chapter 2 of the Utah Uniform Probate Code.

DEATH BENEFIT (Group Life Insurance & Member Contributions, if applicable) To name additional primary or contingent beneficiaries, attach a new page to this document with the page signed and dated. If you have member contributions and wish to assign different beneficiaries, complete and return a Change Form (MECF-1).

Full Given Name of Beneficiary	Designation	Relationship	Birth Date	Mailing Address
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip

I do hereby authorize Utah Retirement Systems (URS) to review my personal information data file kept by my employer, and I also authorize my employer to review my personal information data file kept by URS.

Employee's Signature (Required)	Date
---------------------------------	------

SECTION C - TO BE COMPLETED BY THE EMPLOYER (Please type or print clearly in black ink.)

Social Security Number	Employee Name (first, middle, last)	Position
Name of Employer and Employer Number	Phone Number ()	Date Covered by Retirement
Salary per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour \$	Hours worked per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

The employer certifies that this employee is eligible for service credit as stated above. By paying defined benefit contributions on behalf of this employee, the employer makes a continuing certification that the employee is eligible for service credit. The employer must notify the Retirement Office, in writing, when the employee becomes ineligible for service credit.

Authorized Signature (Required)	Date
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Utah Retirement Systems
 PO Box 1590
 Salt Lake City, Utah 84110-1590
 (801) 366-7318
 (800) 753-7318
 FAX (801) 366-7759
 www.urs.org

STATEMENT OF INELIGIBILITY

**(For Defined Benefit Pension
Service Credit)**

PLEASE REFER TO YOUR EMPLOYER'S GUIDE FOR ELIGIBILITY REQUIREMENTS

1. **Please type or print clearly in black ink.**

EMPLOYER INSTRUCTIONS: 2. Complete Sections A, B, and D. Photocopy for your records and return the original to the Retirement Office.

EMPLOYEE INSTRUCTIONS: 3. Complete Section B and sign in Section C.

SECTION A - EMPLOYEE INFORMATION AND CLASSIFICATION (Please type or print clearly in black ink.)

Employee Name (First, Middle, Last)	Social Security Number	Employee Position
Name of Employer and Employer Number		Date of Ineligibility

This employee is not eligible to accrue Defined Benefit Pension Service Credit with URS for the following reason(s):
 (check all that apply)

- Temporary Employee
- Seasonal Employee
- Employee without benefits normally provided e.g., sick leave or vacation
- Hours have dropped below an average of 20 hours per week
- A teacher who teaches less than half-time
- Full-time employee eligible for TIAA-CREF
- Ineligible Elected/Appointed Official who does not meet the current earnings requirement:
 Beginning date of term _____ Ending date of term _____ Monthly salary _____
(yyyy/mm/dd) (yyyy/mm/dd)

SECTION B - DEFINED CONTRIBUTION

EMPLOYEE

- Yes Do you wish to participate in one of the Defined Contribution programs offered by the Utah Retirement Systems?
- No If yes, and if your employer participates in a URS Defined Contribution Plan, a completed Defined Contribution Contract (Form DCCT-1) must accompany this form.

EMPLOYER

- Yes Will defined contribution benefits be paid by the employer on behalf of the employee to a URS 401(k) or 457 Plan?
- No If yes, a completed Defined Contribution Contract (Form DCCT-1) must accompany this form.

SECTION C - EMPLOYEE SIGNATURE AND ACKNOWLEDGEMENT

I understand that I am not eligible to accrue Defined Benefit Pension Service Credit toward a monthly retirement allowance from URS.

Employee Signature (required)	Date
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SECTION D - TO BE COMPLETED BY THE EMPLOYER (Please type or print clearly in black ink.)

The employer certifies that this employee is not eligible for service credit for the reason(s) noted above. The employer must notify the Retirement Office in writing when the employee becomes eligible for service credit.

Authorized Signature (required)	Date
---------------------------------	------